552.01 Trailer

BLOCK ~~5~~ 554 LOT 18-19-16 QUALIFICATION CODE _____ ADDRESS (SITE) 3549 Hooper Ave. PERMIT NO. 12-1347

CONSTRUCTION PERMIT APPLICATION C12-001596

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: Hooper ave & Drum point Rd.
2. Name of Owner in Fee: Fejthey & McBurney
   Tel. (856) 489 8887 e-mail _____
   Address 186 Marlton Pike Cherry Hill NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: M. Carlson & Son Tel. (609) 625 5052
   Address 7201 O Hara e-mail _____
   May Landing NJ 08330
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223228655 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Harry
   Tel. (609) 625 5052 FAX: (609) 625 4829

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75.-	✓	
2. Electrical	50.-	✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2.-		
10. Subtotal	$		
11. Cert. of Occupancy	✓		
12. Other			
13. TOTAL	$ 127.-		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

TOWNSHIP OF BERLIN

COMMERCIAL CS

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition (08-06)
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	300				5/15/12	KA			
☑ Electrical	300				5/15/12	JJ			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	5/10/12		5/10/12	N/A			
TOTAL COST	600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature_____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name H Carlson & Sons

Address 7201 Bay Rd

Mays Landing NJ 08330

Telephone (609) 625 7052

Signature Harry Carlson

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/18/2012
Control Number C-12-001596
Permit Number 12-1347
Permit Issue Date 5/17/2012
Certificate Number 12-1347

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2549 HOOPER AVE. Brick Township, NJ Block: 552.01 Lot: 18 Qual:

Owner in Fee: BOTTAZZI'S RED LION TAVERN INC

Owner Address: 2549 HOOPER AVE BRICK NJ 08723

Telephone:

Contractor H CARLSON & SONS

Address 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330

Telephone: 6096255052 Fax: 6096254829

License Number or Builders Registration Number: Federal Emp. Number: 22-3228655

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: CONSTRUCTION TRAILER Temporary

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: 7/18/2012

U.C.C. F260 (rev. 08/05)

called 5/15/12 rb

5-17-12

12-1347

CONSTRUCTION PERMIT

Date Issued
Control # C-12-001596
Permit #

IDENTIFICATION Block: 552.01 Lot: 18 Qualifier

Work Site Location: 2549 HOOPER AVE. Brick Township, NJ

Owner in Fee: BOTTAZZI'S RED LION TAVERN INC
2549 HOOPER AVE BRICK NJ 08723

Telephone:

Contractor: H CARLSON & SONS
Address: 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330

Telephone: (609) 625-5052
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3228655

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CONSTRUCTION TRAILER Temporary

Note: If constuction 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 $600

Construction Official

5-16-12
Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$127
Check No.	30109
Cash	$0
Credit	$0
Collected By	

130
127.

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

05/17/12 [illegible] 0015584695

BUILDING $75.00
$50.00
$2.00
CHECK $127.00

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

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

5-17-12

Date Received
Control #
Date Issued
Permit #

12-1347

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 553.01 ~~554~~ Lot 18 ~~A~~ Qualification Code

Work Site Location Hasbrouck Ave & Pennsylvania Ave.
2545 2549 Harper Ave. CVS

Owner in Fee: Feldberg & McBurney

Tel. (856) 489 8887 e-mail

Address 186 Haddon Pike Cherry Hill NJ
street municipality zip code

Contractor: G. Hummel Elec. Cont. INC. Tel. (609) 567-5567

Address 347 S Grand St e-mail
Hammonton NJ 08037

Contractor License No. 12839 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223231259 FAX: (609) 567-6025

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-15-12
Approved by: JD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/17/12
Approved by: JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.			6/14	JK
TCO				
Other				
Service				
Final			7/17	JJ
Barrier-Free				

Temp. Cut-in-Card Date Issued 6/15/12 JK
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here: George H.

Print name here: George Hummel

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Hook up temp. construction trailer

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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 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	
1		Trailer Hook up	

COMMERCIAL

on Temp

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

U.C.C. F120 (rev. 11/09)

5-17-12

Date Received
Control # 12-1347

Date Issued
Permit #

BUILDING SUBCODE
TECHNICAL SECTION

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

Block 552.01 ~~55.9~~ Lot 18~~-19-16~~ Qualification Code

Work Site Location Hooper ave & Brompton Rd
2549 Hooper Ave CVS

Owner in Fee: Feinberg & McBurney

Tel. (856) 482-8887 e-mail

Address 186 Marlton Pike Cherry Hill NJ
street municipality zip code

Contractor: H. Carlson & Son Tel. (609) 625-5052

Address 7201 Blvd e-mail
Margate City NJ 08330

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223278655 FAX: (609) 625-4829

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.

Sign here: Harry Carlson

Print name here: Harry Carlson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Temp construction trailer
8'x16'

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[V] ~~Interior~~	5/15/12	~~XX~~

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-17-12
Approved by: KA/JC

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-16-12	C.P.
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

COMMERCIAL

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 300

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

U.C.C. F110
(rev. 11/09)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 5-17-12
Application Number: ZA-12-00426
Application Date: 05/07/2012
Project Number:
Permit Number: 12-00413
Fee: $30

Zoning Permit

Worksite Location: **2549 HOOPER AVE.**
CVS
Brick Township, NJ

Block: **552.01**
Lot: **18**
Qualifier:
Zone: **B-2**

Owner: **Feinberg and McBurney Realty**
Address: **186 Marlton Pike**
Cherry Hill, NJ 08003

Applicant: **H. Carlson and Sons**
Address: **7201 Black Horse jPike**
Mays Landing, NJ 08330

Application Approved Date: 05/09/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store - Temporary Construction Trailer for CVS
Nonconforming Use is:

Work Description:
Temporary Construction Trailer - Temporary Construction Trailer 8' x 16' for new CVS Building. Planning Board Resolution R-40-11.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Office of Zoning, Michael P. Fowler — 05/09/2012 Date

Michael P. Fowler, Township Planner — 5/9/12 Date

05/17/12 3:02PM 8015588454
#002 SERVICE2
#00413
ZPA $30.00
CHECK $30.00

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 554 (552.01) LOT: 18-19-16 QUALIFIER: _____ SITE ADDRESS: 2549 Harper Ave

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Feinberg & McBurney
   COMPLETE ADDRESS: 126 marlton Pike
   Cherry Hill NJ.
   PHONE # 856-481 8887 EMAIL: _____

2. NAME OF APPLICANT: H. Carlton & Sons
   APPLICANT ADDRESS: 7201 Black Horse Pike
   Mays Landing NJ 08330
   PHONE # 609 625 5052 EMAIL: HCarlton1@comcast.net

3. RESPONSIBLE PERSON FOR WORK: Harry Carlton
   PHONE# 609-625 5052 FAX# 609 625 4829

4. SIGNATURE OF APPLICANT: Harry Carlton

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30.00
OTHER: $ _____
TOTAL: $ 30.00

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Restaurant
PROPOSED USE CVS

BOARD APPROVAL: ✓ PB ___ ZB
RESOLUTION#: Z-40-11
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER Construction trailer 8'x16'

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 5/9/12 DATE DENIED: _____ DATE APPROVED: 5/9/12 INTLS: MPK

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00426
Application Date: 05/07/2012
Project Number:
Permit Number:
Fee: $30

Zoning Permit

Worksite Location: **2549 HOOPER AVE.**
CVS
Brick Township, NJ

Block: **552.01**
Lot: **18**
Qualifier:
Zone: **B-2**

Owner: **Feinberg and McBurney Realty**
Address: **186 Marlton Pike**
Cherry Hill, NJ 08003

Applicant: **H. Carlson and Sons**
Address: **7201 Black Horse jPike**
Mays Landing, NJ 08330

Application Approved Date: 05/09/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store - Temporary Construction Trailer for CVS
Nonconforming Use is:

Work Description:
Temporary Construction Trailer - Temporary Construction Trailer 8' x 16' for new CVS Building. Planning Board Resolution R-40-11.

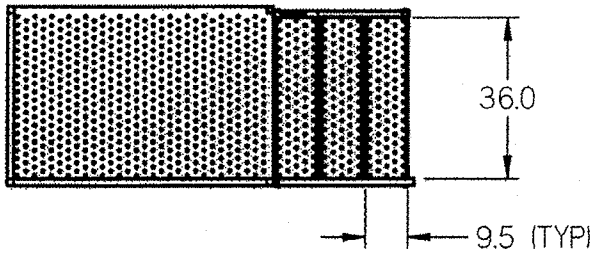
Upon review it was determined that:

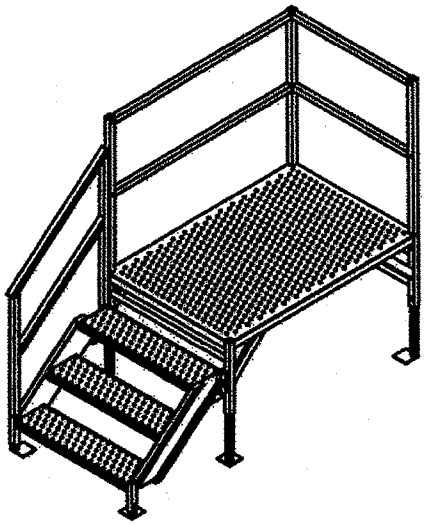
- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

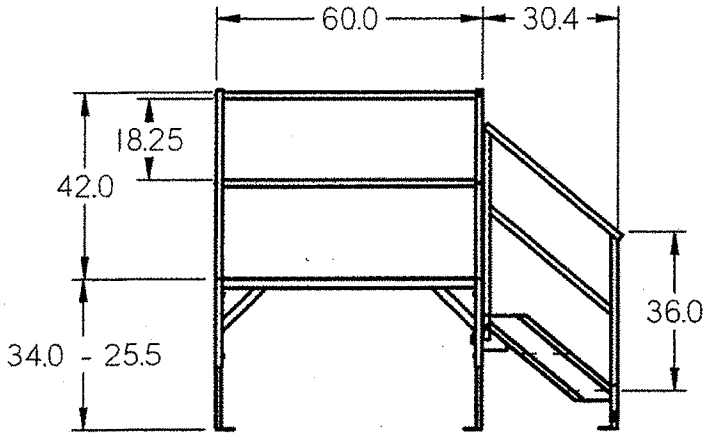
Office of Zoning, Michael P. Fowler — 05/09/2012
Date

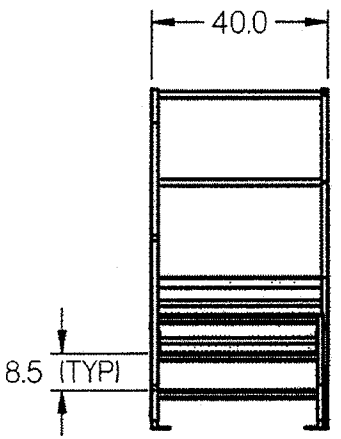
Michael P. Fowler, Township Planner — 5/9/12
Date

REVISION HISTORY			
REV	DESCRIPTION	DATE	APPROVED









	NAME	DATE
DRAWN	cklyn	05/01/08
CHECKED		
ENG APPR		
MGR APPR		

UNLESS OTHERWISE SPECIFIED
DIMENSIONS ARE IN INCHES
ANGLES ±0.3°
2 PL ±0.03 3 PL ±0.005

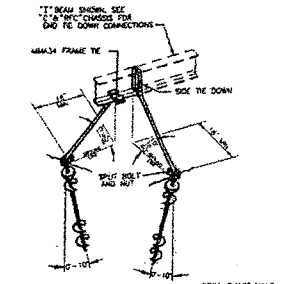
ACCESS ONE

A DIV. OF HOME CARE PRODUCTS

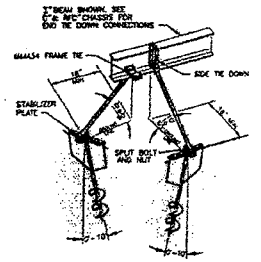
TITLE
UNIVERSAL STEP SYSTEM

SIZE	DWG NO	REV
A	601001	

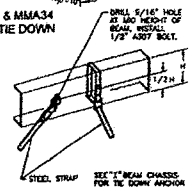
SCALE: 1:40 | WEIGHT: | SHEET 1 OF 1



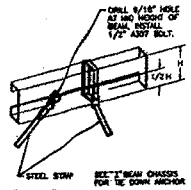
NC4636, EZDH & MMA34 EARTH AUGER TIE DOWN



EARTH AUGER TIE DOWN



"C" BEAM CHASSIS

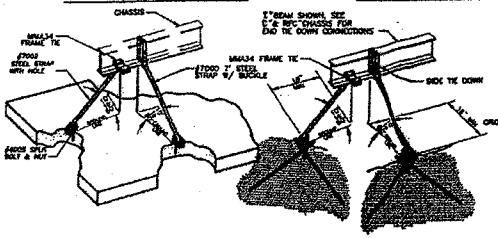


"RFC" BEAM CHASSIS

INSTALLATION INSTRUCTIONS

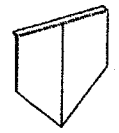
1. THE DRIVE MACHINE IS STARTED AND THE ANCHOR IS TURNED INTO THE GROUND TO A POINT WHERE THE TOP (STABILIZER HEAD PLATE) IS FLUSH OR SLIGHTLY BELOW GROUND LEVEL. THIS INSURES THAT THE E-Z ANCHOR STABILIZER WILL BE AT ITS REQUIRED INSTALLATION POSITION.
2. FOR THE E-Z ANCHOR/STABILIZER TO ACHIEVE FULL POTENTIAL, INSTALL THE ANCHOR VERTICALLY WITH NO DEVIATION GREATER THAN 10 DEGREES. NOTE: A SLIGHTLY GREATER ANGLE MAY BE USED TO START THE ANCHOR TO AVOID CONTACT WITH THE HOME & STRAIGHTENED AS THE ANCHOR IS GROUND SET.
   THE SPLIT BOLT IS INSERTED, STRAP FASTENED, AND TIGHTENING ADJUSTMENT MADE.
   NOTE: WITH MACHINE INSTALLATION, A MINUTE-MAN ADAPTER DESIGNED TO FIT BOTH THE ANCHOR HEAD AND DRIVE MACHINE SHAFT IS AVAILABLE. INSTALLERS DO NOT NEED ADDITIONAL OR SPECIAL EQUIPMENT FOR E-Z ANCHOR INSTALLATION.

CONCRETE TIE DOWN



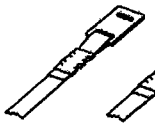
CROSS DRIVE TIE DOWN

CROSS DRIVE W/ STABILIZER PLATE DETAIL

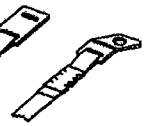


MMAS02 STABILIZER PLATE

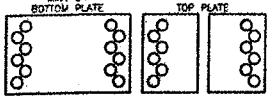
MMA-18 CONCRETE SLAB ANCHOR

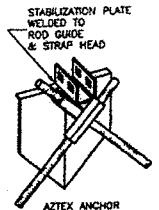


MM 32 STEEL STRAP W/BUCKEL



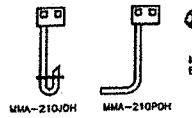
MMA-71 STEEL STRAP W/CORNER TIE





AZTEX ANCHOR CROSS DRIVE ANCHOR W/ 3/4"ø x32" RODS

MMA-35 CROSS DRIVE ANCHOR W/ 23/32"ø x33" RODS



MMA-91 5/8 DIA 32"AUGER ANCHOR

MMA-92 3/4 DIA 32"AUGER ANCHOR

MMA-94 3/4 DIA 36"AUGER ANCHOR

MMA-650 3/4 DIA 50"AUGER ANCHOR

4430 DH 3/4 DIA 30" AUGER ANCHOR

TLW 2-07

ModSpace

Need Help?
Call U.S. **1-800 523-7918** or Canada **1-800-451-3951**

UNIT SPECS

Search Criteria	
Unit NO:	076195
SEARCH RESET	

PRINT

Main Specifications

Unit Number:	76195
Branch ID/Name:	044 / PHILADELPHIA
Class:	SNGL08 - SINGLE UNIT - 8' WIDE
Size:	20' x 8' x 8' (L x W x H)
State Seals:	
Serial Number:	21210614E
Manufacturer Name:	MKE - MARKLINE INDUSTRIES
Year Built:	1993

Detail Specifications

Building code:	NONE
Occupancy Class:	BUSINESS
Usage:	GENERAL USE
Electrical Panel:	220/240V~100 AMP
HVAC Type:	THRU-WALL - QTY~1
A/C Rating :	NONE
Heat:	BASEBOARD
Mfg.:	NONE
Exterior Finish:	.019 ALUM TEXTURED
Exterior Color:	GREY
Interior Finish:	VINYL COVERED GYPSUM
Interior Color:	GREY
Floor Covering:	TILE
Exterior Doors:	VISON PANELS
Locks Hardware:	KEYED ENTRY~DEADBOLT
Windows:	46" X 27" HORIZONTAL SLIDER
Window Frame:	MILL - ALUMINUM
Window Glazing:	CLEAR
Ceiling:	PREFINISHED GYPSUM
Roof:	GALVANIZED STEEL
Lighting:	STRIP
Water heater:	NONE
Frame Type:	OUTRIGGER
Axles:	# OF AXLES~1
Hitch Type:	FIXED
Restroom:	NONE
Built in furniture:	FULL WIDTH 2' DESKTOP - QTY~1~2 DRAWER FILE CABINET - QTY~1~OVERHEAD SHELF - QTY~1
Misc./Options:	NONE
Rating:	LIKE NEW
Private offices:	# OF OFFICES~1
Notes:	

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS

PERMIT #: _____

BLOCK: 554 (552.01) LOT: 18 19 16 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: Hooper ave & Brumpoint rd.
2. NAME OF OWNER IN FEE: Feinberg & McBurney
   ADDRESS: 186 Marlton Pike PHONE #: (856) 481-8887
   Cherry Hill NJ. FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: H. Carlson & Sons
   ADDRESS: 7201 BHP PHONE #: (609) 625 5052
   Mays Landing NJ 08330 FAX #: (609) 625 4827
4. ARCHITECT OR ENGINEER: LDG
   ADDRESS: Williamsburg PA PHONE: # (570) 323 6603
5. RESPONSIBLE PERSON FOR WORK: Henry Carlson
   ADDRESS: 7201 BHP Mays Landing NJ 08330

PHONE #: (609) 625 5052 FAX #: (609) 625 4827 E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____ : $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER construction trailer

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 5/10/12 DATE REJECTED: _____ DATE APPROVED: 5/10/12 INITIALS: KSJ