

BLOCK 701 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 744 RT 70 PERMIT NO. 16-0624



CONSTRUCTION PERMIT APPLICATION

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

C-16-000554

I. IDENTIFICATION

1. Proposed Work Site at: 744 RT 70 (744 RT 70)

2. Name of Owner in Fee: T-Mobile
Tel. (732) 666-2153 e-mail _____
Address 690 Route 70 Brick zip code

3. Ownership in Fee: Public ☒ Private _____

4. Principal Contractor: Premier Electric Tel. (732) 666-2153
Address 14 Emma Lane e-mail _____
Jackson 08527

License No. OR, if new home, Builder Reg. No. 12175 Exp. Date 3-18

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

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

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun Jack Tarant/70
Tel. (732) 666-2153 FAX: () _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>150</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$ <u>7</u>	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>157</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|---|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. -Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST

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: _____
3. Change in Use Group, Indicate Present: _____

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

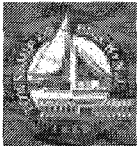
- D. Construct. Classification: Present _____
Proposed _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/25/2016
Control Number C-16-000554
Permit Number 16-0624
Permit Issue Date 2/26/2016
Certificate Number 16-0624

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 744 ROUTE 70 T-MOBILE Brick Township, NJ 08723 Block: 701 Lot: 7 Qual: _____
Owner in Fee: BRICKTOWN VF LLC % BRICKTOWN UE LLC
Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (732) 666-2153
Contractor: PREMIER ELECTRICAL SERVICES LLC
Address: 14 Emma Lane Jackson NJ 08527
Telephone: (732) 666-2153 Fax: _____
License Number or Builders Registration Number: 12175 Federal Emp. Number: 22-44618

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS

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

Date Printed: 4/25/2016

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

Fee: \$0.00

Check Number: _____

Collected By: _____

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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 201 Lot 1 Qualification Code 70
Work Site Location 090 RT 70 (744 RT 70)

Owner in Fee: T-Mobile

Tel. (732) 666 2153 e-mail _____

Address 690 RT 70 Barke US

Contractor: Premier Electric Municipality US Tel. (732) 666 2153

Address 14 Emma Jack e-mail jackson@6m.com

Contractor License No. 12175 Exp. Date 3-18

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure Failure Approval Initial
☐ Partial -Under-slab Utilities Approved	Rough _____	
Date: _____ Approved by: _____	Barrier-Free _____	
☒ Electric/Plans Approved	Trench _____	
Date: <u>2/17/16</u> Approved by: <u>PSZ</u>	Temp. Serv. _____	
Joint Plan Review Required: _____	Constr. Serv. _____	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO _____	
SUBCODE APPROVAL FOR PERMIT	Other _____	
Date: <u>2/17/16</u>	Service _____	
Approved by: <u>[Signature]</u>	Barrier-Free _____	
SUBCODE APPROVAL FOR CERTIFICATE	Final _____	
☐ CO ☐ CCO ☒ CA	Temp. Cut-in-Card Date Issued _____	
Date: <u>4/6/16</u>	Final Cut-in-Card Date Issued _____	
Approved by: <u>[Signature]</u>	Annual Pool Inspection _____	
	Date of Grounding and Bonding _____	

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:

Jack Tanantra

D. TECHNICAL SITE DATA

Print name here: _____

Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr. ☐ Exempt Applicant

DESCRIPTION OF WORK: 2-60 AMP SERVICE

QTY 1 SIZE 1/2" ITEMS His 30 AMP SERVICE

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract: HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS

Pool Permit/with UW Lights _____

Storage Pool/Spa/Hot Tub _____

KW Elec. Range/Receptacle _____

KW Elec. Water Heater _____

KW Elec. Dryer/Receptacle _____

KW Dishwasher _____

HP Garbage Disposal _____

KW Central A/C Unit _____

HP/KW Space Heater/Air Handler _____

KW Baseboard Heat _____

HP Motors 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Date Received 2/26/16
Control # _____
Date Issued 16-0624
Permit # _____

Thomas Olson

From: Mike Miller <proelectric45@yahoo.com>
Sent: Wednesday, April 06, 2016 2:27 PM
To: Thomas Olson
Subject: TMOBILE STORE
Attachments: brick township to code letter-CityLTR.doc.ss.pdf

Hi I am working with Premier electrical services Jack Tarantino who is doing the electrical at the T-Mobile permit 16-0624 store .I have attached letter from the engineer and please accept this stating that everything is done to code in the trenches . I will also fax a copy Thank you very much and have a nice day

Block 701
LOT 7



don penn ■ consulting engineer

April 8, 2016

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

**Re: T-Mobile
690 Route 70
Brick Township, NJ 08723**

Mr. Thomas Olson,

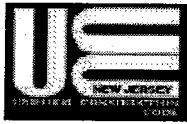
Please accept this letter as verification that all underground conduit and floor boxes have been approved as installed and are code compliant.

Thank you,

A handwritten signature in black ink, appearing to be 'Don Penn'.

Don Penn, PE
Don Penn Consulting Engineer





CONSTRUCTION PERMIT

Date Issued 2/26/16
Control # C-16-000554
Permit # 16-0624

IDENTIFICATION Block: 701 Lot: 7 Qualifier _____
Work Site Location: 744 ROUTE 70 T-MOBILE Brick Township, NJ 08723 Contractor: PREMIER ELECTRICAL SERVICES LLC
Owner in Fee: BRICKTOWN VF LLC % BRICKTOWN UE LLC Address: 14 Emma Lane Jackson NJ 08527
210 ROUTE 4 EAST PARAMUS NJ 07652 Telephone: (732) 666-2153
Telephone: (732) 666-2153 Lic. No. or Bldrs. Reg. No. 12175 12175 12175
Federal Employee No. 22-44618

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:

ELECTRICAL ALTERATIONS

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 \$3,500

David J. Newman Jr.
Construction Official

Date 2/18/16

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$157
Check No.	
Cash	\$0
Credit	\$0
Collected By	<u>Matt Fagan</u>

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.