

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

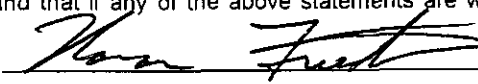
I further certify that I will perform the following work:

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 10/28/2004

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.

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			X		X		X		
☐ Planning Board			X		X		X		
☐ Zoning Board			X		X		X		
☐ Sewer Authority			X		X		X		
☐ Water Authority			X		X		X		
☐ Police Department			X		X		X		
☐ Health Department			X		X		X		
☐ Soil Conservation			X		X		X		
☐ N.J. Department of Community Affairs			X		X		X		
☐ N.J. Department of Transportation			X		X		X		
☐ N.J. Department of Environmental Protection			X		X		X		
☐ Utility Dig No.			X		X		X		
☐			X		X		X		
☐			X		X		X		

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

Date: 10/29/04

Initialed:

☒ Zoning Application deemed complete

☐ Zoning Application approved

☐ Zoning permit updates:

Date: _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 12/09/2004
Control #
Permit # 04-4903

IDENTIFICATION

Block 673 Lot 8
Work Site Location 2770 HOOPER AVE
TENANT FIT UP
Owner in Fee/Occupant TRAHANAS, PETER
Address 4 MANHATTAN AVE
RYE, NY 10580-
Telephone () -
Contractor B & J ELECTRIC
Address P.O. BOX 764
PT. PLEASANT, NJ 08742-
Telephone () Fax ()
Lic. No. or Bids. Reg. No.
Federal Emp. No. 30-0020750

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 FIT UP

[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

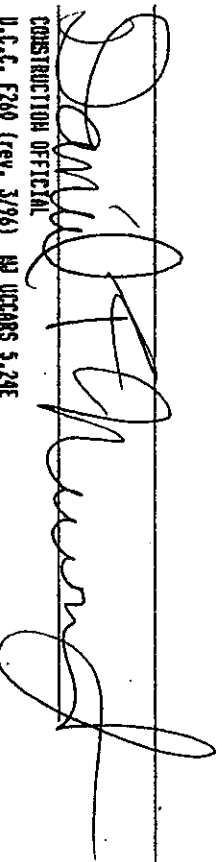
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[] 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 , .


CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

Fee \$ 10
Paid [X] Check No. 151
Collected by: MJR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/17/2004
Control #
Permit # 04-4903

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 373 Lot 6 (Sect) _____

Work Site Location 2770 HOOVER AVE
TENANT FILL UP
Owner in Fee IPHANNIS, PETER
Address 4 MANHATTAN AVE
81E, NY 10580-
Telephone ()
Contractor B & J ELECTRIC
Address P.O. BOX 764
PT. PLEASANT, NJ 08742-
Telephone ()
Lic. No. or Bids. Reg. No.
Federal Emp. No. 30-0020750

I am hereby granted permission to perform the following work:
() BUILDING () PLUMBING () LEAD HAZARD ABATEMENT
(X) ELECTRICAL (X) FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter B only)
DESCRIPTION OF WORK:
TENANT FILL UP

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 \$ 2,210
Construction Official
11/17/2004

U.C.C. #170 (rev. 3/92) NJ UCCARS 5.24E

Date

PAYMENTS (Office Use Only)
Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Device _____
Other _____
DCR State Permit Fee _____
Cert. of Occupancy _____
Other ZPER _____
Total _____
Check No. _____
Cash _____
Collected By _____

11/17/04 2:31PM 001558#4254
XX02 SERV.002
#4903
ELECTRIC
FIRE
DCR
ZPA
EPA
CHECK
\$108.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

BEC NEW JERSEY
ELECTRICAL
SUBCODE

TECHNICAL SECTION

Date Received 10/29/2004
Date Issued 11/17/04
Control # C04-65
Permit # 04-4903

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-7000.

B. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 673 lot 8 Qual 3
Work Site Location 2770 HOOPER AVE NO. 8 SIZE 8

TENANT PTO UP

Owner in Fee GRAHAMAS, PETER

Address 4 MANHATTAN AVE

RYE, NY 10580

Telephone ()

Contractor B & J ELECTRIC

Address P.O. BOX 764

PT. PLEASANT, NJ 08742

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 30-0020750

B. ELECTRICAL CHARACTERISTICS

Use Group - Present: B Proposed: B

Building Occupied as Temporary Other

Estimated Cost of Electrical Work \$ 2,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Joint Plan Review Required:

Plumb

Fire Elevator

Elect Plans Approved

Approved By: JN

SUBCODE APPROVAL

CO CA

Date: 12/2/04

Approved By: JN

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Approved By: JN

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

Administrative Surcharge \$ 0

Minimum Fee \$ 5

TOTAL FEE \$ 40

DCA State Permit Fee \$ 3

ITEM

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/With UW Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

(- Rec +

11-23-04

STONE LOCATION KENNEDY MAIL
NO STONE # ON TOCH

11-24-04

SUPPORT ROMEX WITHIN 8" OF BOX
SUPPORT ROMEX ON STAR HOLE;
LABILE BREAKER PLUG MOLD & RECONNECTED

11-30-04

ROUGH NAILS PROSSON, WHIP FOR
PLUG MOLD. ETC

DIVISION OF REPLICATIONS
401 CHAMBERS BUILDING
TOWNSHIP OF BRICK

TECHNICAL DIVISION

RECORD

TECHNICAL

RECEIVED
MIL. INSTA

CONFIDENTIAL

11-30-04

5 UNIT #
Control # 004-
Date Issued 11/11/04
Date Received 10/20/2004

12/14 No Blue Glass AS to
WATER UNIT IN MAIL
CHECKED BACK UNIT UNIT
11/11/04 UNIT # 205

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONSUCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTIONDate Received 10/29/2004
Date Issued 11/19/04
Control # C04-65
Permit # 04-4903A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000Block 673 Lot 8
Work Site Location 2710 HOOPER AVE

TENANT FIT UP

Owner in Fee TRAHANAS, PETER

Address 4 MANHATTAN AVE

RVE, NY 10580-

Tele. ()

Contractor B & J ELECTRIC

Address P.O. BOX 764

PT. PLEASANT, NJ 08742-

Tele. ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 30-0020750

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B

☐ Pole/Pad ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 2,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg ☐ Plumb☐ Fire ☐ Elevator☒ Elect Plans Approved

Date: 11/19/04

Approved By: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

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

NO. SIZE

ITEM

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/P.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/2 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Final

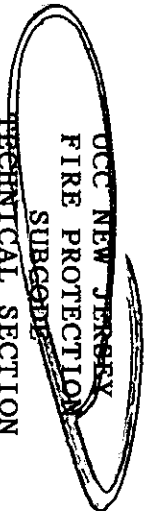
Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Paid ☐ Check #
Collected by:Administrative Surcharge \$ 0
Minimum Fee \$ 5
TOTAL FEE \$ 40
DCA State Permit Fee \$ 3

FEE (Office Use Only)

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



Date Received 10/29/2004
Date Issued 11/11/04
Control # C04-65
Permit # 04-4903

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 2770 HOOVER AVE

TENANT FIT UP

Owner in Fee TRAHANAS, PETER

Address 4 MANHATTAN AVE

RYE, NY 10580-

Tele. ()

Contractor NORMAN FRIEDMAN

Address 8 COVE CT

HOWELL, NJ 07731-

Tele. (732) 347-1212

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

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 \$ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 11-15-04

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO

Date: 12-10-04

Approved By: [Signature]

INSPECTIONS

Type Failure Failure Approval Initial

Alarm Sys

Suppr Test

Standpipe

Fire Pump

Predag Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

Alarm Sys

Suppr Test

Standpipe

Fire Pump

Predag Sys

Mechanical

Smoke Ctl

TCO

Final

Other

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, pulls, 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)

Paid [] Check \$ Administrative Surcharge \$ 0

Collected by: TOTAL FEE \$ 35

DCA State Permit Fee \$ 0

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.

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/29/2004
Date Issued 11/19/04
Control # C04-65
Permit # 04-4903

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 2770 HOOVER AVE

TENANT PIT UP

Owner in Fee TRAHNAS, PETER

Address 4 MANHATTAN AVE

RYE, NY 10580-

Tele. ()

Contractor NORMAN FRIEDMAN

Address 8 COVE CT

HOVELL, NJ 07731-

Tele. (332) 547-1212

Lic. No. of Bldrs. Reg. No.

Federal Exp. No.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

{ } No Plans Required

Joint Plan Review Required:

{ } Bldg { } Elect

{ } Plumb { } Elevator

Fire Plans Approved

Date: 11-15-04

Approved By: [Signature]

SUBCODE APPROVAL

{ } CO { } CCO { } CA

Date:

Approved By:

INSPECTIONS

Type

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

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, pulls, 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 TENANT PIT UP

Other

PER (Office Use Only)

Administrative Surcharge \$

Paid { } Check \$

Minimum Fee \$

Collected by: TOTAL FEE \$

DCA State Permit Fee \$

**Township of Brick
Zoning Permit**

Approved: Monday, November 08, 2004 **Number:** 1679

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

Property Address: 2770 Hooper Avenue; Brick Mall

Applicant: Norman Friedman; Friedman Technology LLC

Property Owner Peter & Fredericka Trahanas

Existing Use: Dante Tuxedo store.

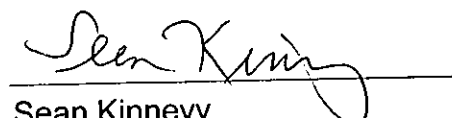
Proposed Use: Cartridge World store.

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning 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)

NOV 4 2004

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

BLOCK 673 LOT 8 QUALIFIER _____

PROPERTY ADDRESS 2770 HOOPER AVENUE

PERSONAL NAME OF APPLICANT NORMAN FRIGOMAN

BUSINESS NAME OF APPLICANT FRIGOMAN TECHNOLOGY LLC

MAILING ADDRESS OF APPLICANT 8 COVE COURT, HOWELL, NJ 07731

PROPERTY OWNER'S FULL NAME PETER TRAHANAS AND FREDERICKA TRAHANAS

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration NON-STRUCTURAL PARTITION WALLS, ELECTRICAL WORK
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) Tenant fit up

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 Norman Frigoman Date 10/28/2004

Reviewed by Zoning Office JC Date 11/8/04 Approved () Denied

March 2003-----

COMMERCIAL

10/29/04

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 673 LOT 8 SITE ADDRESS 2770 Haddon Ave.
TYPE OF SITE Residential ~~Commercial~~ NAME OF BUSINESS East Side World Store
APPLICANT Norman Friedman PHONE NUMBER 732-542-1218
APPLICANT ADDRESS 8 Cline St. CITY & STATE Honolulu, HI 96831

INCLUSIONARY DEVELOPMENT

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

MANDATORY DEVELOPER FEES

NO FEE REQUIRED

◇ 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

11/10/04
Date

APPROVED BY Det

DATE 11/12/04

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

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee _____
Check # _____

Date _____
Receipt # _____

Final Fee _____
Check# _____

Date _____
Receipt # _____

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.

11/10/04 - Ta Helen

Mark S. Saurbaur
Office of Affordable Housing

ELLEN

262-1092

2 copies of
Proposed

Tenant Fit-ups

Different use than previous proprietor:

- Zoning Application
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new/replacement electric)
- Plumbing Permit (adding/deleting/changing fixtures)
- Floor plan of before and after---signed

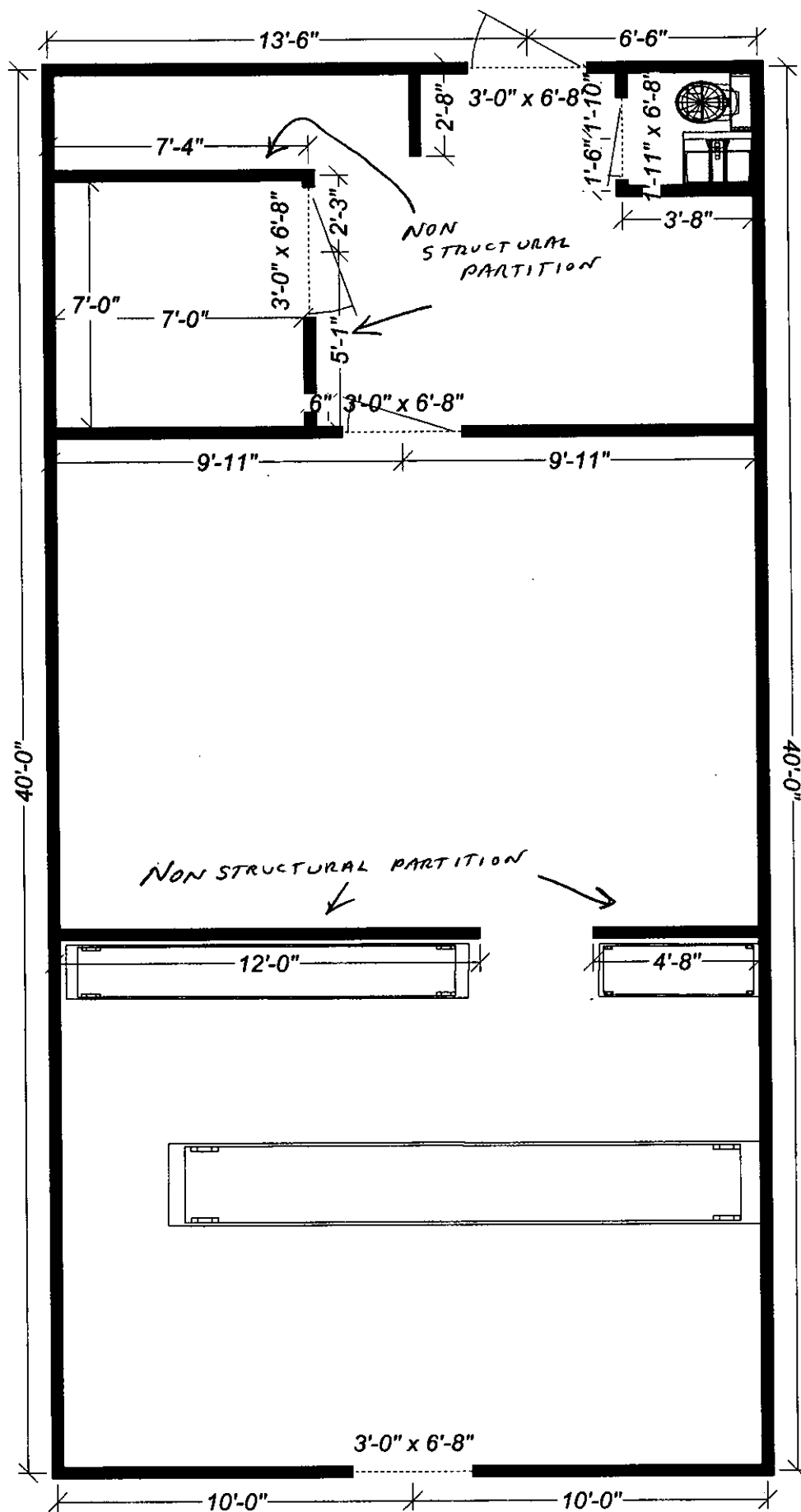
Same use as previous proprietor w/ interior renovations:

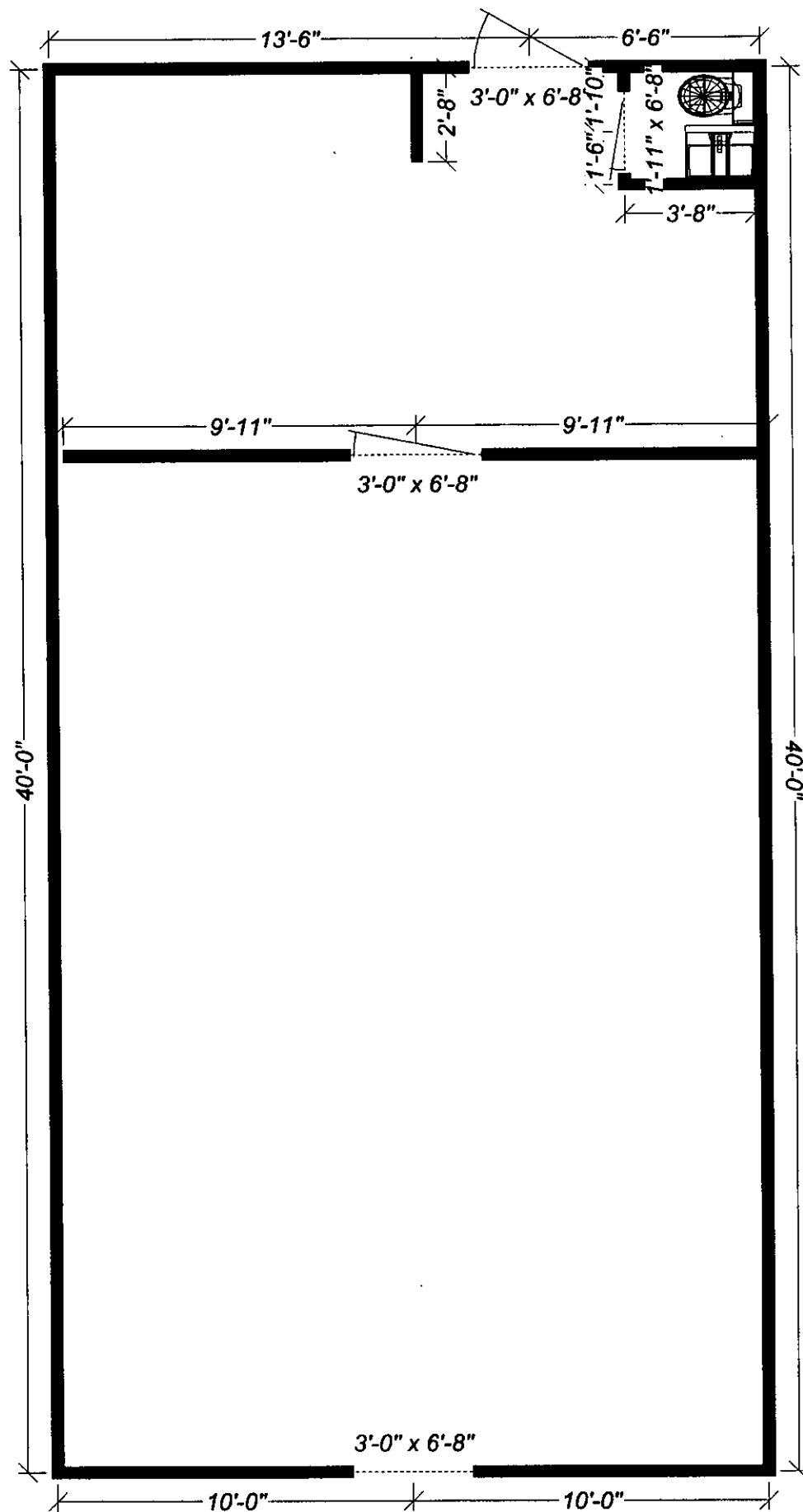
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

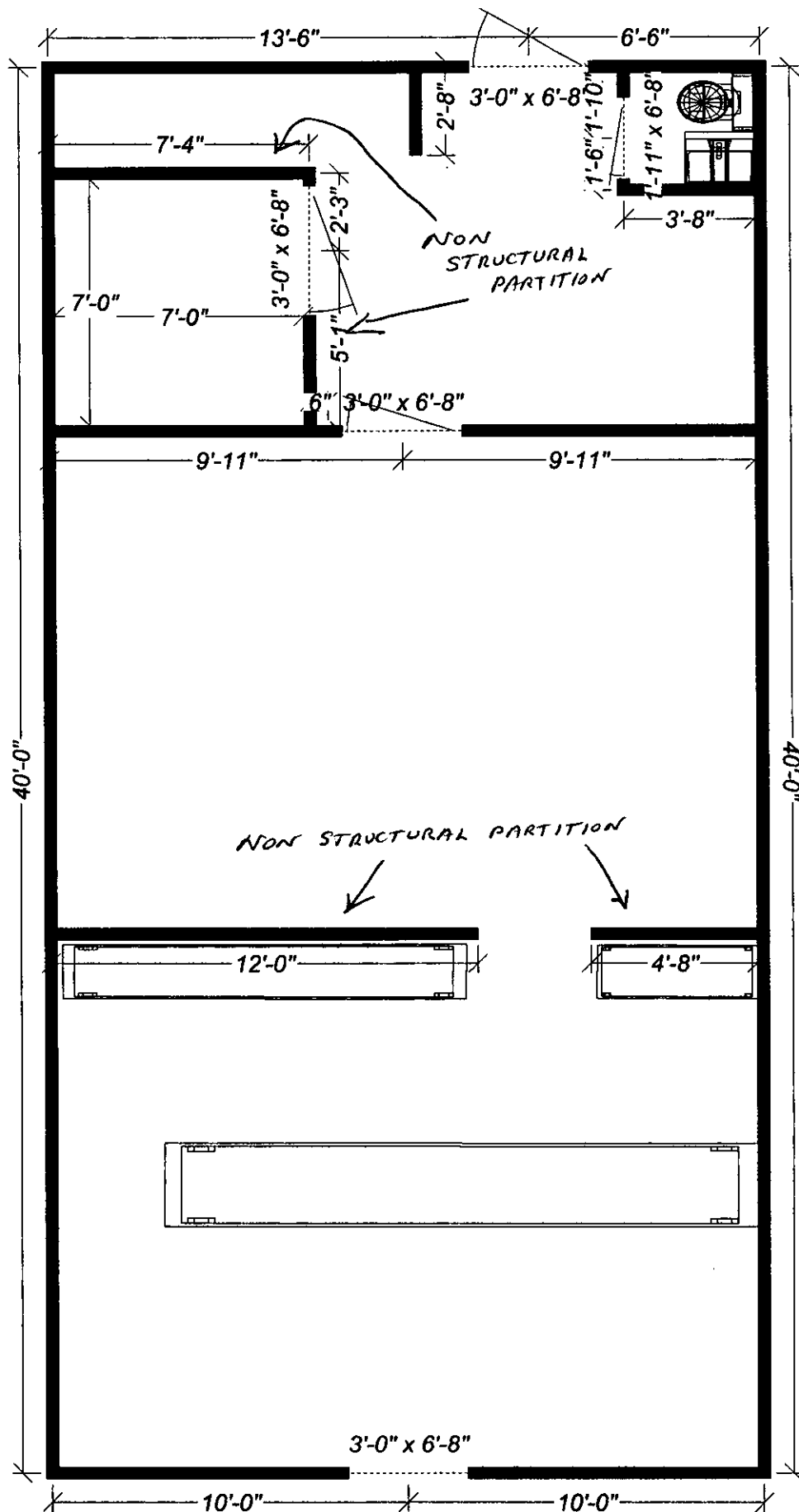
Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect...

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.







Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 2770 HOOPER
Block: 73 Lot: 8
Owner's Name: PETER TRAHANAS AND FREDERICA TRAHANAS
Owner's Mailing Address: 4 MANHATTAN AVE
RYE, N.Y. 10580
Phone: ()

BUILDING

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

Technical Data

Description of Work:

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: \$ _____
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 _____

ELECTRICAL

Contractor: B+J Electric Inc
Address: PO Box 764
PL. PLUGGAVI F
Phone#: 732-920-0120
Lis #: 2742
Federal Emp # or SSN 300020750

Technical Data

Item	Quantity
Lighting Fixtures	<u>3</u>
Receptacles	<u>8</u>
Switches	<u>2</u>
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	<u>✓</u>
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
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: \$2200.00

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: Joseph Battaglia
Please Print Name Joseph Battaglia

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

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

Contractor: NORMAN FRIEDMAN
Address: 8 COVE CT.
HOWELL, N.J. 07731
Phone #: 732-547-1212
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

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: tenant fit up

Estimated Cost of Fire Work 51

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: Norman Friedman

Print Name: NORMAN FRIEDMAN