BLOCK 670 LOT 25 ADDRESS (SITE) Kennedy Mall Brick Blvd. & Hooper Ave. PERMIT NO. 2109-93

RECEIVED
JUL 16 1993
DIV. OF INSPECTION

pub. fire

CONSTRUCTION PERMIT APPLICATION

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

Diane 920-8091

I. IDENTIFICATION

1. Proposed Work-site at: Kennedy Mall - Brick Blvd & Hooper Ave.
2. Name of Owner in Fee: Kennedy Mall Assoc. Tel. (201) 966-2500
   Address 641 Shunpike Rd. Chatham, N.J. 07928
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kennedy Mall Assoc. Tel. (201) 966-2500
   Address 641 Shunpike Rd. Chatham NJ. 07928
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer P.A. Marchetta Tel. (201) 935-4410
   Address _____
6. Responsible Person In Charge of Work Anthony Davino / Wayne Blazek Tel. (201) 966-2800

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 38		
2. Electrical	65		20 ✓
3. Plumbing	33		
4. Fire Protection	10		
5. Other Demolition			
6. Subtotal	$ 146		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	175		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories N/A	
2. Height of Structure N/A ft.	
3. Area—Largest Floor N/A sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification 3B	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes N/A sq. ft. / no	
11. Fire Grading	
12. Max. Live Load N/A	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	2,000.00
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	1,500.00
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	1,000.00
TOTAL COSTS	4,500.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
LS	7/16/93		8/27/93	RK	10/14/93		RK
			8/30/93		10/15/93		
			8/28/93		10/15/93		
					10/15/93		
Gm	8/6/93	END					

III. DO YOU WANT: (optional) 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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use: Dry Cleaner
2. Use Group: B
3. Change in Use Group, Indicate Former

LDS BR 10216215

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(e)1.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Anthony Quinn

Address 641 Shunpike Rd.
Chatham, N.J. 07928

Telephone (201) 966-0700

Signature Anthony Quinn Date 7/16/93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SC	8/6/93	att.	Dry Cleaners					
☒ A.H.B.T	ABBUTT	8/24/93	Valid						
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.	10/10/94	

CERTIFICATE

Date Issued 10/18/93
Control #
Permit # 2109-93

IDENTIFICATION

Block 670 Lot 25
Work Site Location Brick Blvd. and Hooper Ave.

Owner in Fee Kennedy Mall Association
Address 641 Shunpike Rd.
Chatham, NJ 07928
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up "DRY CLEANERS"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** xx☒xx**CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cirigo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 9-8-93
Control #
Permit # 2109-93

IDENTIFICATION Block 670 Lot 25

Work Site Location Brick Blvd. & Hooper Ave. Contractor same.

Address

Owner in Fee Kennedy Mall Assoc.

Address 1041 Hamburg Turnpike Rd. Tele. ( ) Clifton, NJ

Lic. No. or Bldrs. Reg. No. Exp. Date **0000**

Tele. ( ) Federal Emp. No. 2109##

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

tenant fit-up

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 $ 4,500.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	38.1 INT	.00
Plumbing	38.5. 25 #	.00
Electrical	BUILDING	3 .00
Fire Protection	33. PLUMBING	4 .00
Other Demo	10. FIRE	3 .00
Other Plan	5 BUILDING	1 .00
DCA Training Fee	1.50 RUN	.00
Cert. of Occ.	20. C.O.	.00
Other	C / O	2 .00
Total	175- TOTAL	17 .00
Check No.	#9986 CHECK	17 .00
Cash		
Collected By:	WP.	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

TO LEFT OF DUNKIN DONUTS

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/16/93
Date Issued 9-8-93
Control #
Permit # 2109-93

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

Block 670 Lot 25
Work Site Location Kennedy Mall - Brick + Hooper Blvd.

Owner in Fee Kennedy Mall Assoc.
Address 641 Shunpike Rd.
Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Kennedy Mall Assoc.
Address 641 Shunpike Rd.
Chatham, N.J.
Tele (201) 966-2800
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK DRY Cleaners

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/24/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date. 10/4/93
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed B
Constr. Class Present ____ Proposed 3B
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 4,500.00
3. Total (1+2) $ 4,500.00

TYPE OF WORK:
[1] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Other ____

[X] Demolition
[ ] Miscellaneous
- [ ] Fence ____ Height
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Elevator
- [ ] Asbestos Abatement
- [ ] Other ____

(Office Use Only)
FEE $ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Great American Cleaning Co.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/22/93
Date Issued
Control # 4-8-93
Permit # 2109-93

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

Block 670 Lot 25
Work Site Location Kennedy Mall - Nicke Hope Lick N.Y.
Owner in Fee Kennedy Mall Assoc.
Address 411 Sharpike Rd. Clinton N.Y.
Tele. (Jul) 966-2800
Contractor Kennedy Mall Assoc.
Address 411 Sharpike Clinton 07927
Tele. (Jul) 511-3766
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed 3
Constr. Class. Present 2B Proposed 2B
Heating Systems [ ] New [X] Existing
Type: [--] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/30/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER		

Administrative Surcharge $ 33
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B

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

Great American Cleaning Co.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/22/93
Date Issued 9-8-93
Control #
Permit # 209-93

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

Block 670 Lot 25
Work Site Location Kennedy Mall - Hooper & Brick Blvd. Brick N.J.
Owner in Fee Kennedy Mall Assoc.
Address 641 Shurpike Rd. Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Nielsen Plumbing
Address 241 Cherry Quay Rd. Brick N.J. 08723
Tele. (908) 920 1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size 6"
Water Service Size existing
Estimated Cost of Plumbing Work $ $1,000 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8/20/93
Approved by: GL

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: D. metcalf
Date: 10/15/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-16-93	JGA
Rough			9-16-93	JGA
Water				
Sewer				
Fixtures			10/15/93	DM
Gas Equipment				
Gas Final			10/15/93	DM
Solar				
TCO				
CO	10-12-93			

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.

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	5
1	Sink	5
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
1	Steam Boiler	15
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	25
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 65.—
	Paid [ ] Check # _____ Minimum Fee	$
	Collected by: _____ TOTAL	$

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

10-12-93 toilet line plugged - 10/15/93 ok am

M. GORDON CONSTRUCTION CO.
CONTRACTORS • ENGINEERS • CONSTRUCTION MANAGERS
1436 EAST ELIZABETH AVE • LINDEN, NJ 07036
201 - 925-1123

LETTER OF TRANSMITTAL

DATE	JOB NO.
4-5-89	1214

ATTENTION

RE: BLOCKBUSTER VIDEO
KENNEDY SHOPPING CENTER
BRICKTOWN

SUBCONTRACTOR:

TO BRICK BUILDING DEPT.

GENTLEMEN:

WE ARE SENDING YOU THE FOLLOWING ITEMS:

☐ Shop drawings ☐ Brochure ☑ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ Catalog Cuts ☐ Requisitions

COPIES	DATE	NO.	DESCRIPTION
3	3/2/89		SHEETS 1-9, MEP 1,2

THESE ARE TRANSMITTED as checked below:

☑ For approval ☐ Approved as submitted ☐ Resubmit ___ copies for final approval
☐ Revised for final approval ☐ Approved as noted ☐ Submit ___ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Returned for deposit
☐ For review and comment ☐ For your use ☐ For selection
☐ FOR BIDS DUE _____, 19___

REMARKS _____

COPY TO _____

SIGNED: John T. Gulet

If enclosures are not as noted, kindly notify us at once.

TRANSMITTAL LETTER

AIA DOCUMENT G810

PROJECT: (name, address) PROPOSED DRY CLEANERS FOR GREAT AMERICAN CLEANERS KENNEDY MALL BRICKTOWN NJ

ARCHITECT'S PROJECT NO: 93-014

DATE: 8/23/93

TO: OCEAN COUNTY CONST. INSP. DEPT. 2 MOTT PL. TOM'S RIVER NJ

ATTN: BOB KOCHES

If enclosures are not as noted, please inform us immediately.

If checked below, please:

( ) Acknowledge receipt of enclosures.
( ) Return enclosures to us.

WE TRANSMIT:

( ) herewith ( ) under separate cover via _____
( ) in accordance with your request _____

FOR YOUR:

( ) approval ( ) distribution to parties ( ) information
( ) review & comment ( ) record
( ) use ( ) _____

THE FOLLOWING:

( ) Drawings ( ) Shop Drawing Prints ( ) Samples
( ) Specifications ( ) Shop Drawing Reproducibles ( ) Product Literature
( ) Change Order ( ) _____

COPIES	DATE	REV. NO.	DESCRIPTION	ACTION CODE
1	8/23/93		PROPOSED DRY CLEANERS FOR GREAT AMER. DRY CLEANERS	

ACTION CODE
A. Action indicated on item transmitted
B. No action required
C. For signature and return to this office
D. For signature and forwarding as noted below under REMARKS
E. See REMARKS below

REMARKS _____

Number of Prints 1

Type: Blue - Sepia - Xerox

Size: 8½" x 11", 24" x 36", 30" x 42"

Contractor Consultant Client In-House

P. A. MARCHETTA
A I A P P
ARCHITECT - PLANNER

BY: _____

ONE PAGE

OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
P.O. BOX 2191, # 2 MOTT PLACE
TOMS RIVER, NJ 08754-2191
(908) 929-4730
FAX (908) 929-4731

ELECTRICAL PLAN REVIEW COMMENT SHEET

OWNER: GRANT AMERICAN CLOTHIERS

LOCATION: KOURY MALL
NEWTOWN

THE FOLLOWING ITEMS CHECKED OR INDICATED BELOW NEED CORRECTION/ CLARIFICATION PRIOR TO THE RELEASE OF THE PLANS:

[ ] PROVIDE LIGHTING POWER BUDGET FIGURES PER IES STANDARD LEM-1-1982 (ENERGY SUBCODE REQUIREMENT)

[X] PROVIDE LOAD FIGURES
[X] PROVIDE PANEL DETAILS
[X] PROVIDE RISER DIAGRAM
[X] PROVIDE SERVICE DETAILS
[X] PROVIDE SERVICE LOCATION
[ ] PROVIDE EQUIPMENT LIST
[ ] PROVIDE SHOW WINDOW OUTLETS PER NEC 210-62
[ ] PROVIDE ROOFTOP OUTLETS PER NEC 210-63
[ ] PROVIDE AVAILABLE SHORT CIRCUIT CURRENT & EQUIPT RATINGS

1. CHECK LOCATION OF ITEM #10 (BLOW DOWN SEPERATOR) APPEARS TO BE IN FRONT OF NEW PANEL

PLEASE RETURN THIS SHEET WITH RESUBMITTALS.

JOE MELLS

ELECTRICAL SUBCODE OFFICIAL