BLOCK 701 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) MH Route 70 PERMIT NO. 17-0835

CONSTRUCTION PERMIT APPLICATION

CM-000211

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick Commons - Kirkland's - 744 Route 70
2. Name of Owner in Fee: Kirkland's
   Tel. (615) 872-4982 e-mail alex.pesant@kirklands.com
   Address 5310 Maryland Way (street) Brentwood (municipality) TN 37027 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: RSM Maintenance Tel. (973) 253-1300
   Address 461 From Road, Suite #255 e-mail dwesselait@rsm-usa.com
   Paramus, NJ 07652
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 113709518 FAX: (973) 253-9390
5. Architect or Engineer Sargenti Architects Contact Eliezer Baguia
   Address 461 From Road Second Floor Paramus, NJ 07652 e-mail ebaguia@sargarch.com
   Tel. (973) 253-9393 ext 150 FAX: (____) _____
6. Responsible Person in Charge Once Work has Begun David Russelait
   Tel. (973) 253-9300 ext 239 FAX: (____) _____

CHANGE OF CONTRACTOR See Socket Inside

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 736	NA	150
2. Electrical	420		
3. Plumbing	539		
4. Fire Protection	190	175	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	450	26	
10. Subtotal 2	$		
11. Cert. of Occupancy	150		
12. Other			
TOTAL	$ 10189	201	150

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	FD
2. Height of Structure	ft.	
3. Area of Largest Floor	8,118 sq. ft.	150-E
4. New Building Area	sq. ft.	
5. Existing Structure	sq. ft.	14-NCA
6. Max. Live Load		
7. Max. Occupancy Load	3	
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 Kirklands

IIb. SUBCODES

(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	181,850	MFF	1/17/17		03/14/17	KAK			
☒ Electrical	39,500				1/23/17	PSU			
☒ Plumbing	12,500				1-26-17				
☒ Fire Protection	16,150			2/6/17		RL	2/15/17		DDL
☐ Elevator		Eng	Exempt		1/20/17	ECE			
TOTAL COST	250,000								

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present IIB
Proposed IIB

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

UCC F100 1 (rev 8/08)

Call Matt (412) 135-8846 New Contact person.

Rolled Plans

150-E

116-F

M

283-

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/06/2017
Control Number C-17-000211
Permit Number 17-0835
Permit Issue Date 03/20/2017
Certificate Number 17-0835

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:

Contractor ADVANCED CONSTRUCTION SERVICES

Address 2201 BABCOCK BLVD. PITTSBURGH PA 15237

Telephone: (412) 821-9780 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 203

Description of Work/Use: TENANT FIT UP - KIRKLAND'S ...FORMER JOYCE LESLIE

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: 127784
Collected By: Matthew Fagen

Date Printed: 07/06/2017

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/09/2017
Control Number C-17-000211
Permit Number 17-0835
Permit Issue Date 03/20/2017
Certificate Number 17-0835

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:

Contractor ADVANCED CONSTRUCTION SERVICES

Address 2201 BABCOCK BLVD. PITTSBURGH PA 15237

Telephone: (412) 821-9780 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 203

Description of Work/Use: TENANT FIT UP - KIRKLAND'S ...FORMER JOYCE LESLIE

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☐ **Certificate of Occupancy**
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☐ **Certificate of Approval**
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☐ **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: 07/03/2017
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 07/03/2017
Conditions to be met:
Need Final Building Subcode Approval. Need Final Engineering Approval.

Kenneth E Kail - ACTING
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 05/09/2017

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

KIRKLAND'S

PLUMBING SUBCODE
TECHNICAL SECTION

KOHL'S PLAZA

Date Received 3/21/17
Control #
Date Issued
Permit # 17-08285

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 Bricktown, NJ (ie Hind Build Kirkland's)

Owner in Fee: Bricktown OE LLC

Tel. e-mail

Address 210 Rt 4 east paramus, NJ 07652

Contractor: Interstate Plumbing & Utility (street / municipality) Tel. 732 446-3641 (zip code)

Address 1545 Rt 37 e-mail

Toms River, NJ 08757

Contractor License No. 12918 Exp. Date Aug 2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

11,000

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Brian MacInnes

Print name here: Brian MacInnes

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Change of contractor

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
2	Floor Drain	
1	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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 RTU	

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:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-5-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4-5-17	WR
Rough	4-13-17		4-17-17	WR
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5-4-17	WR

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Kirkland's
FIRE PROTECTION SUBCODE
· TECHNICAL SECTION

Date Received
Control # 3/20/17

Date Issued
Permit # 17-0835 +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 Brick Commons - 744 Route 70
Brick, NJ 08723

Owner in Fee: Kirkland's

Tel. (615) 872-4982 e-mail alex.pesant@kirklands.com

Address 5310 Maryland Way Brentwood, TN 37027

Contractor: TJ Fire Protection (street) (municipality) Tel. (732) 701-3307 (zip code)

Address 1762 Bay Isle Drive e-mail
Point Pleasant, NJ 08742

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00473

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153861

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 223648017 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present IIB Proposed IIB

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 $ 13,650

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:

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. Dave Pesant
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Renovation of an existing retail space for a new retail tenant. Relocating existing & adding additional heads to space.

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		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	78	
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		

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: 5/11 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

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

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/31
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			5/31	
Other				

4-13-17 ~~LD~~

Not ~~Ready~~

~~3/4" CW MAIN per undersized~~

OK 10.5 WFU on 3/4" per

5-2-17

No access to Roof Area

went back PM

Contractor access shopping Loading Dock Stairs

Hangers on Gas Roof Tops - Tarps no

(P) tech. change of cont.

ELECTRICAL SUBCODE
TECHNICAL SECTION

look for low voltage ?

Date Received 3/23/17
Control #
Date Issued
Permit # 17-0835

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 Brick Commons 744 Rt.70
Brick NJ 08723

Owner in Fee: Kirklands

Tel. (615) 872-4982 e-mail

Address 5310 Maryland Way (street) TN (municipality) 37027 (zip code)

Contractor: Kopp Electric Comapny Tel. (732) 864-0001

Address 1184 Fischer Blvd. e-mail hkopp@koppelectric.com
Toms River, NJ 08753

Contractor License No. 13013 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason 13VH05330100

Federal Emp. ID No. 222893204 FAX: (732) 270-6034

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Commercial Utility Co. JCP&L

Est. Cost of Elec. Work $ 39500

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 permit.

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Renovation of an existing retail space for a new retail tenant

QTY.	SIZE	ITEMS	FEE (Office Use Only)
365		Lighting Fixtures	
119		Receptacles	
7		Switches	
		Detectors	
		Light Poles	
3		Motors—Fract. HP	
20		Emergency & Exit Lights	
10		Communications Points	
		Alarm Devices/F.A.C. Panel	
524		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	3	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	1	KW Central A/C Unit RTU	
1	7.5	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
2	45/15	KW Transformer/Generator Existing	
1	200	AMP Service Existing	
1	100/50	AMP Subpanels Existing	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 1/23/17 Approved by: PE

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

SUBCODE APPROVAL for PERMIT
Date: 1/23/17
Approved by: PE

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 5/8/17
Approved by: PE

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			4-4-17	MW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO (90 DAYS)			5/2/17	PE
Other				
Service				
Final			5-5-17	MW
Barrier-Free				

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

5/2/17 - VIS GROUND TERMINATION NOT DONE.

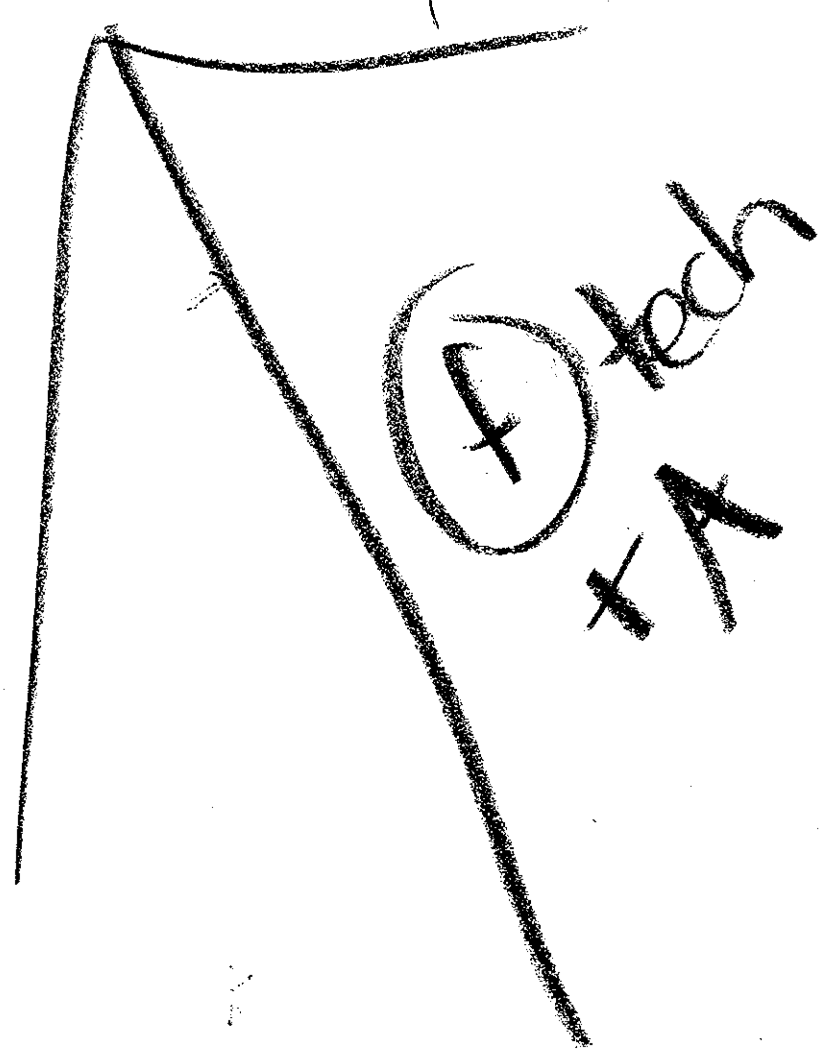
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

OMC

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

(1) Rough SC
Need cut on ceiling grid

(2) Final - Fire alarm
(3) final
3 doors only



- Strobe only
- Mem. hrs Zone A

~~[illegible]~~
old have mesh

3. ZA40BC
fire ext
keep in knox box by doorway

PERMIT UPDATE

Date Update Issued 3/20/17
Control # C-17-000211+A
Permit # 17-0635 +A

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Contractor RSM MAINTENANCE
Address 461 FROM ROAD PARAMUS NJ 07652
Owner in Fee BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (973) 253-9393
Telephone:
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 - KIRKLAND'S ...UPDATE +A - SPRINKLERS

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 $13,650

D. Newman Jr. PP
Construction Official

Date 3/13/17

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$175
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$26
CO Fee	
Other	$0
Total	$201
Check No.	127794
Cash	$0
Credit	$0
Collected By	Matt Hagan

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

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

REQUIRED INSPECTIONS

03/20/17 8:00AM 00155000006
XX08 SERV.008
FIRE $175.00
DCA $26.00
CHK 127794 $201.00

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

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

☐ 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.

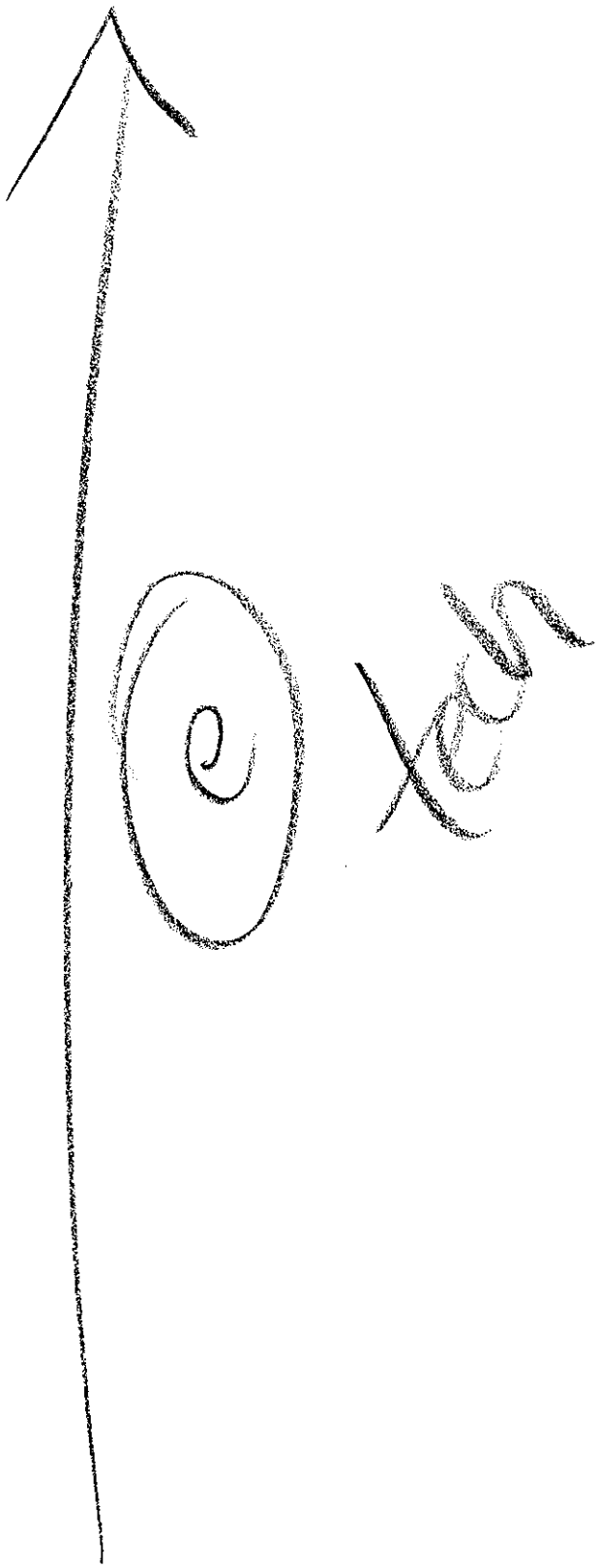
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ 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.

4-4-17 FR out Half Walls & Trench in front Half
Un



Kirkland's

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Occup 203 "M"

8118 SH

Date Received / Control # 3/20/17

Date Issued / Permit # 17-0835

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

Block 701 Lot 7 Qualification Code

Work Site Location: Brick Commons - 744 Route 70 Brick, NJ 08723

Owner in Fee: Kirkland's

Tel. (615) 872-4982 e-mail alex.desant@kirklands.com

Address 5310 Maryland Way Brentwood, TN 37027
(street / municipality / zip code)

Contractor: J. O'Sullivan Electrical Contr. Tel. (201) 666-6565

Address 828 Manhattan Ave e-mail

Washington Township, NJ 07676

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. 22-2135988 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present IIB Proposed IIB

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 $ 2,500

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:

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: Renovation of an existing retail space for a new retail tenant.

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	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) Duct Smoke Det.	2	
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		
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		

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: 3/31/17 Approved by:
Joint Plan Review Required:
[ ] *Bldg.* [ ] *Elec.* [ ] *Plumb.* [ ] *Elev.*

SUBCODE APPROVAL for PERMIT
Date: 3-17-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] *CO* [ ] *CCO* [✓] *CA*
Date: 5/8/17
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			Split Up	
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Change of Cont.

Date Received 4/13/17
Control #

Date Issued
Permit # 17-0835+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 township

Owner in Fee: bricktown UE llc

Tel. e-mail

Address 210 rt 4 east paramus

Contractor: automatic protection systems (732) 739-9320
(street, municipality, area code)

Address 368 broad st e-mail

keyport

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 $

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: fire sprinkler room

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: john condon

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

DESCRIPTION OF WORK: Relocation of fire Sprinkler heads

Water Supply Source CW

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	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	78	
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		

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Change of Cont.

Date Received 4/13/17
Control #
Date Issued
Permit # 17-0835

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 township

Owner in Fee: bricktown UE llc

Tel. e-mail

Address 210 rt 4 east paramus
(street) (municipality)

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

Address 368 broad st e-mail

keyport

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 $

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

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: john condon

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

DESCRIPTION OF WORK: Installation of Alarm Devices

Water Supply Source C.L.

Method of Alarm/Suppression System Supervision ASCP

	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)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	2	
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		

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

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 RSM Maintenance

Address 461 From Road, Suite #255
Paramus, NJ 07652

Telephone (973) 253-9300

Signature _____

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

Update 4/17/17 MP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/20/17
Control #

Date Issued
Permit # 17-0835+C

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 township

Owner in Fee: bricktown ue llc

Tel. e-mail

Address 210 rt 4 east paramus
(street) (municipality)

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

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

keyport

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: [X] New OR [ ] Existing
Location of Panel: elec room

Fire Suppression/Standpipe System:
[ ] New OR [ ] 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: john condon

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

DESCRIPTION OF WORK: Installation of AC Alarm + Devices

Water Supply Source

Method of Alarm/Suppression System Supervision facp

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)	7	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	13	
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		

Exterior Horn/strobe required 3 on plan

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: 4/20/17 Approved by: JW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/20/17
Approved by: JW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 5/3/17
Approved by: JW

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			4/17/17	JW
Other				

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

BUILDING SUBCODE
TECHNICAL SECTION

Update + B

Date Received / Control # 4/14/17

Date Issued / Permit # 17-0835+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

Owner in Fee: BRICKTOWN 57 LLC

Tel. ( ) e-mail

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Contractor: ADVANCED CONST. SVC (street, municipality) Tel. 412) 821-9720 (zip code)

Address 2201 BABCOCK BLVD e-mail MATT@ADVANCED-CONSTRUCTION.COM

PITTSBURGH PA 15237

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

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

Federal Emp. ID No. 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: MATTHEW BARONI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FRAMING CHANGE FOR EXTERIOR DOOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	04/13/17	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 04/13/17

Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 06/27/17

Approved by: KEK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame – Ext. Door	R.O.		04/17/17	KEK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			05/05/17	KEK
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 $ 1000
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

MFF 4/17/17

Kirkland's

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 3/20/17

Date Issued
Permit # 17-0835

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 Brick Commons - 744 Route 70
Brick, NJ 08723

Owner in Fee: Kirkland's

Tel. (615) 872-4982 e-mail alex.pesant@kirklands.com

Address 5310 Maryland Way (street) Brentwood (municipality) TN 37027 (zip code)

Contractor: RSM Maintenance Tel. (973) 253-9300

Address 461 From Road, Suite 255 e-mail dkweselait@rsm-usa.com
Paramus, NJ 07652

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

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

Federal Emp. ID No. 113709518 FAX: (973) 253-9390

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	03/16/17	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/16/17
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 06/22/17
Approved by: KEK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			05/05/17	KEK
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
No. of Stories 1
Height of Structure _____ ft.
Area — Largest Floor 8,118 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load 203

Constr. Class Present IIB Proposed IIB

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 181,850
3. Total (1+ 2) $ _____

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 Renovation of an existing retail space for a new retail tenant.

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $ _____

U.C.C. F110
(rev. 12/07)

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

CHANGE OF CONTRACTOR

Date Received 3/20/17
Control #

Date Issued
Permit # 17-0835

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 201 Lot 7 Qualification Code
Work Site Location 744 ROUTE 70 KIRKLAND'S

Owner in Fee: BRICKTOWN UE LLC

Tel. ( ) e-mail
Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Contractor: ADVANCED (street) CONST SVC. (municipality) Tel. (412) 821-9780 (zip code)
Address 3201 BABCOCK BLVD e-mail MATT@ADVANCEDCONSTRUCTION.COM
PITTSBURGH PA 15237

Contractor License No. or Builder Registration No. (C)412-735-2886 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 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: MATTHEW GARGOLA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT OUT,
CHANGE OF CONTRACTOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 04/27/17
Approved by: KEK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing - (6) Piers - Side	Stairs		04/26/17	KEK
Footing - (6) Piers - Rear	Stairs		04/26/17	KEK
Foundation				
Slab				
Frame - Front (Sales) Area	Perim. Walls		04/05/17	KEK
Frame - Rear (Storage, Baths, etc)			04/13/17	KEK
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO 90 DAYS.			05/05/17	KEK
Other Finishes Incomplete				
Final				
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 $
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 rt 70 brick township

Owner in Fee: bricktown UE llc

Tel. e-mail

Address 210 rt 4 east (street) paramus (municipality)

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

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

Contractor License No. 14723 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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: john condon

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Homeowner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
installation of fire alarm devices

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
2		Alarm Devices/F.A.C. Panel	
2		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:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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. I (R 1/09)
Internet

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

Vodata 5/4/17

5/8/17

IM-0835+D

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Work Site Location 744 Route 70
Brick Township, NJ

Owner In Fee/Occupant Kirkland's

Address 5310 Maryland Way
Brentwood, TN 37027

Tele. (615) 660-1293

Contractor Staley Project Manager Jason Apsche Cell #501-470-6856

Address 3400 JE Davis DR
Little Rock, AR 72009

Tele. (501) 565-3006 Fax ( )

Lic. No. Telecommunications Examption No. 1205

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Telecommunications Estimated Cost $7,300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[✓] Elec. Plans Approved		
Date: 5/5/17		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-5-17	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 5/8/17

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 Electrical Contractor [X] Exempt Applicant #1205

STALEY, INC. CORPORATE SEAL DEC. 17, 1968 ARKANSAS

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
18		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	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev. 3/96)

Vpdate 4/17/17 PP

4/20/17

17-0835+C

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Checked by
Date Issued
Permit No.

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 township

Owner in Fee: bricktown ue llc

Tel. e-mail

Address 210 rt 4 east (street) paramus (municipality)

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

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

Contractor License No. 14723 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of owner) (owner) 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: john condon

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Registered Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
installation of fire alarm and devices

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
13		Alarm Devices/F.A.C. Panel	
13		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: 4/20/17 Approved by: PS
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/20/17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/2/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			4-26-17	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/2/17	PSC
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.

Kirkland's

PLUMBING SUBCODE
TECHNICAL SECTION

Kohl's Plaza

Date Received / Control # 3/20/17

Date Issued / Permit # 17-0835

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 Brick Commons - 744 Route 70
Brick, NJ 08723

Owner in Fee: Kirklands

Tel. (615) 872-4982 e-mail alex.pesant@kirklands.com

Address 5310 Maryland Way Brentwood, TN 37027
(street / municipality / zip code)

Contractor: Pepe Plumbing & Heating Tel. (201) 288-2645

Address 171 Boulevard e-mail gpepe@pepeplumbinginc.com
Hasbrouck Heights, NJ 07604

Contractor License No. 5741 Exp. Date 6/30/17

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

Federal Emp. ID No. 22-1826711 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 12,500

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: 4-26-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-5-17
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			5-8-17	WI

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Renovation of an existing retail space for a new retail tenant.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
2	Floor Drain	
1	Sink	
	Dishwasher	
1	Drinking Fountain (Water Cooler)	
	Washing Machine	
	Hose Bibb	
1	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 ~~A/C Unit~~ RTU	
	Other	

COMMERCIAL

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

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**	☑	☐
Ok as per BTMUA Email			
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
TEMP CO TILL 7/3/17 Passed 6/23/17 rec'd in bldg. 6/23/17 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)

PERMIT UPDATE

Date Update Issued 4/14/17
Control # C-17-000211+B
Permit # 17-0835+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:

Contractor: ADVANCED CONSTRUCTION SERVICES
Address: 2201 BABCOCK BLVD. PITTSBURGH PA 15237
Telephone: (412) 821-9780 / (412) 735-2886
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - KIRKLAND'S ..UPDATE +B - EXTERIOR DOOR FRAMING REVISION

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 $100

D. Newman Jr. PP — Construction Official
Date 4/13/17

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	1134
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.

04/14/17 3:13PM 00155M8755
XX10 SERV.00
CHECK $150.00
$150.00

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

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

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

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

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

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

AUTOMATIC PROTECTION SYSTEMS, INC.

Complete Fire Design & Sales • Service & Installation

368 Broad Street • Keyport, NJ 07735
Tel. 732-739-9320 • Fax 732-739-0367

New Jersey Licensed Electrical Contractor #14723
Fire Protection Equipment Contractor Business Permit #P00510

FIRE ALARM INSPECTION REPORT

INSPECTION AND TESTING FORM

DATE: 5/4/17

TIME: 8:30 AM

SERVICE ORGANIZATION

Name: Automatic Protection Systems, Inc.

Address: 368 Broad Street

Representative: P. Pierno

License No.: P00510

Telephone: (732) 739-9320

PROPERTY NAME (USER)

Name: Kirkland's

Address: 744 NJ Hwy 70 Brick, NJ 08723

Owner Contact:

Telephone:

MONITORING ENTITY

Contact: United Central

Telephone: 516-333-2050

Monitoring Account Ref. No.: 08006342

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: Mircom

Model No.: FA-300-DDR-6

Circuit Styles: Y

Number of Circuits: 4

Software Rev.: N/A

Last Date System Had Any Service Performed: N/A

Last Date that Any Software or Configuration Was Revised: N/A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

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

Alarm verification feature is disabled ✓ enabled ____.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
5		Horns
	Y	Chimes
7		Strobes
		Speakers
		Other (Specify):

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 4/IDC Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 1.2

Overcurrent Protection: Type Circuit Breaker Amps 20

Location (of Primary Supply Panelboard): Panel "L" CKT # 19

Disconnecting Means Location:

(b) Secondary (Standby):

2-12vdc Storage Battery: Amp-Hr. Rating 7ah

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.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	United	
Building Occupants	☑	☐	ALL	
Building Management	☑	☐	MGR	9:00
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

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

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☐	
Discharge Test		☐	N/A
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	OK
NOTIFICATION APPLIANCES			
Audible	☑	☑	
Visible	☐	☐	OK
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
Above Panel	Smoke Detector	☑	☑			☑	☐
Entrance/Exits	Pull Stations	☑	☑			☑	☐
	Duct Detectors	☑	☑			☑	☐
House Panel	Waterflow	☑	☑			☑	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments: _____

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☑	☑	2-RJ31X Blocks
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) House Panel	☑	☑	☑
(Specify)	☐	☐	☐
(Specify) HVAC Shutdown	☑	☑	☑
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

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

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐	MGR	
Monitoring Agency	☑	☐	Vivint	10:30
Building Occupants	☑	☐	All	
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 5/4/17 Time: 10:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: P. Piccino Date: 5/4/17 Time: 10:30

Signature: _____

Name of Owner or Representative: _____

Date: 5/4/17 Time: 10:30

Signature: X _____

PERMIT UPDATE

Date Update Issued 4/20/17
Control # C-17-000211+C
Permit # 17-0835+C

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:

Contractor: ADVANCED CONSTRUCTION SERVICES
Address: 2201 BABCOCK BLVD. PITTSBURGH PA 15237
Telephone: (412) 821-9780 / (412) 735-2886
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 - KIRKLAND'S ...FORMER JOYCE LESLIE - UPDATE +C - ALARMS

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 $8,500

D. Plurman Jr. MP 4/20/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$17
CO Fee	
Other	$0
Total	$283
Check No.	1135
Cash	$0
Credit	$0
Collected By	M Fagan

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.

04/20/17 1:08PM 001558[illegible]
[illegible] SERV 000
ELECTRIC $150.00
FIRE $116.00
DCA $17.00
CHECK $283.00

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.

Automatic Protection Systems, Inc.

FIRE ALARM SYSTEM
RECORD OF COMPLETION

Name of protected property: Kirklands
Address: 744 Hwy 70 Brick NJ 08723
Representative of protected property (name/phone): _____
Authority having jurisdiction: _____
Address/telephone number: _____

	Organization name/phone	*Representative name/phone*
Installer	Automatic Protection Systems	
Supplier	SAME	
Service organization	Same	

Location of record (as-built) drawings: ON site
Location of operation and maintenance manuals: ON site
Location of test reports: OWNER
A contract for test and inspection in accordance with NFPA standard(s)
Contract No(s): _____ Effective date: 5/4/17 Expiration date: _____

System Software
(a) Operating system (executive) software revision level(s): Rev B
(b) Site-specific software revision date: NONE
(c) Revision completed by: N/A Mircom
(name) (firm)

1. Type(s) of System or Service

_____ *NFPA 72*, Chapter 6 — Local
If alarm is transmitted to location(s) off premises, list where received: United central

_____ *NFPA 72*, Chapter 8 — Remote Station
Telephone numbers of the organization receiving alarm:
Alarm: (516) 333-2050
Supervisory: SAME
Trouble: SAME
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: Brick Twp. Police 1-732-477-8300
Indicate how alarm is retransmitted: Digital Phone lines

_____ *NFPA 72*, Chapter 8 — Proprietary
Telephone numbers of the organization receiving alarm:
Alarm: (516) 333-2050
Supervisory: SAME
Trouble: SAME
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: SAME
Indicate how alarm is retransmitted: SAME

_____ *NFPA 72*, Chapter 8 — Central Station
Prime contractor: Automatic Protection systems
Central station location: _____

(*NFPA 72*, 1 of 4)

Automatic Protection Systems, Inc.

Means of transmission of signals from the protected premises to the central station:

___ McCulloh ___ Multiplex ___ One-way radio

✓ Digital alarm communicator ___ Two-way radio ___ Others

Means of transmission of alarms to the public fire service communications center:

(a) Digital Phone lines

(b) ___

System location: ___

NFPA 72, Chapter 9 — Auxillary

Indicate type of connection: ✓ Local energy ___ Shunt ___ Parallel telephone

Location of telephone number for receipt of signals: ___

2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by ___ on ___, includes the devices shown in 5 and 6, and has been in service since ___.

✓ *NFPA 72*, Chapters (1) (2) 3 (4) 5 (6) 7 (8) (9) 10 11 (circle all that apply)

✓ NFPA 70, *National Electrical Code*, Article 760

✓ Manufacturer's instructions

___ Other (specify): ___

Signed: P. P Date: 5/4/17

Organization: Automatic Protection Systems

3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached Yes

All operational features and functions of this system were tested by APS date 5/4/17

and found to be operating properly in accordance with the requirements of:

✓ *NFPA 72*, Chapters (1) (2) 3 (4) 5 (6) 7 (8) (9) 10 11 (circle all that apply)

✓ NFPA 70, *National Electrical Code*, Article 760

✓ Manufacturer's instructions

___ Other (specify): ___

Signed: P. P Date: 5/4/17

Organization: Automatic Protection Systems

4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity: 4 EOC Style: B Class: ✓

5. Alarm-Initiating Devices and Circuits

Quantity and class of initiating device circuits *(see NFPA 72, Table 6.5)*:
Quantity: 4 Style: B Class: Y

MANUAL
(a) Manual stations Noncoded 3 Transmitters _____ Coded _____ Addressable _____
(b) Combination manual fire alarm and guard's tour coded stations N/A

AUTOMATIC
Coverage: Complete _____ Partial _____
Selective _____ Nonrequired _____

(a) Smoke detectors _____ Ion 1 Photo _____ Addressable _____
(b) Duct detectors _____ Ion 3 Photo _____ Addressable _____
(c) Heat detectors _____ FT _____ RR _____ FT/RR _____ RC _____ Addressable _____
(d) Sprinkler waterflow indicators: Transmitters 1 Noncoded _____ Coded _____ Addressable _____
(e) The alarm verification feature is (disabled) _____ or enabled _____, changed from _____ seconds to _____ seconds.
(f) Other (list): _____

6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR
(a) _____ Coded stations N/A
(b) _____ Noncoded stations
(c) _____ Compulsory guard's tour system comprised of _____ transmitter stations and intermediate stations
Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

SPRINKLER SYSTEM
Check if provided
(a) _____ Valve supervisory switches
(b) _____ Building temperature points N/A
(c) _____ Site water temperature points
(d) _____ Site water supply level points

Electric fire pump:
(e) _____ Fire pump power
(f) _____ Fire pump running N/A
(g) _____ Phase reversal

Engine-driven fire pump:
(h) _____ Selector in auto position
(i) _____ Engine or control panel trouble
(j) _____ Fire pump running

ENGINE-DRIVEN GENERATOR:
(a) _____ Selector in auto position
(b) _____ Control panel trouble N/A
(c) _____ Transfer switches
(d) _____ Engine running
Other supervisory function(s) (specify): _____

Automatic Protection Systems, Inc.

7. Annunciator(s)

Number: 1 Type: LCD Location: Main Entrance

8. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 — Emergency Voice/Alarm Service

Quantity of voice/alarm channels: 0 Single: Ø Multiple: Ø

Quantity of speakers installed: 0 Quantity of speaker zones: Ø

Quantity of telephones or telephone jacks included in system: _____

Quantity and the class of notification appliance circuits connected to system *(see NFPA 72, Table 6.7)*:

Quantity: 2 Style: B Class: Y

Types and quantities of notification appliances installed:

(a) Bells _____ With Visible _____

(b) Speakers _____ With Visible _____

(c) Horns 5 With Visible 5

(d) Chimes _____ With Visible _____

(e) Other: _____ With Visible _____

(f) Visible appliances without audible: 2

9. System Power Supplies

(a) Fire Alarm Control Panel: Nominal voltage: 120 VAC Current rating: 12

Overcurrent protection: Type: CB Current rating: 20

Location: PNL - L CKT #19

(b) Secondary (standby):

Storage battery: 12 volt Amp-hour rating: 7.0

Calculated capacity to drive system, in hours: 24

Engine-driven generator dedicated to fire alarm system: N/A

Location of fuel storage: N/A

(c) Emergency system used as backup to primary power supply: N/A

Emergency system described in NFPA 70, Article 700: N/A

10. Comments

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

Daily

System deviations from the referenced NFPA standard(s) are: _____

P. P [signature]	Tech	5/4/17
(signed) for installation contractor/supplier	(title)	(date)
P. P [signature]	Tech	5/4/17
(signed) for alarm service company	(title)	(date)
(signed) for central station	(title)	(date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction	(title)	(date)

(*NFPA 72*, 4 of 4)

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Wednesday, May 03, 2017 11:25 AM
To: Matthew Fagen
Subject: RE: 630 RT70 #19

YES IT IS. IT WAS JOYCE LESLIE.

From: Matthew Fagen [mailto:mfagen@twp.brick.nj.us]
Sent: Wednesday, May 03, 2017 11:22 AM
To: Susan Stanisz <sstanisz@brickmua.com>
Subject: RE: 630 RT70 #19

Good morning. Just wanted to clarify what this was for. Was this for the Kirklands that I contacted about on Monday morning? Unfortunately my server has just the whole plaza as one huge address on Route 70 so I cannot get individual addresses with unit numbers.

Thanks,
Matt

From: Susan Stanisz [mailto:sstanisz@brickmua.com]
Sent: Tuesday, May 02, 2017 10:55 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 630 RT70 #19

MORNING MATT! THIS IS READY TO CO.

APPLICATION FOR CERTIFICATE

Date Received 1/17/2017
Date Permit Issued 3/20/2017
Control # C-17-000211
Permit # 17-0835
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

Contractor ADVANCED CONSTRUCTION SERVICES
Address 2201 BABCOCK BLVD. PITTSBURGH PA 15237

Telephone (412) 821-9780
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 M Current

FINAL COST OF CONSTRUCTION: $ 236350
(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.

ISSUE WITH PARKING LOT & LOW VOLTAGE PERMIT

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - KIRKLAND'S ...FORMER JOYCE LESLIE

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: Matthew Falcone
Owner/Agent

☐ OWNER
☒ AGENT

UCC F270 equiv.

APPLICATION FOR CERTIFICATE

Date Received 1/17/2017
Date Permit Issued 3/20/2017
Control # C-17-000211
Permit # 17-0835
Date Issued

IDENTIFICATION

Block 701 Lot 7 Qualifier

Work Site Location 744 ROUTE 70 Brick Township, NJ
Contractor ADVANCED CONSTRUCTION SERVICES
Address 2201 BABCOCK BLVD. PITTSBURGH PA 15237

Owner in Fee BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone (412) 821-9780
Lic. No. or Bldrs. Reg. No.

Telephone
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 M Current

FINAL COST OF CONSTRUCTION: $ 236350
(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.)

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DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - KIRKLAND'S ...FORMER JOYCE LESLIE

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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	**comment**	☐	☐
TCO 90 Days			
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**	☑	☐
Ok as per BTMUA Email			
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☐
TEMP CO TILL 7/3/17			
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)