BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 131 VAN ZILE RD PERMIT NO. 15-3788

CONSTRUCTION PERMIT APPLICATION

(1)

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-025298

I. IDENTIFICATION

1. Proposed Work Site at: 131 VAN ZILE RD BRICK, NJ
2. Name of Owner in Fee: Big Lots
   Tel. (732) 602-2298 e-mail _____
   Address 131 Van Zile Rd (street) Brick, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Allied Fire & Safety Equipment Co Inc Tel. (732) 922-3399
   Address 517 Green Grove Rd e-mail INFO@Allied Fire Safety.com
   Neptune, NJ 07754
   License No. OR, if new home, Builder Reg. No. P00166 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 221904087 FAX: (732) 918-8668
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Dave Foley
   Tel. (732) 922-3399 FAX: ( ) _____

(1)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		140-	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		48-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	188-	

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									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	$25,000.00	GMR	10-5-15		Hooks	LSL			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
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

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.

(X) Check if contractor.

Agent Name ALLIED FIRE & SAFETY EQUIPMENT CO., INC

Address 517 GREEN GROVE RD.
NEPTUNE, NJ 07754

Telephone (732) 922-3399

Signature - JON VALCANO

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

10/27/15 Ready for p/u: emailed contractor = See enclosed copy - ASP

10/30/15 - Picked up

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/14/2017
Control Number C-15-005298
Permit Number 15-3788
Permit Issue Date 11/02/2015
Certificate Number 15-3788

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

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

Telephone: (877) 662-2298

Contractor ALLIED FIRE & SAFETY EQUIPMENT CO, INC

Address 517 GREEN GROVE RD PO BOX 607 NEPTUNE NJ 07754

Telephone: (732) 922-3399 Fax: (732) 918-8668

License Number or Builders Registration Number: P00166 Federal Emp. Number: 22-1904087

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: INSTALLATION OF 20 ADDITIONAL SPRINKLER HEADS TO ROOF & IN RACKS

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: 04/14/2017

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-2-15
Permit # 15-3788

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

Block 1149 Lot 1 Qualification Code

Work Site Location BIG LOTS STORE #1955
131 VAN ZILE RD BRICK NJ 08724

Owner in Fee: BIG LOTS

Tel. (~~732~~) 922-3399 ~~877-662-2798~~ e-mail

Address 131 VAN ZILE RD BRICK

Contractor: ALLIED FIRE & SAFETY EQUIPMENT CO. Tel. (732) 922-3399

Address 517 GREEN GROVE RD, NEPTUNE, NJ e-mail info@alliedfiresafety.com

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153445

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 221904087 FAX: (732) 918-8668

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [X] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [X] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ 25,000.00

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. DAVE FOLEY

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ADD (20) SPRINKLER HEADS AT ROOF AND IN RACKS, SEE PLAN

Water Supply Source EXISTING

Method of Alarm/Suppression System Supervision EXISTING

	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)	20	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Sprinkler guards to be installed

1 @ $250.00 = $250.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 10/22/15
Approved by: DJD

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/21/16
Approved by: DJD

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			4/21/16	DJD
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

FAX Dec. 1. 2015 10:00AM Permit # 15-3788 No. 5078 P. 3/5

1149 1

Contractor's Material and Test Certificate for Aboveground Piping

New Tech

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's 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	BIG LOTS Store #1955	Date 11/30/15
Property address	131 Van Zile Rd Brick NJ 08724	

Plans

Accepted by approving authorities (names) Brick Township

Address 500 Herbertsville Rd

Installation conforms to accepted plans	☒ Yes	☐ No
Equipment used is approved	☒ Yes	☐ No
If no, explain deviations		

Instructions

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain? existing system	☐ Yes	☒ No
Have copies of the following been left on the premises?	☐ Yes	☒ No
1. System components instructions	☐ Yes	☒ No
2. Care and maintenance instructions	☐ Yes	☒ No
3. NFPA 25 existing system	☐ Yes	☒ No

Location of system

Supplies buildings BIG LOTS & ALDI STORES

Sprinklers

Make	Model	Year of manufacture	Orifice size	Quantity	Temperature rating
Globe UP	GL5615	2015	½	11 w/ Heat Shield	155
Globe UP	GL5661	2015	½	9	200

Pipe and fittings

Type of pipe Sch 10 & Sch 40

Type of fittings Ductile Iron

Alarm valve or flow indicator existing

Alarm device: Type	Make	Model	Maximum time to operate through test connection: Minutes	Seconds
Flow Switch				

Dry pipe operating test existing

Dry valve: Make	Model	Serial no.	Q.O.D.: Make	Model	Serial no.

	Time to trip through test connection[1]		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet[1]		Alarm operated properly	
	Minutes	Seconds	psi	psi	psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain

Deluge and preaction valves

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? Yes	No	Does each circuit operate valve release? Yes	No	Maximum time to operate release Minutes	Seconds

Pressure reducing valve test

Location and floor	Make and model	Setting	Static pressure Inlet (psi)	Outlet (psi)	Residual pressure (flowing) Inlet (psi)	Outlet (psi)	Flow rate Flow (gpm)

Test description

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 psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at N/A See notes psi (___ bar) for ___ hours | If no, state reason See last page

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 existing ☐ Yes ☒ No | Other Explain existing system

Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping ☐ Yes ☒ No

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

Blank testing gaskets

Number used	Locations	Number removed
N/A		

Welding

Welding piping ☐ Yes ☒ No

If yes...

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Cutouts (discs)

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? ☒ Yes ☐ No

Hydraulic data nameplate	Nameplate provided ☒ Yes ☐ No	If no, explain
Remarks	Date left in service with all control valves open 11/7/15	
Signatures	Name of sprinkler contractor Allied Fire & Safety	
	Tests witnessed by	
	For property owner (signed) / Title / Date	
	For sprinkler contractor (signed) / Title PM / Date 11/30/15	

Additional explanations and notes

Work performed can not be seperated or Isolated from the existing system. In accordance with NFPA #13 2007 Section 24.2.1.6 the new piping installed shall not be tested in excess of the system working pressure.

FAX 732-458-4153

Attn: Richard Orlando,

Attached is a copy of the Above ground piping test certificate for your records as requested on the final inspection sticker.

If any additional information is needed please feel free to call

Thank you

Dave Foley

Above ground pipe
Cgt. needed —

For Information Call:

Permit No. 15-3788

APPROVAL FOR FIRE PROTECTION

		Date	Inspector
[ ]	Sprinklers	11/30/15	DO
[ ]	Standpipes		
[ ]	Special Supp.		
[ ]	Alarm		
[ ]	Mechanical		
[ ]	Other		
[ ]	Final	11/30/15	DO

U.C.C. Form F-224A

PBO 117

BRICK TOWNSHIP
BUREAU OF FIRE SAFETY

Richard J. Orlando
ASST. BUREAU CHIEF/
FIRE PROTECTION INSPECTOR
500 HERBERTSVILLE RD.
BRICK, N.J. 08724
(732) 458-4100
FAX (732) 458-4155

www.brickfire.org
rorlando@brickfire.org

CONSTRUCTION PERMIT

Date Issued 11-2-15
Control # C-15-005298
Permit # 15-3788

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-197 VAN ZILE RD. BIG LOTS Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone: 877-662-2298

Contractor ALLIED FIRE & SAFETY EQUIPMENT CO. INC
Address 517 GREEN GROVE RD PO BOX 607 NEPTUNE NJ 07754
Telephone: (732) 922-3399
Lic. No. or Bldrs. Reg. No. P00166
Federal Employee. No. 22-1904087

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:
INSTALLATION OF 20 ADDITIONAL SPRINKLER HEADS TO ROOF & IN RACKS

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 $25,000

Construction Official

10/23/15
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$140
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$48
CO Fee	
Other	$0
Total	$188
Check No.	110292
Cash	$0
Credit	$0
Collected By	GJR

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.

Allison Peltier

From: Allison Peltier
Sent: Tuesday, October 27, 2015 12:44 PM
To: 'info@alliedfiresafety.com'
Subject: permit pick up

Good afternoon,

There is one permit application that has been approved and now ready for pick up. The information is as follows:

131 Van Zile Road 1149 1 $188.00 total amount due

Permits are issued Monday - Friday 8-4.

Check made payable to the Township of Brick.

Thank you and
Good day.

Allison
Brick building dept.
10-27-15