

BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) BIG LOTS REMODEL @ THE SHOPS AT BRICK PERMIT NO. 18-2570



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION BIG LOTS REMODEL @ THE SHOPS AT BRICK
1. Proposed Work Site at: 135-197 VAN ZILE ROAD
2. Name of Owner in Fee: BRICK TOWN PLAZA ASSOCIATES
Tel. 516-393-9000 e-mail _____
Address 600 OLD COUNTRY ROAD #425 GARDEN CITY, NY 11530
3. Ownership in Fee: Public _____ Private X zip code _____
4. Principal Contractor: STORECRAFTERS, INC Tel. 585-865-3350
Address 100 BOXER STREET ROCHESTER, NY 14617 e-mail laurie@storecrafters.com
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 16-1603197 FAX: 585-865-3350
5. Architect or Engineer WILLIAM E. ABBOT Contact KEITH FAGAN
Address 134 E. CHESTNUT #502, COLUMBUS, OH 43212 e-mail kfagan@abbottstudios.com
Tel. 614-461-0101 x231 FAX: 614-461-1109
6. Responsible Person in Charge once Work has Begun LAURIE SCHINDLER
Tel. 585-865-3350 FAX: 585-865-5350

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>5042</u>	<u>150</u>	<u>150</u>
2. Electrical	<u>205</u>		
3. Plumbing			
4. Fire Protection	<u>100</u>		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ <u>257</u>	<u>18</u>	
9. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>5121</u>	<u>108</u>	<u>150</u>

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

(office use only)

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
<u>115,500.00</u>				<u>8/7/18</u>	<u>KE</u>			
<u>20,000.00</u>				<u>8/16/18</u>	<u>PE</u>	<u>9/10/18</u>		<u>PE</u>
<u>—</u>								
<u>—</u>			<u>9/9/18</u>		<u>KE</u>			<u>KE</u>
<u>—</u>								

TOTAL COST 135,500.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____
- No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: RETAIL
- Use Group, Proposed: M
- Change in Use Group, Indicate Present: M

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

- D. Construct. Classification: Present 11B
Proposed 11B

III. PLAN REVIEW (optional)

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

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

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers/Standpipes
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs
- ☐ LPGas Tanks
- ☐ Fire Alarm

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 TIM SCHENK

Address 1120 E. 9TH STREET, SUITE 211

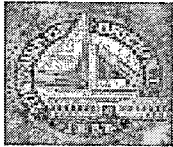
BLOOMINGTON, MN 55420

Telephone 952.345.6040 Fax 952.854.4909

Signature [Signature]

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/2/2018
Control Number C-18-002810
Permit Number 18-2570
Permit Issue Date 9/17/2018
Certificate Number 18-2570

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-197 VAN ZILE RD. BIG LOTS Brick Township, NJ Block: 1149 Lot: 1 Qual: _____
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone: (516) 393-9000
Contractor STORECRAFTERS INC
Address 100 BOXART STREET ROCHESTER NY 14617
Telephone: (585) 865-3350 Fax: (585) 865-5350
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: 0
Description of Work/Use: ALTERATION - COMMERCIAL - - BIG LOTS

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: 11/2/2018

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



FIRE PROTECTION 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 1149 Lot 1 Qualification Code _____

Work Site Location Big Lots - Shops @ Brick

135-197 VAN Zile Rd Brick NJ 08724

Owner in Fee: BRICK TOWN PLAZA ASSOCIATES

Tel. 516 393-9000 e-mail _____

Address 600 OLD COUNTRY ROAD, GARDEN CITY, NY 11530

Contractor: Storck Crutcher, Inc. municipality _____ Tel. 585 865-3350

Address 100 Bixart St. e-mail laurel@storckcrutcher.com

Rochester NY 14612

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 16 1603197 FAX: 585 865-3350

B. FIRE PROTECTION CHARACTERISTICS

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

Constr. Class: Present 11B Proposed 11B Fuel Type: ☐ Flammable OR ☐ Combustible

Capacity _____

Heating System: ☐ New OR ☐ Modification to Existing Fire Alarm System: ☐ New OR ☐ Existing

OR ☐ Conversion OR ☐ Replacement Location of Panel: _____

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: _____

☐ Other ☐ New OR ☐ Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 0

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

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: Laurel Schindler

Print name here: LAUREL E. Schindler

D. TECHNICAL SITE DATA ☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:	<u>1. Pre-Entry Review for</u>
Water Supply Source	<u>New Floor Plan</u>
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)	_____	
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 \$	_____



9/17/18

18-2570

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

4/27
B

CONFIDENT

* 9/21/18 PM Faint -
Add plans
* 9/21/18 PM Faint -
Faint covering 4:30 need relayed set things.



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 1149 Lot 1 Qualification Code _____
Work Site Location BIG LOTS #1955 - THE SHOPS AT BRICK
600 Old Country Rd #425
Owner in Fee: Brick Plaza Associates
Tel. 716-444 4986 e-mail uconcompany@gmail.com
Address 135 VAN ZILE RD, BRICK, NJ 08724
street municipality zip code
Contractor: STOPECRAFTERS Tel. _____
Address 100 BOXART ST e-mail _____
ROCHESTER, NY
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval	Initial					
☐	No Plans Required										
☒	All	Footings									
☐	Footings/Foundations	Footings Bonding									
☐	Structural/Framework	Foundation									
☐	Exterior	Slab									
☐	Interior	Frame									
Joint Plan Review Required:		Truss Sys./Bracing									
☐	Elec.	Barrier-Free									
☐	Plumb.	Insulation									
☐	Fire	Finishes -Base Layer									
☐	Elevator	Finishes -Final									
SUBCODE APPROVAL for PERMIT		Energy									
Date:	<u>10/02/18</u>	Mechanical									
Approved by:		TCO									
SUBCODE APPROVAL for CERTIFICATE		Other									
☐	CO										
☐	CCO										
☒	CA										
Date:	<u>10/11/18</u>	Final									
Approved by:		Barrier-Free									

B. BUILDING CHARACTERISTICS

Use Group Present 1 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 \$ 100
3. Total (1+ 2) \$ _____

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

Date Received
Control #

10/3/18

Date Issued
Permit #

18-2570-LB

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: Timothy J. Voigt

Print name here: TIMOTHY J. VOIGT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Extension of existing vestibule
Original drawing shows wall framed
with windows on long section of
wall - Change to "NO" windows and
Framing to match existing (see new detail)

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 \$ _____

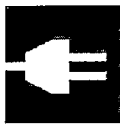
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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



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 1149 Lot 1 Qualification Code _____

Work Site Location Brig Lots - The Shops at Brick

135-197 Van Zile Rd. Brick N.J.

Owner in Fee: BRICK TOWN PLAZA ASSOCIATES

Tel. (516) 393-9000 e-mail _____

Address 600 OLD COUNTRY ROAD #425 GARDEN CITY, NY 11530

Contractor: Lords Electric Inc Tel. (732) 928-9681

Address 587 N. Cambridge Rd. Jackson N.J. 08527 e-mail BULB587@AOL.com

Contractor License No. 2058 Exp. Date 2021

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

Federal Emp. ID No. 22-3538756 FAX: (____) _____

Est. Cost of Elec. Work \$ 20,000.00

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as BIG LOTS Utility Co. _____

Est. Cost of Elec. Work \$ 20,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date:	Approved by:	Trench			
		Temp. Serv.			
[X] Electric Plans Approved		Constr. Serv.			
Date: <u>8/6/18</u>	Approved by: <u>PSC</u>	TCO			
Joint Plan Review Required:		Other			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Service			
SUBCODE APPROVAL for PERMIT		Final			
Date: <u>8/6/18</u>	Approved by: <u>[Signature]</u>	Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA	Approved by: <u>[Signature]</u>	Final Cut-in-Card Date Issued			
Date: <u>10/1/18</u>		Annual Pool Inspection			
		Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Robert Corrao

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Interior Renovation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>67</u>		Lighting Fixtures	
<u>30</u>		Receptacles - Cord Reels	
		Switches Cash wrap	
		Detectors	
		Light Poles	
<u>2</u>		Motors—Fract. HP hand dryers	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/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	
<u>1</u>	<u>1</u>	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	
<u>1</u>	<u>1.0</u>	KW Beverage Cooler	

COMMERCIAL

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

Date Received
Control #

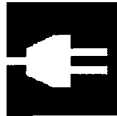
9/17/18

Date Issued

18-2570

Permit #

ELECTRICAL SUBCODE TECHNICAL SECTION



Update
Date Received 9/17/18
Control #
Date Issued 18-2570
Permit # +A

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

Block 1149 Lot 1 Qualification Code _____
Work Site Location 131 Van Zile Rd Bricktown, NJ 08724

Owner in Fee: Big Lots #1955

Tel. _____ e-mail _____

Address 131 Van Zile Rd Bricktown, NJ 08724
street municipality zip code

Contractor: Stanford A Carlton Tel. 334 323-5137
Address 645 S McDonough St e-mail permitting@cbe-inc.com
Montgomery, AL 36104

Contractor License No. 34BA00194700 Exp. Date 8/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 63-0673600 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Retail Space Utility Co. _____

Est. Cost of Elec. Work \$ 9,532.35

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
	Dates (Month/Day)
[] No Plans Required	Type: <u>Visual</u> Failure <u>6/2/18</u> Approval <u>6/2/18</u> Initial <u>6/2/18</u>
[] Partial - Underslab Utilities Approved	Rough <u>6/2/18</u> Barrier-Free _____
Date: _____ Approved by: _____	Trench _____
[] Electric Plans Approved	Temp. Serv. _____
Date: <u>9/15/18</u> Approved by: <u>PJR</u>	Constr. Serv. _____
Joint Plan Review Required:	TCO _____
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other _____
SUBCODE APPROVAL for PERMIT	Service _____
Date: <u>9/15/18</u>	Final _____
Approved by: _____	Barrier-Free _____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____
Date: <u>10/11/18</u>	Annual Pool Inspection _____
Approved by: _____	Date of Grounding and Bonding _____
	Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Print name here: Stanford A Carlton

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Installation of low voltage CCTV surveillance system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	CCTV Cameras	_____
7	_____	TOTAL NUMBERS	\$ _____
7	_____	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	\$ _____

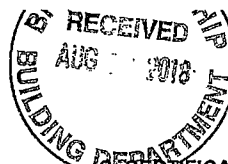
10218
155m L.V. Wm



10218 155m L.V. Wm



ELECTRICAL SUBCODE TECHNICAL SECTION



Update

Date Received
Control #
Date Issued
Permit #

9/17/18
18-2570

TA

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

Block 1149 Lot 1 Qualification Code _____
Work Site Location 131 Van Zile Rd Bricktown, NJ 08724

Owner in Fee: Big Lots #1955

Tel. _____ e-mail _____

Address 131 Van Zile Rd Bricktown, NJ 08724

Contractor: Stanford A Carlton Tel. 334 323-5137
Address 645 S McDonough St e-mail permitting@cbe-inc.com
Montgomery, AL 36104

Contractor License No. 34BA00194700 Exp. Date 8/31/2019

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 63-0673600 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Retail Space Utility Co. _____

Est. Cost of Elec. Work \$ 9,532.35

JOB SUMMARY (Office Use Only)		INSPECTIONS:		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			Initial
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[x] Electric Plans Approved		Temp. Serv.			
Date: <u>9/10/18</u> Approved by: <u>PR</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>9/10/18</u>		Final			
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: _____		Annual Pool Inspection			
Approved by: _____		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: Stanford A Carlton

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Installation of low voltage CCTV surveillance system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>7</u>	_____	CCTV Cameras	_____
<u>7</u>	_____	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 \$ _____

180

18

168



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1149 Lot 1 Qualification Code _____
Work Site Location BIG LOTS STORE #1955

Owner in Fee: BIG LOTS

Tel. (732) 922-3399 e-mail _____

Address 131 Van Zile Rd BRICK NJ 08724

Contractor: Alfred Fire & Safety Tel. (732) 922-3399

Address 517 Green Grove Rd Neptune NJ 07754 e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00166

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

Fire Alarm Contractor No. _____ Exp. Date 10/31/18

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

Federal Emp. ID No. 221 904 087 FAX: (732) 918-8668

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 \$ 3500

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW		Dates (Month/Day)			
		Type:	Failure	Approval	Initial
☐ No Plans Required		Alarm System			
☐ Partial - Underslab Utilities Approved		Suppression Sys.			
Date: _____ Approved by: _____		Standpipe			
☒ Fire Protection Plans Approved		Fire Pump			
Date: <u>10/16/18</u> Approved by: <u>[Signature]</u>		Pre-Eng. System			
Joint Plan Review Required:		Mechanical			
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date: <u>10/16/18</u>		Flam/Combust Tanks			
Approved by: <u>[Signature]</u>		Fireplace Venting			
SUBCODE APPROVAL for CERTIFICATE		Final	<u>10/21/18</u>		<u>PM</u>
☐ CO ☐ CCO ☐ CA		Other			
Date: <u>10/16/18</u>					
Approved by: <u>[Signature]</u>					

34 886 sq ft
"N" use

Date Received
Control #

9/17/18

Date Issued
Permit #

18-2570

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 sign/Contractor sign and seal here: [Signature]

Print name here: DAVE FOLEY

D. TECHNICAL SITE DATA

☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: Relocate (6) Sprinkler Heads
Water Supply Source 1st remodeled Vestibule area
Method of Alarm/Suppression System Supervision Flows/tampers & 1st.

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)	<u>6</u>
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	

No fire alarm
was attempted
letting

To reprint call (609) 390-1400
ALLEGRA
Marketing • Print • Mail

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

No contractor

Pipe Cert

08-20-18


ABBOT STUDIOS
architects + planners + designers, LLC

Kevin Batzel, Fire Subcode Official
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1035

RE: Big Lots #1955
The Shops at Brick
135 Van Zile Rd.
Brick, NJ 08724

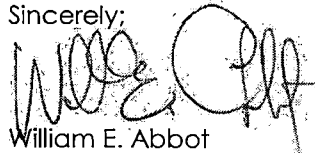
Dear Mr. Batzel;

The following is an itemized response to your comments dated August 10, 2018.

FIRE ALARM

The existing fire alarm system is to remain. There are no modifications required for the new store layout.

Sincerely;



William E. Abbot
Architect



PERMIT UPDATE

Date Update Issued 10/13/18
Control # C-18-003690
Permit # 18-2570+B

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-197 VAN ZILE RD. BIG LOTS Brick Township, NJ Contractor STORECRAFTERS INC
Address 100 BOXART STREET ROCHESTER NY 14617
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY Telephone: (585) 865-3350
11530 Lic. No. or Bldrs. Reg. No. _____
Telephone: (516) 393-9000 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:

ALTERATION - COMMERCIAL - BIG LOTS ...UPDATE +B - FRAMING REVISIONS

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
Construction Official

10/2/18
Date

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	\$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.	
Cash	\$0
Credit	\$0
Collected By	<u>M. Fegan</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations NJAC 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.



PERMIT UPDATE

Date Update Issued 9/17/18
Control # C-18-002810+A
Permit # 18-2571 +A

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-197 VAN ZILE RD. BIG LOTS Brick Township, NJ Contractor: STANFORD A CARLTON
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES Address: 645 S MCDONOUGH ST MONTGOMERY AL 36104
600 OLD COUNTRY RD #425 GARDEN CITY NY Telephone: (334) 323-5137
11530 Lic. No. or Bldrs. Reg. No. 34BA00194700 34BA00194700
Telephone: (516) 393-9000 Federal Employee No. 34BA00194700

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:

ALTERATION - COMMERCIAL - BIG LOTS ...UPDATE +A - SURVEILLANCE SYSTEM

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 \$9,532

D. J. ...
Construction Official

9/17/18
Date

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	\$18
CO Fee	
Other	\$0
Total	\$168
Check No.	<u>41311</u>
Cash	\$0
Credit	\$0
Collected By	<u>TJ</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.

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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.

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☒ 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.



STANFORD A CARLTON



**BURGLAR ALARM
LICENSE**

34BA00194700

EXPIRES: 08/31/2019

DOB: 01/24/1979

*****Per Angelica (NJ Department of Attorney General/Fire/Burg Division on 4/16/18, no stamp is required for this license. They do not issue stamps for this license type.**



"CBE works on no short term deals -only long term investments."

July 16, 2018

Bricktown NJ Building Dept
401 Chambers Bridge Rd
Brick, NJ 08723

RE: Permit Application – Big Lots #1955

Enclosed please find the application for permit, site plans and copy of CBE's NJ contractor's license. Once these documents have been reviewed and approved please give me a call with payment information and I will have a check cut and mailed. Thanks in advance for all of your help.

If you have any questions or concerns, please feel free to contact me. I can be reached by email at Permitting@cbe-inc.com or by phone at (334) 323-5137.

Thank you,

A handwritten signature in black ink, appearing to read 'Loren A Farquhar', written over a horizontal line.

Loren A Farquhar
CBE - Area Project Administrator

CBE, Inc.
645 S. McDonough Street
Montgomery, AL. 36104

800.447.7038
334.265.8903
Fax 334.263.1458
cbe-inc.com



CONSTRUCTION PERMIT

Date Issued 9/17/18
Control # C-18-002810
Permit # 18-2570

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-197 VAN ZILE RD. BIG LOTS Brick Township, NJ Contractor STORECRAFTERS INC
Address 100 BOXART STREET ROCHESTER NY 14617
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY Telephone: (585) 865-3350
11530 Lic. No. or Bldrs. Reg. No. _____
Telephone: (516) 393-9000 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:

ALTERATION - COMMERCIAL - BIG LOTS

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

Estimated Cost of Work \$139,000

D. Murrison
Construction Official

Date 9/17/18

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	\$5,042
Electrical	\$205
Plumbing	\$0
Fire Protection	\$116
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$264
CO Fee	
Other	\$0
Total	\$5,627
Check No.	<u>046760</u>
Cash	\$0
Credit	\$0
Collected By	<u>M. E. G. / m</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.

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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.



Letter of Transmittal

To: Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Ph: (732)262-1050

Transmittal #: 1

Date: 8/7/2018

Job: 10-18-0072 Big Lots - Brick

Subject: PERMIT APPLICATION - attn: FIRE OFFICIAL

We are sending you:

☒ Attached	☐ Under separate cover via	None the following items:
☐ Shop drawings	☐ As - built	☐ Permits
☐ Copy of letter	☐ Change order	☐ Hydraulic calcs
		☐ Samples
		☐ Other

DOCUMENT TYPE	COPIES	DATE	NO.	DESCRIPTION
PLANS	3	7/31/18	SP-1	PE SEALED SPRINKLER PLANS
	1			PERMIT APPLICATION
	1			PERMIT FOLDER
MATERIAL DATA	1			SPRINKLER HEAD DATA SHEET

These are transmitted as checked below:

- | | | |
|---|---|--|
| ☒ For approval | ☐ Approved as submitted | ☐ Resubmit ____ copies for approval |
| ☐ For your use | ☐ Approved as noted | ☐ Submit ____ copies for distribution |
| ☐ As requested | ☐ Returned for corrections | ☐ Return ____ corrected prints |
| ☐ For review and comment | ☐ Other | |
| ☐ Please call with any questions | ☐ Prints returned after loan to us | |

Remarks: PLEASE CALL WITH THE APPROPRIATE PERMIT FEE AND OR ANY QUESTIONS OR COMMENTS UPON YOUR REVIEW.

Copy To:

From: Dave Foley (Allied Fire & Safety Equip. Co.)



**STANDARD RESPONSE
AUTOMATIC SPRINKLERS
GL SERIES
UPRIGHT • PENDENT
VERTICAL SIDEWALL
HORIZONTAL SIDEWALL
CONVENTIONAL (OLD STYLE)**

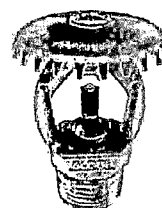
DESCRIPTION AND OPERATION

The Globe GL Series Sprinkler is a low profile yet durable design which utilizes a frangible glass ampule as the thermosensitive element. While the sprinkler provides an aesthetically pleasing appearance, it can be installed wherever standard spray sprinklers are specified. This sprinkler series is available in various styles, orifices, temperature ratings and finishes to meet varying design requirements.

The heart of Globe's GL Series sprinkler proven actuating assembly is a hermetically sealed frangible glass ampule that contains a precisely measured amount of fluid. When heat is absorbed, the liquid within the bulb expands increasing the internal pressure. At the prescribed temperature the internal pressure within the ampule exceeds the strength of the glass causing the glass to shatter. This results in water discharge which is distributed in an approved pattern depending upon the deflector style used.

TECHNICAL DATA

- See reverse side for Approvals and Specifications.
- Temperature Ratings - 135°F (57°C), 155°F (68°C), 175°F (79°C), 200°F (93°C), 286°F (141°C), 360°F (182°C), 500°F (260°C) Available Upon Request Without Approvals
- Water Working Pressure Rating - 175 psi (12 Bars)
- Factory tested hydrostatically to 500 psi (34 Bars)
- Maximum low temperature glass bulb rating is -67°F (-55°C)
- Frame - bronze • Deflector - brass • Screw - brass
- Lodgement Spring - stainless steel
- Bulb seat - copper • Spring - nickel alloy • Seal - teflon
- Bulb - glass with glycerin solution, 5mm size



UPRIGHT



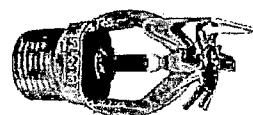
CONVENTIONAL



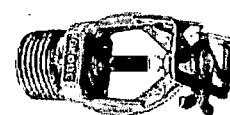
PENDENT



**VERTICAL
SIDEWALL**



**HORIZONTAL
SIDEWALL**



**LPC/CE
HORIZONTAL
SIDEWALL**

• SPRINKLER TEMPERATURE RATING/CLASSIFICATION and COLOR CODING

CLASSIFICATION	AVAILABLE SPRINKLER TEMPERATURES	BULB COLOR	N.F.P.A. MAXIMUM CEILING TEMPERATURE
ORDINARY	135°F/155°F 57°C/68°C	ORANGE/RED	100°F 38°C
INTERMEDIATE	175°F/200°F 79°C/93°C	YELLOW/GREEN	150°F 66°C
HIGH	286°F 141°C	BLUE	225°F 107°C
EXTRA HIGH	360°F 182°C	MAUVE	300°F 149°C
ULTRA HIGH	500°F 260°C	BLACK	475°F 246°C

STANDARD RESPONSE AUTOMATIC SPRINKLERS GL SERIES

**UPRIGHT • PENDENT • VERTICAL SIDEWALL
HORIZONTAL SIDEWALL • CONVENTIONAL (OLD STYLE)**

SPECIFICATIONS

NOMINAL "K" FACTOR	THREAD SIZE	LENGTH ¹	FINISHES
2.8 (39 metric)	1/2" NPT	2 1/4" (5.7 cm)	Factory Bronze Chrome White Polyester ³ Black Polyester ^{2,3} Wax Coated ^{2,3,4}
4.2 (59 metric)	1/2" NPT	2 1/4" (5.7 cm)	
5.6 (80 metric)	1/2" NPT	2 1/4" (5.7 cm)	
7.8 (111 metric)	1/2" NPT	2 1/4" (5.7 cm)	
8.1 (116 metric)	3/4" NPT	2 7/16" (6.2 cm)	

METRIC CONVERSIONS ARE APPROXIMATE

¹ HORIZONTAL SIDEWALL IS 2 9/16".

² FINISHES AVAILABLE ON SPECIAL ORDER.

³ AVAILABLE AS cULus LISTED CORROSION RESISTANT WHEN SPECIFIED ON ORDER.

⁴ WAX COATING cULus LISTED UP TO 200°F ONLY.

APPROVALS

STYLE	SIN MODEL	K FACTOR	HAZARD ¹	135°F 57°C	155°F 68°C	175°F 79°C	200°F 93°C	286°F 141°C	**360°F 182°C	*500°F 260°C	cULus	FM	LPC	CE	NYC - DOB MEA 101-92-E
UPRIGHT	GL2861	2.8	LH	X	X	X	X	X	X	X	X	—	—	—	X
	GL4261	4.2	LH	X	X	X	X	X	X	X	X	—	—	—	X
	GL5661	5.6	ALL	X	X	X	X	X	X	X	X	X	X	X	X
	GL8161	7.8†	ALL	X	X	X	X	X	X	X	X	—	—	—	X
	GL8164	8.1	ALL	X	X	X	X	X	X	X	X	X	X	X	X
PENDENT	GL2851	2.8	LH	X	X	X	X	X	X	X	X	—	—	—	X
	GL4251	4.2	LH	X	X	X	X	X	X	X	X	—	—	—	X
	GL5651	5.6	ALL	X	X	X	X	X	X	X	X	X	X	X	X
	GL8151	7.8†	ALL	X	X	X	X	X	X	X	X	X	—	—	X
	GL8156	8.1	ALL	X	X	X	X	X	X	X	X	X	X	X	X
VERTICAL SIDEWALL‡	GL5675	5.6	LH	X	X	X	X	X	X	X	X	X	—	—	X
	GL8176	8.1	LH	X	X	X	X	X	X	X	X	—	—	—	X
HORIZONTAL SIDEWALL	GL2870§	2.8	LH	X	X	X	X	X	X	X	X	—	—	—	X
	GL4270§	4.2	LH	X	X	X	X	X	X	X	X	—	—	—	X
	GL5670§	5.6	LH/OH	X	X	X	X	X	X	X	X	X	—	—	X
	GL5671¶	5.6	LH/OH	X	X	X	X	X	X	X	—	—	X	X	—
	GL8171§	8.1	LH/OH	X	X	X	X	X	X	X	X	—	—	—	—
CONVENTIONAL (OLD STYLE)	GL5668	5.6	LH/OH	X	X	X	X	X	X	X	—	—	X	X	—
	GL8169	8.1	LH/OH	X	X	X	X	X	X	X	—	—	X	X	—

¹ SPRINKLERS SHALL BE LIMITED AS PER THE REQUIREMENTS OF NFPA13 AND ANY OTHER RELATED DOCUMENTS.

§ HORIZONTAL SIDEWALL cULus LISTED FOR DEFLECTOR 4" TO 12" BELOW THE CEILING.

FM APPROVED 4" TO 6" BELOW THE CEILING.

¶ INSTALL IN ACCORDANCE TO BS5306 AND ANY OTHER RELATED DOCUMENTS.

‡ PENDENT VERTICAL SIDEWALL 6' MIN. SPACING.

§ UPRIGHT VERTICAL SIDEWALL UL 9' MIN. SPACING.

* 500°F AVAILABLE UPON REQUEST WITH NO APPROVALS.

** 360°F NO FM APPROVALS

ALL: ALL HAZARDS

OH: ORDINARY HAZARD

LH: LIGHT HAZARD

† 1/2" NPT

ORDERING INFORMATION

SPECIFY

- Quantity • Model Number • Style
- Orifice • Thread Sizes • Temperature • Finishes desired
- Quantity - Wrenches - P/N 325390 (1/2"); P/N 312366 (3/4")



JULY 2012

GLOBE® PRODUCT WARRANTY

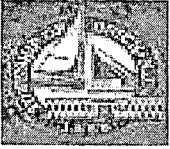
Globe agrees to repair or replace any of its own manufactured products found to be defective in material or workmanship for a period of one year from date of shipment.

For specific details of our warranty, please refer to Price List Terms and Conditions of Sale (Our Price List).

4077 AIRPARK DRIVE, STANDISH, MICHIGAN 48658
989-846-4583 FAX 989-846-9231
1-800-248-0278 www.globesprinkler.com

PRINTED U.S.A.

BULLETIN GL5661, REV. #5



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, August 09, 2018

To: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425
GARDEN CITY, NY 11530

RE: Fire Subcode
Block: 1149 Lot: 1 Qual:
135-197 VAN ZILE RD.
Permit Number: Control Number: C-18-002810
Last Submit Date: Monday, August 06, 2018

Dear BRICKTOWN PLAZA ASSOCIATES,

Your request is hereby denied based upon the following infractions.

Please indicate if the proposed work will will impact the fire alarm system. If no, please supply letter from design professional indicating same. If yes, please update permit package.

Thank you

Sincerely,


Richard Orlando, Subcode Official

CC:



Elder-Jones
PERMIT SERVICE

1120 East 80th Street, #211
Bloomington, MN 55420-1498
Phone: (952) 854-2854 - Fax: (952) 854-4909

TRANSMITTAL

7/18/2018

To: LISA / CONSTRUCTION CODES & INSPECTIONS 732-262-1030

TOWNSHIP OF BRICK

401 CHAMBERSBURG ROAD

BRICK, NJ 08723

218-234

BIG LOTS REMODEL

THE SHOPS AT BRICK

135-197 VAN ZILE ROAD

BRICK, NJ 08724

LISA / CONSTRUCTION CODES & INSPECTIONS,

I HAVE ENCLOSED THE FOLLOWING FOR THE ABOVE REFERENCED PROJECT AND
WOULD LIKE TO SUBMIT FOR PLAN REVIEW AND PERMIT.

- TWO SETS OF PLANS
- TWO SETS OF COMCHECK LIGHTING FORMS
- SET OF SUB-CODE APPLICATIONS

PLEASE DIRECT ANY COMMENTS OR QUESTIONS TO MY ATTENTION.

THANK YOU

TIM SCHENK
ELDER-JONES
952-345-6040

tims@elderjones.com



Elder-Jones
PERMIT SERVICE

1120 East 80th Street, #211
Bloomington, MN 55420-1498
Phone: (952) 854-2854 • Fax: (952) 854-4909

TRANSMITTAL

7/28/2018

To: NICOLE / CONSTRUCTION & CODES 732-262-1030

TOWNSHIP OF BRICK

401 CHAMBERSBURG ROAD

BRICK, NJ 08723

218-234

BIG LOTS REMODEL

THE SHOPS AT BRICK

BRICK, NJ

NICOLE / CONSTRUCTION A& CODES,

I HAVE ENCLOSED A FIRE SUB-CODE APPLICATION FROM THE GENERAL CONTRACTOR FOR
THE LIFE SAFETY REVIEW.

THANK YOU

TIM SCHENK
ELDER-JONES
952-345-6040

tims@elderjones.com



COMcheck Software Version 4.0.8.1

Interior Lighting Compliance Certificate

Project Information

Energy Code: 90.1 (2013) Standard
Project Title: Big Lots Store #1955
Project Type: Alteration

Construction Site:
The Shops at Brick
135 Van Zile Rd
Brick, NJ 08724

Owner/Agent:

Designer/Contractor:
Soradej Thimdit
130 E Chestnut St., Suite 303
Columbus, OH 43215
614-224-3331

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft ²)	C Allowed Watts / ft ²	D Allowed Watts (B X C)
1-Retail/Sales Area: Exempt			
Total Allowed Watts =			N/A

Area Category Exemption Qualifications

Activity Area	Connected Watts		LPD (watts/sq. ft.)	
	Pre-Alt.	Repl./Added	Pre-Alt.	Post-Alt.
Retail/Sales Area (34886 sq.ft.)	24500	6	0.700	0.700
Exemption: Less than 10% connected lighting watts replacement.				

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Retail/Sales Area (34886 sq.ft.): Exempt				
Total Proposed Watts =				N/A

Interior Lighting PASSES

Interior Lighting Compliance Statement

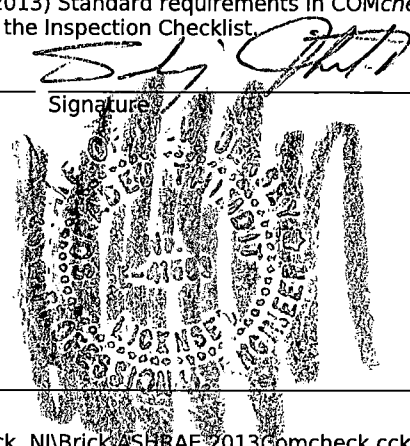
Compliance Statement: The proposed interior lighting alteration project represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2013) Standard requirements in COMcheck Version 4.0.8.1 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

Soradej Thimdit
Name - Title

Signature

Date

5/4/18



Section # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
8.4.2 [EL10] ²	At least 50% of all 125 volt 15- and 20-Amp receptacles are controlled by an automatic control device.	☐ Complies ☐ Does Not ☐ Not Observable ☐ Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)
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COMcheck Software Version 4.0.8.1

Interior Lighting Compliance Certificate

Project Information

Energy Code: 90.1 (2013) Standard
Project Title: Big Lots Store #1955
Project Type: Alteration

Construction Site:
The Shops at Brick
135 Van Zile Rd
Brick, NJ 08724

Owner/Agent:

Designer/Contractor:
Soradej Thimdit
130 E Chestnut St., Suite 303
Columbus, OH 43215
614-224-3331

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft ²)	C Allowed Watts / ft ²	D Allowed Watts (B X C)
1-Retail:Sales Area: Exempt			
Total Allowed Watts =			N/A

Area Category Exemption Qualifications

Activity Area	Connected Watts		LPD (watts/sq. ft.)	
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Retail:Sales Area (34886 sq.ft.)	24500	6	0.700	0.700
Exemption: Less than 10% connected lighting watts replacement.				

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Retail:Sales Area (34886 sq.ft.): Exempt				
Total Proposed Watts =				N/A

Interior Lighting PASSES

Interior Lighting Compliance Statement

Compliance Statement: The proposed interior lighting alteration project represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2013) Standard requirements in COMcheck Version 4.0.8.1 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

Soradej Thimdit
Name - Title

Signature

Date

5/4/18



COMcheck Software Version 4.0.8.1

Inspection Checklist

Energy Code: 90.1 (2013) Standard

Requirements: 0.0% were addressed directly in the COMcheck software

Text in the "Comments/Assumptions" column is provided by the user in the COMcheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Plan Review	Complies?	Comments/Assumptions
4.2.2, 8.4.1.1, 8.4.1.2, 8.7 [PR6]?	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the electrical systems and equipment and document where exceptions are claimed. Feeder connectors sized in accordance with approved plans and branch circuits sized for maximum drop of 3%.	☐ Complies ☐ Does Not ☐ Not Observable ☐ Not Applicable	

Additional Comments/Assumptions:

1 High Impact (Tier 1)	2 Medium Impact (Tier 2)	3 Low Impact (Tier 3)
------------------------	--------------------------	-----------------------

Section # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
8.4.2 [EL10] ²	At least 50% of all 125 volt 15- and 20-Amp receptacles are controlled by an automatic control device.	☐ Complies ☐ Does Not ☐ Not Observable ☐ Not Applicable	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)
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