



CONSTRUCTION PERMIT APPLICATION 09-003772

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

I. IDENTIFICATION

1. Proposed Work Site at: 200 Van Zile Rd.

2. Name of Owner in Fee: Temple Beth OR

Tel. (732) 458 4700 e-mail _____

Address 200 Vanzile Rd. Brick NJ 08723

street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Four Point Refrigeration Tel. (732) 899 6704

Address 3140 Rt 88 Pt. P NJ 08772 e-mail _____

License No. OR, if new home, Builder Reg. No. 13VHD0878390 Exp. Date 12/31/09

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

Federal Emp. ID No. 221925256 FAX: (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Greg Wilgozo

Tel. (732) 899 6704 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		P
2. Electrical	\$ <u>40</u>		
3. Plumbing	\$ <u>100</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>3</u>		
8. Subtotal			
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other	\$ <u>213</u>		
13. TOTAL	\$ <u>213</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building				<u>10-24-09</u>			<u>10-27-09</u>		<u>JA</u>
☐ Electrical					<u>10-20-09</u>	<u>AL</u>			
☐ Plumbing					<u>10/21/09</u>	<u>MT</u>			
☐ Fire Protection					<u>11-20-09</u>	<u>OS</u>			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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 (primary use)

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____

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

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 3/07)

Called 11/5/09

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		
Name of Code & Edition		Name of Code & Edition
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Reorder From OCS Printing

U.C.C. F100-3 (rev. 3/96)

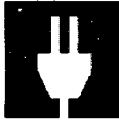
CERTIFICATION IN LIEU OF OATH

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 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 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 Four Point Refrigeration
Address 3140 Rt 88
Point Pleasant NJ 08742
Telephone (732) 899 6704
Signature [Signature]
III. () ~~HAZARD ABATEMENT~~: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev. 10/2005)



**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 188 Lot 1 Qualification Code _____
Work Site Location Temple Beth Or
200 New Silk Road Bunk
Owner in Fee: Sara
Tel. (202) 958-4700 e-mail _____
Address Sara
Contractor: McKean Electric Tel. (202) 223-8167
Address #1 Kane Place Bunk e-mail _____
Contractor License No. 8513 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3127724 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSTRUCTIONS		Dates (Month/Day)	
No Plans Required <u>0209AS</u>		Type:	Rough	Failure	Approval
Partial-Under-slab/Utilities Approved		Barrier-Free	Trench		Initial
Date:	Approved by:	Temp. Serv.	Const. Serv.		
Joint Plan Review Required		TCO	Other		
Bldg. [] Plumb. [] Fire [] Elev. []		Service	Final		
SUBCODE APPROVAL for PERMIT		Barrier-Free	Temp. Cut-in-Card Date Issued		
Date:	Approved by:	Final Cut-in-Card Date Issued	Annual Pool Inspection		
SUBCODE APPROVAL for CERTIFICATE		CO [] CCO [] CA []	Date of Grounding and Bonding		
Date:	Approved by:	Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of (2) Roof Top Units
480V 3Ø

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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Date Received
Control #
Date Issued
Permit #
04-2774
11-6-09



FIRE PROTECTION 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 1085 Lot 200 Van Zile Rd. Qualification Code _____

Work Site Location Back of Bath Or

Owner in Fee: Temple Beth Or e-mail _____

Tel. (732) 458-4700

Address 200 Van Zile Rd. Brick NJ-08723

Contractor: Fair Point Refrigeration municipality zip code 732-899-6704

Address 3140 Rt 88 Tel. (732) 899-6704

Point Pleasant NJ 08742 e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 221925256 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable OR [] Combustible

Heating System: [] New OR [] Modification to Existing Fire Alarm System: [] New OR [] Existing

OR [] Conversion OR [] Replacement Location of Panel: _____

Fuel Type: [X] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Location: 100% [] New OR [] Existing

Total Cost of Fire Protection Work \$ 100.00 Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[X] No Plans Required	Alarm System				
[] Partial -Underslab Utilities Approved	Suppression Sys.				
Date: <u>6/1/05</u> Approved by: <u>[Signature]</u>	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO			
Date: <u>6/2/05</u> Approved by: <u>[Signature]</u>	Flam/Combust. Tanks				
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting			
[] CO [] CCO [] CA	Final				
Date: _____ Approved by: _____	Other				

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of 2

Roof Top units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, waterflow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [X] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

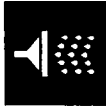
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

COMMERCIAL

100



PLUMBING 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 105 Lot 200 Van Zile Rd. Qualification Code _____
Work Site Location

Owner in Fee: Temple Beth Or e-mail _____
Tel. (732) 458 4700

Address 200 Van Zile Rd Brick NJ 08723 zip code
municipality

Contractor: Four Point Refrigeration Tel. (732) 899 6704

Address 3140 Rt 88 Apt 11 NJ 08742 e-mail _____

Contractor License No. 13VH00878300 Exp. Date 12/31/09

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

Federal Emp. ID No. 221935256 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 200.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Slab	Rough	Failure	Approval
☒ No Plans Required	Slab				
☒ Joint Plan Review Required	Rough				
☒ Building	Water				
☒ Fire	Sewer				
☒ Plumbing Plans Approved	Fixtures				
Date <u>12/10/09</u>	Gas Equipment				
Approved by <u>MTJ</u>	Gas Piping				
SUBCODE APPROVAL	LPGas Tank				
☒ CO	Fuel Oil Piping				
☒ ECO	Solar				
☒ CA	FCO				
Date _____					
Approved by _____					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

Date Received
Control #

Date Issued
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of 2 rooftop units

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other <u>Condensate Drains</u>	
	Other	
		Administrative Surcharge \$
		Minimum Fee \$
		State Permit Surcharge Fee \$
		TOTAL FEE \$

09-2774
11-6-09



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 1095 Lot 1 Qualification Code _____
Work Site Location Back 200 Van Zile Rd.
Owner in Fee Temple Beth Or
Address 200 Van Zile Rd.
Back NJ 08723
Tel. (732) 458-4700
Contractor Four Point Refrigeration
Address 3140 Rt 88
Brent Pleasant NJ 08742
Tel. (732) 899-6204 FAX (732) 899-6204
Contractor License No. or Builder Registration No. 13VH00878300
Federal Emp. No. 221925056

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings			Footings Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCC ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Replacement of 2
roof top units

FEE (Office Use Only)

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6')
☐ Sign	Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☒ Other	2700 roof top units
☐ Demolition	

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

COMMERCIAL

Date Received
Control #

Date Issued
Permit #

09-2774
11-6-09



CONSTRUCTION PERMIT

Date Issued 11-6-09
Control # C-09-003772
Permit # 09-2774

IDENTIFICATION Block: 1095 Lot: 1 Qualifier _____
Work Site Location: 200 VAN ZILE RD. NJ Contractor FOUR POINT REFRIGERATION CO INC
Address 3140 ROUTE 88 PT PLEASANT BEACH NJ 08742 -
Owner in Fee TEMPLE BETH OR 2884
200 VAN ZILE RD. BRICK NJ 08723 Telephone: (732) 899-6704
Telephone: (732) 458-4700 Lic. No. or Bldrs. Reg. No. 13VH00878300
Federal Employee No. 221925256

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:

HVAC REPLACEMENT OF TWO (2) ROOFTOP UNITS.

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 \$1,851

Construction Official

Date

10-30-09

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$40
Plumbing	\$80
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$263
Check No.	<u>8229</u>
Cash	\$0
Credit	\$0
Collected By	

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.

11/06/09 3:27PM 003772-460
\$40.00
\$40.00
\$80.00
\$100.00
\$3.00
\$263.00
ELECTRIC
PLUMBING
DCA
CHECK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 200 VAN ZILE RD. BRICK, NJ 08723

CC:

RE: Building Subcode
Block: 1095 Lot: 1 Qual:
200 VAN ZILE RD.
Permit Number: Control Number: C-09-003772
Last Submit Date: Wednesday, October 21, 2009

Date: Friday, October 23, 2009

Dear TEMPLE BETH OR,

The following comments were made during the Plan Review process:

Provide weight specifications of existing unit(s) as compared to weight of replacement units.

Sincerely,

John Gerrity, Subcode Official

10-23-09
called
contractor:
732-899-
6704
Fax#
732-899-
8399



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 115 Lot 1 Qualification Code _____
Work Site Location Back 200 Van Zile Rd.
Owner in Fee Temple Beth Or
Address 200 Van Zile Rd.
Back NJ 08723
Tel. (732) 458 4700
Contractor Four Point Refrigeration
Address 3140 Rt 88
Point Pleasant NJ 08742
Tel. (732) 899 6704 FAX (732) 899 6704
Contractor License No. or Builder Registration No. 13VH00878360
Federal Emp. No. 221925556

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type: Footing				
☐ All			Footing Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL			Finishes -Base Layer				
☐ CO ☐ CCO ☐ CA			Finishes -Final				
Date: _____			Energy				
Approved by: _____			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Replacement of 2
rooftop units

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other rooftop units
- ☐ Demolition

FEE (Office Use Only)

\$	

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

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

U.C.C. F110
(rev. 07/03)

Date Received
Control #

Date Issued
Permit #

09-27-74
11-6-09



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 11-6 Lot 1 Qualification Code _____
Work Site Location 200 Van Zile Rd.
Back NJ 08723
Owner in Fee Temple Beth Or
Address 200 Van Zile Rd.
Back N.J. 08723
Tel. (732) 458-4760
Contractor Paul Point Building
Address 340 Rt 88
Point Pleasant NJ 08742
Tel. (732) 899-6704 FAX ()
Contractor License No. or Builder Registration No. 13VH00873300
Federal Emp. No. 121925376

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Failure	Failure	Approval
☐	No Plans Required				
☐	All	Footings			
☐	Footings	Footings Bonding			
☐	Foundation	Foundation			
☐	Frame	Slab			
☐	Other	Frame			
☐	Truss Sys/Bracing	Truss Sys/Bracing			
☐	Barrier-Free	Barrier-Free			
☐	Insulation	Insulation			
☐	Finishes -Base Layer	Finishes -Base Layer			
☐	Finishes -Final	Finishes -Final			
☐	Energy	Energy			
☐	Mechanical	Mechanical			
☐	TCO	TCO			
☐	Other	Other			
☐	Final	Final			
☐	Barrier-Free	Barrier-Free			

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____ Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Replacement of 2
roof top units

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other roof top units
- ☐ Demolition

FEE (Office Use Only)

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

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

U.C.C. F110 (rev. 0703)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

09-27774
11-6-09

Date Received
Control #
Date Issued
Permit #



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location 200 Van Zile Rd. Contractor Farr Point Refrigeration
Brick NJ. 08723 Address 3140 Rt 88
Owner in Fee Temple Beth Or Point Pleasant NJ. 08742
Address 200 Van Zile Rd. Tel. (732) 899 6704
Brick NJ. 08723 Lic. No. or Bldrs. Reg. No. 13 VH 00878300
Tel. (732) 458 4700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of (2) Roof top units

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 \$ 15,000.00

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____

Lot _____

Qualification Code _____

Work Site Location 200 Van zile Rd.
Brick NJ. 08723Contractor Four Point Refrigeration
Address 3140 Rt 88Owner in Fee Temple Beth OrPoint Pleasant NJ. 08742Address 200 Van zile Rd.
Brick NJ. 08723Tel. (732) 899 6704Tel. (732) 458 4700Lic. No. or Bldrs. Reg. No. 13 VH 00878300

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of 2 Roof top units

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 \$ 15,000.00

Construction Official _____

Date _____

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)

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 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 given.

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1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.
4. 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.

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



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location 300 Van Zile Rd. Contractor Four Point Refrigeration
Brick NJ 08723 Address 3140 Rt 88
Owner in Fee Temple Beth Or Point Pleasant NJ 08742
Address 300 Van Zile Rd. Tel. (732) 899 6704
Brick NJ 08723 Lic. No. or Bldrs. Reg. No. 13 VH 00878300
Tel. (732) 458 4700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of 2 Roof top units

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 \$ 15,000.00

Construction Official _____

Date _____

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

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 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 given.

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3. Utility services, including septic.
4. 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.

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



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____

Lot _____

Qualification Code _____

Work Site Location 200 Van Zile Rd.
Brick NJ 08703Contractor Four Point Refrigeration
Address 3146 Pt 88Owner in Fee Temple Beth OrPoint Pleasant NJ 08742Address 200 Van Zile Rd.Tel. (732) 899 6704Brick NJ 08703Lic. No. or Bldrs. Reg. No. 13UH 00878300Tel. (732) 458 4700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replacement of 2 Roof Top Units

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 \$ 15,000.00

Construction Official _____

Date _____

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)

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 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 given.

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4. 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.

☐ 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.



FIRE PROTECTION 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 1000 Lot 1 Qualification Code 1000

Work Site Location 200 Van Zile Rd.

Owner in Fee: Temple Beth Or e-mail Brick NJ 08723

Tel. (732) 458-4700

Address 200 Van Zile Rd. Brick NJ 08723 zip code 08723

Contractor: Fair Point Refrigeration municipality Brick Tel. (732) 899 6704

Address 3140 Rt 88 e-mail Point Pleasant NJ 08742

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 201925526 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [X] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Location: 1000 [] New or [] Existing

Total Cost of Fire Protection Work \$ 100.00 Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Type: _____ Dates (Month/Day) _____

[X] No Plans Required _____ Failure _____ Approval _____ Initial _____

[] Partial - Underslab Utilities Approved _____ Alarm System _____

Date: 5/1/04 Approved by: _____ Suppression Sys. _____

[] Fire Protection Plans Approved _____ Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: _____ Pre-Eng. System _____

[] Bldg. [] Elec. [] Plumb. [] Elev. _____ Mechanical _____

SUBCODE APPROVAL FOR PERMIT _____ Smoke Control _____

Date: _____ TCO _____

Approved by: 06 _____ Flam/Combust Tanks _____

SUBCODE APPROVAL FOR CERTIFICATE _____ Fireplace Venting _____

[] CO [] CCO [] CA _____ Final _____

Date: _____ Other _____

Approved by: _____

09-2774
11-6-09

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature _____ Contractor's Signature _____

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of 2

Roof Top units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances [X] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION 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 100 Lot 1 Qualification Code 7
Work Site Location 300 Van Zile Rd.
Owner in Fee: Back NJ. 08733
Tel. (732) 458-4700 e-mail Back NJ. 08733
Address 300 Van Zile Rd. Municipality Back NJ. 08733
Contractor Fire Protection Refinement Tel. (732) 599 6204
Address 3140 84 88 e-mail Back NJ. 08733

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 32193556 FAX: () _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New OR [] Modification to Existing [] Replacement OR [] Conversion OR [] Electric [] Solar
Fuel Type: [X] Gas [] Oil [] Electric [] Solar
Location: 1000
Total Cost of Fire Protection Work \$ 100.00

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible
Capacity _____

Fire Alarm System:

[] New OR [] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:

[] New OR [] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[X] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO			
Date: _____	Flam/Combust Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final			
[] CO [] CCO [] CA	Other				
Date: _____					
Approved by: _____					

09-21194
11-6-09

Date Received
Control #

Date Issued
Permit #

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.

Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of 2

Roof Top Units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls,

water/flow)

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [X] Gas [] Oil [] Solid []

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$

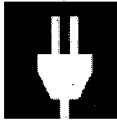
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 1115 Lot 1 Qualification Code 1
Work Site Location Temple Beth El
200 W. 3rd St. Bk
Owner in Fee: S. A. L.
Tel. (312) 458-4700 e-mail _____

Address 5th St Municipality McKees Rocks Zip code 15136
Contractor: McKees Rocks Electric Tel. (722) 223-8167
Address #1 R. 1st Place Bk. 11th St e-mail _____
Contractor License No. 8513 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-3127724 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSECTIONS		Dates (Month/Day)	
[] No Plans Required <u>10208AS</u>		Type:	Failure	Approval	Initial
[] Partial - Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
[] Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
[] Bldg. [] Plumb. [] Fire [] Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: _____		Service			
Approved by: _____		Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] CCO [] CA		Temp. Cut-in-Card Date Issued			
Date: _____		Final Cut-in-Card Date Issued			
Approved by: _____		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's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of (2) Roof Top Units
480v 3Ø

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	

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



PLUMBING 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 1105 Lot 1 Qualification Code 1105
Work Site Location 260 Van Zile Rd.

Owner in Fee: Temple Beth Or
Tel: (732) 458 4700 e-mail

Address: 200 Van Zile Rd. Pr. Back NJ 08723
street municipality zip code

Contractor: Fox Paint Refrigeration Tel: (732) 899 6704
e-mail

Address: 3140 Rt 88 Pt Pl NJ 08742
e-mail

Contractor License No. 13V400878300 Exp. Date 12/31/09

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

Federal Emp. ID No. 221925256 FAX: ()

B. PLUMBING CHARACTERISTICS:
Use Group Present Proposed

Building Sewer Size Public Sewer 1 Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 200.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Slab	Rough	Failure	Approval
☒ No Plans Required	Slab				
☒ Joint Plan Review Required	Rough				
☒ Building	Water				
☒ Fire	Sewer				
☒ Plumbing Plans Approved	Fixtures				
Date: <u>March 9</u>	Gas Equipment				
Approved by: <u>MP</u>	Gas Piping				
SUBCODE APPROVAL		LPG Gas Tank			
☒ CO	☒ ECO	☒ CA			
Date: <u></u>	Fuel Oil Piping				
Approved by: <u></u>	Solar				
	TGO				

C. CERTIFICATION IN LIEU OF OATH.
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[Signature]
[] Licensed Plumbing Contractor. [] Exempt Applicant

Date Received Control # 09-2774
Date Issued Permit # 11-6-09

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

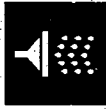
Replacement of 2 rooftop units

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPG Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
<u>2</u>	Other <u>Condensate Drains</u>	
	Other	

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



PLUMBING 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 105 Lot 12d Qualification Code _____
Work Site Location 200 Van Zile Rd.

Owner in Fee: Temple Beth Or e-mail _____
Tel. (732) 4584700
Address 200 Van Zile Rd Rock NJ 08723
Contractor: East Point Refinishing Tel. (732) 8996704
Address 3140 Rt 88 Rt 11 NJ 08742 e-mail _____
Contractor License No. 13VH60878300 Exp. Date 12/31/09
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 221935356 FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type	Slab	Failure	Approval
☐ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☐ Plumbing Plans Approved					
Date <u>12/11/09</u>	Approved by <u>MT</u>				
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date _____	Approved by _____				

C. CERTIFICATION IN LIEU OF OATH

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

[] Licensed Plumbing Contractor [] Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of 2 roof top units

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
<u>2</u>	Other <u>Condensate Drains</u>	
	Other	

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

Date Received
Control #
Date Issued
Permit #

09-2774
11-6-09