

BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 147 VAN ZILE Rd PERMIT NO. 16-2600



CONSTRUCTION PERMIT APPLICATION

C16-003807

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

147 VAN ZILE Rd

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>180</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>1-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>181-</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

I. IDENTIFICATION

1. Proposed Work Site at: BRICKTOWN PLAZA SHOPPING CENTER UNIT 45

2. Name of Owner in Fee: Pohoveni International LLC
Tel. (516) 393-6000 e-mail _____
Address 600 Old Country Rd Garden City NY 11530
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: MOUNTAIN Electric INC Tel. (732) 754-9164
Address 15 BOWHAM DR e-mail _____
Edison NJ 08837

License No. OR, if new home, Builder Reg. No. 13180 Exp. Date 3/31/18
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13UH03609900
Federal Emp. ID No. 22-3775385 FAX: (732) 494-5250

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

6. Responsible Person in Charge once Work has Begun BART MALKIN
Tel. (732) 754-9164 FAX: (_____) _____

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

TOTAL COST

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>4/25/16</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____

Proposed _____

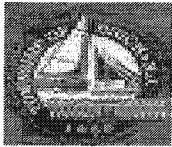
III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/2/2016
Control Number C-16-003501
Permit Number 16-2600
Permit Issue Date 7/26/2016
Certificate Number 16-2600

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 135-197 VAN ZILE RD. UNIT 45 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: Mountain Electric Inc.
Address: 15 Bonham Dr. Edison NJ 08837
Telephone: (732) 754-9164 Fax: (732) 494-5250
License Number or Builders Registration Number: 13180 Federal Emp. Number: 22-3775385

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: METER RESET ...UNIT 45

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: 8/2/2016

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name MOUNTAIN Electric INC

Address 15 Bonham Dr.

Edison NJ 08837

Telephone (732) 754-9164

Signature Bart Miller

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

336 107 814



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 Unit 45
Work Site Location Bucktown Plaza Shopping Center
Owner in Fee: Polimeri International LLC

Tel. (516) 393-6000 e-mail _____
Address 600 Old Country Rd Great Neck NY 11030

Contractor: Mountain Electric Inc Municipality _____ Tel. (732) 754-9164 Zip code _____
Address 15 Bowman Dr e-mail _____
Edison NJ 08837

Contractor License No. 13126 Exp. Date 3/6/16
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 130103609200

Federal Emp. ID No. 22-3775385 FAX: (732) 494-5200

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 225-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
☐ Partial -Underslab Utilities Approved	Rough	
Date: _____ Approved by: _____	Barrier-Free	
☐ Electric Plans Approved	Trench	
Date: _____ Approved by: _____	Temp. Serv.	
Joint Plan Review Required:	Constr. Serv.	
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO	
SUBCODE APPROVAL for PERMIT	Other	
Date: _____	Service	
Approved by: _____	Final	
	Barrier-Free	
	Temp. Cut-in-Card Date Issued	
	Final Cut-in-Card Date Issued	
	Annual Pool Inspection	
	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 Bowman
sign and seal here: _____

Print name here: Bart M. Lee
Licensed Elec. Contractor ☐ Certifd. Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:	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				

COMMERCIAL

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 1/4 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 \$ _____



CONSTRUCTION PERMIT

Date Issued 7/26/16
Control # C-16-003501
Permit # 16-2600

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-197 VAN ZILE RD. UNIT 45 Brick Township, NJ Contractor Mountain Electric Inc.
Address 15 Bonham Dr. Edison NJ 08837
Owner in Fee BRICKTOWN PLAZA ASSOCIATES Telephone: (732) 754-9164
600 OLD COUNTRY RD #425 GARDEN CITY NY Lic. No. or Bldrs. Reg. No. 13180 13180 13180
11530 Federal Employee. No. 22-3775385
Telephone: _____

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:

METER RESET ... UNIT 45

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 \$225

Sheuman Jr/MP
Construction Official

7/25/16
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 _____ \$180
Plumbing _____ \$0
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$0.00
DCA Training Fee _____ \$1
CO Fee _____
Other _____ \$0

Total \$/16 2002 PM 001552W235181

Check No. 002 SER 403

Cash \$163600 \$0

Credit ELECTRIC \$0

Collected By DEB \$181.00

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.

Brick Township
Building Department (732) 262-1030



DRUR # 336107814

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 135-197 VAN ZILE RD. UTILITY CO

UNIT 45 Brick Township, NJ BLK 1149 LOT 1

OWNER BRICKTOWN PLAZA ASSOCIATES OCCUPANT BRICKTOWN PLAZA ASSOCIATES

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after days

DESCRIPTION OF SERVICE 200 Amp

INSTALLED BY Mountain Electric Inc. LICENSE NO 13180

DATE 7/28/2016 PERMIT # 16-2600 INSPECTOR Marcel Renson

☒ FAXED IN 7/28/2016 Lic. No: 6455

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

* * * Communication Result Report (Jul. 28. 2016 3:39PM) * * *

1}

Date/Time: Jul. 28. 2016 3:37PM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
5376	Memory TX	918889149140	P. 1	OK	

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

Brick Township
 Building Department (732) 262-1000

MUNICIPALITY Brick Township

LOCATION 135-197 VAN ZILE RD UTILITY CO. _____

UNIT 45 Brick Township, NJ BLK 1149 LOT 1

OWNER BRICKTOWN PLAZA ASSOCIATES OCCUPANT BRICKTOWN PLAZA ASSOCIATES

"Installation in the above premises has been inspected and is in accordance with N.E.C. and OCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 200 Amp

INSTALLED BY Mountain Electric Inc. LICENSE NO. 13180

DATE 7/28/2016 PERMIT # 16-2690 INSPECTOR Marcel Reinson

☒ FAXED IN 7/28/2016 Lic. No. 8465

U.S.G. Form F2988 Rev. 1 11/01 UTILITY 2 CANNY-OFFICE/PL 3 FINK OFFICE/CONTRACTOR