BLOCK 673 LOT 8 QUALIFICATION CODE C23-14 ADDRESS (SITE) 2791 HOOPER AVE PERMIT NO. 04-1647

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

LOT 673

1. Propsed Work Site at: 2791 Hooper Ave 106 Brick... Blk P
2. Name of Owner in Fee: Peter Trahanas Te[redacted]
   Address 4 Manhattan Ave Rye
   street municipality zip code
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Chris Krautheim Tel. ( ) 892-4101
   Address 2411 Monmouth Ct. Pt. Pleasant, NJ
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. ______ FAX: ( ) ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______ Contact ______
6. Responsible Person in Charge once Work has Begun Chris Krautheim
   Tel. (732) 278 7346 FAX: ( ) ______

Tenant Fit up

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	1661	$ 35 ✓		
2. Electrical		35 ✓		
3. Plumbing				
4. Fire Protection		35 ✓		
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. State Permit Fee Surcharge				
10. Subtotal		$		
11. Cert. of Occupancy				
12. Other		30		
13. TOTAL		$ 100 135		

Jersey Shore Eye Care

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
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. Construction Classification ______
7. Total Land Area Disturbed ______ sq. ft.
8. Flood Hazard Zone ______
9. Base Flood Elevation ______ ft.
10. Wetlands yes ______ no ______
11. Max. Live Load ______
12. Max. Occupancy Load ______

COMMERCIAL

IMPORTANT H.U.D. MANDATORY FEE. COMMERCIAL

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☑ Minor Work	100	MJ	4/21/04		5-5-04	FA	4/2/04		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					5/6/04				
6. ☐ Plumbing									
7. ☑ Electrical	100				5/5/04		5/25/04		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	//////								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Gu	4/26/04		4/26/04	M			
TOTAL COSTS	200								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction Deli
   After Construction Eye Center
   Net Gain or Loss ______

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 04/03)

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 4/12/04

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. 5:32-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

Constituent Contact Report

Date	Comments	Initials

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/27/2010
Control Number
Permit Number 04-1647
Permit Issue Date 05/06/2004
Certificate Number 04-1647

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2791 HOOPER AVE-EYE CENTER TENANT FIT UP , NJ Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS, PETER

Owner Address: 4 MANHATTAN AVE RYE NJ 10580-

Telephone: [redacted]

Contractor TRAHANAS, PETER

Address 4 MANHATTAN AVE RYE NJ 10580-

Telephone: [redacted] Fax:

License Number [redacted] Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use:

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: 01/27/2010 U.C.C. F260 (rev. 08/05)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/06/2004
Control #
Permit # 04-1647

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 673 Lot 8 Qual

Work Site Location 2791 HOOPER AVE-EYE CENTER
TENANT FIT UP
Owner in Fee TRAHANAS, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone [redacted]

Contractor CHRIS KRAUTHEIN
Address 2411 MONMOUTH CT
PT PLEASANT, NJ 08742-
Telephone (7321892-4101
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-5627253

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - 2 WALLS, 1 INTERIOR DOOR 30", 1/2" SHEETROCK, METAL STUDS
DELI TO EYE CENTER

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 $ 210

D. Newman
Construction Official

05/06/2004
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other ZPEP	30
Total	~~105~~ 135
Check No.	1089
Cash	
Collected By	MJR

05/06/04 9:17AM 000000#8996
XX02 SERV.002

#1647	
BUILDING	$35.00
ELECTRIC	$35.00
FIRE	$35.00
ZPA	$15.00
EPA	$15.00
CHECK	$135.00

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

C3E NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC - NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2004
Date Issued 5/6/04
Control # C23-14
Permit # 04-1647

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 Qual

Work Site Location 2791 HOOPER AVE-EYE CENTER Block mark

TENANT FIT OUT Jersey State Eye Center

Owner in Fee TRAHANAS, PETER

Address 4 MANHATTAN AVE

RYE, NY 10580-

Tel. [redacted]

Contractor KRAUTHEIN

Address 2411 MONMOUTH CT

PT PLEASANT, NJ 08742-

Tele.(732)892-4101

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 15-5627253

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar

[ ] Other

Location:

Total Est Cost of Fire Prot Work $ 10

Fire Alarm System

New [ ] Existing [ ]

Location of Panel:

Fire Suppression/Standpipe Sys

New [ ] Existing [ ]

Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Plumb [ ] Elevator

[ ] Fire Plans Approved

Date: 5/6/04

Approved by: KCR

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11/5/10

Approved By: KCR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			11/5/2010	KCR
Other (see back)			5-11-04	KCR

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.

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] Systam	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FIRE REVIEW		35
Other PLAN REV. ONLY		0
Administrative Surcharge		$ 0
Minimum Fee		$ 0
TOTAL FEE		$ 35
DCA State Permit Fee		$ 0

Paid [ ] Check #

Collected by:

rough only

need final walkthru

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING SUBCODE TECHNICAL SECTION

Date Received 04/21/2004
Date Issued 5/6/04
Control # C23-14
Permit # 04-1647

COMMERCIAL

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 Qual
Work Site Location 2791 HOOPER AVE-EYE CENTER
TENANT FIT UP 732-477-7701
Owner in Fee TRAHANAS, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
[redacted]
Contractor CHRIS KRAUTHEIN (c) 732-278-3346
Address 2411 MONMOUTH CT
PT PLEASANT, NJ 08742-
Tele.(732)892-4101 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-5627253

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

EXIT Signs MUST BE in place over DOORS

TENANT FIT UP - 2 WALLS, 1 INTERIOR DOOR 30", 1/2" SHEETROCK, METAL STUDS
DELI TO EYE CENTER

NOTE: Code Requires 3'0" DOOR FOR Accessability (FM)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5-5-04	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-2-04
Approved By: FM

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	OVER		5/12/04	RB OVER
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final - OVER			05/28/04	KEH
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 31
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F110 (rev. 3/96)

REHAB SUBCODE

5/12/04 (1) FRAME INSPECTION APPROVED AND APPROVED STICKER LEFT AT JOB.

(2) CHECKED WITH KEN PRIOR TO INSPECTION. JOB CONSISTS OF TENANT FIT UP FOR EXISTING SPACE WITH NO PLAN REVIEW REQUIRED 5/5/04.

(3) EXISTING REST ROOM.

(4) EXISTING SECOND SINK.

(5) EXISTING EXIT AND EMERG LIGHTS OPERATING.

(6) NEW EXAM ROOM WITH 36" DOOR OPENING.

(A) ONE WALL EXISTING WITH REQUIRED (PREVIOUSLY) RATING.

(B) TWO WALLS FRAMED WITH STEEL STUDS.

(C) ONE WALL FRAMED WITH 2X4 STUDS AND 36" DOOR OPENING WITH HEADER. THIS WALL WOOD

(D) RW ELECTRIC APPROVED.

(E) FIRE INSPECTOR DID WALK THRU INSPECTION, AND SAID LOOKS FINE.

(7) 6-A THRU 6-E NEW PARTITION WALL HAS NO LOAD BEARING.

ENTERED IN COMPUTOR AND ASKED JOAN TO REMOVE FRAMING INSPECTION FROM SCHEDULE. TENANT STATES HE WILL USE EXISTING SIGN AND CHANGE MESSAGE ONLY.

05/25/04. EQUIPMENT + FURNISHINGS OBSTRUCTING CORRIDORS, REAR EXIT, AND ACCESS TO HDCP. BATH.

PROPERLY CAP PRE-EXISTING DISCONNECTED WATER LINES.

INSTALL APP'D SIGNAGE ON HDCP. BATH DOOR.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-6-04
Date Issued
Control #
Permit # 04-1647

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
Work Site Location 2791 Hooper Ave OLD LITTLE ITALY
Brick NJ 08724 NEAR GOOD FRIEND'S
Owner in Fee/Occupant CREA NRA Anthem Peter Trahanas
Address 4 Manhattan Ave
Rye NY 10580
Tele. ( )
Contractor Ron Suarez Electric
Address 22 Field St
Toms River NJ 08753
Tele. (732) 349 3630 Fax (732) 349 3722
Lic. No. 121 [redacted]
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100—

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/5/04
Approved by: RS

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 5/25/04
Approved by: over

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	5/6/04	RS	5/12/04	RS
Temp. Serv.				
Constr. Serv.				
Other				
Service				
Final			5/25/04	RS

over row I 5/11/04 RS 5/13/04 RS

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

MUST USE HOSP. GRADE CABLE IN P.C. CARE AREAS AFTER BLANKING OFF EXISTING NON CONFORMING

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

EXISTING CHANGE OF USE ONLY

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

5-6-04 HCF (GREEN) AC CABLE IS INSTALLED IN P.C. CARE AREAS CALL FOR RW WITH UW READY

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

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

5/6/04 ① CONFORM TO ADA RE NEW.
② BLANK OFF OR REMOVE ALL NONCONFORMING IN P. CARE EXAM ROOM.
③ THEN REWIRE WITH HCF (GREEN) AS CABLE.
④ LEFT COPY OF ADA PLUS FOLDER CONTENTS.
⑤ CALL FOR RW WHEN READY AND REACH RANGES CONFORM WITH CONSIDERATION TO OBSTRUCTIONS WHICH MAY BE IN PLACE AT FINAL

5/11/04 ① NO ENTRY STICKERS
② LEFT COPY OF ADA REACH RANGE REQUIREMENTS FOR NEW WORK.

5/12/04 ① RW OK. MAINTAIN ADA REACH RANGES AT FINAL.
② MARK SERVICE EQUIPMENT AND UNIT FOR FINAL
ADVISED JOAN RW AND FRAMING DONE AND APPROVED. SAW ALSO SCHEDULED FOR TOM OLSON RW 5/13/04. REMOVED FROM TOMS LIST AND ADVISED JOAN AS ABOVE.

5/13/04 TOM OLSON CALLED AND SAID JOAN HAD RESCHEDULED RW DONE YESTERDAY FOR TOM TODAY. ADVISED TOM TO DISREGARD DUE TO RW COMPLETE AND APPROVED 5/12/04 AS ABOVE. CHECKED FOR DUPLICATE RW AND AS ABOVE.

5/25/04 ① FINAL APPROVED
② C.O. SIGNED OFF PER MARKEL REQUEST

673 8

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-6-04
Date Issued
Control #
Permit # 04-1647

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
Work Site Location 2791 Hooper Ave
Brick NJ 08724
Owner in Fee/Occupant Chris Nikolaropoulos Peter Trahanas
Address 4 Manhattan Ave
Nyc NY 10580
Tele. ( )
Contractor Ron Suarez Electric
Address 22 Fifth St
Toms River NJ 08753
Tele. (732) 349 3630 Fax (732) 349 3242
Lic. No. 12133
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/5/04
Approved by:

SUBCODE APPROVAL
[ ] EO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

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

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

MUST USE HOSPITAL GRADE CABLE IN P. CARE AREAS

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

5-6-04 HCF (GREEN AC CABLE) TO BE INSTALLED IN P. CARE AREAS

CALL FOR RW WHEN READY

COPY OF RECORD

SEE RECORD FOR DUPLICATE

DISREGARD AS DUPLICATE

CLERK 5/13/04

RW APPROVED 5/12/04

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

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

C3E NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2004
Date Issued 5/10/04
Control # C23-14
Permit # 04-1647

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 Qual

Work Site Location 2791 HOOPER AVE-EYE CENTER Block map Jersey Shore Eye Center
TENANT FIT UP

Owner in Fee ~~KRAHANAS, PETER~~

Address 4 MANHATTAN AVE
RYE, NY 10580-

Tele [redacted]

Contractor CHRIS KRAUTHEIN

Address 2411 MONMOUTH CT
PT PLEASANT, NJ 08742-

Tele.(732)892-4101

Lic. No. or Bldrs. Reg. No.

Federal Emp. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5/6/04 KCR
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinklar Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FIRE REVIEW		35
Other PLAN REV. ONLY		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

C3E NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/05/2004
Date Issued 5/6/04
Control # C23-14
Permit # 04-1647

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 Qual
Work Site Location 2791 HOOPER AVE-EYE CENTER Brick Prof Services
TENANT FIT UP
Owner in Fee TRAHANAS, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
T [redacted]
Contractor LOUIS KRAUTHEIN
Address 2411 MONMOUTH CT
PT PLEASANT, NJ 08742-
Tele.(732)892-4101
Lic. No. or Bldrs. Reg. No.
Federal Emp. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

Fire Alarm System
New [ ] Existing [ ]
Location of Panels:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5/6/04
Approved By: KLB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supervy

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity ( ) Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other FIRE REVIEW		35
Other Plan Rev. Only		0
Administrative Surcharge		$ 0
Minimum Fee		$ 0
TOTAL FEE		$ 35
DCA State Permit Fee		$ 0

Paid [ ] Check #
Collected by:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2791 Hooper Ave
Block: 873 Lot: ~~623~~ 8
Owner's Name: Peter Trahanas
Owner's Mailing Address: 4 Manhattan Ave.
Yonkers, NY 10680
Phone: [redacted]

BUILDING

Contractor: Chris Krautheim
Address: 2411 Monmouth ct
Ft Pleasant NJ 08742
Phone#: 732 892-4101
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

2 walls
Metal studs
16 inch on centers
½ inch sheetrock
1 interior door 30 inch

Type of Work

___New Building	___Siding
___Addition	___Fence
✓Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 100.00

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature:
Please Print Name Chris Krautheim

ELECTRICAL

Contractor: Ron Suarez Electric
Address: 22 Field St
Toms River NJ 08753
Phone#: 732 349 3630
Lis #: 12173
Federal Emp # or SS [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	2
Switches	2
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	4
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $100

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

Signature: SEAL T SIGNATURE
Please Print Name ON ELECTRICAL TECH

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

5/6/64

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Done

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Layout Worksheet

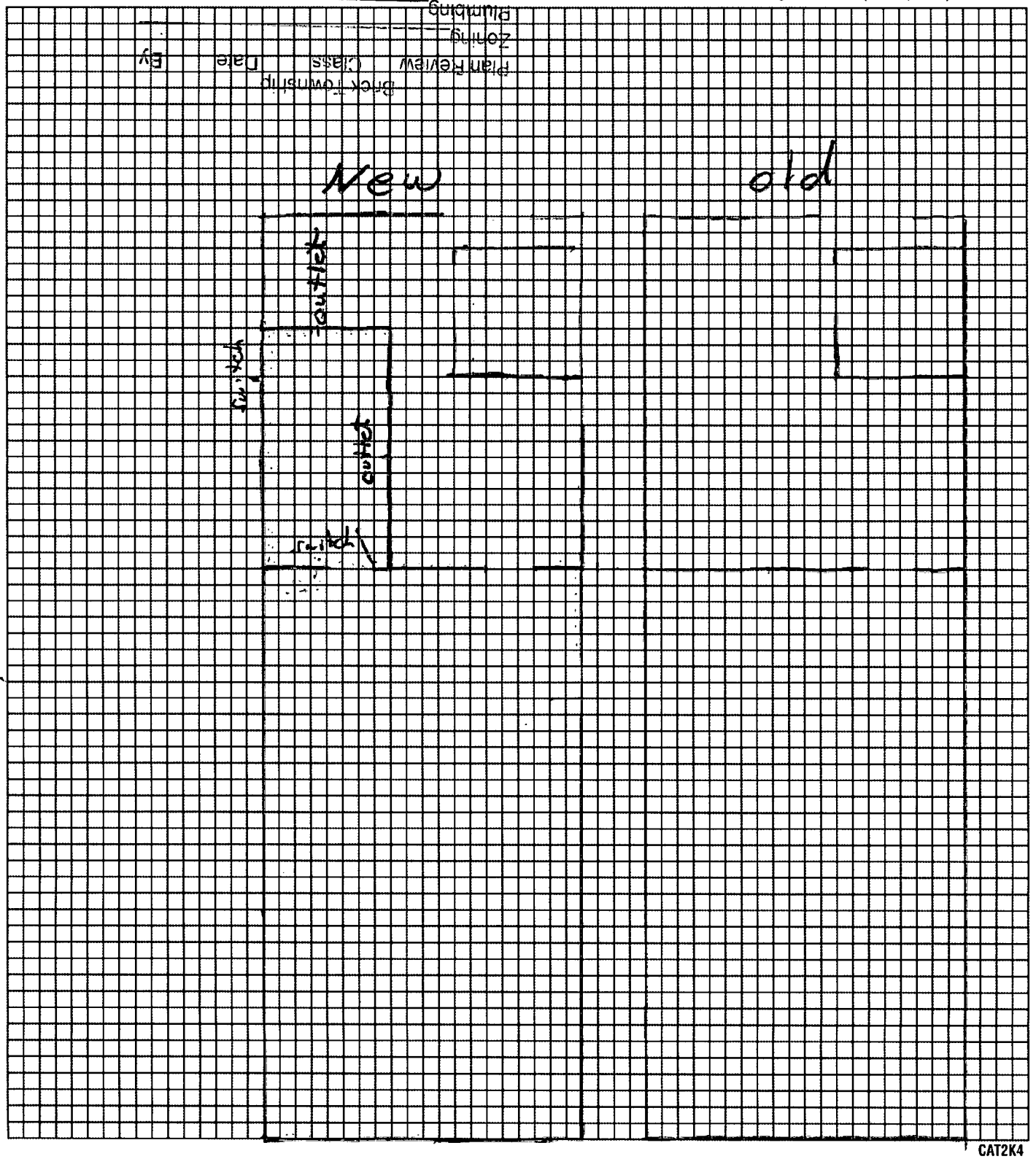
Company

Location address

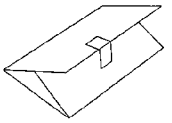
Phone

email

Please be sure all measurements are precise as possible
If using scale: 1/4" (two squares) = one foot



CAT2K4



▽ Fold here last. Seal with tape...please do not staple ▽

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES.

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 201 PARADISE, CA.

POSTAGE WILL BE PAID BY ADDRESSEE

FASHION OPTICAL DISPLAYS
P.O. BOX 159
PARADISE, CA 95967-9983
Attn: Design Department

△ Fold here first △

Layout Worksheet

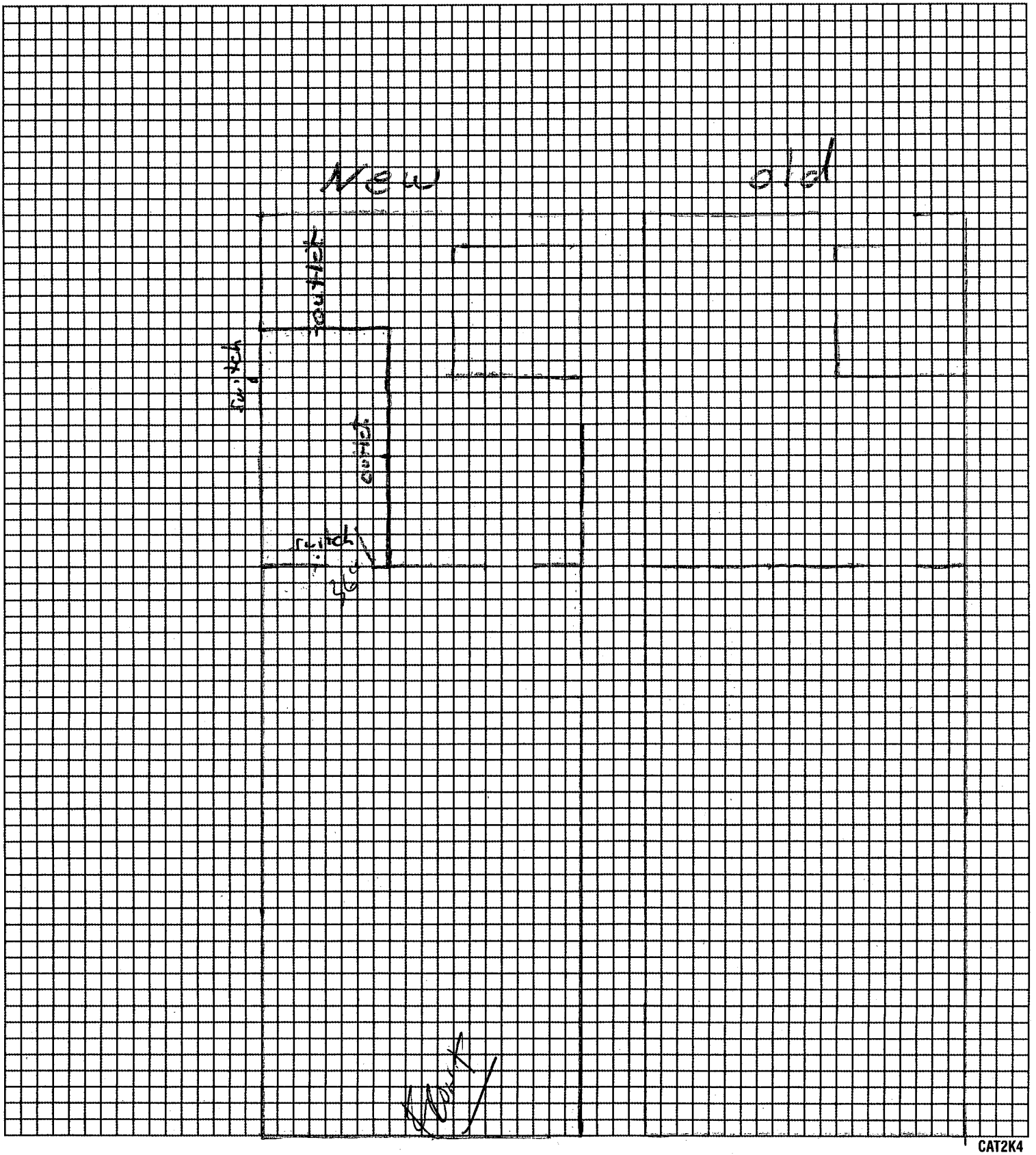
Company

Location address

Phone

Email

Please be sure all measurements are precise as possible
If using scale: 1/4" (two squares) = one foot



CAT2K4

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical	NA	5/5/04	

673 8

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-6-04
Date Issued
Control #
Permit # 04-1647

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
Work Site Location 2791 Hooper Ave
Brick NJ 08724
Owner in Fee/Occupant CHEA NORTHBROOK Peter Trahonas
Address 4 Manhattan Ave
Nyc NY 10580
Tele. ( )
Contractor Raul Suarez Electric
Address 22 Fish St
Toms River NJ 08753
Tele. (732) 349 3630 Fax (732) 349 3222
Lic. No. 12132
Federal Emp. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100—

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/5/04
Approved by: SER

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

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

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

MUST USE HOSPITAL GRADE CABLE IN P.CARE AREAS

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractors Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

HCF (GRADE) AC CABLE (INSTALLED) IN P.CARE AREAS

CALL FOR RW WITH READY

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC/PRO F-120 (REV3/96)
Professional Printing
(856)468-7933

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/21/2004
Date Issued 5/6/04
Control # C23-14
Permit # 04-1647

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 Qual
Work Site Location 2791 HOOPER AVE-EYE CENTER
TENANT FIT UP
Owner in Fee TRAHANAS, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
Tele [redacted]
Contractor CHRIS KRAUTHEIN
Address 2411 MONMOUTH CT
PT PLEASANT, NJ 08742-
Tele.(732)892-4101 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp [redacted]

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

EXIT Signs Must Be In Place over DOORS

TENANT FIT UP - 2 WALLS, 1 INTERIOR DOOR 30", 1/2" SHEETROCK, METAL STUDS
DELI TO EYE CENTER

NOTE: Code Requires 3'-0" DOOR For Accessability

FM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5-5-04	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Pt.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 31
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/21/2004
Date Issued 5/6/04
Control # C23-14
Permit # 04-1647

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 Qual

Work Site Location 2791 HOOPER AVE-EYE CENTER
TENANT FIT UP

Owner in Fee TRAHANAS, PETER

Address 4 MANHATTAN AVE
PYE NY 10580-

Te [redacted]

Co RAUTHEIN

Address 2411 MONMOUTH CT
PT PLEASANT, NJ 08742-

Tele.(732)892-4101 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp [redacted]

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

EXIT Signs Must Be In Place over DOORS

TENANT FIT UP - 2 WALLS, 1 INTERIOR DOOR 30", 1/2" SHEETROCK, METAL STUDS
DELI TO EYE CENTER

NOTE: Code Requires 3'-0" DOOR For Accessability

FIM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5-5-04	FIM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 31
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

Township of Brick
Zoning Permit

Approved: Friday, April 23, 2004 **Number:** 526

Block 673 **Lot** 8 **Zone:** B-3, Highway Dev.

Property Address: 2791 Hooper Avenue; Brick Mall

Applicant: Chris Krautheim

Property Owner Peter Trahanas

Existing Use: Vacant retail unit; (former Little Italy Gourmet Deli).

Proposed Use: Eyeglass store.

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning permit is required for any sign or any other 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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
APR 23 2004
ZONING

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 8 673 LOT BRA 8 QUALIFIER

PROPERTY ADDRESS 2791 Hooper Ave

PERSONAL NAME OF APPLICANT Chris Krautheim

BUSINESS NAME OF APPLICANT Jersey shore Eyecare

MAILING ADDRESS OF APPLICANT 2411 Monmouth ct Bk Pl. 08742

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) strip mall - deli

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) retail Eyeglass store

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) tenant fit up

COMMERCIAL

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
☐ 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.

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

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 Date 4/12/04

Reviewed by Zoning Office JE Date 4/23/04 (X) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK_____ LOT_____ SITE ADDRESS_____
TYPE OF SITE Residential / Commercial NAME OF BUSINESS_____
APPLICANT_____ PHONE NUMBER_____
APPLICANT ADDRESS_____ CITY & STATE_____

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date_____
	Down Payment _____	Date_____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 1000

Frederick R Millman — 9/29/04

Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$_____

Frederick R. Millman, CTA, Tax Assessor — Date

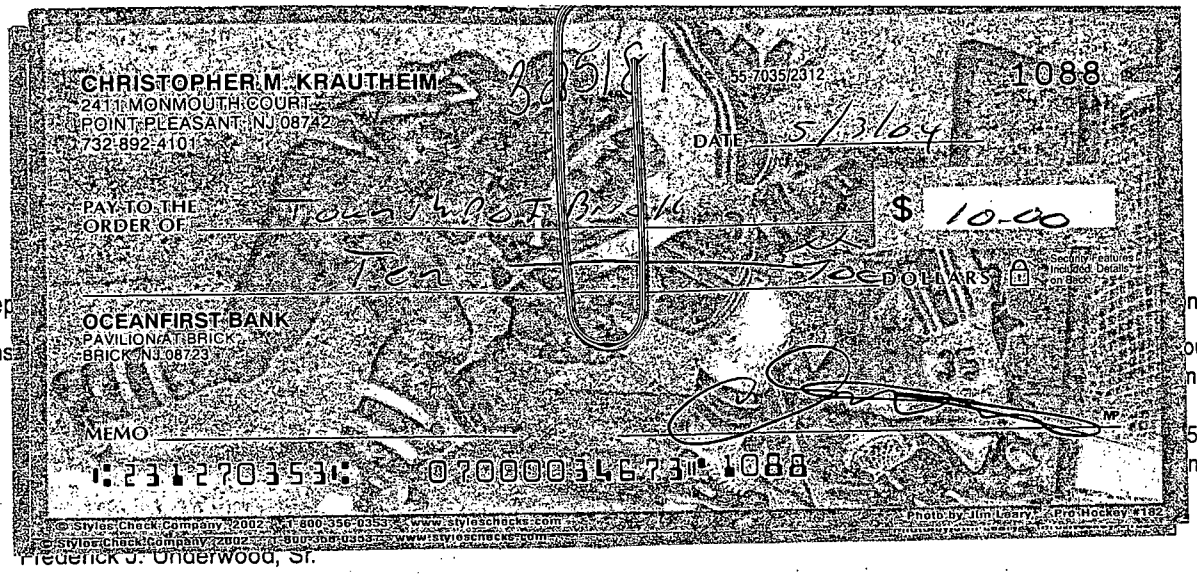
Prelininary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required_____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

Fees Imposed To Date _____
Fees Reached $15,000 _____Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____
Office of Affordable Housing



Josep n & Finance

Towns ousing
ninistrator

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nj.us

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Jersey Shore Eyeglasses

Owner/Applicant: Christopher Krautheim

Property Address: 2791 Hooper Ave.

Block: 673 Lot: 8

DEPOSIT RECEIVED

Mandatory ~~Development~~ Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 5/3/04

Check Number 1088

Preliminary Fee Paid _____

Final Fee Paid $10.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Katherine Schaare
Signature

5/3/04
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

AHBT FINAL APPROVAL

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
http://www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

Construction Permits Application
5:23-2.15 (e) (vii) (1x)

Owner/Agent: Chris Krauthein

Property Address: 2791 Hooper Ave

Town: Brick Zip: 08723

Block: 673 Lot: 8

X Waive architecturals for commerical interior work

____ Other: _____

OWNER/AGENT PROCEED AT OWN RISK

Signature: [signature]

Owner/Agent: _____

Building Subcode Official: _____
Frank Mizer

Construction Official: _____
Daniel F. Newman Jr.

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 2741

Block: 673 Lot: 8

Contractor: Chris Krautheim

Contractor's Address: 2411 Monmouth ct

Type of Construction (minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: —

Dumpster size: —

Destination of debris: —

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

4/22/04
Date

Chris Krautheim
Print Name