BLOCK 673 LOT 8 ADDRESS (SITE) _____ PERMIT NO. 1733-94

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

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

RECEIVED JUN 28 1994 DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: 204 Brick Mall, Hooper Ave Brick Town
2. Name of Owner/Tenant in Fee: M'aria Lopez Tel. (908) 901 0500
   Address 21 High Ridge Road (street) Howell (municipality) NJ 07731 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Self Tel. (908) 363 8301
   Address 21 High Ridge Road Howell NJ
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Louis Benevento Tel. (908) 901 0500
   Address 160 Lehigh Ave Lakewood Industrial Park Lakewood NJ 08701
6. Responsible Person In Charge of Work Maria Lopez Tel. ( ) _____

"EUROPEAN HAIR DESIGN"
Tenant fit-up

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	50.00
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1000.00

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 8-		
2. Electrical			
3. Plumbing	25.		
4. Fire Protection	92-		
5. Other			
6. Subtotal	$ 125.-		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	6.		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 146.-		

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			7/7/94		8/11/94		
			7/5/94		8/8/94		
			7/21/94		8/2/94		
					8/10/94		
	7/5/94		EXEMPT				

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use: Beauty Salon
2. Use Group: B +20 OCC
3. Change in Use Group: Indicate Former:

LDS BR 10408841

U.C.C. Form L-100A

CERTIFICATION IN LIEU OF OATH 5

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.

X Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name Maria LoPez, Tenant

Address 21 High Ridge Road
Howell NJ 07731

Telephone (908) 363 8301

Signature X Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other Zoning	JK	7/1/94	comm. a lt.	hair salon				
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 1733	8/10/94	
☐ None			

CERTIFICATE

Date Issued 8/11/94
Control #
Permit # 1733-94

IDENTIFICATION

Block 673 Lot 8
Work Site Location 204 Brick Mall
Brick, N.J.
Owner in Fee Maria Lopez/European Hair Design
Address 21 ~~XXXX~~ High Ridge Road
Howell, N.J. 07731
Tele. ( )
Contractor Self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant Fit Up

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XX☑X CERTIFICATE OF APPROVAL

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Arthur Fierro 8/11/94
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 7/7/94
Control #
Permit # 1733-94

IDENTIFICATION Block 673 Lot 8

Work Site Location 204 Hooper Ave
Owner in Fee Matias Lopez
Address 31 High Ridge Rd
Tele. ( ) Howell, NJ

Contractor Self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date **0002**
Federal Emp. No. 1733*#
or Social Security No. BLOCK 673 # 0.00

is hereby granted permission to perform the following work:

[ ]-BUILDING [ ]-PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ]-FIRE PROTECTION

DESCRIPTION OF WORK:

"EUROPEAN HAIR DESIGN"
tenant fit-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 $ 1000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	8.- LOT 8 #	0.00
Plumbing	25. BUILDING	8.00
Electrical	PLUMBING	35.00
Fire Protection	92. FIRE	2.00
Other	D.C.A.	1.00
Other	C / O	20.00
DCA Training Fee	1. TOTAL	146.00
Cert. of Occ.	20. CHECK	146.00
Other	CHANGE	0.00
Total	146.- 07/07/94 RCT: 5 0005A005	08:56
Check No.		
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-7-94
Control #
Permit # 1733-94

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 204 Brick Mall, Hooper Ave Bricktown
Owner in Fee Maria J. Lopez
Address 21 High Ridge Rd. Howell, N.J. 07731
Tele. (908) 363-8301
Contractor Self
Address 21 High Ridge Rd. Howell, NJ. 07731
Tele (908) 383-8301
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [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

Tenant fit up
partition wall

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7/8/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/11/94
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:			8/11/94	
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

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

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

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

(Office Use Only)
FEE
$ ____

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

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-7-94
Control #
Permit # 1733-94

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 204 Brick Mall Hooper Ave Brick Town.
Owner in Fee MARIA LOPEZ
Address 21 High Ridge Road Howell NJ. 07731
Tele. (908) 363-8301
Contractor Messer Plumbing Heating
Address 485 Cobain Rd Jackson NJ. 08527
Tele. (908 [redacted] Jeffer 288-6256
Lic. No. 9 [redacted]
Federal Emp. [redacted] Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2250

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/5/94
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: John Messer
Date: 8-2-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7-11-94	JM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

John P Messer
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory Shampoo Sink	10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater GAS Water Heater	5.
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 25
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$

Existing Bathroom To Stay As Is.

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 7-7-94
Permit # 1733-94

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 2796 Brick Mall Hooper Ave. Brick Town, N.J. 08723
Owner in Fee Maria J. Lopez
Address 21 High Ridge Rd. Howell, N.J. 07731
Tele. (908) 363-8301
Contractor Self
Address 21 High Ridge Rd. Howell, N.J. 07731
Tele. (908) 363-8301
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/13/94
Approved by: JR
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/7/94
Approved by: JR

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other CA TEN FITUP		8/7/94	JR	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

_____
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work TEN FIT UP

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads Storage	1	46
Dry Sprinkler Heads		
TOTAL		46
Smoke Detectors	2	
Heat Detectors		
TOTAL Chas 2A. 10BC 20BC Fire Ext Rated		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems Emergency Lites Battery Backup		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER exit lights Battery Backup		

Administrative Surcharge $ 92
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

TOWNSHIP OF BRICK

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

PLAN REVIEW # ____________

DATE ____________

PLAN REVIEW

Name: Lopez

Address: 204 Brick Mall
Hooper Av.

Block: 673 Lot: 8

INITIAL	TOWNSHIP OF BRICK PLAN REVIEW RECORD	DATE
	BUILDING SUBCODE	
	ELECTRICAL SUBCODE	
	PLUMBING SUBCODE	
	FIRE PROTECTION SUBCODE	

NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
	~~[illegible]~~		
	~~[illegible]~~		
	~~[illegible]~~		
	Handy cap Bath (No work at		
	Door Size to Code		
	Occupancy Load.		

SEA Salon Equipment Annex
A subsidiary of Ocean Salon Systems

SALON SOURCE

160 Lehigh Avenue, Lakewood Industrial Park, Lakewood, NJ 08701

GENERAL NOTES:

1. The contractor shall check and verify all existing conditions and dimensions at the site against the drawings and inform Salon Source of any discrepancies prior to commencing work.

2. Contractor to comply with all applicable codes and ordinances for all trades.

3. Contractor to take all necessary measures to prevent damage to adjacent property, persons.

4. Contractor to provide all necessary protection to portions of present structure intended to be incorporated into completed work.

5. Contractor to cooridinate all demolition with new constrution to insure proper location and dimensions of demilished areas, inform Salon Source of any discrepancies.

6. Notify Salon Source if structural members are uncovered during any demolition - keep Salon Source advised of progress.

7. Where existing finishes to remain are damaged, contractor to patch and repair to match existing.

JOB SPECIFICATIONS

CARPENTRY:

Existing walls to be removed.

All demising walls by styling stations are to be built with 2" X 6" wall ledger on edge 34" A.F.F. (to top edge of ledger)

Build these walls to ceiling height - 2" X 4" wood stud construction 16" on center with 1/2" GWB, if metal studs are used, (3 1/2"), install 2" X 6" wood ledger on edge at 34" A.F.F. (top of edge of ledger)

Build these partions to height as noted - 2" X 4" wood stud construction at 16" O.C. with 1/2" GWB.

Build these partions as noted - 2" X 4" wood construction at 16" O.C. with 1/2" GWB.

Build these knee walls to height as noted - 2" X 4" wood stud construction at 16" O.C. with 1/2" GWB.

These walls are to be insulated for sound absorption.

SEA Salon Equipment Annex
A subsidiary of Ocean Salon Systems

SALON SOURCE

160 Lehigh Avenue, Lakewood Industrial Park, Lakewood, NJ 08701

ELECTRICAL:

To install 110 volt 30 amp circuit at each location to accomodate (2) 9,7 amp hair dryers mount duplex receptacle 9" A.F.F.

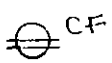
To install 110 volt 20 amp circuit double duplex receptacle at each location. Heights are as noted to center of receptacle.

To install 20 amp circuit at each location leave " of slack cable from wall to be connected to double duplex receptacle after cabinet installation is complete.

General purpose duplex receptacle mounted 12" A.F.F.

Install 30 amp clothes dryer receptacle mounted 12" A.F.F.

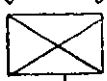
Install floor mounted duplex receptacle as required.



Install 20 amp circuit, duplex receptacle 42" A.F.F. to accomodate coffee maker, verify with owner size and draw of unit.

Install wall or ceiling mounted lighted exits at these locations, code will dictate.

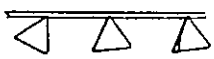
Provide battery backed emergency lighting, single or double unit.



2 x 4 lay - in flourescent fixture 4 - bulb

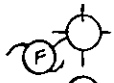
Incandescent recessed light fixtures - wattage as noted.

Telephone jack.



Track lighting.

Ceiling receptacle to accomodate hanging fixture.



Surface incandescent lighting unit with fan.

Recessed High Hat fixture.

Smoke detector.

Adjustable focus high hat fixture.

673/8

For Information Call: _____

Permit No. 6262

APPROVAL FOR ELECTRICAL

EURO. VAN DESIGN.

	Date	Inspector
[ ] Rough		
[ ] Service		
[ ] Other		
[✓] Final	8.10 94	

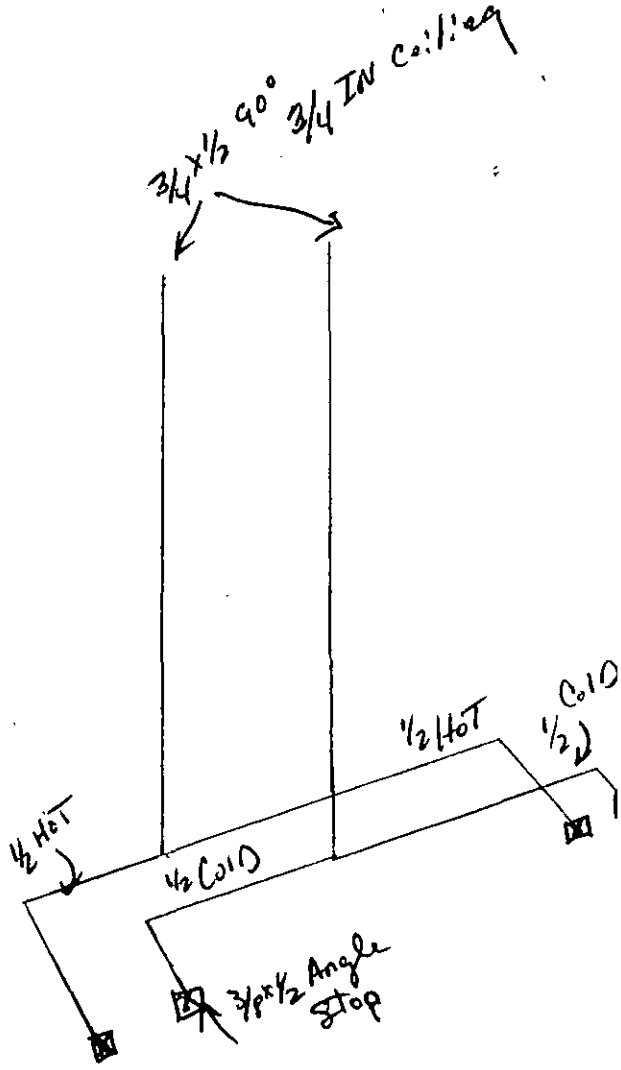
U.C.C. Form F-222A

JEFFREY P. MESSER
PLUMBING & HEATING

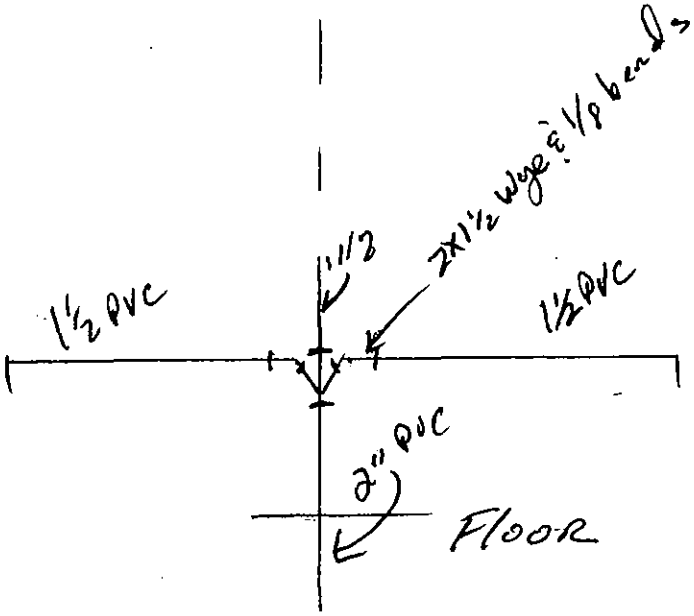
(908) 928-2581
Plumbing License Number BIO-9288

FREE ESTIMATES
485 Cobain Rd.
Jackson, N.J. 08527

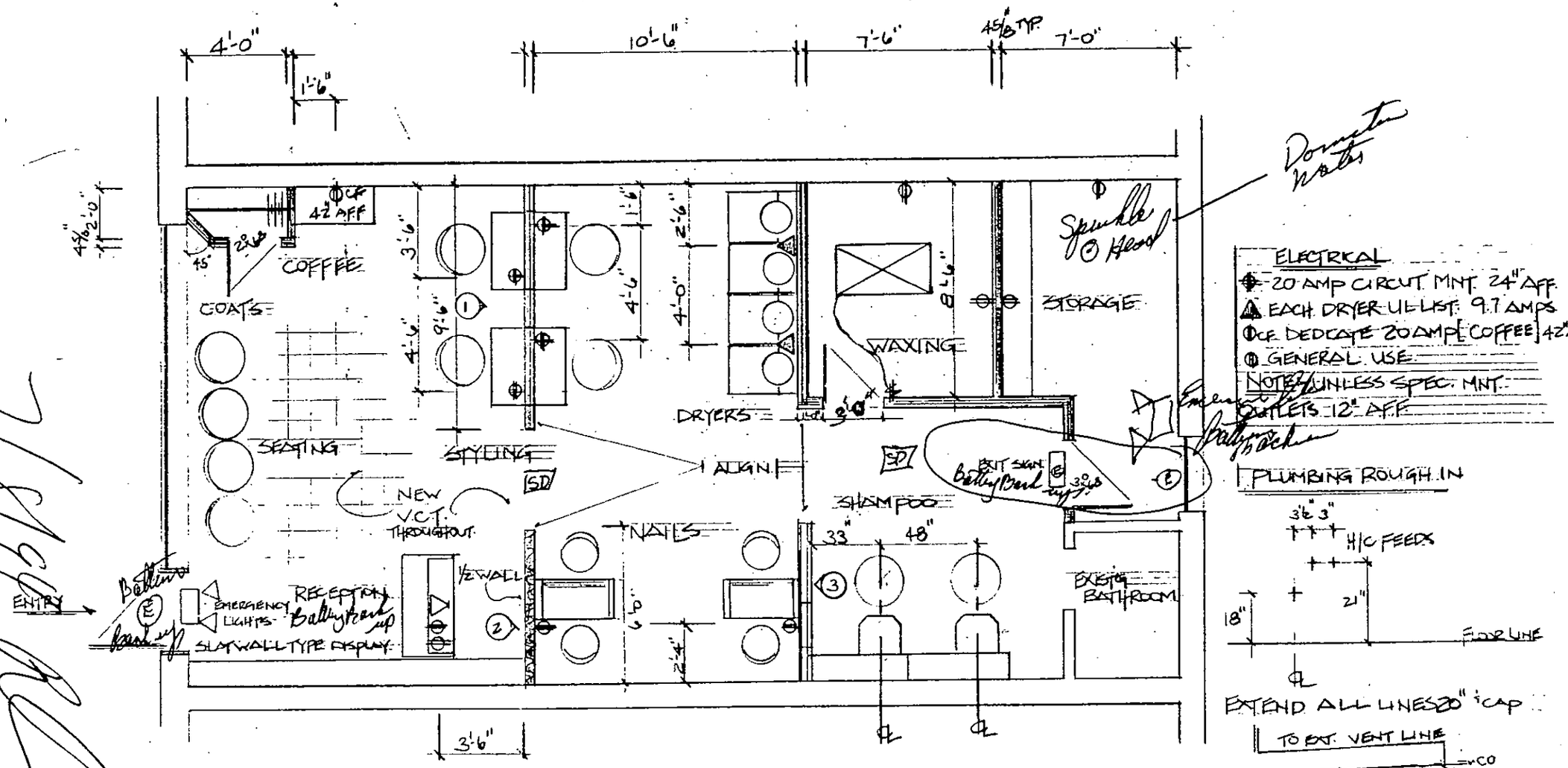
Commercial
Residential
Renovation
Minor Repairs



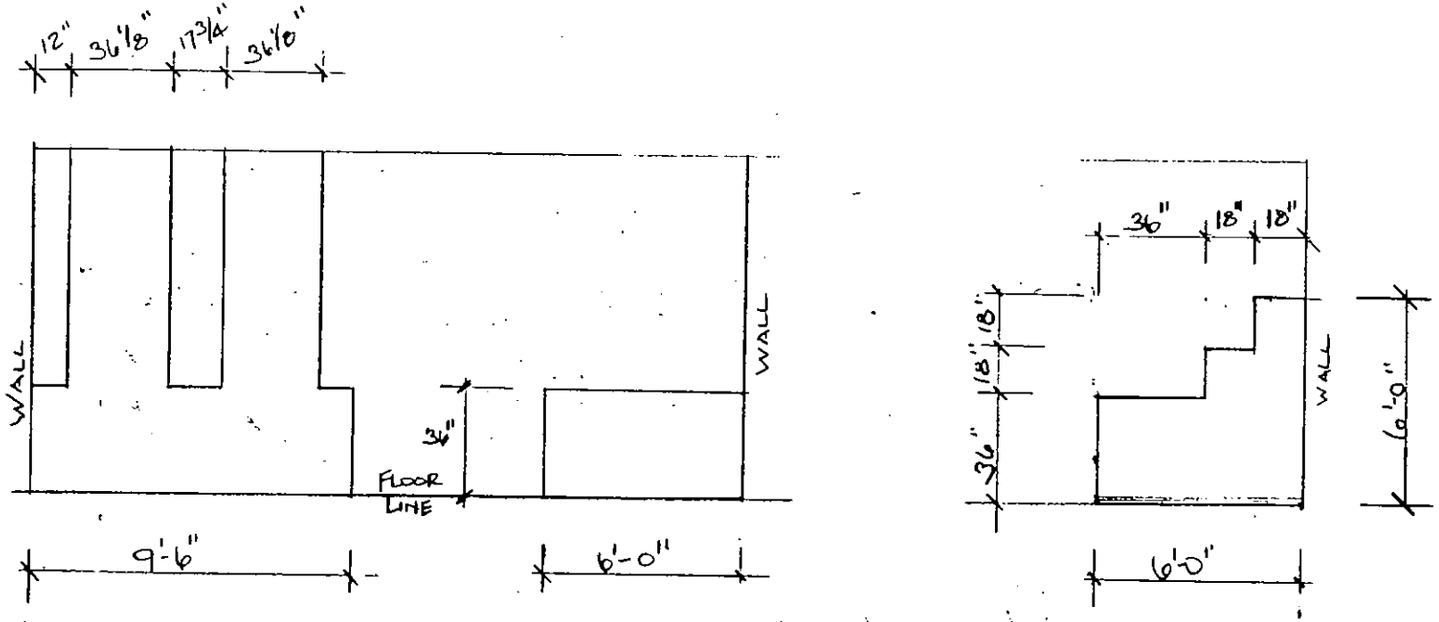
Sp 7/13/94



40 Gal Gas
Water Heater
A.O Smith.



CONTRACTOR TO VERIFY ALL MEASUREMENTS. OCEAN BTY REPRESENTATIVES NOT RESPONSIBLE FOR WORK DONE BY OTHERS.

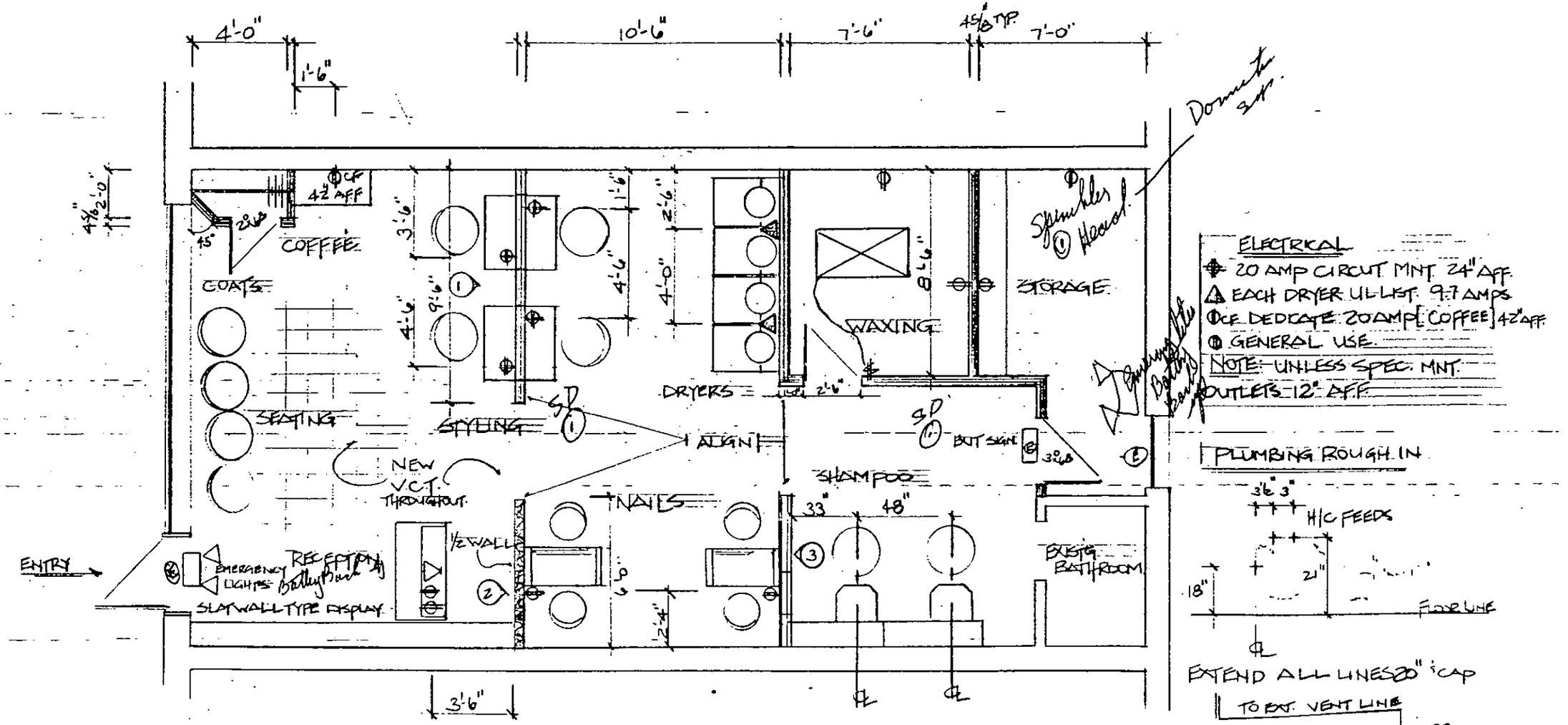


#1 WALL DETAIL
STYLING AREA

#2 DETAIL
1/2 WALL

#3 WALL DETAIL @
SHAMPOO AREA

SUGGESTIVE WALL DETAILS



CONTRACTOR TO VERIFY ALL MEASURENTS. OCEAN BTY | REPRESENTATIVES NOT RESPONSIBLE FOR WORK DONE BY OTHERS.