BLOCK 071 LOT 8 ADDRESS (SITE) Brick Plaza Space #13. Route 549/Brick Rd PERMIT NO. 2272-95

RECEIVED
AUG 18 1995
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Supercuts Brick Plaza Space #13 Route 549/Brick Rd
2. Name of Owner in Fee: Supercuts Tel. (201) 569-7000
   Address 45 Smith St (street) Englewood (municipality) NJ 07631 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: E-Tomic GC. Inc. Tel. 201 278-8950
   Address 63-69 Dexter Ave. Paterson, NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 222494353 Social Security No. _____
5. Architect or Engineer The Tricarico Group P.C. Tel. 201 256-3500
   Address 409 Minnisink Rd. Totowa, NJ 07512.
6. Responsible Person In Charge of Work John Tomic Tel. 201 278-8950

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	12,000.00
6. ☐ Fire Protection	1,440.00
7. ☑ Plumbing	1800.00
8. ☐ Electrical	2200.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	16,140.00

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 230 +		
2. Electrical			
3. Plumbing	63		
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 339		
7. Less 20% for State Plan Review	34.		
8. Subtotal	$		
9. DCA Training Fee	13.-		
10. Subtotal	$		
11. Cert. of Occupancy	20.-		
12. Other 2PH	$ 15.00		
13. TOTAL	$ 424.-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
JA	8/18/95		9/7/95	JA	9/15/95		JA
			8/30/95	JA	9/15/95		JA
			8-30-95	Jan	9/15/95		JA
					10/13/95	okay	
Jy	8/24/95		Jy	Jy			

III. DO YOU WANT: (optional) 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former: B

U.C.C. Form F-100A

LDS BR 10404711

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.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Electronic General Contr. Inc.

Address 63-69 Bampton Ave
Paterson, NJ 07501

Telephone (201) 278-8950

Signature _____ Date 8/14/95

OFFICE DATE RECEIVED: _____

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

COMMENTS

IMPORTANT
A.H.B.I. - EXEMPT

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 2272	1-4-96	
☐ None			

CERTIFICATE

Date Issued 1/4/96
Control #
Permit # 2272-95

IDENTIFICATION

Block 671 Lot 8
Work Site Location Chambersbridge & Hooper Ave.

Owner in Fee Supercuts
Address 45 Smith St.
Englewood, NJ
Tele. ( )
Contractor E-Tomic G.C., Inc.
Address 63-69 Danforth Ave.
Paterson, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up for Space 13

"SUPER CUTS"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cerezo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION, Block _____ Lot _____

Work Site Location Super Cuts Brick Plaza Sp #13 / Route 549 + Brick Rd

Owner in Fee Super Cuts

Address 45 Smith St. Englewood, NJ

Tele. (201) 569-7000

Contractor E-Tomic G.C. Inc

Address 63-69 Danforth Ave Paterson, N.J. 07501.

Tele: (201) 278-8950

Lic. No. or Bldrs. Reg. No: _____ Exp. Date _____

Federal Emp. No. 222494353

or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION.

DESCRIPTION OF WORK:

Store Fit Out.

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 $12,000 N

PAYMENTS (Office Use Only)
Building
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9-7-95
Date Issued
Control #
Permit # 2272-95

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

Block 671 Lot 8
Work Site Location Supercuts Brick Plaza Space #13
Route 549 Brick Rd.
Owner in Fee Supercuts
Address 45 Smith Street
Englewood NJ 07631.
Tele. ( ) ____
Contractor ORLANDO J OLIVA
Address 10 GEORGE ST
WEST CARTERET, NJ 07008
Tele. (908) 541-0785
Lic. No. 8021
Federal Emp. No. ____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____
Building Sewer Size ____
Water Service Size ____
Estimated Cost of Plumbing Work $ $1800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-30-95
Approved by: Jan

SUBCODE APPROVAL:
[ ] CO [ ] COO [X] CA
Approved by: [signature]
Date: 9-12-95

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	9-11-95			
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO ____				

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.

[signature]
Signature-Contractor Seal

[X] *Licensed* Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Closet	____
____	Urinal/Bidet	____
____	Bath Tub	____
____	Lavatory	____
____	Shower	____
1	Floor Drain	7
2	Sink	14
____	Dishwasher	____
____	Drinking Fountain	____
1	Washing Machine	7
____	Hose Bibb	____
____	Gas Piping	____
____	Fuel Oil Piping	____
1	Water Heater (Electric)	25
____	Steam Boiler	____
____	Hot Water Boiler	____
____	Sewer Pump	____
____	Interceptor/Separator	____
____	Backflow Preventer	____
____	Greasetrap	____
____	Water Cooled A/C or Refrigeration Unit	____
____	Sewer Connection	____
____	Water Service Connection	____
____	Gas Service Connection	____
____	Active Solar System	____
____	Other	10

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL $ 63

U.C.C. Form F-130A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

MDIA INSPECTIONS

Brick New Jersey
MUNICIPALITY

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

929-~~1730~~ 2087

JOHN HWLTT
516 754 5454

AUG 28 95 0 0 7 8 3 9

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

Block 671 Lot 8
Work Site Location Super Cuts / BRICK PLAZA Sp. #13
Route 549 / Brick Rd.
Owner in Fee Super Cuts
Address 45 Smith
Englewood NJ
Tele. (201) 569-7000
Contractor S & C ELECTRICAL
Address 198 MAIN ST
LITTLE FALLS NJ 07643
Tele. (201) 440-3826
Lic. No. 11768
Federal Emp. No. 22-322-8761 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[V] Elec. Plans Approved
Date: 950523
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [T] CA
Date: 10/13/95
Approved by:

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9/12/95	MB/6
Temporary				
Constr. Serv.				
TCO				
Other				
Service	10/6/95	10/13/95	5473	
Final	9/18/95		10/13/95	5473

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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.

Salvatore Z. Cerrito
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Fixtures (1)	
26		Receptacles (2)	
10		Switches (3)	
52		Total 1 + 2 + 3	44
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	7
1	5KW	Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1	4.5KW	Water Heater(s)	7
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 2.-
Paid [✓] Check # 2563 Minimum Fee $ 58.-
Collected by: TOTAL FEE $ 60.-

U.C.C. Form F-120A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

MDIA INSPECTOR

MIDDLE DEPARTMENT INSPECTION AGENCY

9.8.95 (1) Need 10-3 dw Dryer circuit

(2) Need Disconnect AT H.W. Heater

(3) Identify panel properly

(4) Need Earthquake clips for Recessed lites

(5) Plug in units at each chair Hay NO H.H. heating

9/25/95 14 AWG SJ & MAKE CAP. & (5)

9/26/95 SAME (5)

9/27/95 " LETTER N.G.

9/29/95 TALKED TO ELECTRICIAN - WILL EITHER REMOVE OR SUPPLY LISTING 5433

10/2/95 CALL FROM JEAN HEWITT RE WORK STATIONS - NO LISTING AVAILABLE 5433

SIGN NOT READY.

10/6/95 (1) NEED UPDATE FOR ADDITIONAL WIRING OF TOOL CABINETS TO BE A PART OF STRUCTURE.

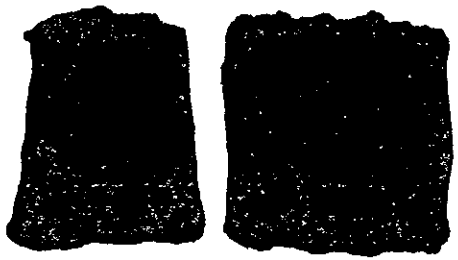
(2) LOAD CALCULATION & 422-4 8 1200 WT HAIR DRYERS & 20 AMP CIRCUITS

(3) METHODS USED NOT APPROVED 400-8

10/11/95 SPOKE TO GC & E CONTRACTOR 5433

10/12/95 CONTRACTOR NO SHOW 5433

10/13/95 ALL WORK STATIONS HAVE ALL ELECTRIC REMOVED AND WALL OUTLETS WILL BE USED 5433



ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 20 95 0 0 8 6 2 2

Brick

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

Block 671 Lot 8
Work Site Location Brick Plaza Chambersbridge Rd / Supercuts
Brick NJ
Owner in Fee Federal Realty
Address Willowgrove S/C 1820 Park Ave.
Willow Grove Pa 19090
Tele. (215) 657-8240
Contractor East Coast Sign Co
Address 5058 Rt 13 N
Bristol Pa 19007
Tele. 215) 781-8600
Lic. No.
Federal Emp. No. 232180296 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 400—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 10/13/95
Approved by: [illegible] 5931

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO	I 10/6/95	5439		
Other	I 9/25/95	5E33		
Service	I			
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept. CLOSE OUT — SIGN TO BE DONE ON PERMIT # 5931 JUN 30 95

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. Anthony Lo Meo
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
1	1	Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # 4635 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 40.—

M

U.C.C. Form F-120A

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 13 95 0 0 9 3 4 6

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

Block 671 Lot 8
Work Site Location BRICK PLAZA SUPER CUTS
Chamberlain Ave / Rt 70
Owner in Fee Super Cuts
Address
Tele. ( )
Contractor S L C ELECTRICAL CONTRACTING
Address 198 MAIN ST
LITTLE FERRY NJ 07643
Tele. (201) 440-3826
Lic. No. 11768
Federal Emp. No. 22-322-8761 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10/17/95
Approved By: 5433

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			10/17/95 5433	
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Salvatore L Cusumano
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
8		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Paid [~~✓~~] Check # 1681 Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40.-

U.C.C. Form F-120B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-7-95
Date Issued
Control #
Permit # 2272-95

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

Block 671 Lot 8
Work Site Location Supercuts Brick Plaza Space #13. Route 549/ Brick Rd.
Owner in Fee Super Cuts
Address 45 Brick St. Englewood, NJ 07631
Tele. (201) 569-7000
Contractor Atomic General Contracting Inc.
Address 63-69 Danforth Ave Paterson, NJ 07501
Tele. (201) 278-8950
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222494353 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	9-7-95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-18-95
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9-11-95	
Insulation				
Finishes:			9-18-95	
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 12,000
3. Total (1+2) $ 12,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
"Store Fit-Out"

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 9-7-98
Date Issued
Control #
Permit # 2272-98

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

Block 671 Lot 8
Work Site Location SuperCuts/Brick Plaza Sp. #B.
Route 549/Brick Rd Brick
Owner in Fee Super Cuts.
Address 45 Smith St
Englewood, NJ
Tele. (201) 569-7000
Contractor E-Tonic G.C. Inc.
Address 63-69 Danforth Ave
Paterson NJ 07501.
Tele. (201) 278-8950
Lic. No.
Federal Emp. No. 222-494-353 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 140.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/30/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 9/13/95
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			9/15/95	
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors Storage Room	1	46
Heat Detectors AC DC Battery Back up		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical Emergency Lights Battery Back up Exit Signs		
Gas or Oil Fired Appliance		
OTHER 2 Fire Extinguishers		

Administrative Surcharge $ 46
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: August 25, 1995 — 1995 **Z** 1275

Block 671 **Lot** 8 **Zone** B-3, H.D.

Property Address: Brick Plaza

Owner: Federal Realty Investment **(Phone):** 215-657-8740

Applicant: Supercuts **(Phone):** 201-569-7000

Use: Brick Plaza Unit #13

Proposed Construction (if any): Tenant fit-up for "Supercuts" hair salon.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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.

Sean Kinnevy

Sean Kinnevy — Land Use Officer

TOWNSHIP OF BRICK

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

PLAN REVIEW # _____

PLAN REVIEW

DATE _____

Name _____

Address SUPER CUTS

Block _____ Lot _____

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
_____	BUILDING SUBCODE	_____
_____	ELECTRICAL SUBCODE	_____
_____	PLUMBING SUBCODE	_____
_____	FIRE PROTECTION SUBCODE	_____

NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
	OCCUPANCY LOAD.		
	DOOR 5 OVER 50% OF	BOCA-	1011.1.3
	HALL BLOCKAGE -		
	Called 9-1-98		
	to advise letter to follow		
	9/6/98		

THE TRICARICO GROUP, P.C.
ARCHITECTS • DESIGNERS

September 6, 1995

Building Department
Township of Brick
401 Cedar Bridge Road
Municipal Building
Brick, NJ 08723

Attn: Ray Korkowski

Re: Supercuts
Route 549 / Brick Blvd.

Dear Mr. Korkowski,

The occupancy load for the above referenced store is less than 50 people and we have provided two exits instead of one.

Also exit corridor leading to rear exit is 50" wide instead of 36" and the clearance after door swing is 18" which indirectly meets the code.

Therefore it is requested that a variance be granted towards BOCA Code 1011.1.3.

Sincerely,

Nicholas J. Tricarico

cc: Mark Pavlik / Supercuts

NJT/et
supercut\090695

409 MINNISINK ROAD, TOTOWA, NEW JERSEY 07512, Tel: (201) 256-3200 Fax: (201) 256-7667

E-TOMIC INC.

63-69 DANFORTH AVE.
PATERSON, N.J. 07501

(201) 278-8950 FAX# (201) 278-9766

LETTER OF TRANSMITTAL

DATE 8/16/95 JOB NO.

ATTENTION Judy.

RE: Dept Cuts
Brick Plaza Sp #13
Route 549 / Brick Rd
Brick, NJ.

TO Building Sub Code Dept.
401 Chambers Bridge Rd
Brick, NJ 08723

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☑ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☑ Permit Applications

COPIES	DATE	NO.	DESCRIPTION
1	8/8/95	1 6	T-1, GN-1, A-1, A-2, A-3, A-4
			Permit Application
			Zoning Application

THESE ARE TRANSMITTED as checked below:

☑ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please call me upon approval & fees required

COPY TO _____

SIGNED: Chris Cosgrove

If enclosures are not as noted, kindly notify us at once