10/29/13 OLD

BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 141 Von Zile Rd PERMIT NO. 03-4905

TOWNSHIP OF JACKSON
95 W. VETERAN'S HIGHWAY
JACKSON, NEW JERSEY 08527
(732) 928-1200 (EXT. 221)

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION C02.78

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

I. IDENTIFICATION

1. Propsed Work Site at: 141 Von Zile Rd
2. Name of Owner in Fee: Skyline Management Tel. ( ) _____
   Address 141 (street) Von Zile Rd (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: BC Express, Inc Tel. (732) 240 2828
   Address 215 Lakewood Rd
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223131826 FAX: (732) 240 7488
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

Rooftop unit replacement

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	35	
2.	Electrical		35	
3.	Plumbing		35 81	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		2	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	106 143	

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Req'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work		MB	9/30/13						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					10/15/13	MB			
6. ☑ Plumbing	5000				10/15/13	MB			
7. ☒ Electrical	2000				10/8/13	MB			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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 Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 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 BC Express Inc

Address 2115 Lakewood Rd

Toms River NJ 08755

Telephone (732) 240 2928

Signature _____

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor: BC Express, Inc.
Address: 2115 Lakewood Rd
Toms River NJ 08755
Phone #: 732 240 2828
Lis #:
Federal Emp # or SSN 223131926

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other:
replacing gas piping

Estimated Cost of Plumbing Work 1200 –

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Doug Wong
Please Print Name: Doug Wong

CONTRACTOR'S SEAL

FIRE

Contractor: BC Express Inc
Address: 2115 Lakewood Rd
Toms River
Phone #: 732 240 2828
Lis #:
Federal Emp # or SSN 223131926

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:
1 Roof top unit Replacement.

Estimated Cost of Fire Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 141 Van Zile Rd
Block: 1149 Lot: 1
Owner's Name: Skyline Mangement
Owner's Mailing Address: 141 Van Zile Rd Brick
Phone: (732) 840-5330

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher HI
Garbage Disposal
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMI
Motor Control Center AMI
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and an authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

BC EXPRESS INC
2115 Lakewood Road (Route 9)
Toms River, NJ 08755
Phone # (732) 240-2828 Fax # 240-7488

FAX COVER FAX COVER

Send to Company Name: Brick township	
Attention: Mary Jane	From: Doug
Fax # 732-262-8954	Date: 10/28/03

☐ Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review ☒ For Your Information

Total pages, including cover:

Comments:

Mary Jane

Re: 141 Van Zile Road
blk 1149 lot 1

Installed in rooftop Unit.
Smoke detector by Innovair
System sensor
model # DH100ACDC 1

Thank you.
Doug Wong

National Fire Code
Plan Review Record
Township of Brick

Resubmit 10/28/03

Date: 10-3-03

Site Address: 1411 Van Kirk Rd.

Reviewed By: Mark Risley

CORRECTION LIST

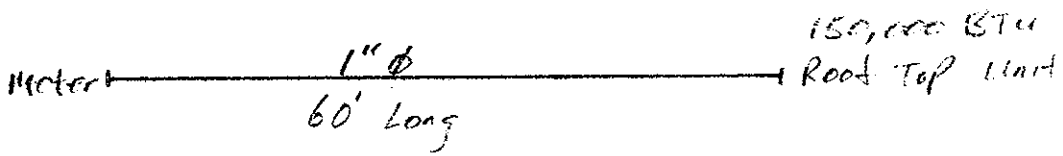
No.	Description
1)	Duct Smoke det. required. Unit is 2000 cfm

10-3-03
BC Refrigeration
732-240-2828
(refrigerant)

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

Stepping Out Dance Studio
141 Van Zile Rd
Brick NJ
Blk 1149 lot 1



BC EXPRESS INC.
HVAC & COMM. REFRIGERATION
2115 LAKEWOOD ROAD
TOMS RIVER, NJ 08755
(732) 240-2828 **(609) 693-5656**

Stepping Out Dance Studio
141 Van Zile Rd
Brick NJ
Blk 1149 lot 1

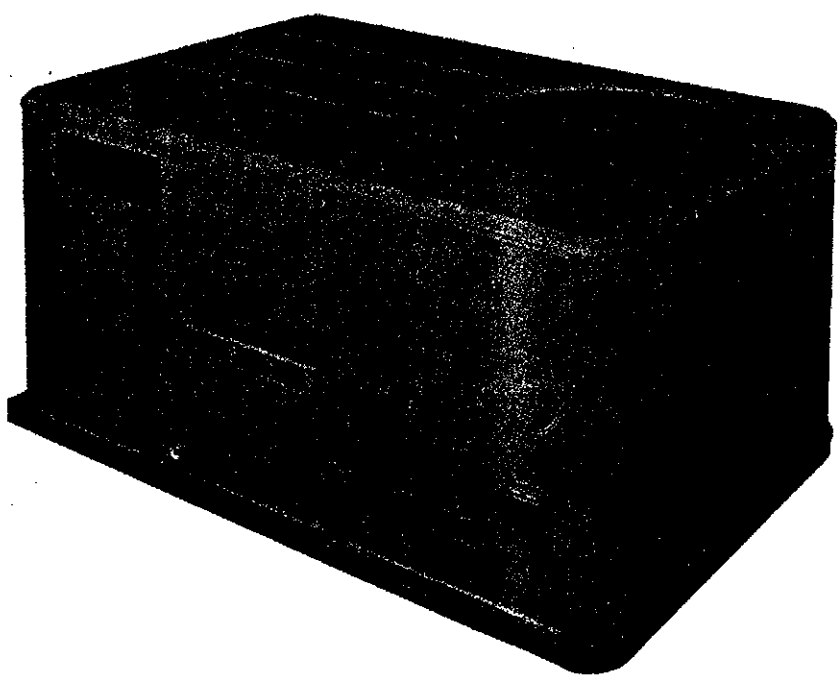
60' Offset
1" - 150,000.
10/15/03

BC EXPRESS INC.
HVAC & COMM. REFRIGERATION
2115 LAKEWOOD ROAD
TOMS RIVER, NJ 08755
(732) 240-2828 **(609) 693-5656**

TRANE

Packaged Gas/Electric Rooftop Units

Precedent™
3 - 10 Tons — 60 Hz



October 2001
2nd Reprint February 2002

RT-PRC006-EN

TRANE

General Data (5 - 6 Tons) Standard Efficiency

Table GD-2 — General Data

	5-Ton Convertible						6-Ton Convertible		
	YSC060A1			YSC060A3, A4, AW			YSC072A3, A4, AW		
Cooling Performance[1]									
Gross Cooling Capacity	63,100			63,100			72,000		
SEER/EER[2]	9.90/—			10.20/—			—/10.2[12]		
Nominal CFM / ARI Rated CFM	2,000/2,000			2,000/2,000			2,400/2,100		
ARI Net Cooling Capacity	60,000			60,000			69,000		
Integrated Part Load Value[3]	—			—			—		
System Power (KW)	6.86			6.78			6.77		
Heating Performance[4]									
Heating Models	Low	Medium	High	Low	Medium	High	Low	Medium	High
Heating Input (Btu)	60,000	80,000	130,000	60,000	80,000	130,000	80,000	120,000	150,000
Heating Output (Btu)	47,000	63,000	103,000	48,000	64,000	104,000	64,800	97,200	121,500
AFUE%[5]	81	81	80	81	81	80	81	81	81
Steady State Efficiency (%)	81	81	80	81	81	80	81	81	81
No. Burners	2	2	3	2	2	3	2	3	3
No. Stages	1	1	1	1	1	1	1	1	2
Gas Connection Pipe Size (in.)	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	3/4
Compressor No./Type	1/Climatuff Scroll			1/Climatuff Scroll			1/Climatuff Scroll		
Outdoor Sound Rating (dB)[6]	83			83			90		
Outdoor Coil - Type	Lanced			Lanced			Lanced		
Tube Size (in.) OD	0.3125			0.3125			0.3125		
Face Area (sq ft)	8.81			8.81			13.88		
Rows/FPI	2/17			2/17			2/17		
Indoor Coil - Type	Lanced			Lanced			Lanced		
Tube Size (in.)	0.3125			0.3125			0.3125		
Face Area (sq ft)	5.00			5.00			9.89		
Rows/FPI	3/16			3/16			2/16		
Refrigerant Control	Short Orifice			Short Orifice			Short Orifice		
Drain Connection No./Size (in.)	1/¾ NPT			1/¾ NPT			1/¾ NPT		
Outdoor Fan - Type	Propeller			Propeller			Propeller		
No. Used/Diameter (in.)	1/22			1/22			1/26		
Drive Type/No. Speeds	Direct/1			Direct/1			Direct/1		
CFM	3,470			3,470					
No. Motors/HP	1/0.33			1/0.33			1/0.70		
Motor RPM	1075			1,075			1,075		
Direct Drive Indoor Fan - Type	FC Centrifugal			FC Centrifugal			N/A		
No. Used/Diameter (in.)	1/11 x 11[8]			1/11 x 11[8]			N/A		
Drive Type/No. Speeds	Direct/2			Direct/2			N/A		
No. Motors	1			1			N/A		
Motor HP (Standard/Oversized)	0.90/1.00			0.90/1.00			N/A		
Motor RPM (Standard/Oversized)	985/1,080[9]			985/1,080[9]			N/A		
Motor Frame Size (Standard/Oversized)	48/48			48/48			N/A		
Belt Drive Indoor Fan - Type	—			FC Centrifugal			FC Centrifugal		
No. Used/Diameter (in.)	—			1/11 x 11			1/12 x 12		
Drive Type/No. Speeds	—			Belt/Variable Sheave			Belt/Variable Sheave		
No. Motors	—			1			1		
Motor HP (Standard/Oversized)	—			1.00/—			1.00/2.00		
Motor RPM (Standard/Oversized)	—			1,750/—			1,750/1,750		
Motor Frame Size (Standard/Oversized)	—			48/—			56/56		
Filters - Type Furnished [11]	Throwaway			Throwaway			Throwaway		
(No.) Size Recommended	(2) 20 x 25 x 1[10]			(2) 20 x 25 x 1[10]			(4) 16 x 25 x 2		
Refrigerant Charge (Lbs of R-22)[7]	4.9			4.9			7.1		

NOTES:
1-7. See *Notes* on Page 12.
8. YSC060A Oversized Motor Fan Diameter is 12 x 11.
9. Motor RPM shown is low speed. High speed RPM is 1100/1135.
10. Filter size shown is for low and medium heat models. High heat model filter size recommended is 20 x 30 x 1.
11. Optional 2" pleated filters also available.
12. YSC072A when used in a horizontal application has an EER of 10.1 and System Power (kW) of 6.83.

TRANE

Electrical Data

Table ED-3 — Unit Wiring - Standard Efficiency

Motor Tons	Unit Model No.	Unit Operating Voltage Range	Standard Indoor Fan Motor: Minimum Circuit Ampacity	Standard Indoor Fan Motor: Maximum Fuse Size Or Maximum Circuit Breaker[1]	Oversize Indoor Fan Motor: Minimum Circuit Ampacity	Oversize Indoor Fan Motor: Maximum Fuse Size Or Maximum Circuit Breaker[1]	Optional Belt Drive Indoor Fan: Minimum Circuit Ampacity	Optional Belt Drive Indoor Fan: Maximum Fuse Size or Maximum Circuit Breaker[1]
3	YSC036A1	187-253	25.3	40	27.7	40	—	—
	YSC036A3	187-253	17.9	25	20.3	30	20.6	30
	YSC036A4	414-506	9.2	15	10.4	15	10.6	15
	YSC036AW	517-633	7.7	15	8.3	15	8.3	15
4	YSC048A1	187-253	34.0	50	36.1	50	—	—
	YSC048A3	187-253	23.9	35	26.0	40	25.3	35
	YSC048A4	414-506	12.8	20	14.4	20	13.6	20
	YSC048AW	517-633	9.8	15	10.6	15	10.0	15
5	YSC060A1	187-253	47.3	60	49.0	60	—	—
	YSC060A3	187-253	31.5	50	33.6	50	30.3	45
	YSC060A4	414-506	16.0	25	16.3	25	15.6	25
	YSC060AW	517-633	12.2	15	12.8	20	11.8	15
6	YSC072A3	187-253	32.2	50	33.5	50	—	—
	YSC072A4	414-506	17.6	25	18.2	25	—	—
	YSC072AW	517-633	12.8	20	13.6	20	—	—
7½	YSC090A3	187-253	42.7	60	45.8	60	—	—
	YSC090A4	414-506	22.6	35	24.1	35	—	—
	YSC090AW	517-633	17.6	25	18.8	25	—	—
	YSC092A3	187-253	38.9	50	42.0	50	—	—
	YSC092A4	414-506	20.5	25	22.0	25	—	—
	YSC092AW	517-633	15.5	20	16.7	20	—	—
8½	YSC102A3	187-253	44.4	60	47.5	60	—	—
	YSC102A4	414-506	24.0	30	25.5	35	—	—
	YSC102AW	517-633	19.5	25	20.7	25	—	—
10	YSC120A3	187-253	50.9	60	54.9	60	—	—
	YSC120A4	414-506	26.9	35	28.9	35	—	—
	YSC120AW	517-633	21.8	25	23.5	30	—	—

NOTES:
1. HACR breaker per NEC.

Table ED-2 — Electrical Characteristics — Evaporator Fan Motors — Belt Drive

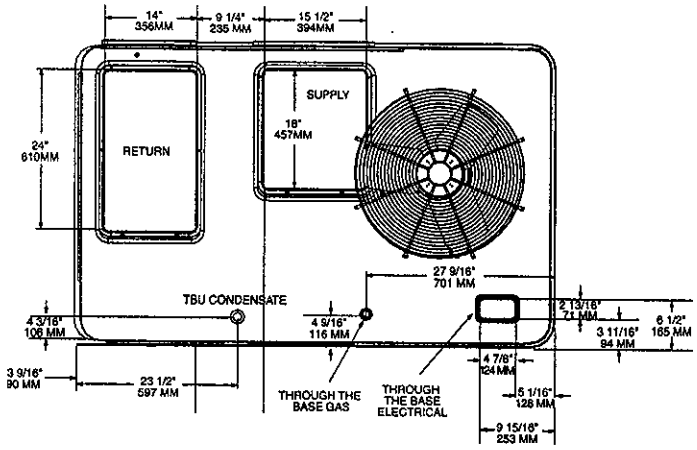
Tons	Unit Model No.	Standard Evaporator Fan Motor: No.	Volts	Phase	HP	Amps: FLA	Amps: LRA	Oversized Evaporator Fan Motor: No.	Volts	Phase	HP	Amps: FLA	Amps: LRA
3	Y#C036A3	1	208-230	3	1.0	5.0	32.2	—	—	—	—	—	—
	Y#C036A4	1	460	3	1.0	2.5	16.1	—	—	—	—	—	—
	Y#C036AW	1	575	3	1.0	1.7	13.2	—	—	—	—	—	—
4	Y#C048A3	1	208-230	3	1.0	5.0	32.2	—	—	—	—	—	—
	Y#C048A4	1	460	3	1.0	2.5	16.1	—	—	—	—	—	—
	Y#C048AW	1	575	3	1.0	1.7	16.1	—	—	—	—	—	—
5	Y#C060A3	1	208-230	3	1.0	5.0	32.2	—	—	—	—	—	—
	Y#C060A4	1	460	3	1.0	2.5	16.1	—	—	—	—	—	—
	Y#C060AW	1	575	3	1.0	1.7	16.1	—	—	—	—	—	—
6	Y#C072A3	1	208-230	3	1.00	5.00	32.20	1	208-230	3	2.00	6.30	48.00
	Y#C072A4	1	460	3	1.00	2.50	16.10	1	460	3	2.00	3.10	24.00
	Y#C072AW	1	575	3	1.00	1.70	13.20	1	575	3	2.00	2.50	18.20
7½	YSC090A3	1	208-230	3	2.00	6.30	48.00	1	208-230	3	3.00	9.40	83.00
	YSC090A4	1	460	3	2.00	3.10	24.00	1	460	3	3.00	4.60	42.00
	YSC090AW	1	575	3	2.00	2.50	18.20	1	575	3	3.00	3.70	31.00
	Y#C092A3	1	208-230	3	2.00	6.30	48.00	1	208-230	3	3.00	9.40	83.00
	Y#C092A4	1	460	3	2.00	3.10	24.00	1	460	3	3.00	4.60	42.00
	Y#C092AW	1	575	3	2.00	2.50	18.20	1	575	3	3.00	3.70	31.00
8½	Y#C102A3	1	208-230	3	2.00	6.30	48.00	1	208-230	3	3.00	9.40	83.00
	Y#C102A4	1	460	3	2.00	3.10	24.00	1	460	3	3.00	4.60	42.00
	Y#C102AW	1	575	3	2.00	2.50	18.20	1	575	3	3.00	3.70	31.00
10	Y#C120A3	1	208-230	3	3.00	9.40	83.00	1	208-230	3	5.00	13.40	112.00
	Y#C120A4	1	460	3	3.00	4.60	42.00	1	460	3	5.00	6.60	56.00
	Y#C120AW	1	575	3	3.00	3.70	31.00	1	575	3	5.00	5.40	41.00

#Indicates both standard and high efficiency airflow.

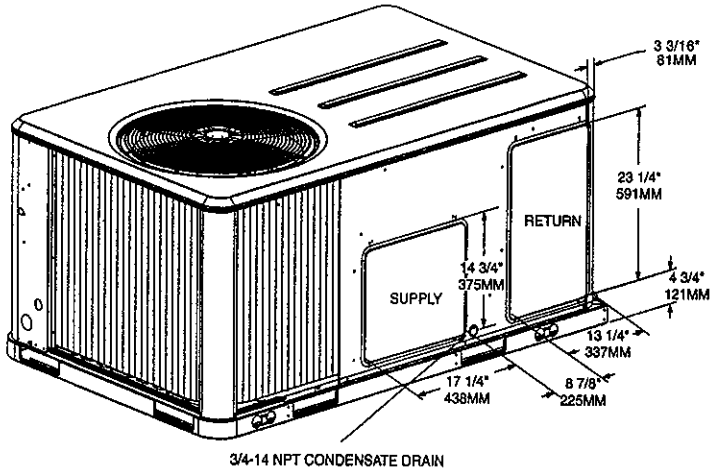
Dimensional Data (3 - 5 Tons)

All dimensions are in inches.

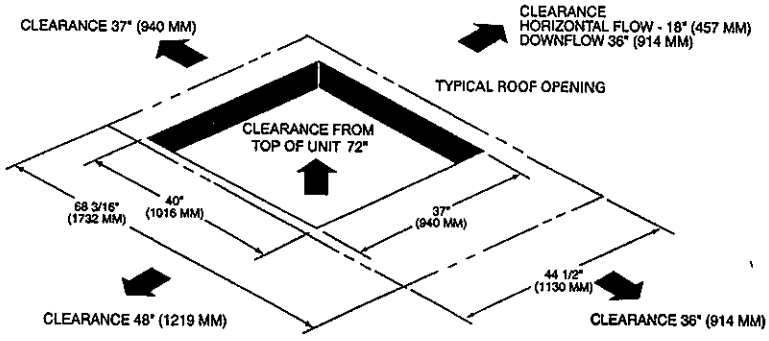
3-5 Tons — Downflow Airflow Supply and Return; Through the Base Utilities



3-5 Tons — Horizontal Airflow Supply and Return



3-5 Tons — Unit Clearance and Roof Opening



CSE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/31/2003
Control #
Permit # 03-4905

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 119 Lot 1 Qual

Work Site Location 141 VAN ZILE RD
ROOFTOP UNIT REPLACEMENT
Owner in Fee SKYLINE MANAGEMENT
Address SAME
BRICK, NJ -
Telephone ( ) -

Contractor D E DONOHUE & SONS LLC
Address 40E CONSTITUTION DR
FORKED RIVER, NJ 08731-
Telephone (609)242-7030
Lic. No. or Bldrs. Reg. No. 14856
Federal Emp. No. 22-3804283

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOFTOP UNIT REPLACEMENT

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

Estimated Cost of Work $ 1,900

D. Newman
Construction Official

10/31/2003
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	25
Fire Protection	81
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	143
Check No.	2431
Cash	
Collected By	MJR

10/31/03 11:57AM 000000#4945
XX02 SERV.002

#4905	
ELECTRIC	$35.00
PLUMBING	$25.00
FIRE	$81.00
DCA	$2.00
XXXTOTAL	$143.00
CHECK	$108.00
CASH	$35.00
CHANGE	$0.00

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-31-03
Date Issued
Control #
Permit # 03-4905

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

Block 149 Lot 1
Work Site Location 141 VanZile Rd Brick
Owner in Fee/Occupant Skylove Management
Address 141 VanZile Rd Brick
Tele. (732) 840-5330
Contractor D.S. Donohue & Sons L.L.C.
Address 402 Constitution Drive
Forked River N.J. 08731
Tele. (609) 242-7030 Fax (609) 242-2766
Lic. No. 14852
Federal Emp. No. 22-3806283

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10803
Approved by: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Doug Donohue
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant _____

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		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
1	10.4	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
		.....
		.....

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

Rooftop unit replacement

U.C.C. F120 (rev 3/96)

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/30/2003
Date Issued 10/3/03
Control # C02-78
Permit # 03-4905

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 Qual
Work Site Location 141 VAN ZILE RD
ROOFTOP UNIT REPLACEMENT
Owner in Fee SKYLINE MANAGEMENT
Address SAME
BRICK, NJ -
Tele.( ) -
Contractor BC EXPRESS, INC
Address 2115 LAKEWOOD RD
TOMS RIVER, NJ 08758-
Tele.(732)240-2828
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3131926

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10/15/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping - 60' CHART 1" = 150,000	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 25
DCA State Permit Fee	$ 2

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/30/2003
Date Issued 10/31/03
Control # CO2-78
Permit # 03-4905

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 Qual
Work Site Location 141 VAN ZILE RD
ROOFTOP UNIT REPLACEMENT
Owner in Fee SKYLINE MANAGEMENT
Address SAME
BRICK, NJ -
Tele.( ) -
Contractor BC EXPRESS, INC
Address 2115 LAKEWOOD RD
TOMS RIVER, NJ 08758-
Tele.(732)240-2828
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3131926

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
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 Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER 1	
Alarm Devices(smoke,heat,pulls,water/flow)	1	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	35.50
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	81 ~~46~~
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)