

BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 Hooper Ave PERMIT NO. 69-0651



CONSTRUCTION PERMIT APPLICATION

069-066804

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 Hooper Ave

2. Name of Owner in Fee: Trahanas Realty LLC
Tel. (917) 623-6425 e-mail _____
Address 4 Manhattan Ave Rye NY 10580
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: self Tel. (_____) _____
Address _____ 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 Peter Trahanas
Tel. (917) 623-6425 FAX: (9) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>2</u>		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$ <u>30</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>12</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- ☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☒ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			<u>4/1/09</u>			<u>4/3/09</u>		<u>KA</u>

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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 *Robert Truchman* Date 3/26/09

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.

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed:

Date: _____

☐ Zoning Application approved

Initialed:

~~A.H.B.T.~~ ~~EXEMPT~~

□ Zoning permit updates:

IMPORTANT


 J. Edgar Hoover
 Director



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4/9/09

C-09-000804

04 0651

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

HANDICAP RAMP 2 NEW HANDICAP RAMPS 1 AT EACH BUILDING

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$1,000

Construction Official

Date

4-6-09

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$30
Total	\$72
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

04/09/09 8:50AM 001558#0007

XX01 SERV.001

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. \$40.00

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. \$2.00

☐ 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".

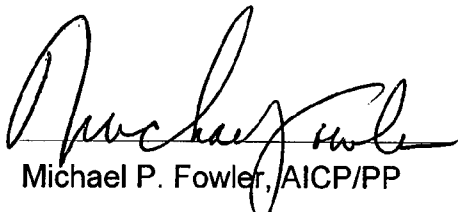
☐ A complete copy of released plans must be kept on the job site.

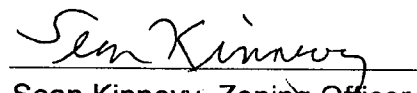
If you do not understand any of this information, please ask.

**Township of Brick
Zoning Permit**

Approved:	Friday, March 27, 2009	Number:	2009-143
Block	673	Lot	8
Zone:	B-3, Highway Dev.		
Property Address:	2791 Hooper Avenue; Brick Mall		
Applicant:	Peter Trahanas; Trahanas Realty, LLC		
Property Owner:	Peter Trahanas		
Existing Use:	Brick Mall commercial complex.		
Proposed Use:	Brick Mall commercial complex.		
Proposed Construction:	Installation of two (2) concrete handicap ramps.		
Conditions:	An additional zoning permit is required for any additional work.		

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

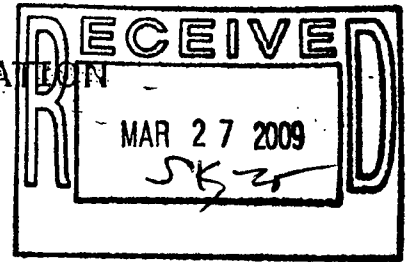

Michael P. Fowler, AICP/PP
Administrative Officer


Sean Kinnevy, Zoning Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information
will delay processing and may be returned to you.



BLOCK 673 LOT 8 QUALIFIER _____

PROPERTY ADDRESS 2791 Hooper Avenue

PERSONAL NAME OF APPLICANT Peter Trahanas

BUSINESS NAME OF APPLICANT Trahanas Realty LLC

MAILING ADDRESS OF APPLICANT 4 Manhattan Ave Rye NY 10580

PROPERTY OWNER'S FULL NAME Peter Trahanas

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) 2 Building Strip Mall/Brick Mall

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Sales

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) (2) conc handi cap ramps - installation

CHECKLIST

- ☒ All information completed above
☒ Two (2) copies of a 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

Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

☒ 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.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Peter Trahanas Date 3/26/2009

Reviewed by Zoning Office SK Date 3/27/9 ☒ Approved () Denied

March 2003



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued _____
Control Number C-09-000804
Permit Number 09-0651
Permit Issue Date 04/09/2009
Certificate Number 09-0651

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: (917) 623-6425
Contractor: TRAHANAS REALTY LLC
Address: 4 MANHATTAN AVE RYE NY 10580
Telephone: (917) 623-6425 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HANDICAP RAMP 2 NEW HANDICAP RAMPS 1 AT EACH BUILDING

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: _____



**BUILDING 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 Block 2791 Hooper Ave
Owner in Fee: Peter Trahanay e-mail _____
Tel. (917) 623-6425
Address 4 Manhattan Ave NY 10360 zip code _____
Contractor: self municipality _____ 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		INSPECTIONS		Dates (Month/Day)	
	Date	Type	Failure	Approval	Initial
☐ No Plans Required					
☐ All		Footings			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☒ Interior	<u>4/3/09</u>	Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL for PERMIT		Finishes -Base Layer			
Date:		Finishes -Final			
Approved by:		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO	☐ CCO	TCO			
Date:		Other			
Approved by:		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) \$ _____

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

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(2) New handi-cap ramps
(1 @ Each Building)

FEE (Office Use Only)

COMMERCIAL

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☒ Demolition

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

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

69-0651
4/9/09

Date Received
Control #
Date Issued
Permit #

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.

Peter Trachenas
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(2) New handicapped ramps
(1 @ Each Building)

*TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement
- ☐ Lead Haz. Abatement
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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

1 White = Inspector Copy
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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 Block 2791 Hooper Ave
Owner in Fee: Peter Trachenas e-mail _____
Tel. (917) 623-6425
Address 4 Manhattan Ave zip code 10580
Contractor: self municipality _____ 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	INSPECTIONS
☐ No Plans Required			Type: _____
☐ All			Footings
☐ Footings/Foundations			Footings Bonding
☐ Structural/Framework			Foundation
☐ Exterior			Slab
☒ Interior			Frame
			Truss Sys./Bracing
			Barrier-Free
			Insulation
			Finishes -Base Layer
			Finishes -Final
			Energy
			Mechanical
			TCO
			Other
			Final
			Barrier-Free

Approved by: _____ Date: _____
SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: _____ Approved by: _____
SUBCODE APPROVAL for PERMIT
[] Elec. [] Plumb. [] Fire [] Elevator
Date: _____ Approved by: _____

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) \$ _____

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

69-0651
4/9/09

Date Received
Control #
Date Issued
Permit #

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.

Peter Teichman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(2) New handicap ramps
(1 @ Each Building)

FEE (Office Use Only)

\$

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement
- ☐ Lead Haz. Abatement
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

- 1 White = Inspector Copy
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BUILDING SUBCODE
TECHNICAL SECTION

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

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Work Site Location 2791 Hooper Ave
Owner in Fee: Peter Teichman
Tel. (917) 623-6425 e-mail
Address 4 Manhattan Ave zip code 10580
Contractor: self Tel. ()
Address municipality 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: ()

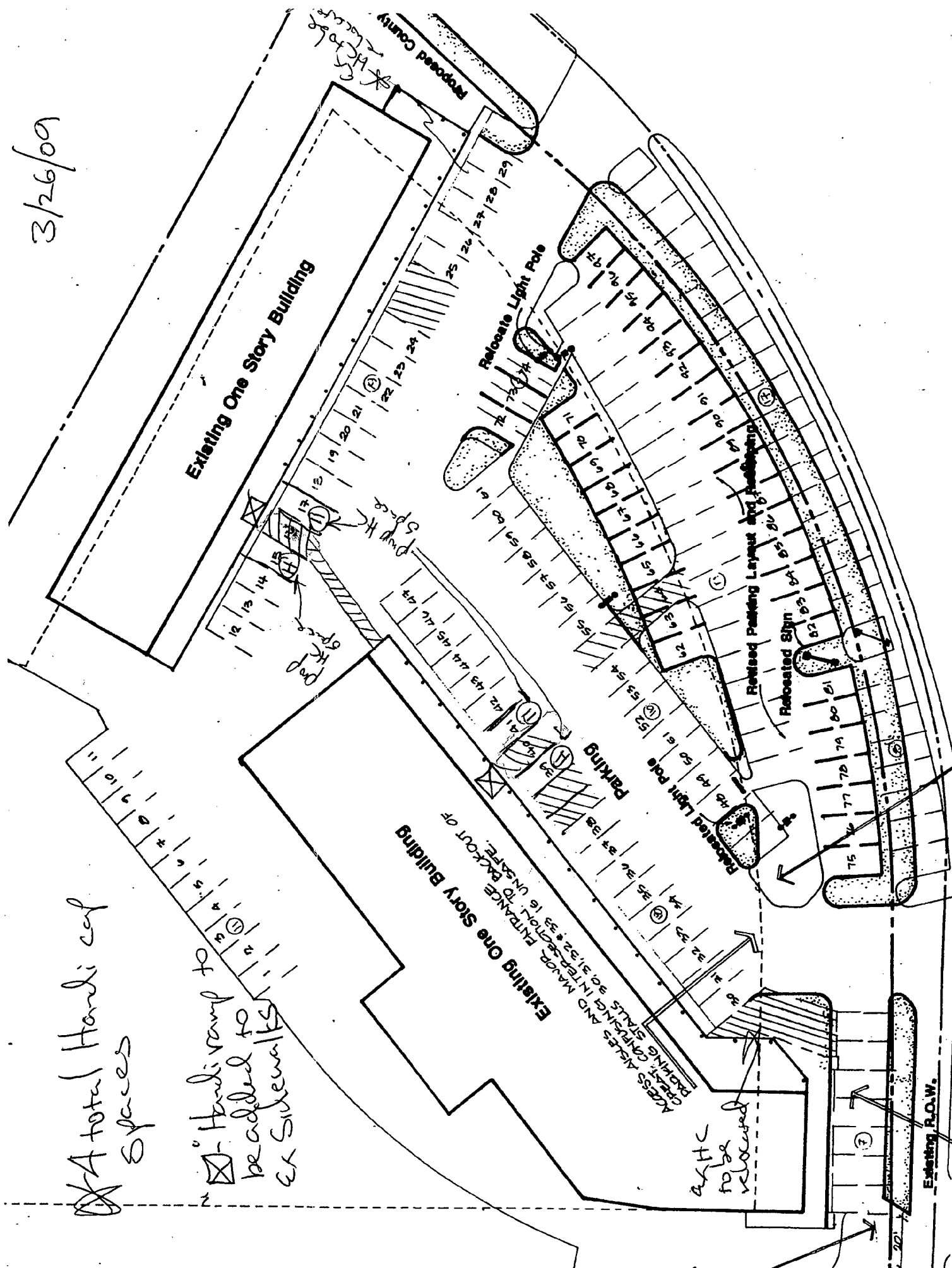
JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Initial	Type	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings/Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☒ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.		Insulation			
☐ Plumb.		Finishes -Base Layer			
SUBCODE APPROVAL for PERMIT		Finishes -Final			
Date:		Energy			
Approved by:		Mechanical			
SUBCODE APPROVAL for CERTIFICATE		TCO			
☐ CO		Other			
Date:		Final			
Approved by:		Barrier-Free			

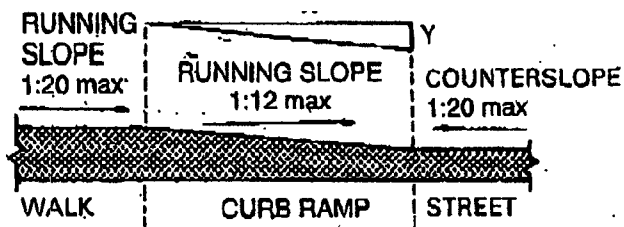
B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____
Height of Structure _____ ft. Est. Cost of Bldg. Work:
Area — Largest Floor _____ sq. ft. 1. New Bldg. \$ _____
New Bldg. Area/All Floors _____ sq. ft. 2. Rehabilitation \$ _____
Volume of New Structure _____ cu. ft. 3. Total (1+2) \$ _____
Max. Live Load _____
Max. Occupancy Load _____
U.C.C. F110 (rev. 12/07)

~~4~~ total Hindi esp
spaces

Hand ramp to be added to ex Sirewalks

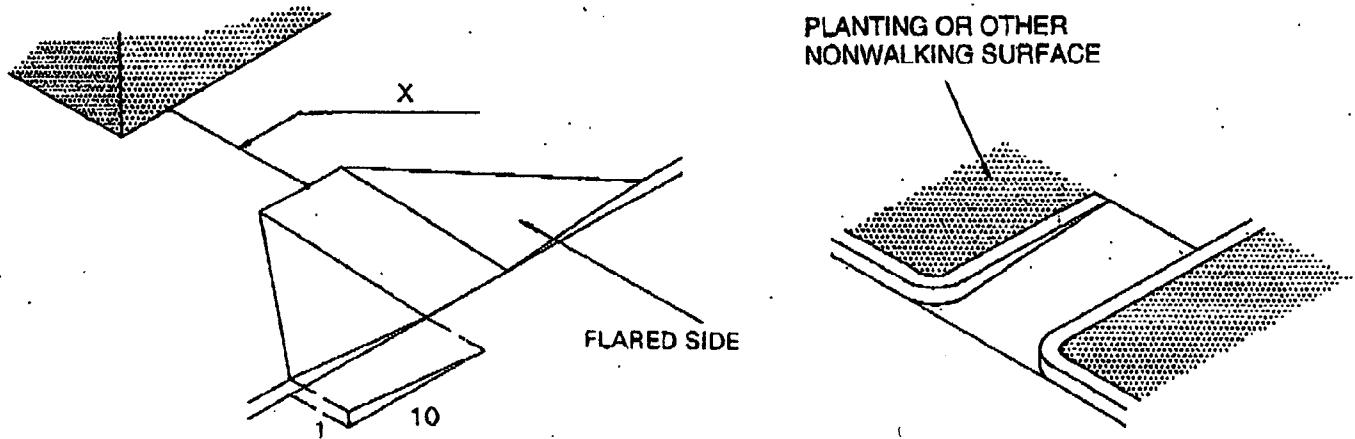




NOTE:

- (1) Slope = y/x , where x is a level plane.
- (2) Counterslope shall not exceed 1:20.

Fig. B4.7.2
Measurement of Curb Ramp Slopes



NOTE: If $x < 48$ in (1220 mm), then the slope of the flared sides shall not exceed 1:12.

(a) Flared Sides

(b) Returned Curb

Fig. B4.7.5
Sides of Curb Ramps

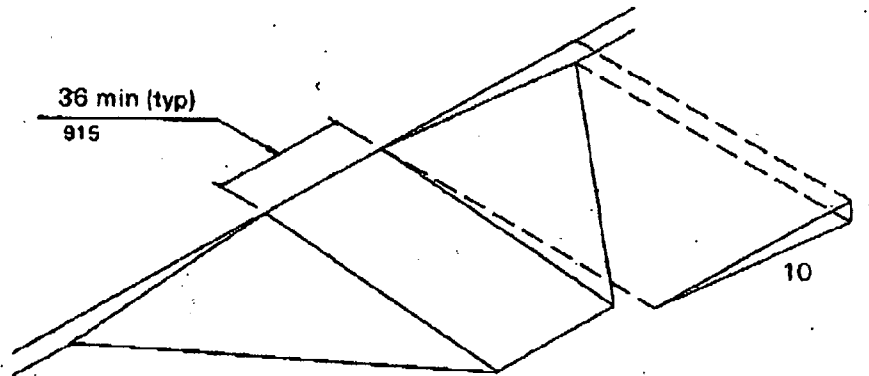


Fig. B4.7.6
Built-up Curb Ramp

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
TRENTON DIVISION
CASE NO.: 3:08-cv-01754-JAP-JJH

Ken Shaden
332-451-4067
Twp of Brick

ACCESS 4 ALL, INC., a Florida Not-for-Profit
Corporation, and PETER SPALLUTO,
Individually,

Plaintiffs,

v.

TRAHANAS REALTY, L.L.C., a New Jersey
Limited Liability Company,

Defendant.

SETTLEMENT AGREEMENT

This Settlement Agreement is entered into by and between ACCESS 4 ALL, INC., a Florida Not-For-Profit Corporation, and PETER SPALLUTO, Individually, hereinafter sometimes referred to as "Plaintiffs," and TRAHANAS REALTY, L.L.C., a New Jersey Limited Liability Company, hereinafter sometimes referred to as "Defendant," on the date last executed below.

WHEREAS: The Defendant's property is known as the Brick Mall and is located at 2791 Hooper Avenue, Brick, New Jersey 08723. Plaintiffs claim that there are architectural barriers existing at the Defendant's property that constitute violations of the Americans With Disabilities Act that unlawfully limit the Plaintiffs' use of the property. Defendant does not admit the allegations of the Plaintiffs' Complaint. In consideration for resolving all matters in dispute, the parties have agreed to the following terms and conditions subject to the Court entry of an Order Approving and Entering the Settlement Agreement.

1. All alterations, modifications, and policies required by this Settlement Agreement shall be completed prior to the reinspection date set forth below, unless a different completion date is otherwise stated herein. A final property reinspection conducted by Plaintiffs will take place on or after **October 1, 2010** to ensure that the modifications to the subject property required below for barrier removal have been completed. Plaintiffs' counsel, expert(s) and/or representatives shall be provided access to the building to conduct a reinspection and to verify commencement, progress and completion of the work required hereby. Plaintiff's counsel shall notify Defendant's counsel at least seven (7) days before the date of

Plaintiffs' reinspection so that Plaintiff and Plaintiff's representatives may be present during the reinspection. In the event of non-compliance with the terms and conditions of this agreement, Plaintiffs shall be entitled to immediate injunctive relief.

2. Defendant shall pay Plaintiffs' counsel, Fuller, Fuller and Associates, P.A., and The Law Offices of Alan Ackerman, Esq. for Plaintiffs' attorneys' fees, litigation expenses and expert fees, and costs incurred in this matter. The amounts to be paid have been established by counsel for the parties by separate letter agreement, which is incorporated as part of this Settlement Agreement.
3. The parties hereby agree and will request the Court to approve and enter the Settlement Agreement, providing for retention of jurisdiction by the Court to enforce, as necessary, the terms of this Settlement Agreement.
4. In any action to enforce this Settlement Agreement, the prevailing party shall be entitled to attorneys' fees, costs and expert fees.
5. This Settlement Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successor and/or assigns. The parties shall perform their obligations under this Settlement Agreement in good faith.
6. The parties agree that any delays in making the modifications to the property as provided for pursuant to this Settlement Agreement caused by third parties, including but not limited to construction contractors, or city building officials, inspectors, or permitting departments, will not be deemed to violate the compliance dates herein as long as the Defendant makes a good faith effort to effect implementation as soon as reasonably possible thereafter.
7. Upon the Court's approval of this Settlement Agreement and upon the Defendant's full compliance with the terms and conditions of this Settlement Agreement, Plaintiffs hereby release and discharge Defendant, its officers, employees, agents, successors and assigns from any and all claims and causes of action which it has had arising under the Americans With Disabilities Act.
8. All references to the Americans with Disabilities Act Accessibility Guidelines (hereafter referred to as ADAAG) refer to the following:
28 CFR Chapter 1 Part 36, App. A. (7-1-98 edition) - ADAAG
9. The parties acknowledge that the modifications described in this Settlement Agreement shall be implemented according to the standards set out in the ADAAG. All references to figures in the paragraphs below refer to those that accompany the ADAAG and that more fully describe the considered full compliance with the ADA.

CORNER POST DINER

1. Institute concerning accessible route to the Women's restroom a policy where accessible routes to accessible spaces are maintained free of obstructions and protruding objects.
2. Provide for the Men's and Women's restroom signage that complies with ADA Standard 4.30 and mount as required by ADA standard 4.30.6 on the latch side wall of the entrance to the restroom.
3. For the restroom doors install lockset lever handle hardware that complies with ADA Standard 4.13.9.
4. Reverse the swing of the doors so that they swing out from the restrooms.
5. Remove the lavatories' vanity cabinets and provide lavatories that comply with ADA Standard 4.
6. Wrap the pipes with insulation.
7. Lower the mirrors with the bottom edge of the reflecting surface no higher than 40 inches above the finish floor.
8. Install a toilet with the flush control mounted on the "open" side (furthest from the side wall).
9. Install grab bars as shown in ADA figure 29.

POLICIES AND PROCEDURES

1. Implement a policy maintaining in operable working condition those features that are required to be readily accessible to and usable by persons with disabilities. For example, repairing cracks in sidewalks on exterior routes; placing portable display racks and potted plants so they do not impede exterior and interior routes; snow removal on exterior routes; replacing damaged or stolen room identification signs; tightening or adjusting accessible toilet seat fasteners, grab bars, handrails and door hardware; trimming tree branches and shrubs that pose safety hazards for blind persons and persons with low vision.

10. This Settlement Agreement can be executed in any number of counterparts, each of which shall be taken to be one and the same instrument, for the same effect as if all parties hereto had signed the same signature page. A facsimile copy of any party's signature shall be deemed as legally binding as the original signatures.
11. The Defendant is advised that under certain circumstances a tax credit and/or tax deduction may be available to businesses to help cover the cost of making access improvements. (See Sections 44 and 190 of the Internal Revenue Code.)
12. Trahanas Realty, LLC shall complete all modifications required by this Settlement Agreement by **October 1, 2010**.
13. The parties agree that this Settlement Agreement constitutes the entire agreement between the parties hereto and that no other document, including but not limited to the report of Herbert J. Neff/Pablo Baez dated September 2, 2008, shall constitute part of this Settlement Agreement or otherwise obligate Defendant to make the modifications or take the actions set forth therein.
14. The Defendant agrees to modify the property as follows:

PARKING & PASSENGER LOADING ZONES

1. Provide accessible parking space signage at all designated accessible parking spaces. "Van accessible" parking spaces are required to have an additional sign "Van-Accessible" mounted below the symbol of accessibility.
2. Mount accessible parking space signage where it won't be obscured by a parked vehicle.

ACCESSIBLE ROUTES

1. Re-locate the accessible parking spaces. Accessible parking spaces must meet the requirements of ADA Standard 4.6. Locate two accessible parking spaces approximately in the center of each building (subject to the diagram exchanged between the parties on October 30, 2008 as it relates to the building located on the easterly side of the lot referred to below in paragraph 6 of this section) for a total of four accessible parking spaces. Each group of two accessible parking spaces will share an access aisle in the middle. One of the access aisles must be at least 8 ft. wide to meet the requirement for a "van accessible" parking space.
2. Locate each access aisle to newly constructed curb ramps that comply with ADA Standard 4.7.
3. Locate detectable warnings, complying with ADA standard 4.29, at curb ramps and where pedestrian areas adjoin a vehicular way.

4. Ensure that accessible routes comply with ADA standard 4.3.
5. Ensure that curb ramps comply with ADA Standard 4.7. Transitions from one surface to another must not have changes in level and they must transition smoothly.
6. Stripe a marked crossing connecting the accessible route between the buildings (the marked crossing should connect to the new access aisle at the "Liberty Travel" building). The marked crossing shall be located in conformance with a diagram exchanged between the parties on October 30, 2008, and incorporated herein by reference.
7. Install detectable warnings, complying with ADA standard 4.29, at curb ramps and where pedestrian areas adjoin a vehicular way.

TENANT SPACES

A. The transaction counters are higher than 36 inches above the finish floor with no alternate surface provided. [ADA Stds. 7.2(1)]

Recommendation:

1. Provide at "Tina's¹ Cuts," "Cartridge World,"² "Supreme Nails,"³ "Jewelers,"⁴ "Eyecare,"⁵ "Bakery,"⁶ "Hi-Dragon,"⁷ and & "Chicken Town,"⁸ Provide signage with the International Symbol of Accessibility (ISA) which states that "Assistance is available upon request."

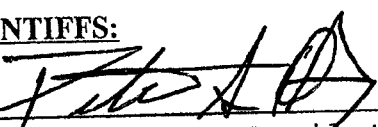
TINA'S CUTS

1. Provide signage that complies with ADA Standard 4.30 and mount as required by ADA standard 4.30.6 on the latch side wall of the entrance to the restroom.
2. Install lockset lever handle hardware on the Unisex restroom door that complies with ADA Standard 4.13.9.
3. Remove the lavatory vanity cabinet and provide a lavatory that complies with ADA Standard 4.19.
4. Wrap the pipes with insulation.
5. Install a toilet with the flush control mounted on the "open" side (furthest from the side wall).
6. Re-locate the toilet paper dispenser as shown in ADA figure 29.
7. Install grab bars as shown in ADA figure 29.

SIGNATURES:

Parties:

PLAINTIFFS:

By: 

Peter DiPalma, President
Access All, Inc.

Date: 11/10/08

By: 

Peter Spalluto

Date: 11/10/08

DEFENDANT:

TRAHANAS REALTY, L.L.C.

By: 

Peter Trahanas, Member

Date: 11-4-2008



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-09-000804
Last Submit Date: Wednesday, April 01, 2009

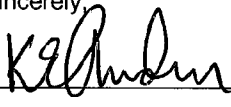
Date: Wednesday, April 01, 2009

Dear TRAHANAS REALTY LLC,

The following comments were made during the Plan Review process:

Submit plans by architect. All details per NJ Barrier-free subcode. Referenced standard is ICC/ANSI 117.1-2003. Plan to include elevations and grading.

Sincerely,

 4/1/09

Kenneth Anderson, Subcode Official

04-02-09
Called
917-623-6425
Peter

920/
4850

Dear TRAHANAS REALTY LLC,

The following comments were made during the Plan Review process:

Submit plans by architect. All details per NJ Barrier-free subcode. Referenced standard is ICC/ANSI 117.1-2003. Plan to include elevations and grading.

Sincerely,

Kenneth Anderson 4/1/09

Kenneth Anderson, Subcode Official

04.02.09
Called
97-632-6425
Rtr

2791 Hope Ave

220-4850

Page 1

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P.1 Apr 2 2009 12:11

** Transmit Conf. Report **

Land Use/ Bldg Dept Fax: 732-262-8954

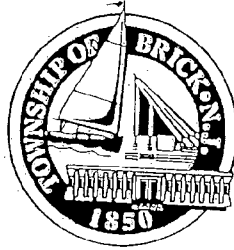
TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Ruthanne Scaturro - President
Joseph Sangiovanni - Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Michael A. Thulen, Sr.
Dan Toth



Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 3-26-09

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 673 Lot: 8

Property Address: 2791 Hooper Ave

I, Peter Trahanas (name) of 4 Manhattan Ave Rye NY 10580 (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Peter Trahanas
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 3/26/09

Signed: [Signature]

Rejected on: _____

Signed: _____

Comments: Relocating/Replacing handi ramps



**IN THE UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
TRENTON DIVISION
CASE NO.: 3:08-cv-01754-JAP-JJH**

ACCESS 4 ALL, INC., a Florida Not-for-Profit
Corporation, and PETER SPALLUTO,
Individually,

Plaintiffs,

v.

TRAHANAS REALTY, L.L.C., a New Jersey
Limited Liability Company,

Defendant.

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WHEREAS: The Defendant's property is known as the Brick Mall and is located at 2791 Hooper Avenue, Brick, New Jersey 08723. Plaintiffs claim that there are architectural barriers existing at the Defendant's property that constitute violations of the Americans With Disabilities Act that unlawfully limit the Plaintiffs' use of the property. Defendant does not admit the allegations of the Plaintiffs' Complaint. In consideration for resolving all matters in dispute, the parties have agreed to the following terms and conditions subject to the Court entry of an Order Approving and Entering the Settlement Agreement.

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**IN THE UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
TRENTON DIVISION
CASE NO.: 3:08-cv-01754-JAP-JJH**

ACCESS 4 ALL, INC., a Florida Not-for-Profit
Corporation, and PETER SPALLUTO,
Individually,

Plaintiffs,

v.

TRAHANAS REALTY, L.L.C., a New Jersey
Limited Liability Company,

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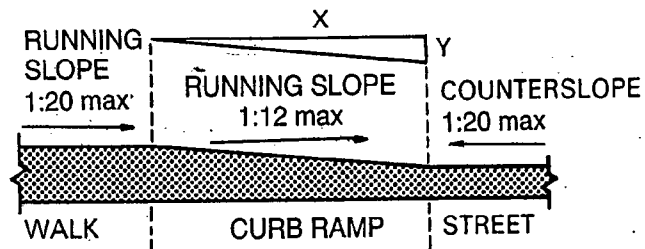
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NOTE:

- (1) Slope = y/x , where x is a level plane.
- (2) Counterslope shall not exceed 1:20.

Fig. B4.7.2
Measurement of Curb Ramp Slopes

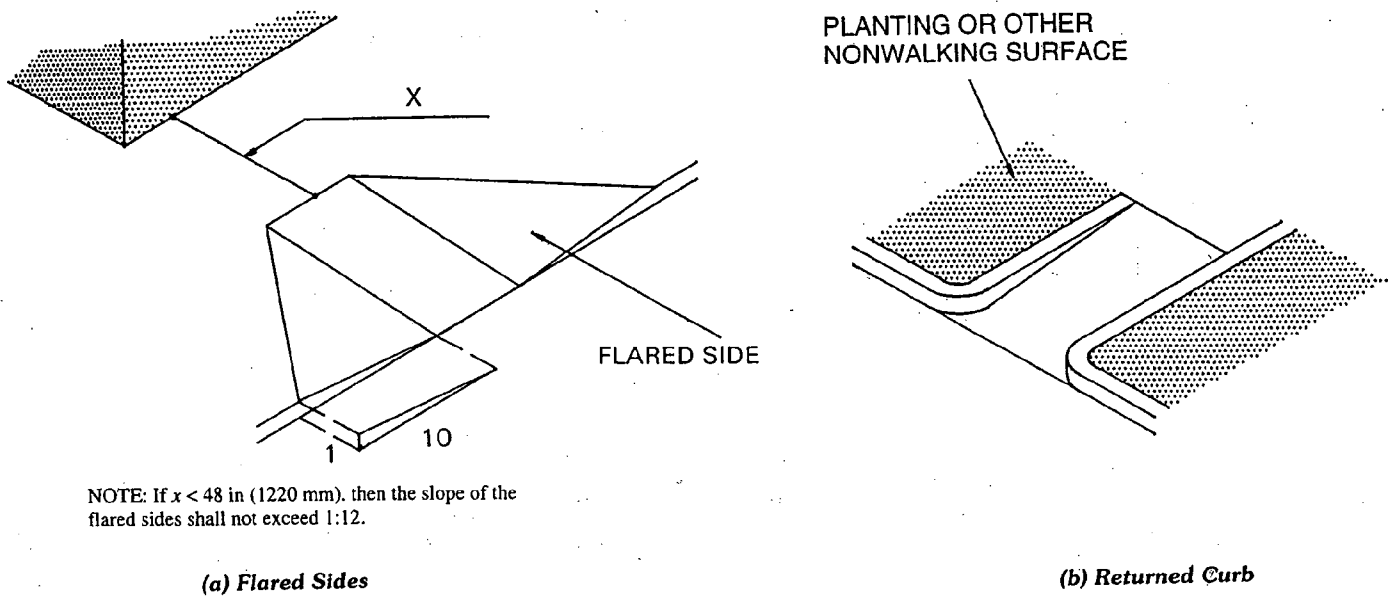


Fig. B4.7.5
Sides of Curb Ramps

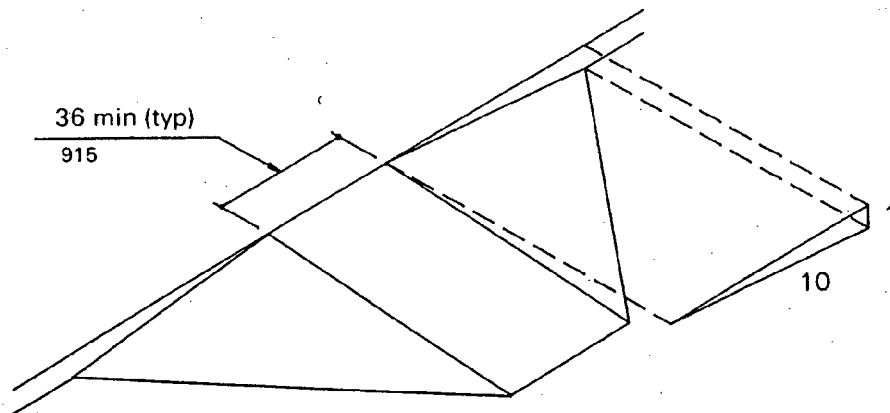
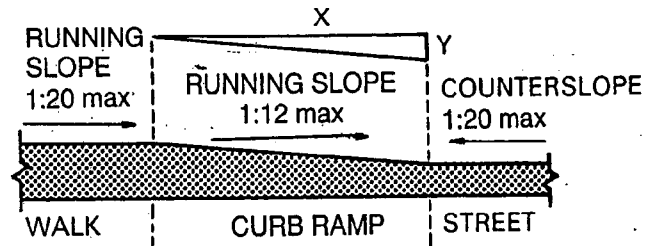


Fig. B4.7.6
Built-up Curb Ramp



NOTE:

- (1) Slope = y/x , where x is a level plane.
- (2) Counterslope shall not exceed 1:20.

Fig. B4.7.2
Measurement of Curb Ramp Slopes

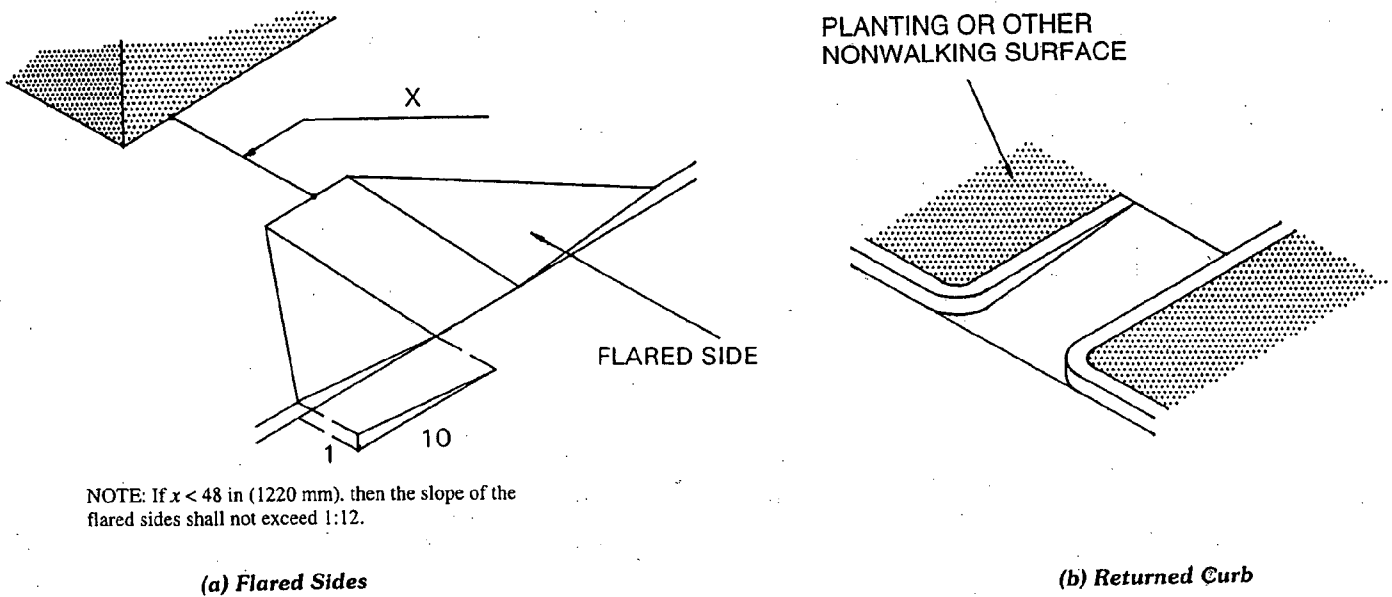


Fig. B4.7.5
Sides of Curb Ramps

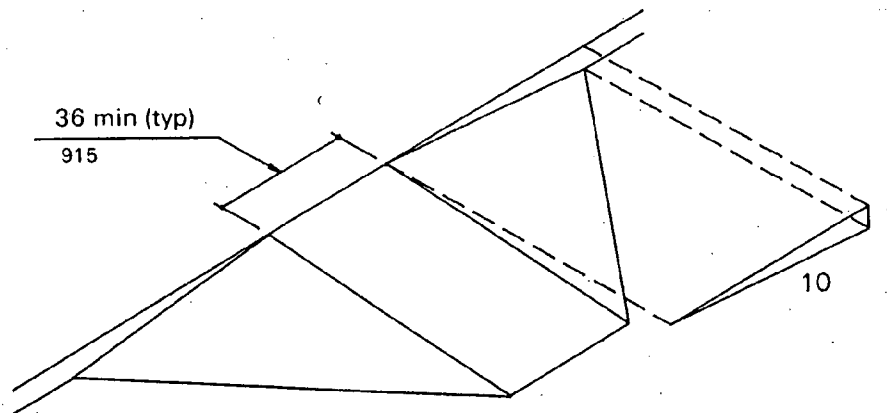


Fig. B4.7.6
Built-up Curb Ramp

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Joseph Sangiovanni – President
Dan Toth – Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.



Department of Community Development & Land Use
Division of Land Use & Planning

Office of Zoning

732-262-1041
732-262-1046
Fax: 732-262-8954
www.twp.brick.nj.us

March 27, 2009

Peter Trahanas
c/o Trahanas Realty, LLC
4 Manhattan Avenue
Rye, NY 10580

Re: Block 673, Lot 8
2791 Hooper Avenue – Brick Mall
Zoning Permit Application

Dear Mr. Trahanas:

The referenced property is located in the B-3, Highway Development Zone, as per Section 245-9 of Chapter 245 of the Township Code. Your zoning permit application to construct handicap ramps on your property has been received, the property was inspected today, and the application is being reviewed.

Please feel free to contact this office for any additional information or assistance.

Very truly yours,

Sean Kinnevy
Zoning Officer

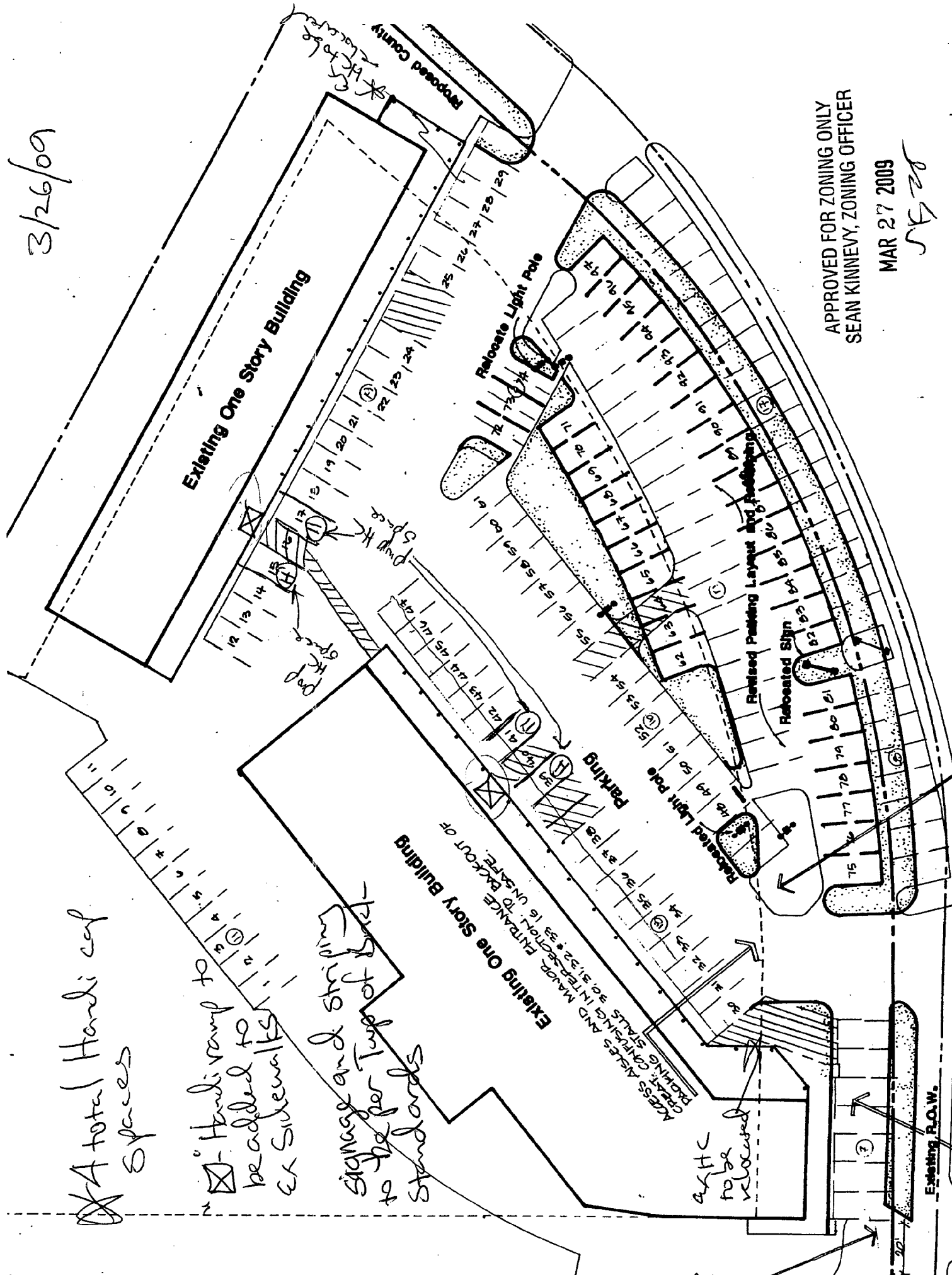
C: James Priolo, Township Engineer
Michael Fowler, Principal Planner
Daniel Newman, Construction Official
Juan Bellu, Administration
Zoning Office File



~~4~~ 4 total Handi cap
spaces

① - Handic ramp to be added to ex Sive walls

~~signage and strict to be per Top of Bed-standards~~



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 27 2009

Existing, P.O.W.