



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 210 2791 Hood per Ave, 210 Broadway
 2. Name of Owner in Fee: Peter Tran
 Address: Manhattan Ave NYC NY
 street municipality zip code
 3. Ownership in fee: Public _____ Private X
 4. Principal Contractor: _____ Tel. (____) _____
 Address _____
 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 _____
 Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>35</u>		
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	<u>15</u>		
12. Other			
13. TOTAL	\$ <u>91</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. 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	

tenant fitup.

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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

VII. DESCRIPTION OF BUILDING

A. RESIDENTIAL

1. State Specific Use:
 2. Use Group:
 3. Change in Use Group, Indicate Former:

4. 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:

IMPORTANT - MANDATORY FEE - COMMERCIAL NO FEE REQUIRED

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 M. A. A. Date 10/15/04

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 [Signature]

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Constituent Contact Report

☐ Zoning Application deemed complete

Initialed: _____

☐ Zoning Application approved

Date: _____

☐ Zoning permit updates:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 11/01/2004
Control #
Permit # 04-4657

IDENTIFICATION

Block 673 Lot 8 Qual
Work Site Location 2791 HOOPER AVE-BRICK MALL
TENANT FIT UP
Owner in Fee/Occupant TREAHAHAS, PETER & FREDERICKA
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone
Contractor PETER & FREDERICKA TREAHAHAS
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone (914)967-8957 Fax (
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 96-78957

Home Warranty No. N/A
Type of Warranty Plan: [] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FITUP-PLACING RACKS IN MIDDLE OF STORE ONL

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE

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

[] 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 _____, _____.

Fee \$ 10
Paid [X] Check No. 358
Collected by: SC

CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/98) NO DECANS 5.24E

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2004
Date Issued 10/29/04
Control # C18-11
Permit # 04-4657

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-BRICK MAIL

TENANT FIT UP

Owner in Fee TREAMAMAS, PETER & FREDERICA

Address 4 MANHATTAN AVE

RYE, NY 10580-

Tele. [REDACTED]

Contractor PETER & FREDERICA TREAMAMAS

Address 4 MANHATTAN AVE

RYE, NY 10580-

Tele. (914)967-8957 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 96-78957

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All 10/15/04

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

Date: 11-3-04

Approved By: [Signature]

BarrierFree

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 400

3. Total (1+2) \$ 400

Industrialized Building:

☐ State Approved

☐ HUD

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

TENANT FITUP-PLACING RACKS IN MIDDLE OF STORE ONLY

Call For inspection Before Opening

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 24

\$ 40

\$ 1

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

COMMERCIAL

Paid ☐ Check # Administrative Surcharge

Collected by: Minimum Fee

DCA State Permit Fee

TOTAL FEE

U.C.C. P110 (rev. 3/96)

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2004
Date Issued 10/29/04
Control # C18-11
Permit # 04-4657

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-472-1000

Block 673 Lot 8 Quail
Work Site Location 2791 HOOPER AVE-BRICK MALL

TENANT FIT UP

Owner in Fee TREAHAAS, PETER & FREDERICKA

Address 4 MANHATTAN AVE

RE, NY 10580-

Tele

Contractor PETER & FREDERICKA TREAHAAS

Address 4 MANHATTAN AVE

RE, NY 10580-

Tele (914) 967-8957

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 96-78957

COMMERCIAL

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 \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

() No Plans Required

Joint Plan Review Required:

() Bldg () Elect

() Plumb () Elevator

() Fire Plans Approved

Date: 10-20-07

Approved By: [Signature]

SUBCODE APPROVAL

() CO () CCO

Date: 11-3-07

Approved By: [Signature]

INSPECTIONS

Type Failure Failure Approval Initial

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Location of Main Control Valve

Fire Alarm System

New () Existing ()

Location of Panel:

Fire Suppression/Standpipe Sys

New () Existing ()

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: () Flammable Liquid () Combust Liquid

() LPG () LNG Capacity 0 Fuel

Alarm Systems () 110V Interconnected NUMBER

() System

Alarm Devices (smoke, heat, pull, water/flow)

Supervisory Devices (tamper, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas () or Oil () Fired Appliances

Other

Other

FEE (Office Use Only)

Administrative Surcharge \$

Paid () Check \$

Minimum Fee \$

Collected by: TOTAL FEE \$

DCA State Permit Fee \$

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 Ave, Unit 210 Brick Mall
PERSONAL NAME OF APPLICANT Monsura Lawal
BUSINESS NAME OF APPLICANT Todam Enterprises, LLC
MAILING ADDRESS OF APPLICANT P.O. Box 1882 Toms River, NJ 08754
PROPERTY OWNER'S FULL NAME Peter & Fredericka Trahanes

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Health Food store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Dollar Express 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) Dollare Express store

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 Muana A Date 10/15/04

Reviewed by Zoning Office _____ Date _____ () Approved () Denied

March 2003-----

KB
10/15/04

**Township of Brick
Zoning Permit**

Approved: Thursday, October 28, 2004 **Number:** 1624

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

Property Address: 2791 Hooper Avenue; Brick Mall

Applicant: Mosura Lawal; Dollar Express

Property Owner Peter & Fredericka Trahanas

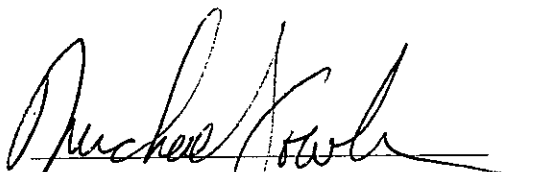
Existing Use: Vacant unit (former AAA Health & Nutrition store).

Proposed Use: Dollar Express store.

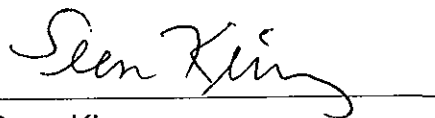
Proposed Construction: Interior alterations for tenant fit-up.

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



Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

OCT 28 2004

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 Ave, 210 Brick mall

PERSONAL NAME OF APPLICANT Monsura Lawal

BUSINESS NAME OF APPLICANT Dollar Express

MAILING ADDRESS OF APPLICANT 2791 Hooper Ave, 210 Brick mall

PROPERTY OWNER'S FULL NAME Peter & Fredericka Trahanas

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

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 M Lawal Date 10/27/04

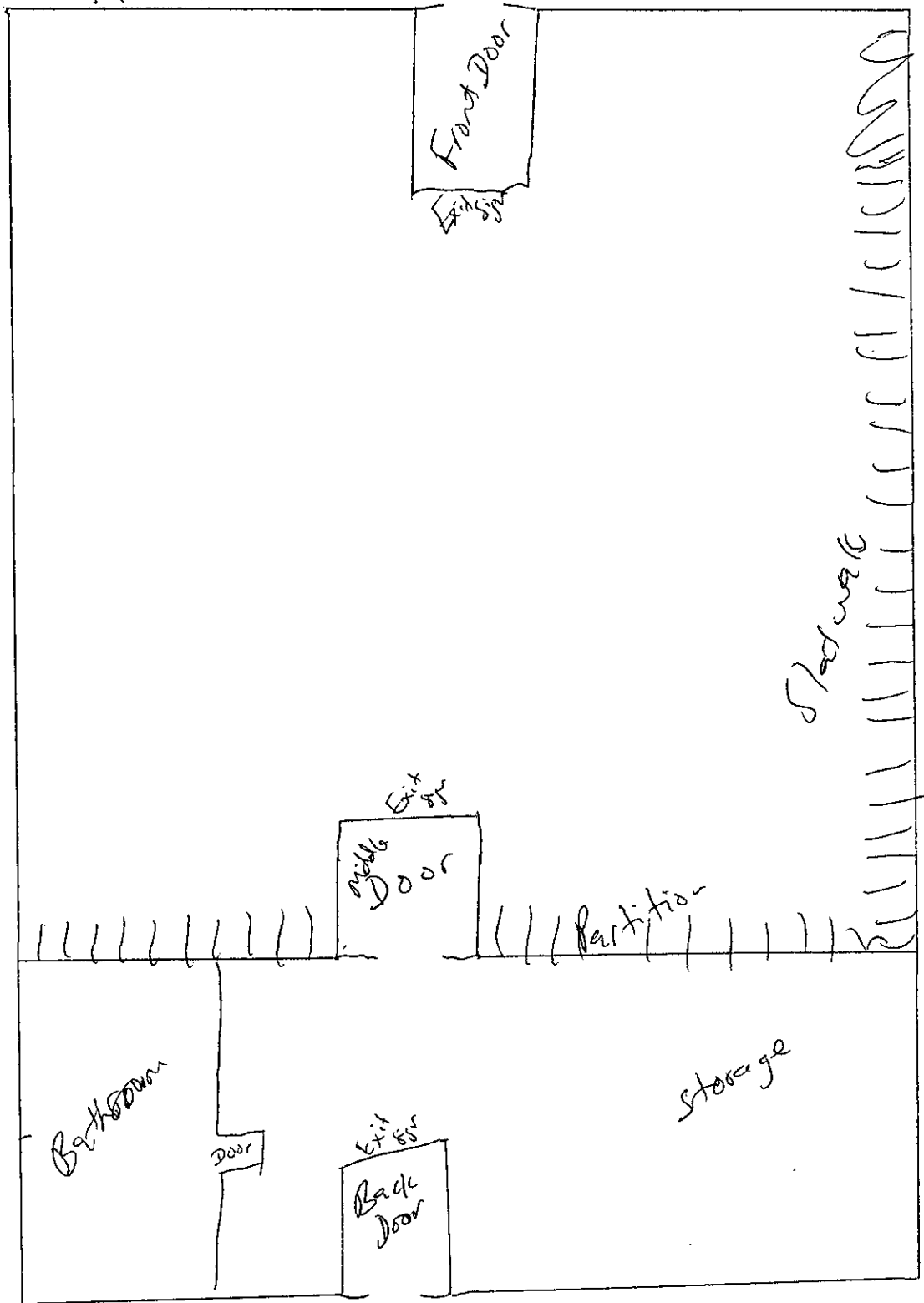
Reviewed by Zoning Office JK Date 10/28/04 Approved () Denied

March 2003-----

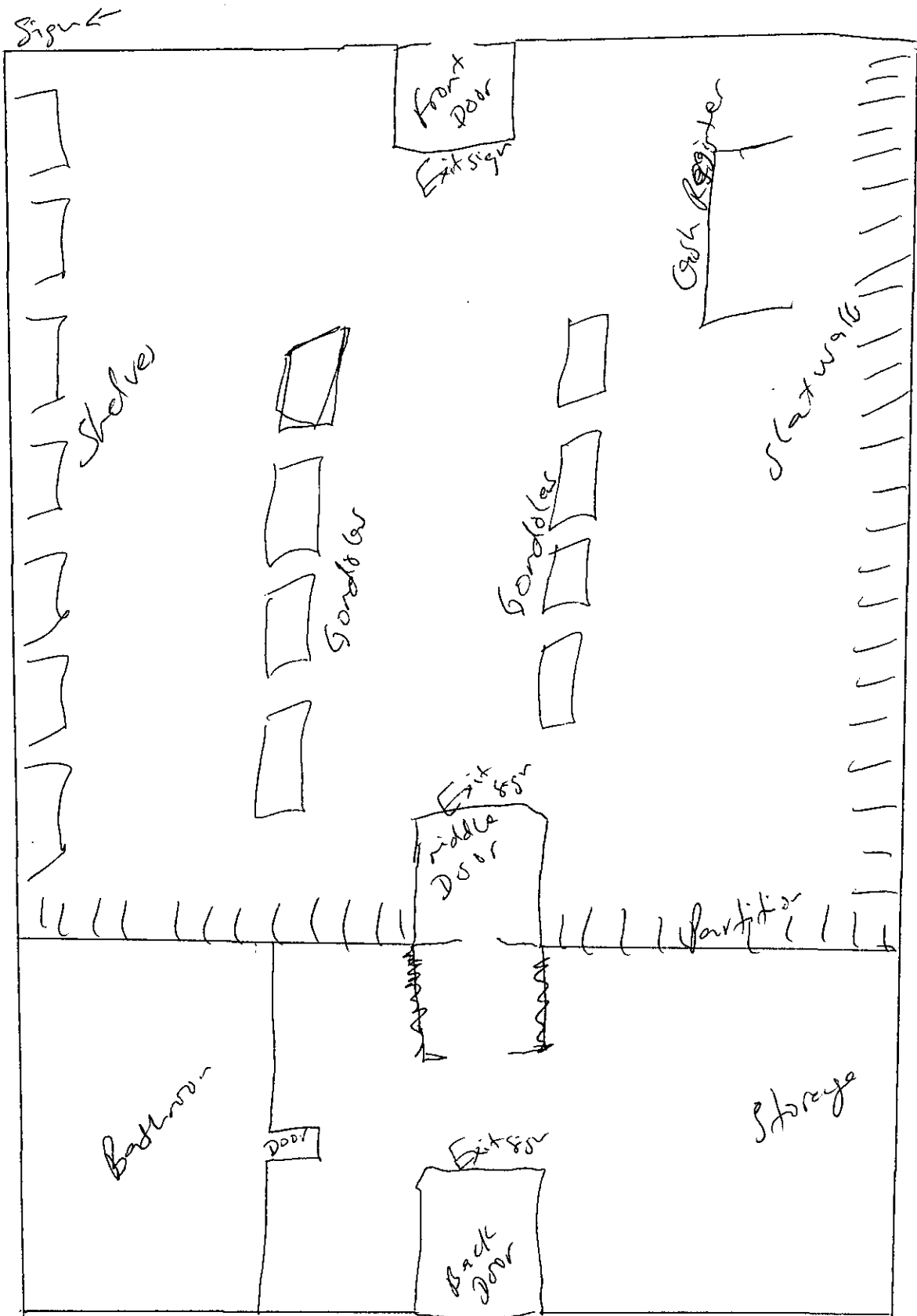
COMMERCIAL

STORE LAYOUT BEFORE

5-5 ← Nutrition store



STORE LAYOUT AFTER



Plan Review _____
Zoning _____
Plumbing _____
Building 10-18-04 FM
Fire _____
Electrical _____

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 673 LOT 8 SITE ADDRESS 2791 Harper Ave.
TYPE OF SITE Residential / ~~Commercial~~ NAME OF BUSINESS William Starr
APPLICANT Monsieur Dama PHONE NUMBER 232-691-0069
APPLICANT ADDRESS 2791 Harper Ave. CITY & STATE Brock, NJ 08723

INCLUSIONARY DEVELOPMENT

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

NO FEE REQUIRED

MANDATORY DEVELOPER FEES

APPROVED BY KT DATE 10/26/04

◇ Residential is .005 %

~~◇~~ Commercial is .01%

~~◇~~ The estimated equalized assessed value of the proposed construction is

\$ — 0 —

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

10/26/04
Date

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

\$ — 0 —

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

10/26/04
Date

Preliminary Fee _____
Check # _____

Date _____
Receipt # _____

Final Fee _____
Check# _____

Date _____
Reciept # _____

Total Fee Due/Paid _____
Balance Due _____

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.

10/25/04 TA precom.

Lisa Ross-Loria
Office of Affordable Housing

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: BRICK MALL
Block: 673 Lot: 8
Owner's Name: PETER & FREDERICKA TRAHANAS
Owner's Mailing Address: 4 MANHATTAN AVE
RYE NY. 10580
Phone: ()

BUILDING

Contractor: BOB & SON SIGNS
Address: P.O. Box 277
BRICK, NJ 08723
Phone#: _____
Lis # _____
Federal Emp # or SSN 22-290 3792

Technical Data

Description of Work:

*change Name on
Existing sign only*

*tenant fitup.
placing racks
in middle
of store*

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign 48 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: \$ _____

Cost of New Building: \$ _____

Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 400

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: M. LAVAL

Please Print Name MONSIEUR LAVAL
(Tenant)

ELECTRICAL

Contractor: N/A
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____
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
Sprinkler System	_____
Service	_____ AMP
Subpanel	_____ AMP
Motor Control Center	_____ AMP
Sign/Outline Light	_____ KW
Furnace	_____
Steam Boiler	_____

Other: Applicable Once
Already Existed

Estimated Cost of Electrical 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

Counter Form
PLEASE PRINT

PLUMBING

Contractor: N/A
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 _____ No. of outlets	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain) _____ Tons	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sump Pump	_____
Pool Heater	_____

Other: Already Existed

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

Contractor: N/A
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: _____

Tank Removal	_____
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	_____
CO Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System Commercial _____

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: Already Existed

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: _____