ECC

BLOCK 701 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 744 Rt 70 West PERMIT NO. 17-0827

CONSTRUCTION PERMIT APPLICATION

C17-000319

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

I. IDENTIFICATION

1. Proposed Work Site at: 744 Rt 70 West Brick
2. Name of Owner in Fee: Urban Edge
   Tel. (201) 571 3544 e-mail Asalgado@uedg.com
   Address 210 Rt 4 East (street) Paramus (municipality) NJ 07652 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Luthy & Sons LLC Tel. (973) 479 3517
   Address 94A Executive Rd e-mail glenn@luthyandsons.com
   Landoll NJ 07869
   License No. OR, if new home, Builder Reg. No. 13VH04225600 Exp. Date 3/31/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 27 4694758 FAX: (____) _____
5. Architect or Engineer Design 42 Contact Dan Henkle
   Address 338 W 39th St NYNY e-mail _____
   Tel. (212) 696 1342 FAX: (212) 518 3426 ✓
6. Responsible Person in Charge once Work has Begun 479 3517
   Tel. (____) Glenn Luthy 973 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 3900.-		
2. Electrical	420.- ✓	150.-	
3. Plumbing	195 ✓		195 ✓
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	265	5.-	9.-
10. Subtotal 2	$ 73		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$ 4985.-	155.-	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load 72
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 ____

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

Tenant Fit up

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	85000				03/11/17	KELL			
☑ Electrical	41000	1/23/17			1/31/17	PS			
☐ Plumbing	14000				2-2-17				
☐ Fire Protection	13000				3/6/17	KW			
☐ Elevator		Eng	Exempt		1/27/17	ECC			
TOTAL COST	153000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: Total Units | Income-restricted
   Gained, Sale _____ | _____
   Gained, Rental _____ | _____
   Lost, Sale _____ | _____
   Lost, Rental _____ | _____

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: Student Gym
2. Use Group, Proposed: A3
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Rolled Plans

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/14/2017
Control Number C-17-000319
Permit Number 17-0827
Permit Issue Date 3/17/2017
Certificate Number 17-0827

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN UE LLC

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone: (201) 571-3544

Contractor LUTHY & SONS LLC

Address 94A EVERDALE ROAD RANDOLPH NJ 07869

Telephone: (973) 479-3917 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 72

Description of Work/Use: TENANT FIT UP - ORANGETHEORY FITNESS

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: 8/14/2017
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 8/14/2017
Conditions to be met:

Final Plumbing
Final Fire
Final Engineering

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/14/2017

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/09/2017
Control Number C-17-000319
Permit Number 17-0827
Permit Issue Date 03/17/2017
Certificate Number 17-0827

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:
Owner in Fee: BRICKTOWN UE LLC
Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (201) 571-3544
Contractor LUTHY & SONS LLC
Address 94A EVERDALE ROAD RANDOLPH NJ 07869
Telephone: (973) 479-3917 Fax:
License Number or Builders Registration Number: Federal Emp. Number:
Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: A-3 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 72
Description of Work/Use: TENANT FIT UP - ORANGETHEORY FITNESS

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: $150.00
Check Number: 1021
Collected By: Nichol Ponsi

Date Printed: 08/09/2017

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

Orangetheory fitness

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/17/17
Control #
Date Issued
Permit # 17-0827

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

Block ~~Lot 7~~ 701 Lot 7 Qualification Code

Work Site Location 744 Rt 70 West
Brick NJ 08723

Owner in Fee: Urban Edge

Tel. (201) 5713544 e-mail ASalgado@urbanedge.com

Address 210 Rt 4 East Paramus NJ 07652
street municipality zip code

Contractor: Luthy & Sons LLC Tel. (973) 479 3517

Address 54A Eyedle Rd e-mail glenn@luthyandsons.com
Randolph NJ 07869 .com

Contractor License No. or Builder Registration No. 13VH04225600 Exp. Date 3/31/17

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

Federal Emp. ID No. 274654758 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

fit out to plan
for Orange Theory Fitness

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	03/11/17	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/11/17
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 02/13/17
Approved by: KEH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5-9-17	
Truss Sys./Bracing				
Barrier-Free				
Insulation			5-12-17	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-12-17	
Barrier-Free				

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

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

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 85000
3. Total (1+ 2) $

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

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

4573 sq ft occup "B" 47

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Urzika Unit AAA

Date Received / Control # 7/25/16

Date Issued / Permit # 16-2586

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

Block 701 Lot 7 Qualification Code

Work Site Location ~~AAA Car Care Center Brick NJ~~ Brick Town Center

712 New Jersey 70 Brick NJ 08723

Owner in Fee: ~~AAA Mid-Atlantic Inc.~~ Urban Edge

Tel. 201 571-3544 e-mail asalgado@uedge.com

Address 1 River Place Wilmington DE

Contractor: Cinnaminson (street) Mechanical Contractors (municipality) Tel. (856) 303-9644 (zip code)

Address 917 Northwood Ave e-mail cmchvac@yahoo./com

Cherry Hill NJ 08002

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

Federal Emp. ID No. 200874924 FAX: (856) 317-0896

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [X] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 5,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve:

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/Contractor sign here:

Print name here: Salvatore J. Ortiz

D. TECHNICAL SITE DATA [✓] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: install (1) duct detector

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
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 Duct Detector	1	
TOTAL	0	
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date 12/14/15 Approved by: RJO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-14-15
Approved by: RJO

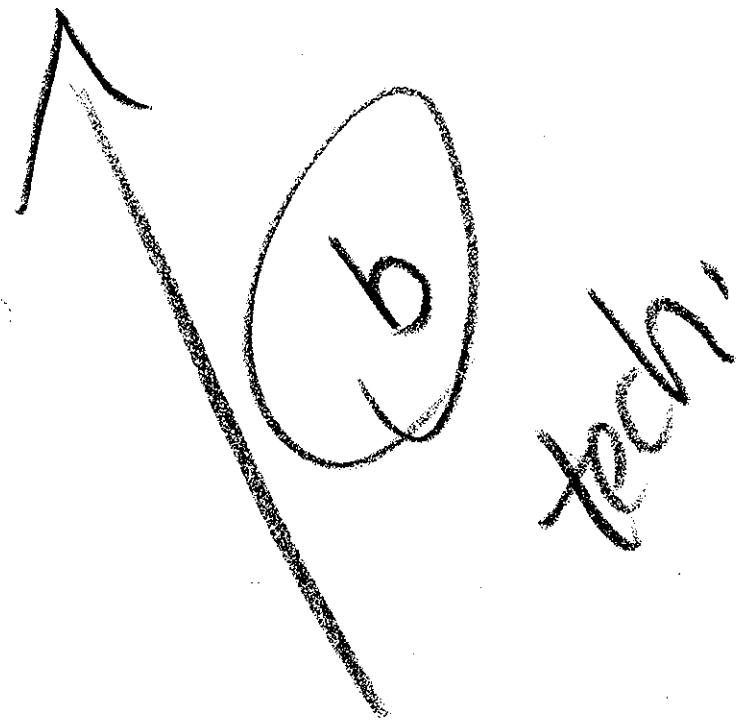
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-14-15	RJO
Other				

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

* 5-9-17 Frame off Check above wall Bracing in Back Room 48" Alternate 2x4 stud.. JR

* 5-12-17 Check above on open ceiling JR



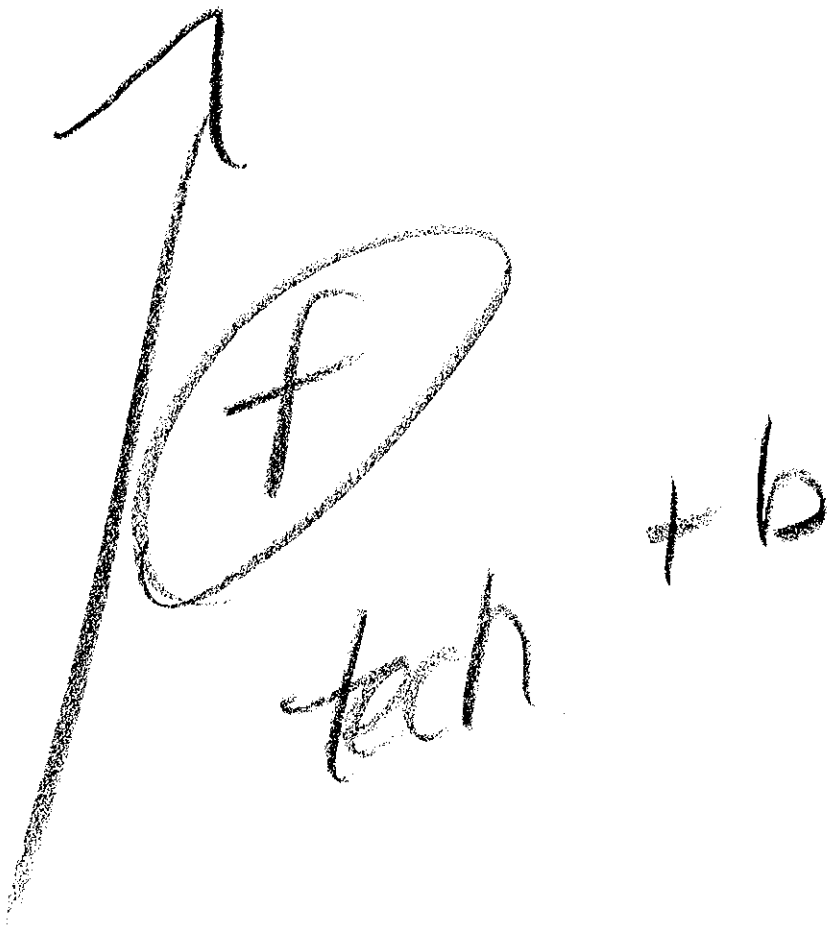
7/27/17

TCO 60

Only need (3) Core ext

as discussed

front | inside | Rear



A-3 Orangetheory Fitness Occup. 72

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/17/17
Control #
Date Issued
Permit # 17-0827

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Rt 70 West Brick Farm NJ 08723

Owner in Fee: B. F. I. T Brick

Tel. 732 538-7630 e-mail

Address 744 Rt 70 West Brick NJ 08723
street municipality zip code

Contractor: ADR Electric LLC Tel. (862) 354-3512

Address 110 Mulbery St e-mail kennicosia@adrelectric.com

Hamburg NJ 07419

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

Federal Emp. ID No. 270293439 FAX: (862) 200-5300

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

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:

Total Cost of Fire Protection Work $ 13,000

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.

Applicant/Contractor sign here:

Print name here: Kenneth Nicosia

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System	* SDS	
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	17	
Other Devices		
TOTAL	0	
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

* SDS for Mechrooms / Storerooms / Server rooms

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3/20/17 Approved by: KJW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/14/17
Approved by: CAD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7/24	JL
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Glenn Luthy

Address 944 Everett Ct

Landolfo NJ 07854

Telephone (973) 479 3517

Signature _____

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

6/16/17

Abnormal - rash only

General Security
516.997.6464 • FAX 516.719.7446
100 FAIRCHILD AVENUE, PLAINVIEW, NY 11803

INSPECTION AND TESTING FORM

GS Acct # 658237

DATE: 7-12-17

TIME:

SERVICE ORGANIZATION

Name: GENERAL SECURITY, INC.

Address: 100 Fairchild Ave., Plainview, NY 11803

Representative: Cesar Torres Jr

License No.: 12000001468

Telephone: 516.997.6464

PROPERTY NAME (USER)

Name: Orange Theory Fitness

Address: 644 Route 70, Brick, NJ

Owner Contact:

Telephone:

MONITORING ENTITY

Contact: United Central Station

Telephone: 800.645.6520

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☑ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Vigilant

Model No.: VS-1

Circuit Styles: B

Number of Circuits: 6

Software Rev.:

Last Date System Had Any Service Performed:

Last Date that Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
3	B	Manual Fire Alarm Boxes
		Ion Detectors
1	B	Photo Detectors
1	B	Duct Detectors – Supervisory
		Heat Detectors
1	B	Waterflow Switches
		Supervisory Switches
		Other (Specify):

Alarm verification feature is disabled ____ enabled ✓.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	Bob Vet	
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDS	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☑	☐	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☑	
Discharge Test		☑	
Charger Test		☑	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☑	☑	
NOTIFICATION APPLIANCES			
Audible	☑	☑	
Visible	☑	☑	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
FACP	Smoke	☑	☑			☑	☐
Entr	Pull	☑	☑			☑	☐
270-1	Duct	☑	☑			☑	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 7/10/17

NAME BrickTown VF LLC % BrickTown UE LLC

ADDRESS 210 Route 4 East Paramus NJ 07652-5108

PROPERTY LOCATION 718 Route 70 Fitness Center

Account No 6412110-27 Block 701 Lot 7

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

	Visual	Device Operation	Simulated Operation
INTERFACE EQUIPMENT			
(Specify) Booster Power Supply	☑	☑	☑
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐		
Monitoring Agency	☑	☐	Boldnet	
Building Occupants	☑	☐		
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 7-12-17 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Cesar Torres Jr Date: 7-12-17 Time: _____

Signature: Cesar Torres Jr

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*

4/28/17 CW ORANGE THEORY FITNESS 5/12/17
Update

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/12/17
Control #
Date Issued
Permit # 17-0827+A

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 RT 70 BRICK TWP NJ 08723

Owner in Fee: URBAN EDGE PROP.

Tel. 212 956-2556 e-mail ASALGADO@UEDGE.COM

Address 23 RT. 17 PARAMUS NJ 07653
street municipality zip code

Contractor: A2110 . LLC Tel. 609 435-6517

Address 32 ASPEN LANE e-mail A2110.IT@GMAIL.com
MANAHAWKIN NJ 08050

Contractor License No. 1501 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 82-1134288 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2400.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: DAVID MORLAY

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NETWORK & VOICE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
24		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date 5/9/17 Approved by: DJC

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

SUBCODE APPROVAL for PERMIT
Date: 5/9/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/10/17
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	Open circuit		6-13-17	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-10-17	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
7	B	Strobes
		Speakers
9	B	Other (Specify): Horn / Strobe

No. of alarm notification appliance circuits: 2
Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:
Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 110VAC Amps _____
Overcurrent Protection: Type _____ Amps _____
Location (of Primary Supply Panelboard): _____
Disconnecting Means Location: _____
(b) Secondary (Standby): 24VDC Storage Battery: Amp-Hr. Rating 10Ah
Calculated capacity to operate system, in hours: _____ 24 _____ 60
_____ Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell
☐ Nickel-Cadmium
☑ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, *instead of using* a secondary power supply:
_____ Emergency system described in NFPA 70, Article 700
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 *Continued*

Orange Theory Fitness

3/17/17
17-0827

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 701 Lot 7 Qualification Code

Work Site Location 744 Rt 70 W Brick Town NJ

Owner in Fee: BFIC Brick LLC 744 Rt 70 West

Tel. 732 598 7630 e-mail dbeer1sg@orangetheoryfitness.com

Address 744 Rt 70 West (street) Brick (municipality)

Contractor: ADR Electric LLC Tel. (862) 354-3512 (zip code)

Address 110 Mulberry St e-mail kennnicosia@adrelectric.con

Hamburg NJ 07419

Contractor License No. 15742 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-029343 FAX: (862) 200-5300

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 41,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (owner) (owner's agent) and am authorized to make this application and perform the work as described in this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[X] Licensed Elec. Contractor [ ] Certified Maintenance/Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Gym Fitout

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
96		Lighting Fixtures	
60		Receptacles	
21		Switches	
		Detectors	
		Light Poles	
5		Motors—Fract. HP	
22		Emergency & Exit Lights	
		Communications Points	
24		Alarm Devices/F.A.C. Panel	
0		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	
~~1~~	~~12~~	KW Central A/C Unit on (16-2586)	
		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 3/31/17 Approved by: PSE

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/31/17

Approved by: PSE

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 7/10/17

Approved by: PSE

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough + HARD CEILINGS			5/2/17	PSE
Barrier-Free				
Trench 0 pencil tins			6-13-17 MM	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-10-17 MM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

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

Orangetheory Fitness

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/17/17
Control #
Date Issued
Permit # 17-0827

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

Block 701 Lot 7 Qualification Code
Work Site Location 744 Rt 70 West Brick 08723

Owner in Fee: Urban Edge
Tel. (201) 571 3544 e-mail ASalgado@Uedg.com
Address 210 Rt 4 East Paramus NJ 07652
street municipality zip code

Contractor: Tel. (973) 265 8964
Address AZBEN PLUMBING & HEATING LLC
24 VALHALLA RD MONTVILLE NJ 07045
e-mail

Contractor License No. 11089 Exp. Date 06-2017
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)
Federal Emp. ID No. 203542091 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1½ Public Water ✓ Private Well
Est. Cost of Plumbing Work $ ~~[illegible]~~ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-2-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-19-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-7-17	RD

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: ZBIGNIEW SUCHTA
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
No work being done
All work being done by Landlord

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	
	Other	

COMMERCIAL

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

Update 5/16/17

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/7/17
Control #

Date Issued
Permit # 17-0827+B

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70 (Orangetheory)

Owner in Fee: URBAN EDGE PROPERTIES

Tel. (973) 479-3917 Contact Glen.

Address 23 ROUTE 17, PARAMUS, NJ 07653
street municipality zip code

Contractor: automatic protection systems Tel. (732) 739-9320

Address 368 broad st e-mail johnaps1@verizon.net

keyport, NJ 07735

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 00510

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223326002 FAX: (732) 739-0367

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ @ 4500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: sprinkler

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/Contractor sign here: J Cd

Print name here: john condon

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Relocation of 42 Ea Sprinkler heads

Water Supply Source city

Method of Alarm/Suppression System Supervision facp

	NUMBER	FEE (Office Use Only) $
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)	42	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Alarm on 17-0827

COMMERCIAL

7/21/17 Need Fire Sprinkler above Ground Pipe only

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 7/10/17 Approved by: RW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-19-17
Approved by: ECA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-31-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			7/21/17	
Flam/Combust Tanks				
Fireplace Venting				
Final	7/21/17	7/21/17	7/31/17	
Other				

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
Passed 8/9/17 rec'd in bldg. 8/9/17 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

APPLICATION FOR CERTIFICATE

Date Received 1/25/2017
Date Permit Issued 3/17/2017
Control # C-17-000319
Permit # 17-0827
Date Issued

IDENTIFICATION

Block 701 Lot 7 Qualifier

Work Site Location 744 ROUTE 70 Brick Township, NJ

Owner in Fee BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone (201) 571-3544

Contractor LUTHY & SONS LLC
Address 94A EVERDALE ROAD RANDOLPH NJ 07869

Telephone (973) 479-3917
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous A-3 Current

FINAL COST OF CONSTRUCTION: $ 139001
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

For Corp training beginning on July 17th.
Plumbing TCO for adjustments for water temperatures
Fire TCO for adding 3 extinguishers
Engineering TCO for LL to Add Handi slopes & ADA access
Landlord

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - ORANGETHEORY FITNESS

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Daniel Butista
Owner/Agent

☐ OWNER
☑ AGENT

UCC F270 equiv.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping

Date: 7/2017 **Property Name:** Orange Theory

Property Address: 644 Rt 70 Brick

Procedure

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and the system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractors. It is understood that the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Plans

Accepted by [approving authority's name(s)] Brick Township Bldg/Fire

Address _____

Installation conforms to accepted plans? ☒ Yes ☐ No

Equipment used is approved? ☒ Yes ☐ No

If no, explain deviations.

Instructions

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☒ Yes ☐ No

If no, explain.

Have copies of appropriate instructions and care and maintenance charts and NFPA 13 been left on premises? ☒ Yes ☐ No

If no, explain.

Location of System

Supplies building(s) Sprinkler

Sprinklers

Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
Reliable	F1FR	2017	1/2"	43	155°

Pipe and Fittings

Pipe conforms to NFPA standard. ☒ Yes ☐ No

Fittings conform to NFPA standard. ☒ Yes ☐ No

If no, explain.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping *(cont.)*

Alarm Valve or Flow Indicator

Alarm Device			Maximum Time to Operate Through Test Pipe	
Type	Make	Model	Min.	Sec.
VAN	Potter	VSR-N		40

Dry Pipe Operating Test

Dry Valve			Q.O.D.		
Make	Model	Serial No.	Make	Model	Serial No.

	Time to Trip Through Test Pipe*		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet*		Alarm Operated Properly	
	Min.	Sec.	Psi (Bar)	Psi (Bar)	Psi (Bar)	Min.	Sec.	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain.

Deluge and Preaction Valves

Operation ☐ Pneumatic ☐ Electric ☐ Hydraulic

Piping supervised? ☐ Yes ☐ No Detecting media supervised? ☐ Yes ☐ No

Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No

If no, explain.

Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum Time to Operate Release	
		Yes	No	Yes	No	Min.	Sec.

Test Description

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for two hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for two hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm (1514 L/min) for 4-in. (102-mm) pipe, 600 gpm (2271 L/min) for 5-in. (127-mm) pipe, 750 gpm (2839 L/min) for 6-in. (152-mm) pipe, 1000 gpm (3785 L/min) for 8-in. (203-mm) pipe, 1500 gpm (5678 L/min) for 10-in. (254-mm) pipe and 2000 gpm (7570 L/min) for 12-in. (305-mm) pipe. When supply cannot produce stipulated flow rates, obtain maximum available.

*Measured from time inspector's test pipe is opened.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping *(cont.)*

Test Description *(cont.)*

PNEUMATIC: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed $1\frac{1}{2}$ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed $1\frac{1}{2}$ psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at 200 psi (bar) for 2 hrs.

Dry piping pneumatically tested? ☐ Yes ☐ No

Equipment operates properly? ☒ Yes ☐ No

If no, state reason.

Drain test—Reading of gauge located near water supply test pipe: Static pressure: 80 psi (bar)

Drain test—Residual pressure with valve in test pipe open wide: 70 psi (bar)

Underground mains and lead-in connections to system risers flushed before connections made to sprinkler piping

Verified by copy of the U Form No. 85B ☐ Yes ☐ No ☐ Other

Flushed by installer of underground sprinkler piping ☐ Yes ☐ No ☐ Other

If other, explain. No under ground

Blank Testing Gaskets

Number used _____ Location: N/A Number removed _____

Welding

Welded piping? ☐ Yes ☐ No

If yes,

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3? ☐ Yes ☐ No

Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Hydraulic Data Nameplate

Nameplate provided? ☐ Yes ☐ No

If no, explain. Existing

Remarks Date left in service with all control valves open: _____

Sprinkler Contractor: Automatic Pro Tech Systems

Signatures of Test Witnesses

For property owner (signed) _____ Title _____ Date _____

For sprinkler contractor (signed) _____ Title VP Date 7/2017

INSPECTION: K Shafer

JOB: Orang Theroy SECTION: Urban Edge

TEMPERATURE: 80's

INSPECTION: Sunny

DATE: 8/9/17

TYPE OF WORK: Final Eng

LOCATION: 774 Rt 70

BLOCK: 701 LOT: 7

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	N/A	
3. Sidewalk	✓	*
4. Road Pavement	✓	
5. Landscaping & Sodding	N/A	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate	✓	*

COMMENTS REFERENCING ITEM NUMBER:

* Ongoing ADA/Repave Parking Lot Project awaiting approvals

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☑ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

Edward C. Cannon

MUNICIPAL ENGINEER

APPLICATION FOR CERTIFICATE

Date Received	1/25/2017
Date Permit Issued	3/17/2017
Control #	C-17-000319
Permit #	17-0827
Date Issued	

IDENTIFICATION

Block 701 Lot 7 Qualifier

Work Site Location 744 ROUTE 70 Brick Township, NJ

Owner in Fee BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone (201) 571-3544

Contractor LUTHY & SONS LLC
Address 94A EVERDALE ROAD RANDOLPH NJ 07869

Telephone (973) 479-3917
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous A-3 Current

FINAL COST OF CONSTRUCTION: $ 139001
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - ORANGETHEORY FITNESS

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
(Owner/Agent)

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	remove comment	☑	☐
Approved Final Electrical Inspection	remove comment	☑	☐
Approved Final Plumbing Inspection	remove **comment**	☐	☐
TCO Reinsp. Scheduled for 7/18/17			
Approved Final Fire Inspection	remove **comment**	☐	☐
TCO			
Approved Final Elevator Inspection (If Applicable)	remove comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	remove comment	☑	☐
Approval from the Division of Engineering (If Applicable)	remove **comment**	☐	☐
TCO			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	remove comment	☐	☑
Affordable Housing Approval (If Applicable)	remove comment	☐	☑
Signed Certificate of Occupancy Application	remove comment	☑	☐
All Updates Have Been Approved	remove comment	☑	☐

This checklist has been given to: (edit)

INSPECTION: K Shafer

JOB: Orange Therapy SECTION: Urban Edge Plaza

TEMPERATURE: 2300

~~INSPECTION:~~ Rainy

DATE: 7-14-17

TYPE OF WORK: Temp CO (60days)

LOCATION: 744 Rt 70

BLOCK: 701 LOT: 7

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk		~~X~~ open
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		~~X~~ open

COMMENTS REFERENCING ITEM NUMBER:

Handi slopes @ ADA access awaiting Asbuilts, from DW Smith / Roger Real (Site Super)

RECOMMENDATIONS:

☒ ~~TEMP. C.O.~~ Until 9-14-17

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS

☐ $ 50.00 REINSPECTION FEE

Susan C Connell 7/14/17

MUNICIPAL ENGINEER

PERMIT UPDATE

Date Update Issued 6/7/17
Control # C-17-002127
Permit # 17-0827+B

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (201) 571-3544

Contractor: LUTHY & SONS LLC
Address: 94A EVERDALE ROAD RANDOLPH NJ 07869
Telephone: (973) 479-3917
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:
TENANT FIT UP - ORANGETHEORY FITNESS ...UPDATE +B -SPRINKLERS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$175
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$184
Check No.	1038
Cash	$0
Credit	$175.00
Collected By	$9.00

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 $4,500

D. Newman Jr. /mp Construction Official — 5/19/17 Date

U.C.C. F170
equiv (rev 1/04)
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 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.

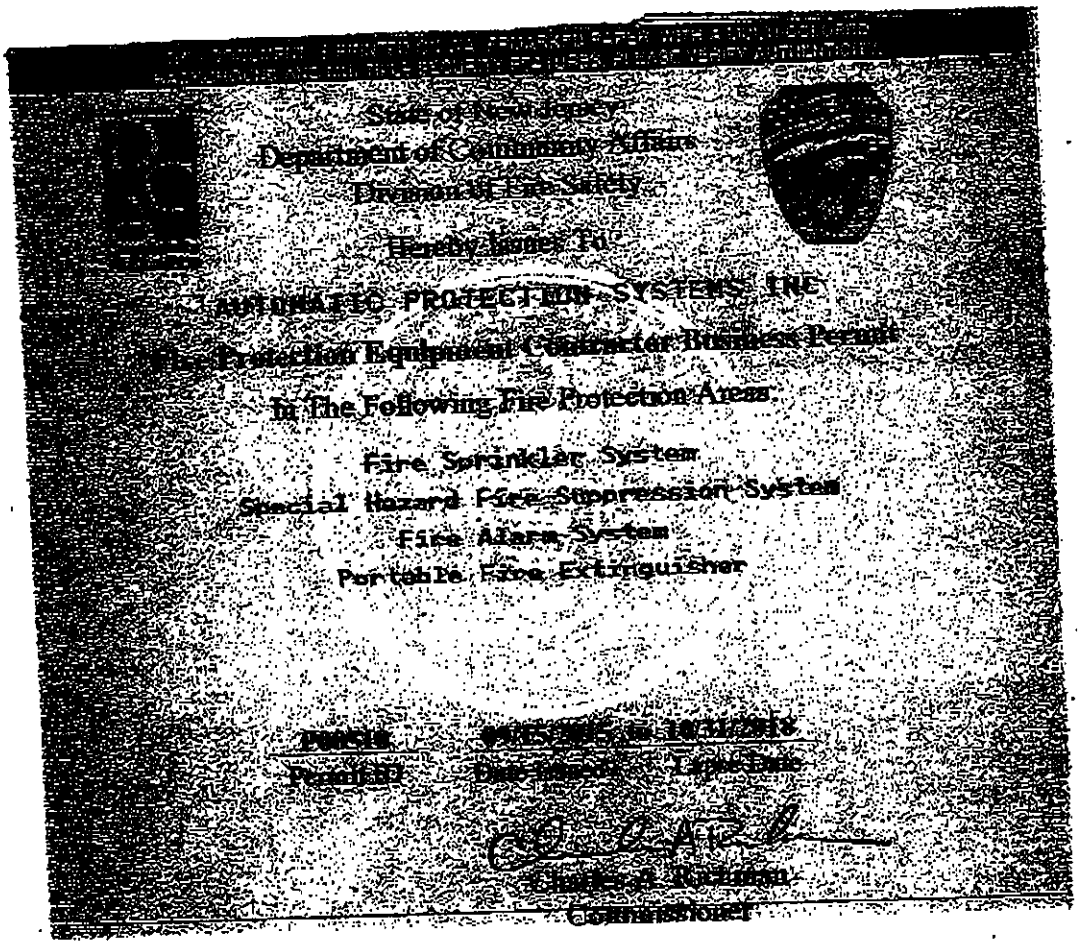
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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.



State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

AUTOMATIC PROTECTION SYSTEMS, INC

Fire Protection Equipment Contractor Business Permit

In the Following Fire Protection Areas:

Fire Sprinkler System
Special Hazard Fire Suppression System
Fire Alarm System
Portable Fire Extinguisher

Permit ID | Date Issued | Expiration Date

Chief of Bureau

Commissioner

5/9/17 Spoke to Dave (NP)

5/12/17

PERMIT UPDATE

Date Update Issued
Control # C-17-000319+A
Permit # 17-0827+A

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Contractor LUTHY & SONS LLC
Address 94A EVERDALE ROAD RANDOLPH NJ 07869

Owner in Fee BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (973) 479-3917
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Telephone: (201) 571-3544

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:
TENANT FIT UP - ORANGETHEORY FITNESS ...UPDATE +A - COMMUNICATION WIRING

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,400

D. Newman Jr. /NP
Construction Official

5/9/17
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$155
Check No.	CASH
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
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 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 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.

05/12/17 9:38AM 00155#9534
#010 SERV.010
#0827
ELECTRIC $150.00
$5.00
$155.00
CASH $200.00
$45.00

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:
MUST UPDATE FOR SPRINKLER WORK

☑ 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.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

Limited Wiring Exemption*

Issued to: AZIIO
32 Aspen Lane
Manahawkin NJ 08050

1501

Signature of holder — Exemption No.

[redacted]

[redacted]

[redacted]

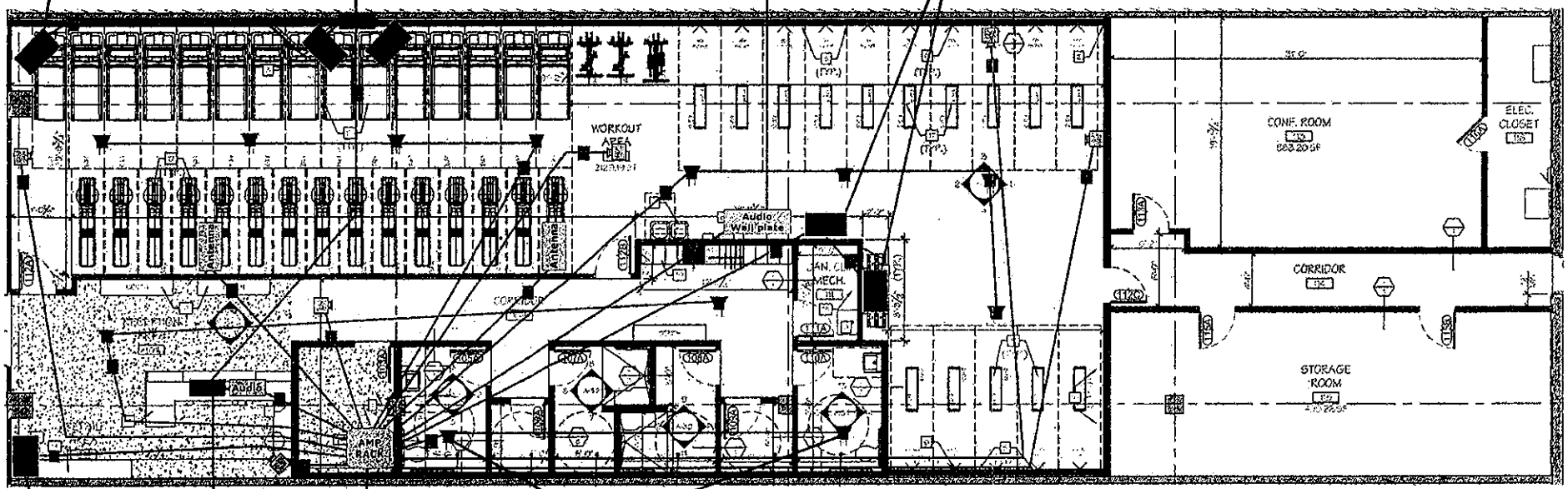
EACH GYM SPEAKER LOCATION NEEDS TO HAVE AT LEAST 16" INCHES OF OVERHEAD CLEARANCE FROM ALL ROOF, AC AND/OR OTHER STRUCTURES. The speakers have a large backbox and in these spaces above the ceiling tiles. All Speakers must be 15' away from fans. Ceiling tiles wires need to provide adequate support for the speakers as well. Additionally all wiring should be ran with the proper independent support wires secured at both ends.

QTY 1 - 20 amp Duplex Receptacle Outlet
Qty 1 - Single Gang box for low voltage (Cat6 lines)
Both Boxes to be mounted at 120" Above Finished Floor to TOP OF BOXES. Centered behind TV, 3" between electrical and Low Voltage boxes.
Also 48"x48" wood backing - 3/4" thick at this TV location centered behind the tv, top of wood back to start directly under the outlet.

QTY 1 - 20 amp Duplex Receptacle Outlet
Qty 1 - Single Gang box for low voltage (Cat6 lines)
Both Boxes to be mounted at 120" Above Finished Floor to TOP OF BOXES. Centered behind TV, 3" between electrical and Low voltage boxes.
Also 96"x48" wood backing - 3/4" thick at this tv location centered behind the tv, top of wood back to start directly under the outlet.

Note: this audio control area needs:
QTY 1 - six gang ring (wire runs A, B & C)
Top of the box / ring to be located at 48" Above Finished Floor, needs 3" inch clearance to other boxes.

QTY 1 - 20 amp Duplex Receptacle Outlet
Qty 1 - Single Gang box for low voltage (Cat6 lines)
Both Boxes to be mounted at 120" Above Finished Floor to TOP OF BOXES. Centered behind TV, 3" between electrical and Low voltage boxes.
Also 48"x48" wood backing - 3/4" thick at this tv location centered behind the tv, top of wood back to start directly under the outlet.



QTY 1 - 20 Amp Duplex Receptacle Outlet
Qty 1 - Single Gang box for low voltage (Cat6 lines to be pulled through)
Both Boxes to be mounted at 72" Above Finished Floor to TOP OF BOXES. Centered behind TV, 3" between electrical and Low Voltage boxes.
Also 24"x24" wood backing - 3/4" thick

BEAT computer location (To be confirmed by Franchisee); known as Wire run "M," leave 12 ft of these wires coiled up under the reception desk.
Run M & N to be placed at the same location, (See franchisee for final location)

20 amp dedicated circuit - Duplex Receptacle Outlet mount high (Above Audio Rack) see franchisee for location.
Qty 1 - Double gang box with 2" Pipe for low voltage. All Low Voltage wires to pass through this conduit with a 10' Tail. (See Franchisee for Location)
Both Boxes to be Centered above the audio rack with 3" between electrical and Low Voltage boxes.
48"x48" 3/4" wood backing board needed! To be mounted at the height of the Audio Rack (see franchisee for location)

Each bathroom should have a 6" diameter hole cut for the speaker, leaving at least 12" of overhead clearance above the hole for the speaker cabinet depth

NOTE: All cables are plenum rated:

IMPORTANT: The following wire runs are mentioned as being in conduits, if local code does not need this, then free-wiring plenum wires is preferred. Please coordinate this with the franchisee and general contractor.

Conduit A- (QTY3) PLENUM 2 conductor 22 gauge wire, shielded
Conduit B- (QTY1) PLENUM CAT6 cable
Conduit C- (QTY2) PLENUM CAT6 cable
Conduit D- (QTY1) PLENUM, 16ga 2 conductor, unshielded -black
Conduit E- (QTY1) PLENUM, 16ga 2 conductor, unshielded -black

Conduit H- (QTY1) PLENUM, RG59/ RG58/ or RG6- SOLID CORE cable- ONLY-black
Conduit I- (QTY1) PLENUM, RG59/ RG58/ or RG6- SOLID CORE cable- ONLY-black
Conduit J- (QTY1) PLENUM, 16ga 2 conductor, unshielded-black
Conduit K- (QTY1) PLENUM, 16ga 2 conductor, unshielded-black
Conduit L- (QTY2) PLENUM CAT6 cable
Conduit M- (QTY3) PLENUM CAT6 cable
Conduit N- (QTY3) PLENUM 2 conductor 22 gauge wire, shielded
Conduit O- (QTY2) PLENUM CAT6 cable
Conduit P- (QTY2) PLENUM CAT6 cable
Conduit Q- (QTY1) PLENUM CAT6 cable
Conduit R- (QTY1) PLENUM CAT6 cable
Conduit S- (QTY1) PLENUM CAT6 cable
Conduit T- (QTY1) PLENUM CAT6 cable
Conduit U- (QTY1) PLENUM CAT6 cable
Conduit V- (QTY1) PLENUM CAT6 cable
Conduit W- (QTY2) PLENUM CAT6 cable
Conduit X- (QTY2) PLENUM CAT6 cable
Conduit Y- (QTY2) PLENUM CAT6 cable

All Camera wires to be run back to the amp rack location- as individual home runs. These will be CAT6 plenum cables if MAE is supplying the cameras. (notated as Q,R,S,T, U, V on this diagram)

To be run as specified on MAE Electrical Requirement Page

FILE COPY

TOWNSHIP OF BRICK
RELEASED FOR PERMIT

	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode	DSC	5/9/17
Plan Reviewer		
Plans Released		
Construction Official		

MAE MUSIC ARTS ENTERPRISES

Orangetheory Fitness
MAIN STUDIO

Designed by Scott Tryon, MAE
2016
954-581-2203 Tel
954-449-8377 Fax
scott@maemusic.com

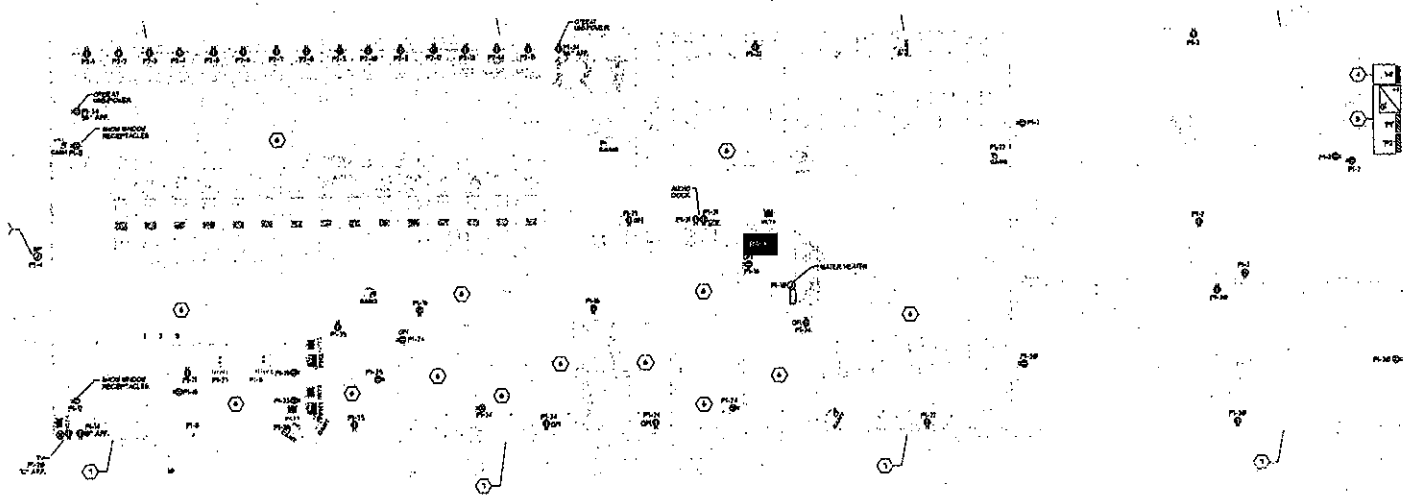
OTF Location

Network and Camera Legend

All network, phone, access points and camera wiring to be run as Cat6 cabling one per location.
All wiring runs back to rack location.

- Access Point
- Inwall Access Point
- Camera
- Phone
- Network

aziio



CONSTRUCTION PERMIT

Date Issued 3/17/17
Control # C-17-000319
Permit # 176829

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (201) 571-3544

Contractor: LUTHY & SONS LLC
Address: 94A EVERDALE ROAD RANDOLPH NJ 07869
Telephone: (973) 479-3917
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - ORANGETHEORY FITNESS

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 $139,001

D. Newman 3/17/17
Construction Official

3/15/17
Date

PAYMENTS (Office Use Only)

Building	$3,900
Electrical	$420
Plumbing	$0
Fire Protection	$175
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$265
CO Fee	$150.00
Other	$0
Total	$4,910
Check No.	1021 $4985
Cash	$0
Credit	$0
Collected By	

+75

U.C.C. F170
equiv (rev 1/04)

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 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.

03/17/17 2:00PM 0015567990
X10 SERV.010

BLD	$3900.00
ELECTRIC	$420.00
FIRE	$175.00
DCA	$265.00
C/O	$150.00
ZPA	$75.00
CHECK	$4985.00

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.

- [x] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
MUST UPDATE FOR SPRINKLER WORK

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

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

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

RECEIVING CLERK _____
DATE REC'D 3/16/17

ZONING PERMIT APPLICATION

PERMIT # ZP17-00349
DATE ISSUED 3/17/17

BLOCK: 701 LOT: 7 QUALIFIER: — SITE ADDRESS: 744 Rt 70 West

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Orbus Edge
   COMPLETE ADDRESS: 210 Rt 4 East
   Paramus NJ 07652
   PHONE # 2015713544 EMAIL:

2. NAME OF APPLICANT: B Fit Brick
   APPLICANT ADDRESS: 744 Rt 70 West
   Brick NJ 08723
   PHONE # 732 548 7630 EMAIL: dbarbera@orangetheoryfitness.com

3. RESPONSIBLE PERSON FOR WORK: Glenn Luthy
   PHONE# 973 476 2917 FAX#

4. SIGNATURE OF APPLICANT: X

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: *
COMMERCIAL: COMMERCIAL
EXISTING USE: Kasstruss
PROPOSED USE: Orange theory fitness

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: ___ *ADDITION ___ *ALTERATION ✓ *PORCH ___ *DECK ___

POOL: ABOVE GROUND ___ IN GROUND ___ FENCE: HEIGHT ___ TYPE ___ MATERIAL ___

HEIGHT: ___ (*IF APPLICABLE)

OTHER ___

DESCRIPTION: Orange Theory Fitness Fitness Center

ZONING REVIEW:
DATE REVIEWED: 1-26-17 DATE DENIED: ___ DATE APPROVED: 1-26-17 INTLS: ac

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-17-00106
Application Date: 01/26/2017
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **744 ROUTE 70**
Suite #21
Brick Township, NJ 08723

Block: **701**
Lot: **7**
Qualifier:
Zone: **B-2**

Owner: **BRICKTOWN UE LLC**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **B-Fit Brick**
Address: **744 Route 70 West**
Brick, NJ 08723

Application Approved Date: 01/26/2017

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

Use is: Fitness Center "Orange Theory Fitness"
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from R & S Strauss to "Orange Theory Fitness".

Additional Zoning Permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Assistant Zoning Officer — 01/26/2017 Date

Sean Kinnevy, Zoning Officer — 1/26/17 **Date**

EXHIBIT A

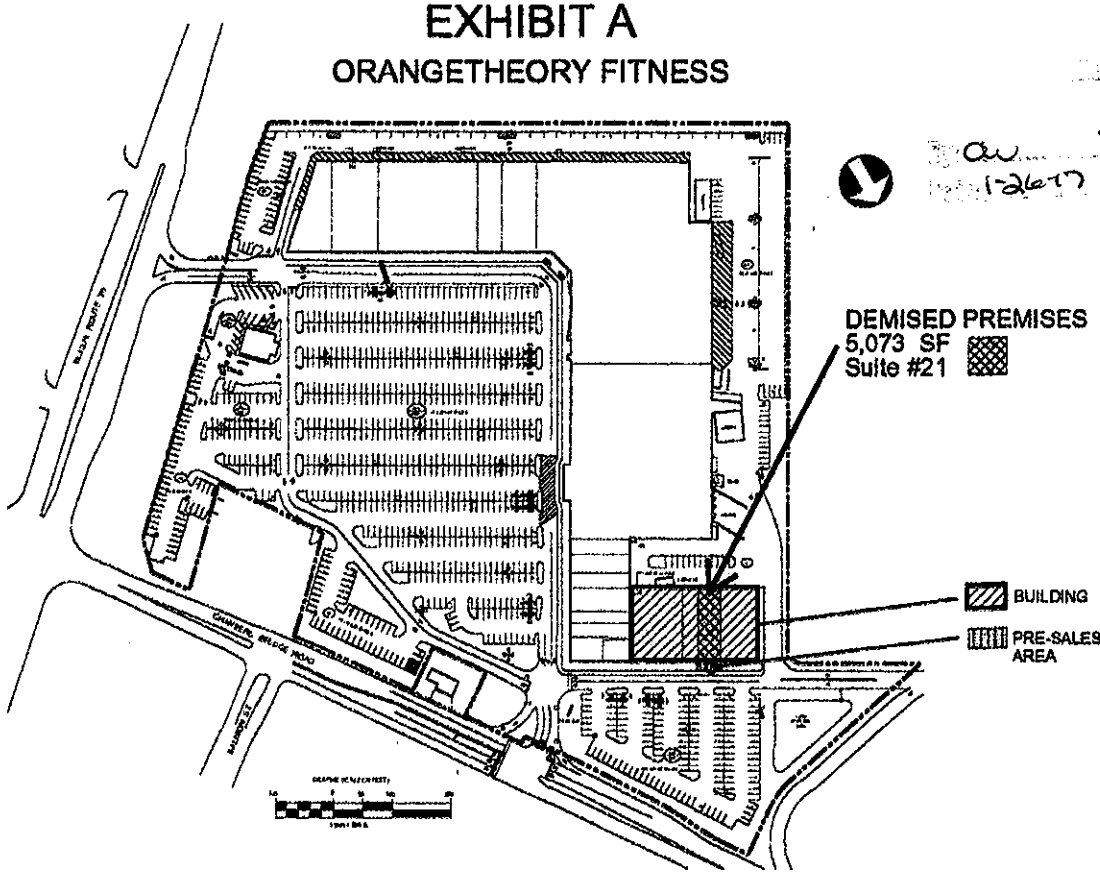
SHOPPING CENTER, DEMISED PREMISES, BUILDING & PRE-SALES PREMISES

URBAN EDGE PROPERTIES

BRICK COMMONS

EXHIBIT A

ORANGETHEORY FITNESS



Tenant Submit

Township of Brick

ADDITION

REVISED 05/04/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure Highlighted Areas.	Yes ___	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ___	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ___	NO ___
4. Four true size ~~SEALED Plot Plans with Topography~~ Site plans showing unit	Yes ___	NO ___
5. Bldg/Plmg/Electrical/Fire Subcode Techs completed. (Plumbing & Electric must be sealed if applicable) Sprinklers	Yes ___	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes**. Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ✓	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not architectuals.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Drain Waste Vent schematic if adding or changing plumbing	Yes ___	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes ___	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ✓	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ✓	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 744 Route 70W Brick, NJ 08723

BLOCK: 702.07 **LOT:** 7

CONTRACTOR: Luthy & Sons LLC

CONTRACTOR'S ADDRESS: 94A Eudyle Rd Randolph NJ 07869

Type of Construction(minor, new home): rehab

Type of Debris (shingles, siding, wood, etc.): Sheet rock

Party responsible for removal: Republic Services

Dumpster Size: 30 yard

Destination of Debris: Modern Landfill PA

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

1/23/17
Date

Glenn Luthy
Print Name

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 701.01 LOT: 17 ADDRESS: 744 Rt 70 West

IDENTIFICATION:

1. WORK SITE ADDRESS: 744 Rt 70 West
2. NAME OF OWNER IN FEE: Urban Edge

   ADDRESS: 210 Rt 4 East PHONE #: 201 5713544

   Paramus NJ 07652 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Luthy & Sons LLC

   ADDRESS: 54A Everdale Rd PHONE #: 973 4793457

   Randolph NJ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Design 4L

   ADDRESS: 336 West 37th St PHONE: # 212 6961342
5. RESPONSIBLE PERSON FOR WORK: Glenn Luthy

   ADDRESS: 54A Everdale Rd

PHONE #: 973 4793517 FAX #: (__) _____ E-MAIL: glenn@orangetheory fitness.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER New front

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

EXHIBIT A

SHOPPING CENTER, DEMISED PREMISES, BUILDING & PRE-SALES PREMISES

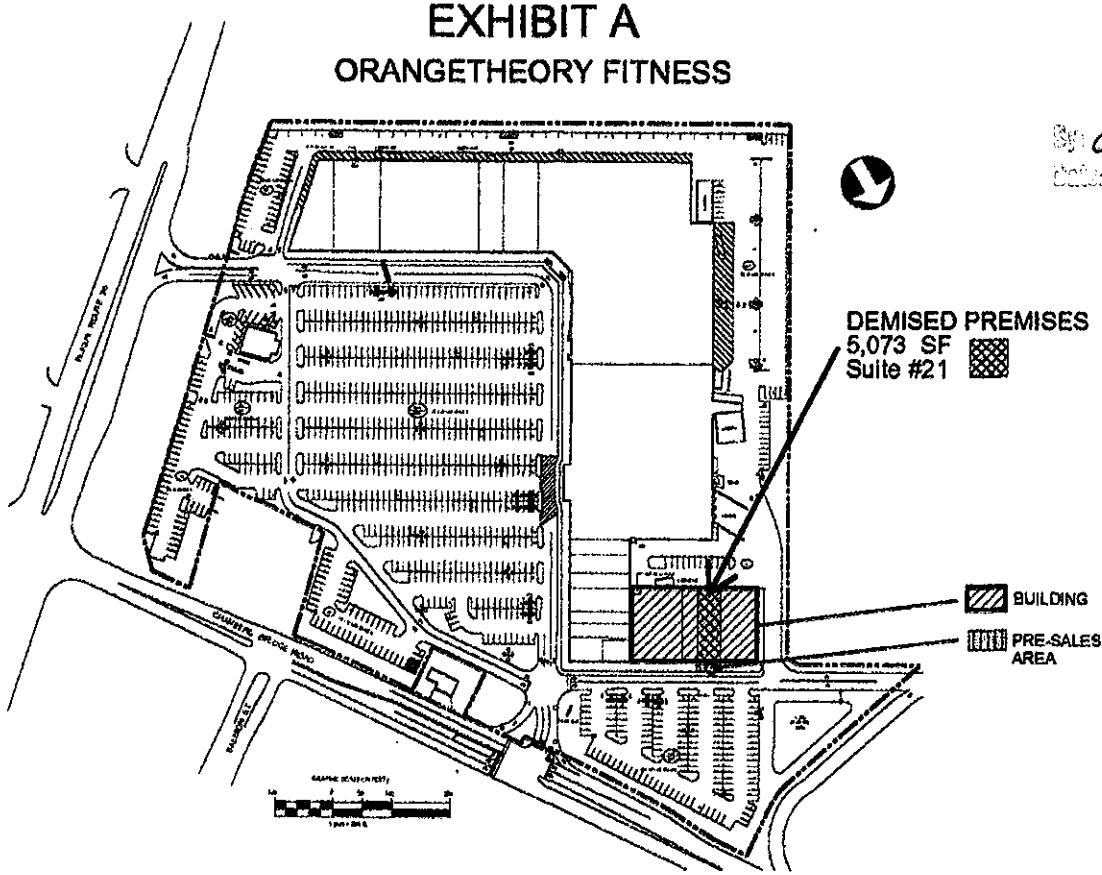
URBAN EDGE PROPERTIES

BRICK COMMONS

EXHIBIT A

ORANGETHEORY FITNESS

Leasing Review
Approved
By: CW Tenant Fit-out
Date: 1-26-17



THIS EXHIBIT SHALL NOT BE DEEMED A WARRANTY, REPRESENTATION OR AGREEMENT BY LANDLORD THAT THE LAYOUT OR CONFIGURATION OF THE SHOPPING CENTER, OR ANY PART THEREOF, SHALL REMAIN AS SHOWN HEREON. LANDLORD RESERVES THE RIGHT TO MODIFY THE SHOPPING CENTER, OR ANY PART THEREOF, IN ACCORDANCE WITH THE PROVISIONS OF THE LEASE.