BLOCK 1149 LOT 1 QUALIFICATION CODE ____ ADDRESS (SITE) VIOLATION PERMIT NO. 19-2802

CONSTRUCTION PERMIT APPLICATION

CIA-002842

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

I. IDENTIFICATION

1. Proposed Work Site at: 147 VAN ZILE RD, BRICK TWSP, NJ. 08724.
2. Name of Owner in Fee: Brickfown Plaza Associates
   Tel. (516) 393 8400 e-mail jdougherty@polimeni.com
   Address 600 Old Country Road (street) Garden City (municipality) NY 11530 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: High Quality Construction Tel. (718) 331-8899
   Address 7218 16 Ave Brooklyn NY 11204 e-mail highqualityconstruction@hotmail.com
   License No. OR, if new home, Builder Reg. No. 68877. Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 81-1919647. FAX: (201) 638-5859
5. Architect or Engineer Chun Feng Contact 201-638-5859
   Address 17 Ronald Court, Ramsey, NJ 07446 e-mail cfeng3000@gmail.com
   Tel. (201) 638-5859 FAX: (____) ____
6. Responsible Person in Charge once Work has Begun Hai tao Guo.
   Tel. (917) 388-6503. FAX: (____) ____
   *917-388-6603 Blake

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2900 - ✓	100 ✓	
2.	Electrical	245 -		
3.	Plumbing	150 - ✓		171 ✓
4.	Fire Protection	241 - ✓		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	143 -		
10.	Subtotal	$ 775		2
11.	Cert. of Occupancy	150 -		
12.	Other			
13.	TOTAL	$ 3901	150 -	173 -

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 18 ft.	
3.	Area — Largest Floor 2600 sq. ft.	
4.	New Building Area ____ sq. ft.	
5.	Volume of New Structure ____ cu. ft.	
6.	Max. Live Load ~~35 psf~~	
7.	Max. Occupancy Load 35	
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 ✓ CONNECTION	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional) HA 12-13-19 SP

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	60,000				10/17/19	REF			
☒ Electrical	8,800	8/14/19			8/21/19	RJC			
☒ Plumbing	1,500.			9-3-19		10-2-19			
☐ Fire Protection					8/28/19				
☐ Elevator		Eng Ex-empt			8/13/19	EE			
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: B
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present 2B Proposed 2B

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

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

Reflexologist

DO NOT WRITE BELOW THIS LINE

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

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) 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 9/4/2019

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.

(X) Check if contractor.

Agent Name Zhen AI Hz

Address 7218 16 Ave Brooklyn NY 11204

Telephone (718) 331-8899

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/11/2020
Control Number C-19-002842
Permit Number 19-2802
Permit Issue Date 10/25/2019
Certificate Number 19-2802

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 135-197 VAN ZILE RD. 147 VAN ZILE ROAD 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:

Contractor HIGH QUALITY CONSTRUCTION

Address 7218 16TH AVE BROOKLYN NY 11204

Telephone: (718) 331-8899 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - - REFLEXOLOGIST

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: 284
Collected By: Matthew Fagen

Date Printed: 03/11/2020

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

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**	☑	☐
Emailed MUA on 2/28/20 MFF OK Per MUA on 3/6/20 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
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)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/25/19

Date Issued / Permit # 19-2802

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 147 Van Zile Rd. Brick Twsp, NJ 08724

Owner in Fee: ~~Hui Tao Gao~~ Bricktown Plaza Associates jdougherty@bolimeni.com

Tel. ~~(917) 388-6502~~ 516-393-8400 e-mail ~~blakefergone@gmail.com~~

Address ~~2430 fk B5 Fort Lee, NJ, 07624~~ 600 old Country Road Garden City NY 11530

(Contractor: ZHEN AI HE Tel. (718) 331-8899

Address 7218 16 Ave Brooklyn NY 11204 e-mail Highqualitycon@hotmail.com

Contractor License No. or Builder Registration No. 618877 Exp. Date

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

Federal Emp. ID No. 81-1919647 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10/17/19	MZH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/17/19
Approved by: MZH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [✓] CA
Date: 02/18/20
Approved by: MZH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ~~X~~ 1/31/2020	2/12/20 MZH		2/18/20 MZH	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present 2B Proposed 2B

No. of Stories 1

Height of Structure 18 ft.

Area — Largest Floor 2600 sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load 35

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 60000

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: Zhen AI HE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Renovation of proposed facial store with, Repairing floor, ceiling, walls, Painting, New partitions and Doors.

COMMERCIAL

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 $

X 1/31/20 Frm - NOT Ready - Plumber still working. Did Frame at rear bath contractor missed and sheet rocked walls.

X 2-12-20 Final Pm Tripping Hazard at 2 Entry door To Hall Rooms_

(B) tech

BUILDING SUBCODE
TECHNICAL SECTION

Update #A

Date Received 12/19/19
Control #

Date Issued
Permit # 19-2802+A

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 135-197 Van Zile Rd 141 Van Zile Rd Brick Township NJ

Owner in Fee: Brick town Plaza Associates

Tel. e-mail

Address 620 old country Rd #425 Garden City NY
street municipality

Contractor: High Quality Construction Tel. 718-331-5899
zip code

Address 7218 16 Ave Brooklyn NY e-mail

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
[ ] No Plans Required		
[ ] All	12-13-19	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	12/13/19	
Approved by:	KEK	
SUBCODE APPROVAL for CERTIFICATE		
[✓] CO [ ] CCO [ ] CA		
Date:	02/18/20	
Approved by:	KEK	

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final 2/18/20 KEK			2/18/20	KEK
Barrier-Free				

MFF 12/4/19

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 $ 100
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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Door Install Doors to Close-In All Patient Rooms.

~~Change from wall to door~~

~~in Body Massage room~~

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 $

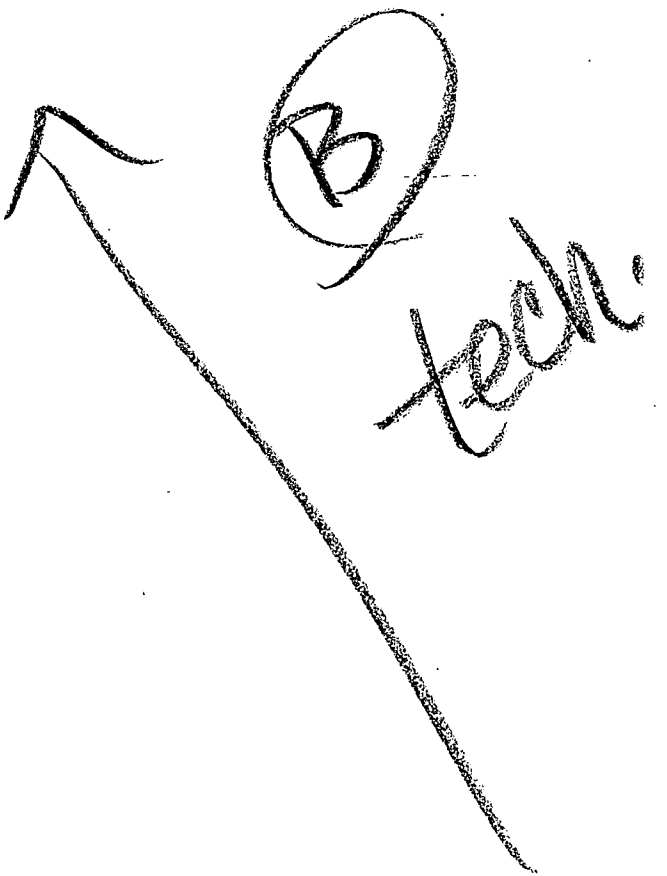
State Permit Surcharge Fee $

TOTAL FEE $

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

* 2/12/20 Final Walk

① Tripping Hazard at saddle of (2) doors



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/25/19
Control #
Date Issued
Permit # 19-2802

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 147 Van Zile Rd. BRICK TWSP, NJ 08724

Owner in Fee: ~~Hai Tan Guo~~ Bricktown Plaza Associates

Tel. ~~(917) 388-1503~~ 516-393-8400 e-mail ~~Blakeferguu@gmail.com~~ jdoughterty@pollment.com

Address ~~2430 4th BS Fort Lee, NJ 07024.~~ 600 Old Country Road Garden City NY street municipality zip code

Contractor: PROMPT P & E CO. Tel. (609) 799-3261

Address 1427 SO. 8TH ST e-mail 21230lu@gmail.com Phila, Pa. 19147

Contractor License No. 6173 B Exp. Date 3-31-21

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

Federal Emp. ID No. 37-1461155 FAX: (609) 799-1395

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8800—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 8/21/19 Approved by: PJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/21/19

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 2-3-2020

Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	12-10-19		12-27-19	[initial]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~ Above Ceiling			12-27-19	[initial]
Service				
Final			1-31-20	[initial]
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)

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: [signature]

Print name here: PETER D. Lu

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Beauty Salon as per Arch. Dwgs.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
39		Lighting Fixtures	
33		Receptacles	
16		Switches	
		Detectors EXIST.	
		Light Poles	
1		Motors—Fract. HP BATH EXH.	
9		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
103		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 EXIST.	
		AMP Subpanels	
		AMP Motor Control Center	
1	1.0	KW Elec. Sign/Outline Light	
~~1~~	~~1.2~~	~~LAUNDRY CKT (WASHER & DRYER)~~	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

Removed 1 main panel
Ground not done properly
Support Romex in cavity
Remove zip ties
Remove old Romex from sheet rock cavity
Check Boxes for rem lights & exit signs
Check main panel

12-10-19 DW

2/4/20 rm

Date Received 2/5/20
Control #
Date Issued
Permit # 19-2802

PLUMBING SUBCODE
TECHNICAL SECTION

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

Block 1149 Lot 1 Qualification Code

Work Site Location 135-97 VAN ZIELE RD BRICK, NJ

Owner in Fee: BRICKTOWN PLAZA ASSO. GARDEN CITY N.Y.

Tel. 718 338-6699 e-mail

Address 600 OLD COUNTRY RD. (street) (municipality) (zip code)

Contractor: G. MARINO Tel. 973 699-1414

Address 45 ETON ROAD e-mail JMP1419@AOL.COM
TOMS RIVER NJ. 08757

Contractor License No. 2171 Exp. Date 6-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-1371645 FAX: 732 608-7501

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 10000

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 [X] CA
Date: 2-18-20
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			2-20-20	WM

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: GERRY MARINO

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE TO 19-2802

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	17.1
	Hose Bibb	
1	Water Heater – Replace	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	2
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	17.1

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

0710-080-0004 LEL

U.C.C. F130 (rev. 10/17)

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/25/19
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 147 Van Zile Rd. Brick Township, NJ 08724

Owner in Fee: ~~Hai Tan Cao~~ Brickfown Plaze Associates jdougherty@jpolimeni.com

Tel. ~~(917) 388-1503~~ 516-393-8400 e-mail ~~Blackjonngate@gmail.com~~

Address ~~2430 8th Rd Fort Lee, NJ 07024~~ 600 Old Country Road Garden City NY 11530

Contractor: G MARINO Tel. 973 694-1414

Address 45 ETON ROAD e-mail

TOMS RIVER NJ. 08757

Contractor License No. 2171 Exp. Date 6-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-1371685 FAX: 732 608-7501

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5,500

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: GERRY MARINO

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New tenant fit-up for Beauty Salon

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
	Water Heater EXIST.	
	Fuel Oil Piping	
1	Gas Piping EXIST + NEW DRYER (3/4")	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks 3" TIE TO EXIST. 4" VTR	
	Other	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 10-22-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-22-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-27-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			12-5-19	
Rough			12-5-19	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	1-31-20		2-27-20	

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

✓ * update permit ① sink SEE ABV
① WH
① DEMO SINK

U.C.C. F130 (rev. 10/17)

To reorder call:
Allegra Marketing, Print & Mail
609-390-1400

"B" use 3 Sewer Refexologist

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 10/25/19

Date Issued Permit # 19-2802

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 147 VAN ZILE RD, BRICK TWSP, N.J. 08724.

Owner in Fee: Brickstown Plaza Associates

Tel. 516 393 8400 e-mail jdougherty@pdimgmt.com

Address 600 old Country Road, Garden City NY 11530
street municipality zip code

Contractor: G. MANNO Tel. (973) 699-1414

Address 45 ETON ROAD, TOMS RIVER, NJ 08757 e-mail

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

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

Fire Alarm Contractor No. 2171 Exp. Date 6-21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-1371645 FAX: (732) 608-7501

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 $ 1000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 3/2/20 Approved by: LJO

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3-28-20

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 3/2/20

Approved by: [signature]

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			2/12/20	
Other				

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

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: [signature]

Print name here: Gerry Manno

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		See attached
[ ] 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 Exit lights	9	
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 [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

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

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

APPLICATION FOR CERTIFICATE

Date Received 08/01/2019
Date Permit Issued 10/25/2019
Control # C-19-002842
Permit # 19-2802
Date Issued

IDENTIFICATION

Block 1149 Lot 1 Qualifier

Work Site Location 135-197 VAN ZILE RD. 147 VAN ZILE ROAD Brick Township, NJ

Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone

Contractor HIGH QUALITY CONSTRUCTION
Address 7218 16TH AVE BROOKLYN NY 11204

Telephone (718) 331-8899
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

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

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 75300
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - REFLEXOLOGIST

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

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [ ] AGENT

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 12/19/2019
Violation #: V-19-00338

IDENTIFICATION

Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ
Block: 1149 Lot: 1 Qualification Code:
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Agent/Contractor:
Address:

To: ☐ Owner ☐ Other:
☐ Agent/Contractor

ACTION

☐ On_____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on_____ revealed the following violation(s) remain:
NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: SIGN

☑ On 12/19/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

☐ On_____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on_____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 1/2/2020 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Date: 12-20-19
Construction Official

U.C.C. F212 equiv (rev. 4/2003)

PERMIT UPDATE

Date Update Issued 2/5/20
Control # C-19-002842+B
Permit # 19-2802+B

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. 147 VAN ZILE ROAD Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:

Contractor HIGH QUALITY CONSTRUCTION
Address 7218 16TH AVE BROOKLYN NY 11204
Telephone: (718) 331-8899
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:
- REFLEXOLOGIST ...UPDATE +B - SINK & WATER HEATER

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

Estimated Cost of Work $1,000

D. Thomas 2/4/20
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$171
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$173
Check No.	
Cash	$0
Credit	$0
Collected By	CW

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 12/19/19
Control # C-19-002842+A
Permit # 19-2802+A

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. 147 VAN ZILE ROAD Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:

Contractor: HIGH QUALITY CONSTRUCTION
Address: 7218 16TH AVE BROOKLYN NY 11204
Telephone: (718) 331-8899
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 - REFLEXOLOGIST ...UPDATE +A - INSTALL DOORS TO CLOSE-IN PATIENT ROOMS

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

Construction Official Date 12/19/19

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.	201
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

CONSTRUCTION PERMIT

Date Issued 10/25/19
Control # C-19-002842
Permit # 19-2901

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. 147 VAN ZILE ROAD Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone:

Contractor HIGH QUALITY CONSTRUCTION
Address 7218 16TH AVE BROOKLYN NY 11204
Telephone: (718) 331-8899
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - REFLEXOLOGIST

PAYMENTS (Office Use Only)

Building	$2,900
Electrical	$245
Plumbing	$150
Fire Protection	$241
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$143
CO Fee	$150.00
Other	$0
Total	$3,829
Check No.	284
Cash	$0
Credit	$0
Collected By	M. Fagan

+75
3904

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 $75,300

D. Wurman Jr. 10/23/19
Construction Official Date

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

RECEIVING CLERK: M
DATE REC'D 8/15/19

ZONING PERMIT APPLICATION

PERMIT # ZP-19-01185
DATE ISSUED 10/25/19

BLOCK: 1149 LOT: 1 QUALIFIER: _____ SITE ADDRESS: 147 Van Zile Rd Brick Twsp NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bricktown Plaza Associates
   COMPLETE ADDRESS: 600 Old Country Road Garden City NY 11530
   PHONE # 516-393-8400 EMAIL: Jdougherty@Polimenj.com
2. NAME OF APPLICANT: Hai Tao Guo
   APPLICANT ADDRESS: 2430 8th 13E Fort Lee NJ 07024.
   PHONE # 917-388-6503 EMAIL: blukefengguo@gmail.com
3. RESPONSIBLE PERSON FOR WORK: Hai Tao Guo
   PHONE# (917)-388-6503 FAX# _____
4. SIGNATURE OF APPLICANT: Hai Tao Guo

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Ice Cream/Chinese
PROPOSED USE: Zu dao Tang Sheng Tang Reflexologest

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit Up - taking 2 units

ZONING REVIEW:
DATE REVIEWED: 8-12-19 DATE DENIED: _____ DATE APPROVED: 8-12-19 INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/25/19
Application Number: ZA-19-00949
Application Date: 8/7/2019
Project Number:
Permit Number: ZP-19-01185
Fee: $75.00

Zoning Permit

Worksite **135-197 VAN ZILE RD.**
Location: **Brick Township, NJ 08724**

Owner: **BRICKTOWN PLAZA ASSOCIATES**
Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NY 11530

Applicant: **Hai Tao Guo**
Address: **2430 8th Avenue**
Brooklyn, NY 07024

Block: **1149** Lot: **1** Qualifier: Zone: **B-3**

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

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Fitness Center (Reflexologist-Zu Dao Yang Sheng Tang)**

Work Description:
Tenant Fit-Up - Tenant Fit-Up- (2) Units. Interior alterations changing from restaurant to reflexology center.

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 8/12/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 8/12/2019 Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1149 **LOT** 1 **ADDRESS** 147 Van Zile Rd. Brick Twsp NJ 08724

IDENTIFICATION:

1. WORK SITE ADDRESS 147 Van Zile Rd. Brick Twsp NJ 08724
2. APPLICANT ~~Chun Feng~~ ~~Hai Tao Guo~~ Hai Tao Guo
3. NAME OF OWNER IN FEE Bricktown Plaza Associates
   ADDRESS 600 Old Country Road Garden City NY 11530
   PHONE 516-393-8400 EMAIL jdaugherty@polimeni.com
4. PRINCIPAL CONTRACTOR Zhen Ai He
   ADDRESS 7218 16 Ave Brooklyn
   PHONE 718-331-8899 EMAIL Highquality.com@hotmail.com
5. ARCHITECT OR ENGINEER Chun Feng
   ADDRESS 17 Ronald Ct. Ramsey, NJ 11044
   PHONE 201-638-5857 EMAIL cfeng3000@gmail.com
6. RESPONSIBLE PERSON FOR WORK Hai tao Guo
   ADDRESS 2430 8th St Fortlee NJ 07024
   PHONE 917-388-6502 EMAIL blakefengguo@gmail.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION: Interior Renovation of proposed facial store.

ENGINEERING REVIEW:

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

Subcode Official Review

Date: Tuesday, September 3, 2019

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

RE: Plumbing Subcode
Block: 1149 Lot: 1 Qual:
135-197 VAN ZILE RD.
Permit Number: Control Number: C-19-002842
Last Submit Date: Wednesday, August 28, 2019

Dear BRICKTOWN PLAZA ASSOCIATES,

The following comments were made during the Plan Review process:
1. Sizing of Gas Pipe
IRC 2015 G2413.4(1) (402.4(2) Longest Length Method
The pipe size of each section of gas piping shall be determined using the longest length of piping from the point of delivery to the most remote outlet and the load of the section.

The application does not provide the longest run of piping. The proper sizing of the gas pipe cannot be determined.

2. Drain Waste Vent line riser diagram (NJAC 5:23-2.15(f)iv) does not demonstrate code compliance _
Plumbing plans should include a riser diagram including pipe sizes.
DWV sketch and the detailed drawing for the washer connection provided shows vent on the fixture side of the trap. The vent should be above the centerline of the trap weir.

3. NJAC 5:23-6.17(k) Required Plumbing fixtures. Please demonstrate the method of providing drinking water.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 9/17/19 Matt
after Bldg

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

Subcode Official Review

Date: Friday, September 06, 2019

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

RE: Plumbing Subcode
Block: 1149 Lot: 1 Qual:
135-197 VAN ZILE RD.
Permit Number: Control Number: C-19-002842
Last Submit Date: Wednesday, August 28, 2019

Dear BRICKTOWN PLAZA ASSOCIATES,

The following comments were made during the Plan Review process:
1. Sizing of Gas Pipe
IFGC 2015 402.4(2) Longest Length Method
The pipe size of each section of gas piping shall be determined using the longest length of piping from the point of delivery to the most remote outlet and the load of the section.

The application does not provide the longest run of piping. The proper sizing of the gas pipe cannot be determined.

2. Drain Waste Vent line riser diagram (NJAC 5:23-2.15(f)iv) does not demonstrate code compliance _
Plumbing plans should include a riser diagram including pipe sizes. A riser diagram is a single-line diagram that represents how the fixtures and drains are to be connected, vented and the slopes and fittings used in the drain, waist, and vent piping. The diagram should be two-dimensional in a vertical plane but is not required to be scaled for dimensionally accuracy.
DWV sketch and the detailed drawing for the washer connection provided shows vent on the fixture side of the trap. The vent should be above the centerline of the trap weir.
3. NJAC 5:23-6.17(k) Required Plumbing fixtures. Please demonstrate the method of providing drinking water.

Sincerely,

Daniel F Newman Jr , Subcode Official

RESUBMIT MFF
SUBCODES Plum.
DATES 9/17/19

CC:

RE: PLUMBING SUBCODE
BLOCK:1149 LOT: 1 QUAL:
135-197 VAN ZILE RD.

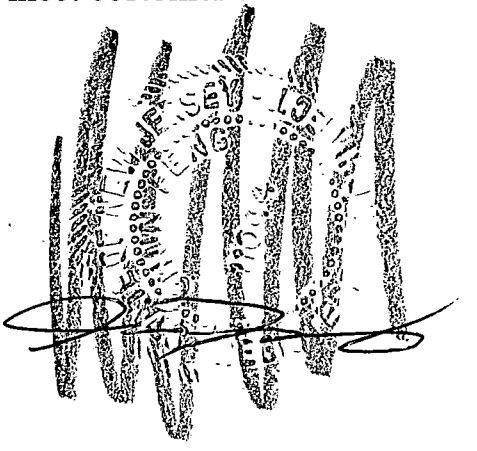
Project location: 147 VAN ZILE RD BRICK TOWNSHIP N.J. 08724

Dear officer,
As per your comment, I am writing to answer the comment made under the plan review.

1. Sizing of gas pipe.
Answer : Provide sizing of gas pipe analysis to show that proposed gas pipe size is enough for gas usage. (page 4)

2. DWV line riser diagram.
Answer: Show washer machine connection detail and revise plumbing riser.
(page 4)

3. Required plumbing fixture.
Answer: Add new water dispenser at reception to meet costomer need.
(page 2)



RECEIVED

SEP 17 2019

BUILDING

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of October 22, 2019 4:42 PM

Return to Search Results

Name: CHUN FENG

Address: Ramsey,NJ

Profession/License Type: Architecture,Registered Architect

License No: 21AI01104400

License Status: Active

Status Change Reason: Reinstatement

Issue Date: 1/25/1990

Expiration Date: 7/31/2021

NO Board Actions. For more information contact New Jersey State Board of Architects - 973-504-6385

Documents

No Public Documents

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of August 29, 2019 6:39 PM

Return to Search Results

Name: GELARDO J MARINO

Address: Toms River,NJ

Profession/License Type: Master Plumbers,Master Plumber

License No: 36BI00217100

License Status: Active

Status Change Reason:

Issue Date: 7/1/1969

Expiration Date: 6/30/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Master Plumbers - (973) 504-6420

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 147 Van Zile Rd. Brick Township NJ 08724

BLOCK: 1149 **LOT:** 1

CONTRACTOR: Zhen AL HE

CONTRACTOR'S ADDRESS: 7218 16 Ave Brooklyn NY 11204

Type of Construction(minor, new home): minor

Type of Debris (shingles, siding, wood, etc.): sheetrock ceiling tile . wood

Party responsible for removal: Cardella Waste

Dumpster Size: 1-2 40 yard Container

Destination of Debris: ~~1-2 40 yard container~~ City approved site

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

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

Hai Tao Guo
Signature

8/1/19
Date

Hai Tao Guo
Print Name

CHIMNEY VERIFICATION FOR
REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 137-97 VAN ZILE RD BRICK, NJ.

Owner in Fee BRICKTOWN PLAZA ASSOCIATES

Verifying Individual G. MARINO Company MARINO MECHANICAL

Address 45 ETON ROAD TOMS RIVER NJ. 08757
Street City State Zip Code

Tel: (973) 699-1414 Fax: (732) 608-7501

Check the Appropriate Box(es):

Type of Replacement:
- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size 4"
- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURN	Oil / (Gas) / Other:	40,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ 2/3/20
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Brick Plaza Associates (Reflexologist) DATE 10/22/2019

PROPERTY ADDRESS 135-197 Van Zile Road (unit 147) BLOCK 1149 LOT 1

ZONING _____ USE GROUP B

CONTRACTOR High Quality Construction LICENSE # REGISTRATION _____

WATER MAIN SIZE 3/4" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	2	( )	5	( )	
4. LAVATORY	2	( )	2	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK	1 hand sink	( )	1	( )	
8. SERVICE SINK	1	( )	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
TOTALS			15		

GALLONS PER MINUTE 11

SIZE of SERVICE 3/4

DATE: 10-22-19 APPROVED BY: _____

* * * Communication Result Report (Oct. 22. 2019 5:00PM) * * *

1)
2)

Date/Time: Oct. 22. 2019 4:59PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5927	Memory TX	BTMUA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Brick Plaza Associates (Reflexologist) DATE 10/22/2019

PROPERTY ADDRESS 135-197 Van Zile Road (unit 147) BLOCK 1149 LOT 1

ZONING _____ USE GROUP B

CONTRACTOR High Quality Construction LICENSE # REGISTRATION _____

WATER MAIN SIZE 3/4" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	2	( )	5	( )	
4. LAVATORY	2	( )	2	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK	1 hand sink	( )	1	( )	
8. SERVICE SINK	1	( )	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		15		

GALLONS PER MINUTE 11

SIZE of SERVICE 3/4

DATE: 10-22-19 APPROVED BY: _____

Deluge and Preaction Valves

N/A

Operation: ☐ Pneumatic ☐ Electric ☐ Hydraulics

Piping Supervised? ☐Yes ☐ No Detecting Media Supervised? ☐Yes ☐No

Does valve operate from the manual trip, remote, or both control stations? ☐ Yes ☐ No

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

If no, explain:

Make	Model	Does Each Circuit Operate Supervision Loss Alarm?		Does Each Circuit Operate Valve Release?		Maximum Time to Operate Release	
		Yes	No	Yes	No	Minutes	Seconds
		☐	☐	☐	☐		

Pressure Reducing Valve Test

N/A

Location and Floor	Make and Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow Rate
			Inlet (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)	Flow (gpm)

Test Description

N/A

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ (0.1 bar) in 24 hours.

Tests

N/A

All piping hydrostatically tested at _____psi (____bar) for _____hours ☐Yes ☐No — If no, state reason

Dry piping pneumatically tested ☐Yes ☐No

Equipment operates properly ☐ Yes ☐No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks?

☐ Yes ☐ No

Drain Test	Reading of gauge located near water supply test connection _____psi (_____bar)	Residual pressure with valve in test connection open wide: _____psi (_____bar)

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

Verified by copy of Contractor's Material and Test Certificate for Underground Piping ☐Yes ☐No Other Explain

Flushed by installer of underground sprinkler piping ☐Yes ☐No

If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐No — If no, explain

Blank Testing Gaskets

Number used	Locations	Number removed

Welding

N/A

Welding piping ☐Yes ☐ No

If yes:

Do you certify as the sprinkler contractor that welding procedures used complied with the minimum requirements of AWS B2.1, ASME Section IX *Welding and Brazing Qualifications* or other applicable qualification standard as required by the AHJ? ☐Yes ☐No

Do you certify that all welding was performed by welders or welding operators qualified in accordance with the minimum requirements of AWS B2.1, ASME Section IX *Welding and Brazing Qualifications*, or other applicable qualification standard as required by the AHJ? ☐Yes ☐No

Do you certify that the welding was conducted in compliance with a documented quality control procedure to ensure that (1) all discs are retrieved; (2) that openings in piping are smooth, that slag and other welding residue are removed; (3) the internal diameters of piping are not penetrated; (4) completed welds are free from cracks, incomplete fusion, surface porosity greater than 1/16 in. diameter, undercut deeper than the lesser of 25% of the wall thickness or 1/32 in.; and (5) completed circumferential butt weld reinforcement does not exceed 3/32 in.? ☐Yes ☐No

Cutouts

Do you certify that you have control feature to ensure that all ☐ Yes ☐No

(discs)	cutouts (discs) are retrieved?		
Hydraulic Data Nameplate	Nameplate provided ☐Yes ☐No		If no, explain:
	N/A		

Sprinkler contractor removed all caps and straps? ☒ Yes ☐ No

Remarks	Date left in service will all control valves open:
Signatures	Name of sprinkler contractor Allstate Fire Technologies, Inc

Tests witnessed by

The property owner or their authorized agent (signed)	Title	Date

For sprinkler contractor (signed)	Title	Date
Joseph Riccadonna	President	2/25/20

Additional explanations and notes:

Relocated existing sprinkler heads to accommodate new ceiling layout. Replaced sprinkler heads that were not applicable and used Schedule 40 pipe and cast fittings. Upon leaving, we checked for any leaks and found the system to be sound and operational.

CONTRACTORS' MATERIALS & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

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

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

Property Name Zudapos Foot Spa	**Date** 2/25/20
Property Address 147 Van Zile Rd Brick, NJ 08724	

Plans N/A

Accepted by Approving Authorities (Names): Click here to enter text.
Address: Click here to enter text.
Installation conforms to accepted plans: ☐Yes ☐No
Equipment use is approved: ☐Yes ☐No
If no, explain deviations: Click here to enter text.

Instructions N/A

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☐Yes ☐No
If no, explain: Click here to enter text.

Have copies of the following been left on the premises?
1. System components instructions ☐Yes ☐No
2. Care and maintenance instructions ☐Yes ☐No
3. NFPA 25 ☑Yes ☐No

Location of System Supplies Buildings Middle Rear of Building

Sprinklers	Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
		Pendent	2019	1/2"	15	155 Degrees

Pipe and Fittings

Type of Pipe: Click here to enter text.
Type of Fitting: Click here to enter text.

Alarm Valve or Flow Indicator N/A

Alarm Device			Maximum time to operate Through test connection	
Type	Make	Model	Minutes	Seconds

Dry Pipe Operating Test N/A

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

	Time to Trip Through Test Connection (a,b)		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet (a,b)		Alarm Operated Properly?	
	Min	Sec	PSI	PSI	PSI	Min	Sec	Yes	No
Without Q.O.D									
With Q.O.D									

If No, Explain:

a) Measured from time inspector's test connection is opened
b) NFPA 13 only requires the 60-second limitation in specific sections

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, March 05, 2020 5:49 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 147A VANZILE RD FOOT SPA

Hi Matt. We were out there & they are ok to CO.

SUSAN M. STANISZ
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com