BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135-197 Van Zile PERMIT NO. 15-2978

CONSTRUCTION PERMIT APPLICATION

C-15-003878

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

I. IDENTIFICATION

1. Proposed Work Site at: 135-197 Van Zile Rd. Brick, NJ 08724 (Big Lot's)
2. Name of Owner in Fee: Bricktown Plaza Associates, Sudler Company
   Tel. ( ) _____ e-mail _____
   Address 150 Brick Blvd (street) Brick, NJ (municipality) 08723 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Capstone Mechanical Tel. (732) 604-6592
   Address 300 Constitution Dr e-mail dperry@capstonemechanical.com
   Portsmouth, NH 03801
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 80-0705928 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____ ✓
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Donald Perry
   Tel. (732) 604-6592 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 125 ✓	20 ✓	
2.	Electrical		210 ✓	
3.	Plumbing		180 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	2		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 643		

VI. BUILDING/SITE CHARACTERISTICS

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

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	125-	GYR	✓		08/24/15	[illegible]			
☑ Electrical	700-	GYR	✓		8/6/15	[illegible]			
☑ Plumbing	750-	GYR	8/		8-7-15	[illegible]			
☑ Fire Protection	100-	GYR	8/		8/13/15	[illegible]			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: M
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
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

7-31-15 @ 11:04 am GYR
Left B

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/18/2017
Control Number C-15-003878
Permit Number 15-2878
Permit Issue Date 8/28/2015
Certificate Number 15-2878

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone:

Contractor CAPSTONE MECHANICAL

Address 300 CONSTITUTION AVE PORTSMOUTH NH 03801

Telephone: (603) 319-8389 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ...DIRECT REPLACEMENT OF (2) RTU'S

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: $0.00
Check Number:
Collected By:

Date Printed: 7/18/2017

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

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 Capstone Mechanical (Donald Perry)

Address 300 Constitution Ave

Portsmouth, NH 03801

Telephone (732) 604-6592

Signature _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8-20-15
Permit # 15-2878

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 Vanzile Rd. Brick, NJ 08724 (Big Lot's)

Owner in Fee: Bricktown Plaza Associates, Sudler Company

Tel. ( ) e-mail

Address 150 Brick Blvd (street) Brick, NJ (municipality) 08723 (zip code)

Contractor: Capstone Mechanical Tel. (732) 604-6592

Address 300 Constitution Ave e-mail dperry@capstonemechanical.com
Portsmouth, NH 03801

Contractor License No. Exp. Date

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

Federal Emp. ID No. 80-0705928 FAX: ( )

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 $ 750.00

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: Donald Perry Jr. NJ Lic # 3087

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace 2 existing RTUs, connecting to existing gas line.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	30.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other condensate lines	30.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 60.00

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: 8-7-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-18-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	10-5-15		10-19-15	

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8-28-15
Permit # 15-2078

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 (BIG LOTS)
Brick, NJ 08724

Owner in Fee: Bricktown Plaza Associates, Sudler Company

Tel. ( ) e-mail

Address 150 Brick Blvd (street) Brick, NJ (municipality) 08723 (zip code)

Contractor: Capstone Mechanical Tel. (732) 604-6592

Address 300 Constitution Ave e-mail dperry@capstonemechanical.com
Portsmouth, NH 03801

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

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

Federal Emp. ID No. 80-0705928 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	08/24/15	VCH
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/24/15
Approved by: VCH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/02/15
Approved by: VCH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	9/30/15 JM		10/26/15 JM	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 125.00

U.C.C. F110
(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.

Sign here:

Print name here: Donald Perry Jr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of 2 RTUs

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)
$

COMMERCIAL

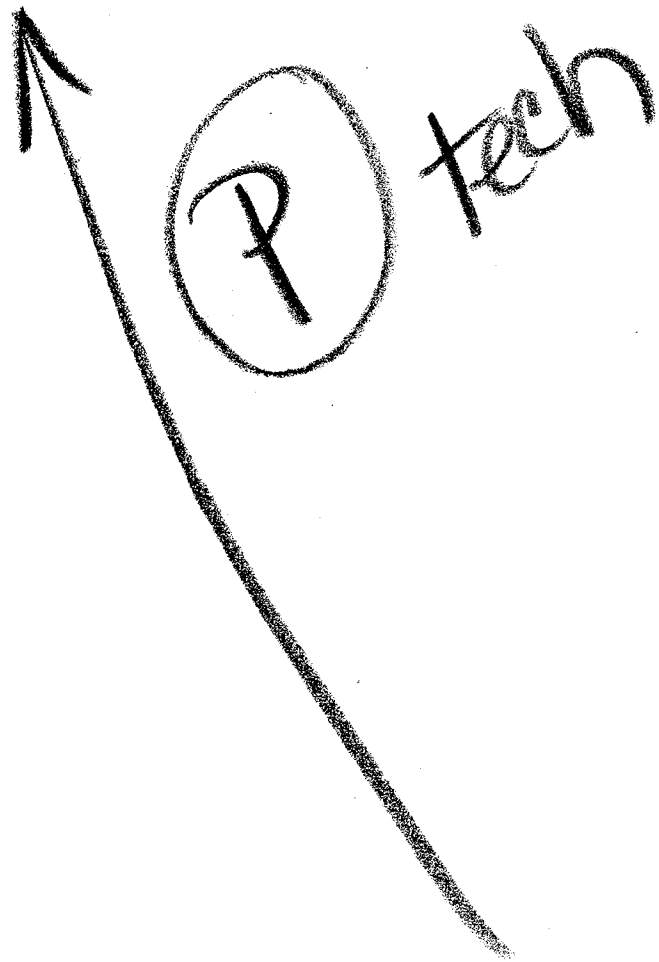
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

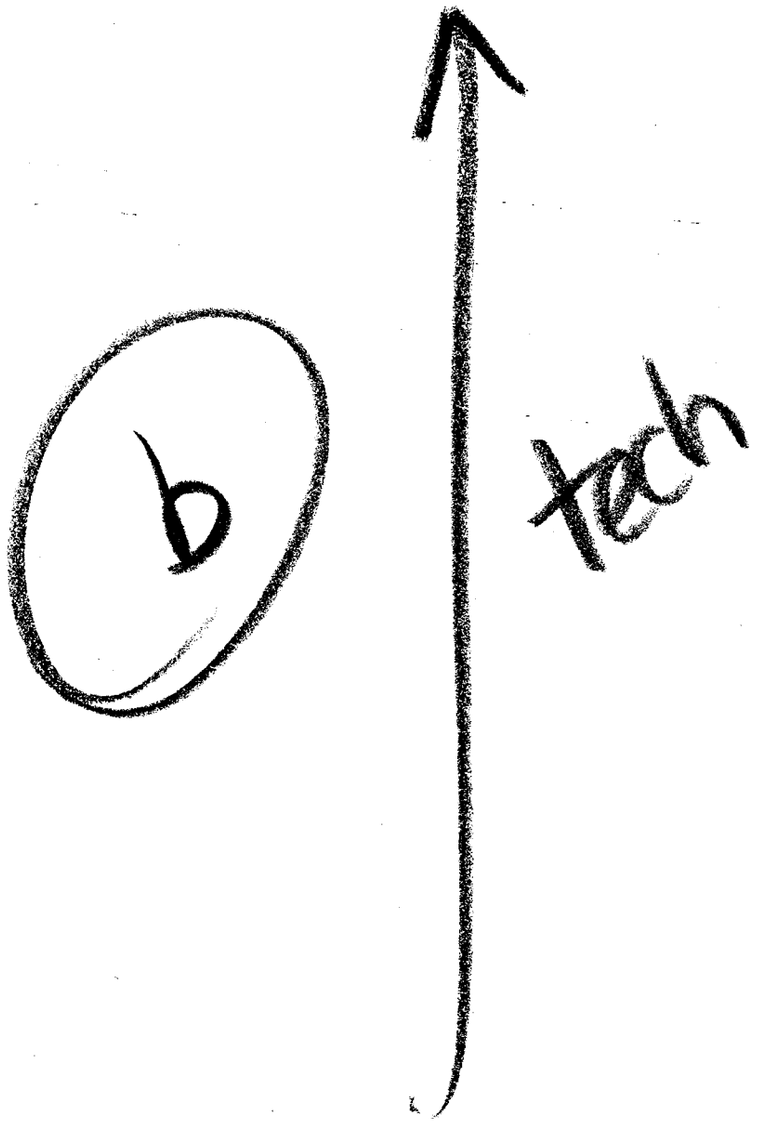
1

10-5-15 JD

Replace csst with sch 40.
install condensate TRAPS
PAINT Exposed pipe



* 9/30/15 Jan No resp. at unit for service.



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-28-15
Control #
Date Issued
Permit # 15-2878

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 Road (BIG LOTS)
Brick, NJ 08724

Owner in Fee: Bricktown Plaza Associates

Tel. (732) 458-4701 e-mail

Address 150 Brick Blvd. Brick, NJ 08724
street municipality zip code

Contractor: Kubiak Electric Co., Inc. Tel. (609) 587-7168

Address 1274 Route 130 South e-mail
Robbinsville, NJ 08691

Contractor License No. 34EI00354900 Exp. Date 03/2018

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

Federal Emp. ID No. 210700186 FAX: (609) 426-8848

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 8/17/15 Approved by: [signature]

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/13/15

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 10/26/15

Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	9/30/15 CO		10/26/15	PJL
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: Alan R. Carlton

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 2,35KW RTU equipment

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	
		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	
2	35	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	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

CONSTRUCTION PERMIT

Date Issued 8-28-15
Control # C-15-003878
Permit # 15-2078

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ
Owner in Fee: BRICKTOWN PLAZA ASSOCIATES, 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:
Contractor: CAPSTONE MECHANICAL
Address: 300 CONSTITUTION AVE PORTSMOUTH NH 03801
Telephone: (603) 319-8389
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:

RENOVATION - COMMERCIAL ...DIRECT REPLACEMENT OF (2) RTU'S

Note: If constuction 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 $1,675

Construction Official

Date 8/26/15

PAYMENTS (Office Use Only)

Building	$125
Electrical	$120
Plumbing	$216
Fire Protection	$180
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$643
Check No.	3730
Cash	$0
Credit	$0
Collected By	GMR

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.

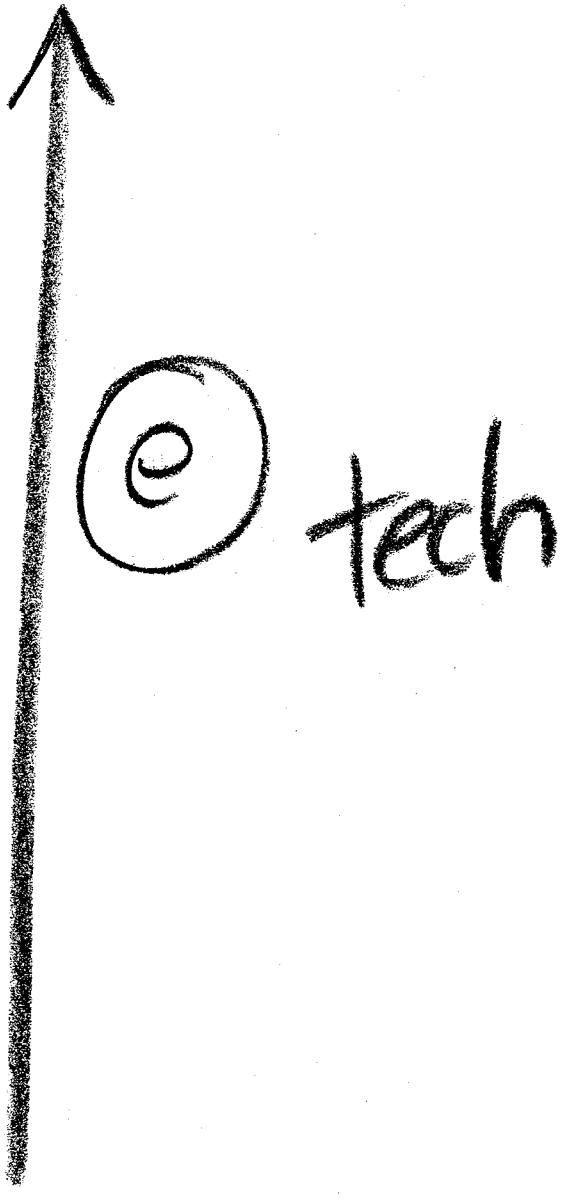
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ 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.

9/30/15 2-A/C NOT TO NAME PLATES



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received
Control #
Date Issued 8-20-15
Permit # 15-2078

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 (BIG LOTS)
Work Site Location 135-197 Van Zile Rd
Brick, NJ 08724
Owner in Fee: Bricktown Plaza Associates, Sudler Company
Tel. ( ) e-mail
Address 150 Brick Blvd (street) Brick, NJ (municipality) 08723 (zip code)
Contractor: Capstone Mechanical Tel. ( )
Address 300 Constitution Ave e-mail dperry@capstonemechanical.com
Portsmouth, NH 03801
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 80-0705928 FAX: ( )

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 $ $100.00

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:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant/Contractor sign here:
Print name here: Donald Perry Jr.
[ ] 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		
[ ] 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 [X] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMPLETE

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date 8/18/15 Approved by: AJR
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-19-15
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-1-15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final		9/30/15		
Other				

NO Contact

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

REPLACEMENT ROOF TOP UNITS FOR COMMERICAL

WEIGHT OF OLD UNIT 1430

WEIGHT OF NEW UNIT 940 + 130 curb adapter

IF THE NEW UNIT WEIGHT IS MORE WE WILL NEED AN ENGINEER TO CERTIFY ROOF STRUCTURE, OR PROVIDE DETAILED REINFORCEMENT PLAN.

PLUMBING TECH FILLED OUT AND SIGNED AND SEALED.

BTU'S OF OLD AND NEW UNITS OR NEED TO SUPPLY HEAT LOSS/COOLING

OLD BTU'S 120K INPUT 120K OUTPUT

NEW BUT'S 120K INPUT 120K OUTPUT

NEED TO SUPPLY LOAD CALCUATIONS

ELECTRIC TECH FILLED OUT AND SIGNED AND SEALED.

BUILDING TECH FILLED OUT AND SIGNED AND SEALED.

BROCHURE/SPEC'S OF NEW UNIT (NOT INSTALLATION GUIDE)

7/26/11

Carrier Enterprise Northeast, LLC
14 Industrial Park Place Rd
Middletown, CT 06457

(P) 860-740-3366
(F) 860-986-6385
www.commercial.carrier.com

turn to the experts

comfort | excellence

EQUIPMENT QUOTATION

Attention:	Jim	Date:	07/15/2015
Fax Number:	603-215-2668	Quote Number:	JC10249 **Rev-1**
Account:	505241	Engineer:	(No Contact)
Customer:	Capstone Mechanical	Job Name:	Big Lots
Address:	767 Islington Street Portsmouth, NH 03801	Job Location:	Bricktown, NJ

We at Carrier Enterprise Northeast are pleased to quote the following equipment for the above referenced project in accordance with attached terms and conditions.

Mark For	Qty	Model Number	Description
10 ton RTUs	2	48TCED12A2A6-0A0A0	Std Eff Med Gas Heat Single Pkg Rooftop 10 Tons Cooling 460-3-60 ♦ *Medium Heat* ♦ *Two Stage Compressor Models* ♦ *Medium Static Option (Belt Drive)* ♦ *Al/Cu - Al/Cu* ♦ *Base Electromechanical Controls*
	2	Custom adapters	*48DR012 to 48TC12 adapter curbs*
	2	1022356	*Field installed Economizers*

Total Net Sell Price excluding sales tax:

*****Add $1400 for Cambridgeport to field measure adapter curbs***

QUOTATION NOTES:

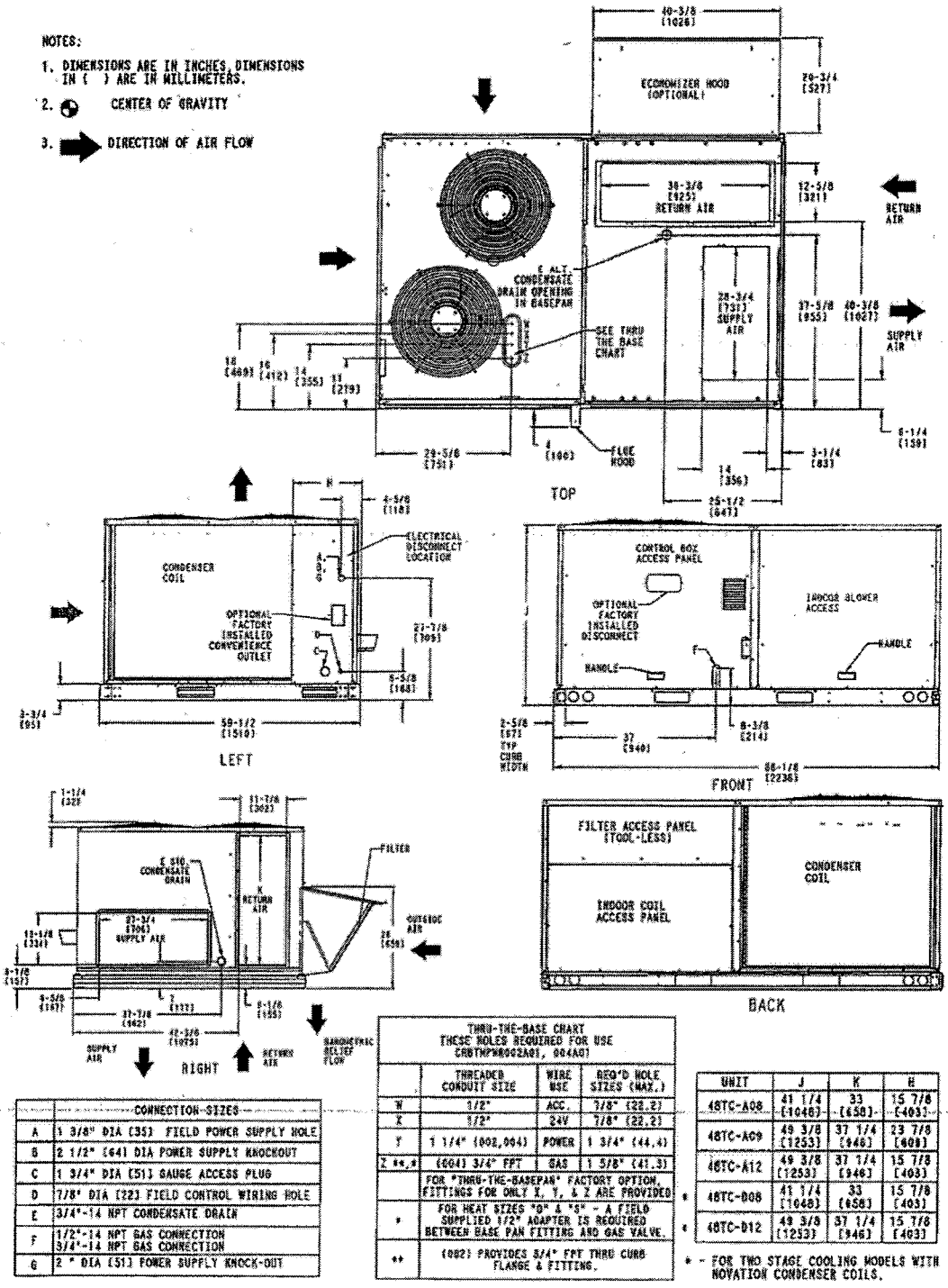
1. The following are not included in this price: External Vibration Isolation, Controls labor, BMS, Merv 13 filters, Smoke Detectors, Disconnects,GFI outlets, Spare filters , Belts, Ext Labor Warranty, factory start-up & field support

SPECIAL NOTES:

1. Above price is firm and will remain in effect for 30 days.
2. No taxes, permits, start-up, and or service are included in

<qjC10249.docx>
<Field Measure.pdf>
<2000089.pdf>

CURBS & WEIGHTS DIMENSIONS - CHASSIS 2



	CONNECTION-SIZES
A	1 3/8" DIA [35] FIELD POWER SUPPLY HOLE
B	2 1/2" [64] DIA POWER SUPPLY KNOCKOUT
C	1 3/4" DIA [51] GAUGE ACCESS PLUG
D	7/8" DIA [22] FIELD CONTROL WIRING HOLE
E	3/4"-14 NPT CONDENSATE DRAIN
F	1/2"-14 NPT GAS CONNECTION 3/4"-14 NPT GAS CONNECTION
G	2 " DIA [51] POWER SUPPLY KNOCK-OUT

THRU-THE-BASE CHART THESE HOLES REQUIRED FOR USE CRBTHPWR002A01, 004A01			
	THREADED CONDUIT SIZE	WIRE USE	REQ'D HOLE SIZES (MAX.)
W	1/2"	ACC.	7/8" (22.2)
X	1/2"	24V	7/8" (22.2)
Y	1 1/4" (002,004)	POWER	1 3/4" (44.4)
Z **	(004) 3/4" FPT	GAS	1 5/8" (41.3)
	FOR "THRU-THE-BASEPAN" FACTORY OPTION, FITTINGS FOR ONLY X, Y, & Z ARE PROVIDED		
*	FOR HEAT SIZES "B" & "S" - A FIELD SUPPLIED 1/2" ADAPTER IS REQUIRED BETWEEN BASE PAN FITTING AND GAS VALVE.		
**	(002) PROVIDES 3/4" FPT THRU CURB FLANGE & FITTING.		

UNIT	J	K	H	
48TC-A08	41 1/4 [1048]	33 [658]	15 7/8 [403]	
48TC-A09	49 3/8 [1253]	37 1/4 [946]	23 7/8 [606]	
48TC-A12	49 3/8 [1253]	37 1/4 [946]	15 7/8 [403]	
48TC-B08	41 1/4 [1048]	33 [658]	15 7/8 [403]	*
48TC-B12	49 3/8 [1253]	37 1/4 [946]	15 7/8 [403]	*

* - FOR TWO STAGE COOLING MODELS WITH NOVATION CONDENSER COILS.

C08519

Fig. 6 - Dimensions 48TC 08-12

MODEL NUMBER NOMENCLATURE

4	8	T	C	D	A	0	4	A	1	A	5	–	0	A	0	A	0

Unit Heat Type
48 = Gas heat pkg. rooftop

Series Model
TC = Standard Efficiency

Heat Size
D = Low heat
E = Med heat
F = High heat
L = Low NOx, Low heat
M = Low NOx, Med heat
N = Low NOx, High heat
S = Stainless steel, Low heat
R = Stainless steel, Med heat
T = Stainless steel, High heat

Refrigerant Systems Options
A = Standard 1 stage cooling models
B = Standard 1 stg. Cooling w/Humidi–MiZer (04–07 models only)
D = 2 stage cooling models (08–16 models only)
E = 2 stage cooling models w/ Al–CU cond coil & Humidi–MiZer (08–16 models only)

Cooling Tons

04 = 3 Ton	09 = 8.5 Ton
05 = 4 Ton	12 = 10 Ton
06 = 5 Ton	14 = 12.5 Ton
07 = 6 Ton	16 = 15 Ton
08 = 7.5 Ton	

Sensor Options
A = None
B = RA smoke detector
C = SA smoke Detector
D = RA + SA smoke detector
E = CO2 sensor
F = RA smoke detector & CO2 sensor
G = SA smoke detector & CO2 sensor
H = RA + SA smoke detector & CO2 sensor

Indoor Fan Options
1 = Standard static option
2 = Medium static option
3 = High static option
C = High Static option w/high efficiency motor (size 16 only)

Note: On single phase (–3 voltage code) models, the following are not available as a factory installed option:
– Humidi–MiZer
– Coated Coils or Cu Fin Coils
– Louvered Hail Guards
– Economizer or 2 Position Damper
– Powered 115 Volt Convenience Outlet

Packaging & Seismic
0 = Standard
1 = LTL
3 = CA seismic compliant
4 = LTL & CA seismic compliant

Electrical Options
A = None
C = Non–fused disconnect
D = Thru the base conn
F = Non fused disc & thru the base
G = 2 speed indoor fan (VFD) contr
J = 2 speed fan cntr (VFD) & non fused disc
K = 2 spd fan cntr (VFD) & thru the base conn
M = 2 speed fan (VFD) & non fused disc & thru the base conn

Service Options
0 = None
1 = Unpowered conveniece oulet
2 = Powered conveniece outlet
3 = Hinged panels
4 = Hinged panels, unpowered C.O.
5 = Hinged panels, powered C.O

Intake / Exhaust Options
A = None
B = Temp Economizer w/ barometric relief
F = Enthalpy Econo w/ baro relief
K = 2 position damper
U = Temp ultra low leak econo w/baro relief
W = Enthalpy ultra low leak econo w/baro relief

Base unit controls
0 = Base electromechanical controls
1 = PremierLink Controller
2 = RTU open multi–protocol controller
6 = Electromechanical with 2 speed fan & W7720 econo cntl.

Design Revision
Factory Assigned

Voltage

1 = 575/3/60	5 = 208–230/3/60
3 = 208–230/1/60	6 = 460/3/60

Coil Options for Round Tube/Plate Fin Cond Coil Models Only (outdoor–indoor–hailguard)

A = Al/Cu – Al/Cu	M = Al/Cu – Al/Cu – Louvered hail guard
B = Precoat Al/Cu– Al/Cu	N = Precoat Al/Cu–Al/Cu–Louvered hail guard
C = Ecoat Al/Cu – Al/Cu	P = Ecoat Al/Cu – Al/Cu – Louvered hail guard
D=EcoatAl/Cu EcoatAl/Cu	Q=Ecoat Al/Cu–Ecoat Al/Cu louvered hail guard
E = Cu/Cu – Al/Cu	R = Cu/Cu – Al/Cu – Louvered hail guard
F = Cu/Cu – Cu/Cu	S = Cu/Cu – Cu/Cu – Louvered hail guard

Coil Options for All Aluminum Novation Cond Coil Models Only (outdoor–indoor–hailguard)

G = Al/Al – Al/Cu	T = Al/Al – Al/Cu, louvered hail guard
H = Al/Al – Cu/Cu	U = Al/Al – Al/Cu, louvered hail guard
J = Al/Al – Ecoat Al/Cu	V = Al/Al – Ecoat Al/Cu, louvered hail guard
K = Ecoat Al/Al – Al/Cu	W = Ecoat Al/Al – Al/Cu, louvered hail guard
L=Ecoat Al/Al–Ecoat Al/Cu	X=Ecoat Al/Al – Ecoat Al/Cu louvered hail guard

Not all possible options can be displayed above – see price pages or contact your Carrier Expert for more details.

Table 3 – HEATING RATING TABLE - NATURAL GAS & PROPANE

UNITS		GAS HEAT	AL/SS HEAT EXCHANGER		TEMP RISE (DEG F)	THERMAL EFFICIENCY (%)	AFUE (%)
			INPUT / OUTPUT STAGE 1 (MBH)	INPUT / OUTPUT STAGE 2 (MBH)			
Single Phase	04	LOW	–	72 / 56	25 – 55	82%	79.1%
		MED	–	115 / 89	55 – 85	80%	78.5%
		HIGH	–	–	–	–	–
	05	LOW	–	72 / 56	25 – 55	82%	79.1%
		MED	–	115 / 90	35 – 65	81%	79%
		HIGH	–	150 / 117	50 – 80	80%	78.8%
	06	LOW	–	72 / 56	20 – 55	82%	79.1%
		MED	–	115 / 90	30 – 65	81%	79%
		HIGH	–	150 / 117	40 – 80	80%	78.8%
Three Phase	04	LOW	–	72 / 56	25 – 55	82%	N/A
		MED	82 / 66	115 / 89	55 – 85	80%	N/A
		HIGH	–	–	–	–	–
	05	LOW	–	72 / 56	25 – 55	82%	N/A
		MED	–	115 / 90	35 – 65	81%	N/A
		HIGH	120 / 96	150 / 117	50 – 80	80%	N/A
	06	LOW	–	72 / 56	20 – 55	82%	N/A
		MED	–	115 / 90	30 – 65	81%	N/A
		HIGH	120 / 96	150 / 117	40 – 80	80%	N/A
	07	LOW	–	72 / 59	15 – 55	82%	N/A
		MED	–	115 / 93	25 – 65	81%	N/A
		HIGH	120 / 96	150 / 120	35 – 80	80%	N/A
	08	LOW	–	125 / 103	20 – 50	82%	N/A
		MED	120 / 98	180 / 148	35 – 65	82%	N/A
		HIGH	180 / 147	224 / 184	45 – 75	82%	N/A
	09	LOW	–	125 / 103	20 – 50	82%	N/A
		MED	120 / 98	180 / 148	30 – 65	82%	N/A
		HIGH	180 / 147	224 / 184	40 – 75	82%	N/A
	12	LOW	120 / 98	180 / 148	25 – 65	82%	N/A
		MED	180 / 147	224 / 184	30 – 65	82%	N/A
		HIGH	200 / 160	250 / 205	35 – 70	80%	N/A
	14	LOW	120 / 98	180 / 148	20 – 65	82%	N/A
		MED	180 / 147	224 / 184	25 – 65	82%	N/A
		HIGH	200 / 160	250 / 205	25 – 70	80%	N/A
	16	LOW	144 / 118	180 / 146	15 – 55	81%	N/A
		MED	192 / 156	240 / 195	20 – 60	81%	N/A
		HIGH	280 / 224	350 / 280	35 – 65	80%	N/A

NOTES:

Heat ratings are for natural gas heat exchangers operated at or below 2000 ft (610 m). For information on propane or altitudes above 2000 ft (610 m), see the Application Data section of this book. Accessory Propane/High Altitude kits are also available.

In the USA the input rating for altitudes above 2000 ft (610m) must be derated by 4% for each 1000 ft (305 m) above sea level. In Canada, the input rating must be derated by 10% for altitudes of 2000 ft (610 m) to 4500 ft (1372 m) above sea level.