BLOCK 88.01 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 58 BROWER DR PERMIT NO. 07-0142

CONSTRUCTION PERMIT APPLICATION C07-01198

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

I. IDENTIFICATION

1. Proposed Work Site at: 58 BROWER DRIVE
2. Name of Owner in Fee: BOB CANNAVELLO Tel. (___) _____
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: ~~ABBY GAS INC~~ Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 13VH01222300 FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

elevator ✓

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	212		
2. Electrical				
3. Plumbing variance		40		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		34		
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL		278		

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	

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	Resubmission Dates 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					3-6-07	AE			
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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

3/20/07 Called Contractor

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 _____

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/20/2007
Control Number C-07-001198
Permit Number 07-0742
Permit Issue Date 04/03/2007
Certificate Number 07-0742

Certificate

Construction Code Division

(Certificate of Compliance)

Identification

Work Site Location: 58 BROWER DR. Brick Township, NJ Block: 88.01 Lot: 5 Qual:

Owner in Fee: CANNAROZZO, ROBERTO & CAROLYN

Owner Address: 58 BROWER DRIVE BRICK NJ

Telephone: [redacted]

Contractor CANNAROZZO, ROBERTO & CAROLYN

Address 58 BROWER DRIVE BRICK NJ

Telephone: [redacted] Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELEVATOR

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: 04/02/2012 U.C.C. F260 (rev. 08/05)

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received 03/26/2007 11:51:00 AM
Control # C-07-001198
Date Issued 04-03-07
Permit # 07-0742

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

Block 88.01 Lot 5 Qualification Code

Work Site Location: 58 BROWER DR. Brick Township, NJ

Owner in Fee: CANNAROZZO, ROBERTO & CAROLYN

Address 58 BROWER DRIVE BRICK NJ

[redacted]

Contractor: ABBY LIFTS INC

Address 1575 ROUTE 37 WEST - SUITES 11 TOMS RIVER NJ

Tel. (732) 240-0446 Fax. (732) 240-5355

Contractor License No.

Federal Employee No. 30-0015339

B. ELEVATOR CHARACTERISTICS

Building Use Group Building Registration No.

Manufacturer CONCORD Device I.D. INFINITY SRE

Machine Room Location GARAGE/ADJACENT

No. of Stops 3 No. of Openings 1

Travel (ft.) 18 Speed (f.p.m.) 36

Type of Control AUTOMATIC Type of Operation ROPED HYDRALIC

Passenger X Freight

Capacity (lbs.) 750

Year of Installation 2007 Year of Alteration

Estimated Cost of Elevator Work **$18,000**

C. CERTIFICATION IN LIEU OF OATH

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

Signature Date:

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	$0
0	Over 10 Floors	$0
0	Hydraulic	$0
1	Roped Hydraulic	$65
0	Escalator/Moving Walk	$0
0	Dumbwaiter	$0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	$0
0	Oil Buffers	$0
0	Counterweight Governor and Safeties	$0
0	Auxiliary Power Generator	$0
0	Alterations	$0
1	Other PLAN REVIEW	$50
0	Other	$0
	Administrative Surcharge	$0
	State Permit Surcharge Fee	$24
	TOTAL FEE	**$236**

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

- ☐ No Plan Required
- Joint Plan Review Required
- ☒ Building ☐ Plumbing
- ☐ Fire ☒ Electrical
- ☐ Elevator Plans Approved

Date: 3-6-07

Approved by: R Ely

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final			7/20/07	RE

SUBCODE APPROVAL:

☒ C of C ☐ Temp C of C

Date: 7-20-07

Approved by: R Ely

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Township

Construction Official
(732) 262-1027

APPLICATION FOR A VARIATION

Date Received 01/15/2007 Control # C-07-001198
Date Issued 04/03/2007 Permit # 07-0742
Date Revised 01/01/1900 Date Permit Issued 04/03/2007

IDENTIFICATION Block 88.01 Lot 5

Work Site Location 58 BROWER DR.
Brick Township, NJ

Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 58 BROWER DRIVE
BRICK, NJ
Tel [redacted]

Contractor ABBY LIFTS INC
Address 1575 ROUTE 37 WEST - SUITES 11
TOMS RIVER NJ
Tele. (732) 240-0446
Lic. No.
Federal Emp. No. 30-0015339
or Social Security No.

FEE $40 (Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

A17.1-'98 Section 510.0 Residential elevators shall have a floor space of 12 sq ft.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.

User requires a larger floor space than allowance in a17.1, 96-98.

DATE _____ SIGNED _____
APPLICANT

DETERMINATION

This application is to be revised within 20 business days.
After reviewing the facts, we [x] DENY [ ] GRANT the above variation request, in accordance with N.J.A.C. 5:23-2.0 through 2.13, for the following reasons:

Date _____

Building Subcode Official

Plumbing Subcode Official

Elevator Subcode Official

Electrical Subcode Official

Fire Subcode Official

Construction Official

equiv UCC Form F-160B

MUNICIPALITY Brick

APPLICATION FOR A VARIATION

Date Received 1/15/07 Control # C07-00198
Date Issued _____ Permit # _____
Date Revised _____ Date Permit Issued _____
$40.00 fee.

IDENTIFICATION Block 88.1 Lot 5+5.61
Work Site Location 58 Brower Drive
Brick, NJ 08732
Owner In Fee Bob Cannarozzo
Address Same
Tele. (201) 481 3237

Contractor Abby Lifts inc.
Address 1575 Rte 37 West
Toms River, Nj 08755
Tele. ( ) 732 240 0446
Lic. No. 13VH01222500
Federal Emp. No. 300015339
or Social Security No. _____

FEE $ _____ (Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirments of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

A17.1-'98 Section 510.1 5.3.10.1 Residental elevators shall have a floor space of 12 sqft.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.:

User requires a larger floor space than allowable in A17.1, 96-98

Please state an alternative to the sub code requirement that will still protect the health, safety and welfare of the occupants.:

510.1 5.3.1.10.1 Allowable Floor space size can be increased to 15 sqft. With a capacity rating of 62.5 pounds per square foot.

DATE 1/15/07 Signed _____
APPLICANT

DETERMINATION

This applicationis to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [ ] GRANT the above variation request, in accordance wth *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons:

Date 3/6/07

Building Subcode Offical

Plumbing Subcode Offical

Raymond M Ely
Elevator Subcode Offical

Electrical Subcode Offical

Fire Subcode Offical

Construction Official

U.C.C. Form F-160B

CONSTRUCTION PERMIT

Date Issued 04/03/2007
Control # C-07-001198
Permit # 07-0742

IDENTIFICATION Block: 88.01 Lot: 5 Qualifier
Work Site Location: 58 BROWER DR. Brick Township, NJ

Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 58 BROWER DRIVE BRICK NJ
Telephone: [redacted]

Contractor CANNAROZZO, ROBERTO & CAROLYN
Address 58 BROWER DRIVE BRICK NJ
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☑ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELEVATOR

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $18,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$212
Other	$0.00
DCA Training Fee	$24
CO Fee	
Other	$0
Total	$236
Check No.	5022
Cash	$0
Credit	$0
Collected By	Allison Peltier

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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.

☐ 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:

☐ 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".

☐ A complete copy of released plans must be kept on the job site.

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

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 88.1 LOT 5+5.61 Qualification Code

Work Site Location 58 Brower Drive
Brick, NJ 0872

Owner in Fee Joe Cannarozzo Construction

Address 58 Brower Drive, Brick Nj 08732

Tel [redacted]

Contractor/Installer **Abby Lifts Inc.**

Address **1575 Route 37 West, Suite 11**
Toms River, NJ 08755

Tel **(732) 240-0446** Fax **(732) 240-5355**

Federal Emp. No. **30015339**

Maintenance/Service Contractor **Abby Lifts Inc.**

Address **same**

Tel **(732) 240-0446** Fax **(732) 240-5355**

B. ELEVATOR CHARACTERISTICS

Building Use Group **Res** Building Registration No.

Manufacturer Concord Device I.D. Infinity SRE

Machine Room Location Garage/ajacent

No. of Stops 3 No. of Openings 1

Travel (ft.) 18 Speed (f.p.m.) 36fpm

Type of Control automaitc Type of Operation roped hydralic

Passenger 1 Freight n/a

Capacity (lbs.) 750

Year of Installation 2007 Year of Alteration

Estimated Cost of Elevator Work $ $18,000

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 _____ Date 1/12/07

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	$
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
1	Roped Hydraulic	162.00
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and **Vertical Wheelchair Lifts** and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations PLAN REVIEW	
1	Other Residental Elevator	50.00
1	Other Variation	40.00
	Administrative Surcharg	$
	State Permit Surcharge	$
	TOTAL FEE	$

JOB SUMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[X] Buildin [ ] Plumbing
[ ] Fire [X] Electric
[ ] Elevator Plans Approved
Date: 3-6-07
Approved by: R Ely

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Tempora				
Final			7/20/07	RA

SUBCODE APPROVAL:
[X] C of C [ ] Temp C of C
Date: 7-20-07
Approved by: R Ely

U.C.C. F150 (rev. 7/03)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one orginal plus three photocopies

Brick Township

Construction Official
(732) 262-1027

APPLICATION FOR A VARIATION

Date Received 01/15/2007 Control # C-07-001198
Date Issued 04/03/2007 Permit # 07-0742
Date Revised 01/01/1900 Date Permit Issued 04/03/2007

IDENTIFICATION Block 88.01 Lot 5

Work Site Location 58 BROWER DR.
Brick Township, NJ

Owner in Fee CANNAROZZO, ROBERTO & CAROLYN
Address 58 BROWER DRIVE
BRICK N.J
Tele. [redacted]

Contractor ABBY LIFTS INC
Address 1575 ROUTE 37 WEST - SUITES 11
TOMS RIVER NJ
Tele. (732) 240-0446
Lic. No.
Federal Emp. No. 30-0015339
or Social Security No.

FEE $40 (Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

A17.1-'98 Section 510.0 Residential elevators shall have a floor space of 12 sq ft.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties.

User requires a larger floor space than allowance in a17.1, 96-98.

DATE _____ SIGNED _____
APPLICANT

DETERMINATION

This application is to be revised within 20 business days.
After reviewing the facts, we [x] DENY [ ] GRANT the above variation request, in accordance with N.J.A.C. 5:23-2.0 through 2.13, for the following reasons:

Date _____

Building Subcode Official

Plumbing Subcode Official

Elevator Subcode Official

Electrical Subcode Official

Fire Subcode Official

Construction Official

equiv UCC Form F-160B

58 Brower Drive
RES. Lift

88.1
5 + 5.61

TOWNSHIP OF BRICK

PLAN REVIEW REQUIRED DATE

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER Concord	INSTALLER Abby Lifts INC 732 240-0446
CAR(S) NO. 1	PLATFORM THICKNESS 3/4"
TYPE (PASS.) (FRT.) RES PASS	CAR BUFFER TYPE
CAPACITY 750 #	CAR BUFFER STROKE
RATED SPEED 36 FPM	CAR BUFFER REACTIONS
TRAVEL 18'	LOAD CAR BUFFERS
STOPS 3	TYPE HOISTWAY ENTRANCES Swing 12-3 L H
OPENINGS 3	TYPE CAR DOOR(S) OR GATE(S)
OPERATION	FIREMAN'S SERVICE AT N A FLOOR
POWER SUPPLY 230 V 1 Phase	ALT. FIREMEN'S SERVICE AT N A FLOOR
MACH. ROOM HEAT EMISSION IN BTU'S	TRANSFORMER N A
CAR GUIDE RAILS LBS/FT	HOIST BEAM CAPACITY N A
SPACING OF GUIDE RAIL SUPPORTS	SIZE & HEIGHT OF STILES
NET RAIL FORCES	CLASS LOADING (RULE 207 2b)

R1 = 304 #
R2 = 194 #

2 - 3/8 cables

HYDRAULIC ELEVATORS

PLUNGER OD 2 1/2"	PLUNGER WALK THK
NUMBER OF PLUNGER SECTIONS	CYLINDER OD 3 1/4"
CYLINDER WALL THK	REFUGE SPACE PIT TOP OF H/W
WORKING PRESSURE 1600 PSI MAX	RELIEF PRESSURE
TYPE OF POWER UNIT	PUMP MOTOR HP 3.0 HP
OIL PIPE OD	OIL PIPE WALL THK
PLUNGER OVERTRAVEL UP DOWN	

TRACTION ELEVATORS

MACHINE ROOM REACTIONS	SIZE & WEIGHT OF MACHINE BEAMS
SIZE OF CROSSHEAD	HOIST ROPES
SIZE OF SAFETY PLANK	GOVERNOR ROPE(S)
TYPE OF SAFETY (CAR)	COMPENSATION TYPE No. SIZE
CAR GOVERNOR	CWT. BUFFER TYPE
MACHINE TYPE	CWT. BUFFER STROKE
MOTOR HP & TYPE	CWT. STILE SIZE
DRIVE SHEAVE DIA.	TYPE OF CWT. GUIDES
TYPE OF GROOVE	TYPE OF CWT. SAFETY
DEFLECTOR/SECONDARY SHEAVE DIA.	CWT. GOVERNOR
CONTROL (VVVF) (VVSCR) (VVMG)	CWT. GUIDE RAILS LBS./FT.
ISOLATION	CWT. BUFFER REACTIONS

ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23.7

No Phone Info - Need letter of Intent

TOWNSHIP OF BRICK BRICK

PLAN REVIEW REQUIRED DATA

ESTIMATED WEIGHTS

TRACTION ELEVATORS

ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	
MISCELLANEOUS	
CAR FRAME & SAFETY	
TOTAL CAR	
OVERBALANCE	
1/2 TIC WEIGHT	
TOTAL CWT	
LOAD ON CAR SAFETY	
LOAD ON SHEAVE SHAFT	
WEIGHT of MACHINE	

HYDRAULIC ELEVATORS

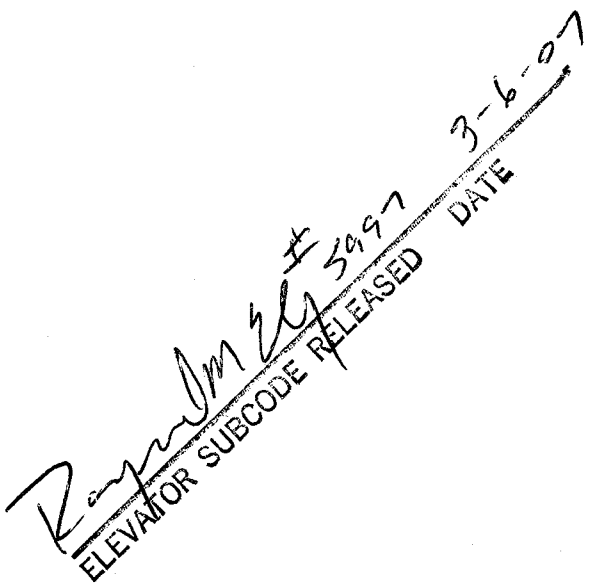
ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	
MISCELLANEOUS	
CAR FRAME	
TOTAL CAR	
LOAD ON JACK ASSEMBLY	
WEIGHT of MACHINE	

ESCALATORS

RATED LOADS IN LB. (Rule 8029)	HORIZONTAL SPAN
HORIZONTAL PROTECTION OF TRUSS	STRUCTURAL RATED LOAD
LOCATION OF EMERGENCY STOP BUTTONS	MACHINERY RATED LOAD
ACCESS TO MACHINE ROOM PIT. INTERIOR	BRAKE RATED LOAD (Stopped)
INDICATE NUMBER OF FLAT STEPS	BRAKE RATED LOAD (Running)
TRUSS EXTENSION OR REDUCTION	LOAD OF ONE STEP CHAIN
STEP TREAD WIDTH IN INCHES	BREAKING LOAD OF STEP CHAIN
DIAMETER OF DRIVE WHEEL	DIAMETER OF STEP CHAIN WHEEL
LOAD OF ONE DRIVE CHAIN	BREAKING LOAD OF DRIVE CHAIN

GENERAL INFORMATION REQUIRED

* Locate escalator from structural or architectural drawings
* Furnish scaled structural drawing indicating escalator reactions
* Three sets of sealed escalator layout drawings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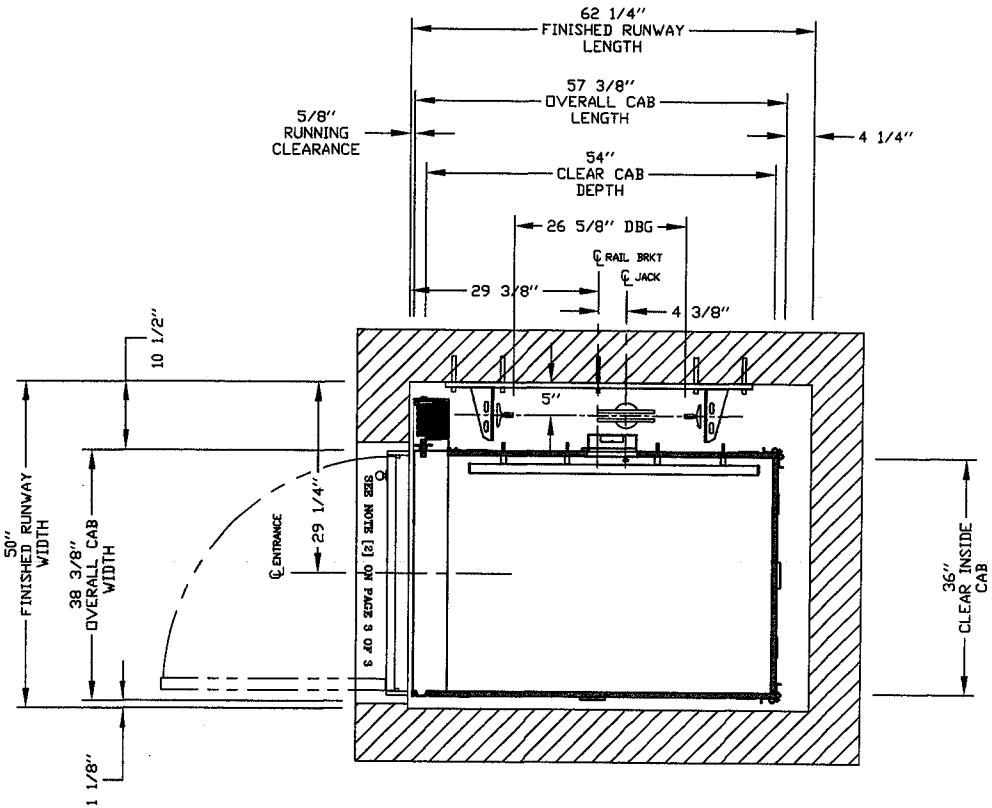
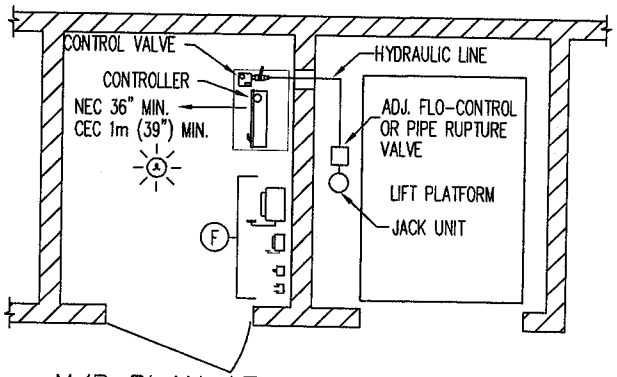
3-6-07
ELEVATOR SUBCODE RELEASED DATE





M/R PLAN AT LOWER LEVEL

B-B
2

Complies with:
A 17.1 '96-98
IBC 2000
A117.1 1998
NEC 2002

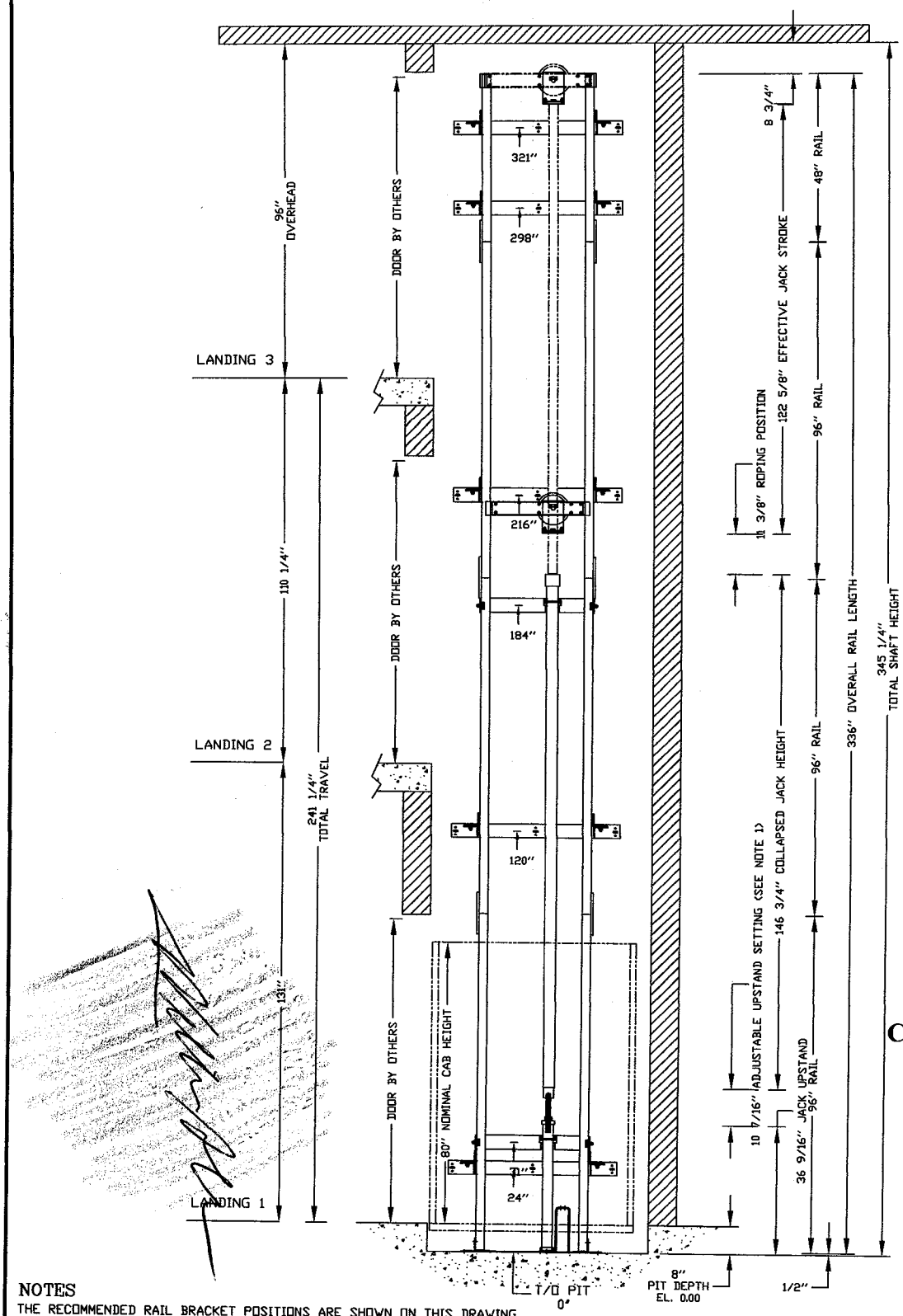
PLAN VIEW

OFFICE USE ONLY:	
CONFIGURATION VERSION STAMP:	21.0
MODULE VERSION STAMP:	I-096-35
CUSTOMER:	ABBY LIFTS, INC
PROJECT:	CANNARO 2ND
ADDRESS:	TOMS RIVER, NJ
DATE:	02/01/07
REVISION DATE:	02/01/07
COMPLETED BY:	Auto
Part No.	
Variant No.	7080
JOB No.	
SHEET No.	1 OF 3

SAVARIA CONCORD
Your Accesibility Partners

Ryan Im El #5987 3-6-07

ELEVATOR SUBCODE RELEASED DATE



Complies with:
A 17.1 '96-98
IBC 2000
A117.1 1998
NEC 2002

NOTES

THE RECOMMENDED RAIL BRACKET POSITIONS ARE SHOWN ON THIS DRAWING.
THE MAXIMUM PERMISSIBLE RAIL BRACKET SPACING IS 96" (2438mm).
THE CYLINDER AND UP-STAND POST BRACKETS ARE ATTACHED TO THE RAIL AND MUST BE POSITIONED AS SPECIFIED AT (+/-)2" DEPENDING OF SITE CONDITION.

NOTE 1:
REFER TO MANUAL BEFORE ADJUSTING THIS SETTING.

ELEVATION VIEW B-B

OFFICE USE ONLY:	
CONFIGURATION VERSION STAMP:	21.0
MODULE VERSION STAMP:	I-S06-35

CUSTOMER: ABBY LIFTS, INC.
PROJECT: CANNAROZZO
ADDRESS: TOMS RIVER, NJ
DATE: 02/01/07
REVISION DATE: 02/01/07
COMPLETED BY: Auto
Part No.
Variant No. 7080
SAVARIA CONCORD
Your Accesibility Partners
JOB No.
SHEET No. 2 OF 3

Ray AMES #5997 3-6-07
ELEVATOR SUBCODE RELEASED DATE

PROVISIONS BY OTHERS

*GENERAL

HOISTWAY- THE HOISTWAY MUST BE IN ACCORDANCE WITH NATIONAL US/ASME (SEE APPLIED CODE), ALL STATE AND LOCAL CODES.

PLUMB HOISTWAY- DUE TO CLOSE RUNNING CLEARANCES OWNER/AGENT MUST ENSURE THAT HOISTWAY AND PIT (WHERE PROVIDED) ARE LEVEL, PLUMB AND SQUARE AND ARE IN ACCORDANCE WITH THE DIMENSIONS ON THESE DRAWINGS.

MINIMUM OVERHEAD CLEARANCE- OWNER/AGENT MUST ENSURE MINIMUM OVERHEAD CLEARANCE IS IN COMPLIANCE WITH CODES.

CONSTRUCTION SITE- OWNER/AGENT TO PROVIDE ALL MASONRY, CARPENTRY AND DRYWALL WORK AS REQUIRED AND SHALL PATCH AND MAKE GOOD (INCLUDING FINISH PAINTING) ALL AREAS WHERE WALLS/FLOORS MAY REQUIRE TO BE CUT, DRILLED OR ALTERED IN ANY WAY TO PERMIT THE PROPER INSTALLATION OF THE LIFT.

DIMENSIONS

CONTRACTOR/CUSTOMER TO VERIFY ALL DIMENSIONS AND REPORT ANY DISCREPANCIES TO OUR OFFICE IMMEDIATELY.

*STRUCTURAL

FLOOR/SUPPORT WALL LOADS- STRUCTURAL ENGINEER TO ASSURE THAT BUILDING AND SHAFT WILL SAFELY SUPPORT ALL LOADS IMPOSED BY THE LIFT EQUIPMENT. REFER TO THE TABLES ON THIS DRAWING FOR LOADS IMPOSED BY THE EQUIPMENT.

DOORS- SUITABLE LINTELS MUST BE PROVIDED BY OWNER/AGENT. DOOR FRAMES ARE NOT DESIGNED TO SUPPORT OVERHEAD WALL LOADS.

NOTE [2]: PER ASME A17.1-2000 RULE 5.3.1.7.2

THE CLEARANCE BETWEEN THE HOISTWAY DOORS OR GATES AND THE HOISTWAY EDGE OF THE LANDING SILL SHALL NOT EXCEED 3 in. (75 mm). THE DISTANCE BETWEEN THE HOISTWAY FACE OF THE LANDING DOOR OR GATE AND THE CAR DOOR OR GATE SHALL NOT EXCEED 5 in. (125 mm).

ENTRANCE ASSEMBLIES- ENTRANCE ASSEMBLIES MUST BE ADJUSTED TO ALIGN WITH PLATFORM AND INTERLOCK EQUIPMENT. OTHERS TO ALLOW AN ADEQUATE ROUGH OPENING.

RETURN WALLS- RETURN WALLS AT ENTRANCES MUST BE BUILT-IN BY OTHERS AFTER ENTRANCE ASSEMBLIES ARE IN PLACE. ENTRANCE ASSEMBLY MUST BE SECURELY FASTENED TO WALLS BY ELEVATOR CONTRACTOR.

*MACHINE ROOM

LOCATION / ACCESS- MACHINE ROOM LOCATED AT THE LOWEST LEVEL ADJACENT TO HOISTWAY, UNLESS SHOWN OTHERWISE ON THE LAYOUT DRAWINGS. FIELD ADJUSTMENT BY INSTALLER MAY BE NECESSARY TO MEET JOB SITE CONDITIONS OR REGULATIONS. ACCESS TO MACHINE ROOM TO BE THROUGH A SELF CLOSING LOCKABLE DOOR.

SLEEVES FOR OIL & ELECTRIC LINES- FROM MACHINE ROOM TO RUNWAY AS REQUIRED. (POSITION PER INSTALLERS INSTRUCTIONS).

	DISCONNECT SIZE	TIME DELAY FUSE SIZE	VOLTS	PHASE	AMPERAGE
MOTOR & EQUIP.	30 AMPS	30 AMPS	230 volt	Single Phase	15.9 AMPS
CAB LIGHTS	15 AMPS	15 AMPS	115 V	1	

*ELECTRICAL

POWER SUPPLY- (SEE SPECIFICATIONS) LOCKABLE FUSED DISCONNECT WITH AUXILIARY CONTACT TO BRAKE THE BATTERY FEED, OR CIRCUIT BREAKERS WITH A 3-POLE BREAKER FOR BATTERY FEED REQUIRED, IN COMPLIANCE WITH ELECTRICAL CODE, AS FOLLOWS: (LOCATED ON WALL ON LOCK JAMB SIDE OF MACHINE ROOM DOOR)

PERMANENT POWER- BEFORE INSTALLATION CAN BEGIN, PERMANENT POWER MUST BE SUPPLIED.

LIGHTING- OWNER/AGENT TO ENSURE AT LEAST 9.3 FTC OR 100 LUX AMBIENT LIGHTING OVER LIFT AREA.

*ENTRANCES

FASCIA PANEL BELOW UPPER LEVEL ENTRANCE- WHERE REQUIRED, FASCIA PANEL MUST BE FASTENED TO A SOLID WALL AND BE PERPENDICULAR TO THE FLOOR AND WALLS. HOISTWAY FASCIA IS NOT SELF-SUPPORTING FOR LONG, CONTINUOUS RUNS VOID OF ENTRANCES. ADEQUATE SUPPORT FOR THE FASCIA MUST BE PROVIDED .

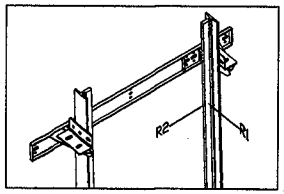
SPECIFICATIONS

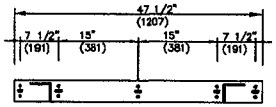
GENERAL

CLASSIFICATION: Residential Building
APPLIED CODE: ASME 17.1-1996 PART 5
MODEL: Infinity 2006
CAPACITY: 750lbs
NOMINAL SPEED: 36 fpm
TRAVEL: 241 1/4 "
PIT DEPTH: 8 "
POWER SUPPLY: 60hz Single Phase 230 volt

HYDRAULIC

PUMP MFR.: CONCORD
PUMP MODEL: VICKERS 3P
MOTOR: 3.0 hp
VALVE MODEL NO.: EPV - 12
VALVE COIL VOLTS: 24 V DC
MAX WORKING PRESSURE: 1600 psi (11032 kPa)
RELIEF VALVE SETTING: MAX 25% ABOVE ACTUAL WORKING PRESSURE
RESERVOIR: 22 Gal.





RAIL BRACKET

RAIL FORCES	
*R1	*R2
304 lbf	194 lbf
RAIL WEIGHT: 8.8 lbs / ft	

R3 NOTE:
PIT FLOOR TO SUPPORT LOAD OF: 6.4 kips * (INCLUDES IMPACT)

FOR TOTAL PULL-OUT FORCE ON RAIL BRACKET, R1 MUST BE DOUBLED eg. 2 x 304 = 608 lbf

FIRST DOOR BY LANDING CHART

	LANDING 1	LANDING 2	LANDING 3	LANDING 4
DOOR TYPE	Doors By Others	Doors By Others	Doors By Others	
ENTRANCE SIDE	Side A	Side A	Side A	
DOOR SWING	Left Hand Swing	Left Hand Swing	Left Hand Swing	
LOCK TYPE	EMI locks	EMI locks	EMI locks	
AUTO DOOR OPENER				

CAR FINISH DETAILS

CAB PANEL SELECTION: Oak Veneer
CEILING SELECTION: standard (white)
BRASS CAB PKG REQ'D?: no
PDT LIGHT FINISH: Stainless Steel
TRIM COLOUR: Clear Anodized Aluminum
CAR STATION PLATE: Stainless Steel/PI
HAND RAIL TYPE: Clear Anodized Aluminum
CAB FLOORING: Plywood Floor
FINISHED FLOOR THICKNESS: 3/4" finish

CAR DIMENSIONS/PLATFORM GATES

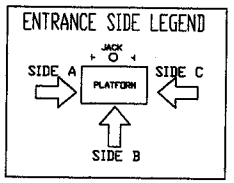
CAB TYPE: Type 1 Left Hand
CAB OPERATION: auto
GATES REQUIRED: Manual Gates
GATE TYPE: Panelfold (Clear)

JACK UNIT

EFFECTIVE STROKE: 122 5/8"
PLUNGER O/D: 2 1/2 "
CYLINDER O/D: 3 1/4 "
CYLINDER I/D: 2 3/4 "
SPLIT CYLINDER?: no
COLLAPSED LENGTH: 146 3/4 "

SUSPENSION

TYPE: AIRCRAFT CABLE 2 X 3/8" DIA.
CONSTRUCTION: IWRC 7 X 19
NOMINAL STRENGTH: 14,400 lbs Per Cable



Complies with:
A 17.1 '96-'98
IBC 2000
A117.1 1998
New 2002

OFFICE USE ONLY:
CONFIGURATION VERSION STAMP: 21.0
MODULE VERSION STAMP: I-SW-35

Part No.
Variant No. 7080

DATA SHEET

CUSTOMER: ABBY LIFTS, INC.
PROJECT: CANNAROZZO
ADDRESS: TOMS RIVER, NJ

DATE: 02/01/07
REVISION DATE: 02/01/07
COMPLETED BY: Auto
REVISION: 0

SAVARIA CONCORD
Your Accesibility Partners

JOB No.
SHEET No. 3 OF 3

Rev Amend #5997 3-6-07
ELEVATOR SUBCODE RELEASED DATE

SAVARIA CONCORD

Your Accessibility Partners

January 26th, 2007

Abby Lifts, Inc.
1575 Route 37 West, Suite 11
Toms River, NJ 08755

FEB - 8 2007

Attention: Jim Quinlisk

Re: Cannarozzo Residence
Concord Job Number – I-105815

Dear Jim,

We are pleased to confirm that the structure of this Infinity residential elevator is designed to exceed the requirements of the A17.1-2000, Section 5.3 – Clause 5.3.1.10.1.

The structure of the elevator has a safety factor in excess of 5 when compared to the rated load.

This private residence elevator has a 1000 pound capacity, and the clear dimensions of the cab are 35" x 54" or 13.13 square feet. The increased capacity does not adversely effect the safe operation of the equipment.

Please feel free to call if you require any further assistance.

Yours very truly,

Savaria Concord Lifts Inc.

Robert J. Murphy, P.Eng.
V.P. Quality Assurance & Standards Engineering

LICENSED PROFESSIONAL ENGINEER
R. J. MURPHY
33220500
1/27/07
PROVINCE OF ONTARIO