BRICK

BLOCK 1149 LOT 1 QUALIFICATION CODE ADDRESS (SITE) 151 VAN Zile Road PERMIT NO. 05-4123

C05-13-1451

C05-13-1451-1

CONSTRUCTION PERMIT APPLICATION

Vision Center

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

I. IDENTIFICATION

1. Proposed Work Site at: 151 VAN Zile ROAD
2. Name of Owner in Fee: [illegible] Tel. ( )
   Address [illegible] municipality zip code
3. Ownership in fee: Public ____ Private ✓
4. Principal Contractor: BD Management Co. Tel. (856) 753-7421
   Address 270 PINEDGG DRIVE W BERLIN NJ 08091
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3644853 FAX: (856) 753-8362
5. Architect or Engineer Pinslee-Hoss Architects Tel. ( )
   Address 1383 SPRING ST. NW ATLANTA Contact SONIA SHELTON
6. Responsible Person in Charge once Work has Begun H BUD Cornwell
   Tel. (609) 217-5852 FAX: (856) 753-8362

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1488		
2.	Electrical	115		
3.	Plumbing	120		
4.	Fire Protection	205	205	75
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 1828		3
9.	State Permit Fee Surcharge		4	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZIA	30		
13.	TOTAL	$ 1877	209	78

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	

COMMERCIAL

Tenant Fit Up

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd/by	Date Rec'd.	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing					10-20-05	MK	12/5/05		
7. ☐ Electrical					10-20-05	MK	12/5/05		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CM	9/6/05		9/6/05	N			
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction Bakery
   After Construction Eye Vis
   Net Gain or Loss

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

LDS BR 10325186

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 BD MANAGEMENT CO. LLC BDMCORP2@AOL.COM

Address 270 PINEOAK DRIVE
W. BERLIN NJ 08091

Telephone (856) 753-7421

Signature _____

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

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.				

IMPORTANT 9/6/05 pd prelim
A.H.B.T. - MANDATORY FEE - COMMERCIAL

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/07/2005
Tracking Number C-05-137451
Permit Number 05-4123
Permit Issue Date 10/13/2005

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 135-167 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 BD MANAGEMENT CO LLC

Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091

Telephone: 856-753-7421 Fax: 856-753-8362

License Number or Builders Registration Number: Federal Emp. Number: 22-3644853

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP

Comments:
VISION CENTER

☑ **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: 7364
Collected By: Mary Jane Rinaldi

Date Printed: 12/07/2005

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	12/07/2005
Tracking Number	C-05-137451
Permit Number	05-4123
Permit Issue Date	10/13/2005

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 135-167 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: BD MANAGEMENT CO LLC

Address: 270 PINEDGE DRIVE WEST BERLIN NJ 08091

Telephone: 856-753-7421 Fax: 856-753-8362

License Number or Builders Registration Number: Federal Emp. Number: 22-3644853

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP

Comments:
VISION CENTER

☑ **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: 7364
Collected By: Mary Jane Rinaldi

Date Printed: 12/07/2005

CONSTRUCTION PERMIT

Date Issued 10/13/2005
Control # C-05-137451
Permit # 05-4123

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $92,000

Construction Official

10/13/2005
Date

PAYMENTS (Office Use Only)

Building	$1,488
Electrical	$115
Plumbing	$120
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$124
CO Fee	
Other	$30
Total	$1,877
Check No.	7364
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

PERMIT UPDATE

Date Update Issued 12/01/2005
Control # C-05-139811
Permit # 05-4123+E

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

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:
COMMUNICATION POINTS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,500

Construction Official — Date 12/01/2005

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$42
Check No.	7547
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

PERMIT UPDATE

Date Update Issued 12/01/2005
Control # C-05-139812
Permit # 05-4123+F

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

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:
PLUMBING ALTERATIONS DRINKING FOUNTAIN +F

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $500

Construction Official — 12/01/2005 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	7547
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

PERMIT UPDATE

Date Update Issued 11/23/2005
Control # C-05-139776
Permit # 05-4123+D

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

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:
ALARM SYSTEM (BURGLAR OR FIRE)

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,000

Construction Official — 11/23/2005 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$43
Check No.	
Cash	$43
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

PERMIT UPDATE

Date Update Issued 10/17/2005
Control # C-05-137451-1
Permit # 05-4123+B

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

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:
FIRE ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,000

Construction Official — Date 10/17/2005

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$205
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$209
Check No.	2370
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

PERMIT UPDATE

Date Update Issued 10/17/2005
Control # C-05-137451-2
Permit # 05-4123+C

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

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:
ALARM SYSTEM (BURGLAR OR FIRE)

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,000

Construction Official — Date 10/17/2005

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$78
Check No.	2370
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

PERMIT UPDATE

Date Update Issued
Control # C-05-137451-3
Permit # 05-4123+A

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3644853

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:
COMMUNICATION POINTS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,500

Construction Official
10/13/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$42
Check No.	7364
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
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.

BUILDING SUBCODE
TECHNICAL SECTION

Eye Store

Date Received
Control # 05-4100

Date Issued
Permit # 10-13-05

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 157 VAN ZILE ROAD
BRICK NJ.

Owner in Fee ~~NATIONAL VISION INC~~ SKYLINE MGMT

Address ~~296 GRAYSON HWY~~ 600 COUNTY RD - GARDEN CITY
~~LAWRENCEVILLE GA 30045~~ NY 11530

Tel. (770) 822-4264

Contractor BD MANAGEMENT CO LLC

Address 270 ANEDGE DRIVE
W. BERLIN New Jersey

Tel. (856) 753-7421 FAX (856) 753-8362

Contractor License No. or Builder Registration No. N/A

Federal Emp. No 22-3644853

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

Tenant Fit-out
Eyewear Store
Retrofit of Existing Space
Interior Partitions, ACT.
Wall finishes, Carpet

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/13/05	RQK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-2-05
Approved by: KM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame (circled)			11-4-05	J
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
~~Other~~ Above Ceiling			11/23/05	J
Final (circled)			12/2/05	J
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ______ Height (exceeds 6')
- [ ] Sign ______ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other
- [ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class 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.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 66,000
3. Total (1+ 2) $

U.C.C. F110
(rev. 07/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

12-1-05

C05-139811

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 135-167 Van Zile
BRICK NJ

Owner in Fee SKYLINE MANAGEMENT

Address 600 OLD COUNTRY Road
SUITE 425 GARDEN CITY NY 11530

Tel (516) 393 8400

Contractor ALL TYPE WIRE

Address 1914 MELVINA ROAD
DEPTFORD NJ 08096-5613

Tel (856) 401 6460 FAX (856) 374 2532

Contractor License No. Exemption #154

Federal Emp. No. 22-3247517

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [X] Other Low Voltage

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500.00

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.

John J Snyder
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
22		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	
		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	

Called 12-1-05 AN Total $83.

Administrative Surcharge $
Minimum Fee $ 42.
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 11 30 05

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 12 30 05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12 30 05	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 05-4123-HA
Date Issued
Control # 05-137451-3 10-13-05
Permit #

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
Work Site Location 157 VAN ZILE ROAD
BRICK NJ 08723
Owner in Fee/Occupant BRICKTOWN BOARD OF EDUCATION
Address 600 OLD TOWNSHIP RD. #485
GARDEN CITY, NY. 11530
Tele. ( ) 1-9
Contractor JEM ELECTRIC
Address 700 IRISH HILL ROAD
RUNNEMEDE, NJ 08078
Tele. (856) 939-3443 Fax (856) 939-1197
12508
Lic. No.
Federal Emp. No. 22-3338114

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[X] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/12/05
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) 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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		.....	
10		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

(National Vision)

Date Received 05-4123+B
Control # 10-17-05
Date Issued
Permit # 05137451 -1

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 157 VAN ZILE ROAD BRICK NJ.
Owner in Fee ~~NATIONAL VISION INC~~ SKYLINE MGMT
Address ~~2310 GRAYSON HWY~~ 600 OLD COUNTRY RD GARDEN CITY NY 11530
~~LAWRENCEVILLE GA 30045~~
Tel (770) 822-4264
Contractor TRI STATE FIRE
Address 945 DELSEA DRIVE SEWELL NJ 08080
Tel (856) 589-9370 FAX (856) 589-9352
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P004022
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153332
Fire Alarm Contractor No.
Federal Emp. No. 22-2240992

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
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:
Total Cost of Fire Protection Work $ 3,000.00

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. Tristate Fire
Applicant's Signature/Contractor's Signature
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Relocate 26 Heads to accomodate NEW LAYOUT
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)	2	
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) *Relocate	26	
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 MONITOR NEW HEADS		

VIOLATION CO

Administrative Surcharge $ 25
Minimum Fee $ 24
State Permit Surcharge Fee $
TOTAL FEE $ 49

called 10/17 Total $78.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 10-17-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12-5-05
Approved by:

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	12		11-30-05	
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

DATE 9/16/05
INITIALED BY AM
FOR

Date Received
Control # 05-4123+C
10-17-05

Date Issued
Permit # C05-13745 1·2

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

Block 1141 Lot 1 Qualification Code

Work Site Location 157 Van Zile

X Owner in Fee Skyline Mngmt
Address 600 Old Country Rd. Suite 425
Garden City, NY 11530
Tel ( )

X Contractor Links Security
Address 868 Towne Center Dr
Langhorne PA 19047
Tel (215) 752-9277 FAX ( )

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. 0677936 Lic. # NJ
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

X Total Cost of Fire Protection Work $ 2000

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

$78.

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] 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 Keypad + Panel	1	
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 Motion Detector	2	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Door Contact Devices	3	

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
[ ] Fire Plans Approved
Date: 10/17/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-5-05
Approved by:

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			12-5-05	AM
Other				

PERMIT ~~UPDATE~~

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 05-4123
Control # 05-137457
Date Issued 10-13-05
Permit #

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 157 VAN ZILE RD BRICK NJ
Owner in Fee Skyline Montl
Address 600 OLD COUNTRY ROAD Suite 421 Garden City NY 11530
Tel (516) 393-8400
Contractor Thomas J Weaver PLUMBING
Address 131 Garfield Ave Clementon NJ
Tel (856) 783-6972 FAX (856) 783-6972
Contractor License No. 9521
Federal Emp. No. 300168218

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 $ 9000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9-22-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-5-05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11/4/05	
Rough	11/2/05		11/4/05	
Water				
Sewer				
Fixtures	11/22/05		12/1/05	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12/1/05	

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's Signature/Contractor's Seal and Signature
[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

11/2/05

1. ROUGH NOT READY

2. EXISTING BATHROOM NOT READY - MUST BE A.D.A.

11/02/05 - FINAL

1- NO HOT WATER

2- ASSE - 1016 - ANTI-SCALD - 110°

3- CAULK U/C - SINKS

4- BACKFLOW DEVICE AS CHANGE?

5- UPDATE FOR DRINKING FOUNTAIN

6- SIDE WALL GRAB BAR - 604.5.1 54" MIN

7- BATHR ROOM NOT ADA - 606.3 - 606.5

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

05-4123+F
12-1-05
C05-139812

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 C05137451-1
Work Site Location 157 Van Zile Rd

Owner in Fee Brick Town Plaza Ass Skyline Management
Address 600 Old Country Rd ST 405
Garden City NY, 11520
Tel (516) 393-8700
Contractor BD Managment Thomas J. Weaver Plumbing
Address 270 Pinedge Drive 131 Garfield Ave
W Berlin NJ 08091 Clementon NJ 08021
Tel (856) 753-8362 FAX (856) 783-6922 7521
Contractor License No.
Federal Emp. No. 22-3644853 300168218

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 $ 500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11-29-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-5-05
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			12/1/05	

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's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 44.

U.C.C. F130 (rev. 01/04)

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

Township of Brick
Zoning Permit

Approved: Monday, August 22, 2005 **Number:** 1246

Block 1149 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 157 Van Zile Road; Bricktown Plaza

Applicant: Scott Marynaic; National Vision, Inc.

Property Owner Bricktown Plaza Associates

Existing Use: Vacant unit (former bakery).

Proposed Use: Vision Center eyewear store.

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning permit is required for any sign or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

AUG 12 2005

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1149 LOT 1 QUALIFIER _____

PROPERTY ADDRESS 157 VAN ZILE ROAD Brick

PERSONAL NAME OF APPLICANT SCOTT MARYNAIC

BUSINESS NAME OF APPLICANT NATIONAL VISION INC.

MAILING ADDRESS OF APPLICANT 296 GRAYSON HWY LAWRENCEVILLE GA. 30045

PROPERTY OWNER'S FULL NAME ~~SKILING MANAGEMENT~~ Brick town Plaza Associates

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) EXISTING MERCANTILE Bakery Store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) EXISTING/ MERCANTILE Vision Center

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) TENANT FIT OUT - STORE SPACE EYEWEAR

COMMERCIAL

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Scott Maryniak Date 8-01-05

Reviewed by Zoning Office _____ Date 8/22/05 (X) Approved ( ) Denied

KB 8/11/05

Fax Transmittal

B.D. Management Co., L.L.C.
P.O. Box 311
270 Pinedge Drive
West Berlin, NJ 08091
Tel: (856) 753- 7421
Fax # (856) 753- 8362

Fax : 732 262- 8954 **Date:** 9-21-05

To: Township of Brick

ATTN: Electrical Code Official

RE: Control # 05-137451

157 VAN ZILE BLK 1149 LOT 1

JCPL ARC FAULT Current information as requested for this project

Total Number of Pages Including Cover 3

417 New Jersey Avenue
Point Pleasant, NJ 08742
732-714-2835
Fax: 732-892-5820

Date: 5 / 22 / 05

To: Vison Cap

Require location:

157 Vanzile RD Brick

The interrupting duty or fault current for the above location will be:

- Under 10,000 Amps
- over 10,000 Amps
- If over 10,000 Amps - your interrupting duty for the specific transformer in question will be 21 800 Amps transformer size: 150 KVA secondary voltage 120/208 277-480
  3-50 KVA on Bank

Should you have a question, please contact me at:
732-714-2835

Part

ED Turkot
732 294-2222

005-13745

JEM Electric
Electrical Contractors
NJ Lic. #12009 Del. Lic #4178 Phl. Lic #1405

700 Irish Hill Road
Runnemede, NJ 08078
856-939-3443

FAX

To: Bud From: Andy

Fax: 856 753 8362 Pages: 2 total

Date: 9/22/05 Time: 2:40pm

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ As per your request

RE: available fault current for NVI BRICK.

Our Fax # (856)939-1197

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER_____

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 151 Van Zile

DATE REVIEWED: 10405

REVIEWED BY: MK

CONTACT CALLED/FAXED: (1) permit all work Data etc...

(2) ~~Food~~ wire method + Treatment Rooms ?

October 5, 2005

The Township of Brick, New Jersey

Sent via fax: 732-262-8954

ATTN: Mercel

RE: National Vision Fit-up Project in Brick, NJ

(Control # 05-137451)

Please accept this letter as verification that I have spoken with the contractor, Bud Cornwell of B.D. Management Co, Inc., and confirmed that for the exam rooms, the installation will treat those areas as "Healthcare type areas" and will therefore utilize hospital grade devices and hospital grade wiring within the exam rooms.

Thank you for your consideration and follow-up in this matter.

Sincerely,

CC: Sonia @ at Pimsler-Hoss Arch (404-875-2475)

George W. Lumsden, Jr., PE
Project Engineer of record
NJ License # 24GE04230200

George Lumsden, P.E.

5745 Wendy Bagwell Parkway – Office Suite #6 • Hiram, GA 30141
Tel: (678) 384-1850 • Cell: (404) 402-2064 • Fax: (678) 384-1853 • e-mail: georgelepc@bellsouth.net

NEW PANELBOARD "A" AND BREAKERS ARE NEW TO REPLACE EXISTING PANEL "A" AND ITS BREAKERS

SERVICE 208/120V, 3Ø, 4 WIRE — **PANEL A** — MAIN 125A MLO

MTG RECESS — I.C. 22 KAIC — REMARKS

BRANCH CIRCUIT NO.	LOAD DESCRIPTION	LOAD(kVA) A	B	C	TRIP	NEUTRAL A B C	TRIP	LOAD(kVA) A	B	C	LOAD DESCRIPTION	BRANCH CIRCUIT NO.	
1	EXAM RM RECEPTS	0.8			20		20	0.6			FRONT SIGN RECEPTS	2	
3	EXAM RM RECEPTS		0.6		20		20		0.4		FRONT SIGN RECEPTS	4	
5	STOR AREA RECEPTS			0.6	20		20			0.8	SALES COUNTER RECEPTS	6	
7	EMPLOY STOR RECEPTS	0.6			20		20	0.8			SALES COUNTER RECEPTS	8	
9	PRETEST RECEPTS		0.6		20		20		0.4		CONTACT LENS RECEPTS	10	
11	FILES ROOM RECEPTS			0.4	20		20			0.6	CONTACT LENS RECEPTS	12	
13	WAITING RECEPTS	0.4			20		20	0.6			SALES COUNTER RECEPTS	14	
15	OFFICE RECEPTS		0.6		20		20		0.8		SALES COUNTER RECEPTS	16	
17	EQUIP/LAB/CNTACTS/STOR LTG			1.0	20		20			0.6	RECEPTION RECEPTS	18	
1 19	EXAM RMS/RSTRMS LTG/EF-2	1.2			20		20	0.6			LAB RECEPTS	20	
21	SALES AREA SIDE CNTER LTG		0.2		20		20		1.0		RECEPTION RECEPTS	22	
23	SALES AREA FLUOR LTG			1.3	20		20			1.0	LAB RECEPTS	24	
25	SALES AREA CAN LTG	1.4			20		20	1.0			LAB RECEPTS	26	
27	SALES AREA TRACK LTG		1.1		20		20		0.2		SIGN LTG CONTROLS	28	
29	SPARE				20		20				SPARE	30	
31	WATER HEATER (WH-1)	2.3			30		20				SPARE	32	
33	↓		2.3		↓		20				SPARE	34	
35	EXHUAST FAN (EF-1)			0.1	20		20				SPARE	36	
* 37	EXISTING RTU-1	4.1			45		20	0.5			FIRE ALARM SYSTEM	38	**
39	↓		4.1		↓		20		0.4		EMERG/EXIT LTG	40	**
41	↓			4.1	↓		20			0.6	TELECOMM BKBRD RECEPT	42	**

CONNECTED LOAD: A 14.9 KVA B 12.7 KVA C 11.1 KVA TOTAL 38.7 kVA

NOTES: * THIS BREAKER SHALL BE A HACR LABELED BREAKER; MATCH BREAKER SIZE TO LISTED MOCP SIZE

** PAINT THIS BREAKER HANDLE ORANGE AND LABEL "EMERGENCY CKT : DO NOT SWITCH"

CONNECTED LOAD = 106.7 AMPS

DEMAND LOAD = 80.14 AMPS

September 23, 2005

The Township of Brick, New Jersey

Sent via fax: 732-262-8954

ATTN: Mercel

RE: National Vision Fit-up Project in Brick, NJ

(Control # 05-137451)

Please accept this letter and attached panelboard schedule which is taken directly from drawing E2 as documentation of the verification that we have made in regard to the available fault current present at the site.

As documented to us, the available fault current at the site is 21,800 amps based on the 150 kva transformer at 208/120V.

The panel we specified is rated for a fault current of 22,000 amps as indicated on the panelboard schedule. The new panel we are adding is therefore rated higher than the available fault current without even taking into consideration the resistance of the feeder cabling to the panel.

Thank you for your consideration and follow-up in this matter.

Sincerely,

CC: Sonia @ at Pimsler-Hoss Arch (404-875-2475)

George W. Lumsden, Jr., PE
Project Engineer of record
NJ License # 24GE04230200

George Lumsden, P.E.

5745 Wendy Bagwell Parkway – Office Suite #6 • Hiram, GA 30141
Tel: (678) 384-1850 • Cell: (404) 402-2064 • Fax: (678) 384-1853 • e-mail: georgelepc@bellsouth.net

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 13745

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 157 Van Zile.

DATE REVIEWED: 9-12-05

REVIEWED BY: FM

CONTACT CALLED/FAXED: 856-753-8362

No Details on Counter Heights, Do They Meet ADA Requirements

REVISED PLANS SUBMITTED - 10/13/05 MEL

VIA Fed Exp. #844996405884

B.D.Management Co.L.L.C.
270 Pinedge Drive
WEST BERLIN, NJ 08091
856-753-7421
856-753-8362 FAX

LETTER OF TRANSMITTAL

DATE: 9-14-05

ATTN: BERNIE RIELLY

TO: Construction Office
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Vision Center II
151 Van Zile
Control #05-137451

GENTLEMEN:

WE ARE SENDING YOU: ✓ ATTACHED _____ UNDER SEPARATE COVER VIA

_____ SHOP DRAWINGS _____ PRINTS _____ PLANS

_____ COPY OF LETTER _____ CHANGE ORDERS _____ SAMPLES

_____ SPECIFICATIONS _____ PRODUCT DATA _____ EXECUTED CONTRACTS

COPIES	DRAWING NUMBER	DATE	DESCRIPTION
1ea			Plumbing Tech Section Update
1ea			Electric Tech Section Update
2ea			Arch/Eng Sealed Drawings

THESE ARE TRANSMITTED AS CHECKED BELOW:

✓ FOR APPROVAL _____ APPROVED AS SUBMITTED _____ REVIEWED

_____ FOR REVIEW AND COMMENT _____ APPROVED AS NOTED _____ FOR YOUR USE

_____ FURNISH AS CORRECTED _____ FOR BIDS DUE _____ AS REQUESTED

_____ RESUBMIT _____ COPIES FOR APPROVAL _____ REVIEWED - RESUBMIT

REMARK Permit Update Control # 05-137451

COPY TO: FILE

B.D. MANAGEMENT CO. L.L.C.

SIGNED: H. BUD CORNWELL

(A-L)

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 13745-1

UPDATE & RESUBMIT 9-15-05

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 157 Vanzile

DATE REVIEWED: 9/4/05

REVIEWED BY: LM

CONTACT CALLED/FAXED: Plans open wit Dont match no panel on print no alarm etc... Ada need available Earth current required

856-753 8362

9/13/05 Resubmitted 9/14/05

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 05-137451

TOWNSHIP OF BRICK

APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 157 Van Zile Vision New Center

DATE REVIEWED: 5-5-05

REVIEWED BY: Kim

CONTACT CALLED/FAXED: 5-5-05 @ 3:23 Teri Simon - left message / Sayoa - Dutch - She will advise

1- A4.0 Smoke Alarms not required but if installed must be Commercial —

2 SPK system Existing - need plan for relocates

Frank/plan review template

TRI-STATE FIRE PROTECTION, INC.

445 DELSEA DRIVE SEWELL, NJ 08080
856-589-9370 (P) 856-589-9352 (F)

LETTER OF TRANSMITTAL

Date: September 13, 2005	
To: Brick Building Department 401 Chambersbridge Road Brick, NJ 08273	Re: National Vision Center 157 Van Zile Road Brick, NJ 08724
Attention: Kevin Bazel, Fire Marshall	

WE ARE SENDING YOU:

Submittal Drawings	Plans	Fire Protection Sub Code Technical Section	Hydraulic Calculations
	X		
Change Order	**Check**	**Executed Sub Contract**	**Other**

VIA:

Attached	Hand Delivered	Under Separate Cover
Federal Express 8464 7193 0932		

Copies	Date	No.	Description
3	9-12-05	Sp.1 of 1	Plans

THESE ARE TRANSMITTED AS CHECKED BELOW:

For Approval	Approved As Submitted	Resubmit Copies For Approval
For Your Use	**Approved As Noted**	**Submit Copies For Distribution**
As Requested	**Returned For Corrections**	**Return Corrected Prints**
For Permits	**Other**	**Return (1) Fully Executed Copy**
X		

REMARKS:

Kevin, Enclosed are (3) sets of plans for the above referenced project as requested. Please contact our office with any questions and when the permit is ready. Thank you

Signed: Nick Bozine

Received By:

Cc: Bud Cornwell, B.D. Management (enc: copy of plan)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

05-4123
C05-137451

BLOCK 1149 LOT 1 SITE ADDRESS 157 Van Zile Rd.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Vision Center
APPLICANT Bel [redacted] PHONE NUMBE [redacted]
APPLICANT ADDRES [redacted] CITY & STATE [redacted]

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

Bud Cornwell
609-217-5852

MANDATORY DEVELOPER FEES

~~Residential is .005 %~~ 1%

Commercial is ~~.01%~~ 2%

The estimated equalized assessed value of the proposed construction is

$ 29,600
Frederick R Millman
Frederick R. Millman, CTA, Tax Assessor — 8/30/05 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 29600
Frederick R Millman
Frederick R. Millman, CTA, Tax Assessor — 11/30/05 Date

Preliminary Fee $296.00 — Date 9/6/05
Check # 7252 — Receipt # _____

Final Fee *296.00 — Date 12/1/05
Check# 7484 — Reciept # _____

Total Fee Due/Paid *592.00
Balance Due 0

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

9/6/05 - Tu prelim.
12/1/05 - called + LM + mailed ltr.
12/1/05 - Tu final
12/1/05 - Rec'd from Bud.

05-4123

Vision Center

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 157 Van Zile Rd Block 1149 Lot 1

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

	FINALS	FINALS
BUILDING	APPROVED	12/2/05
PLUMBING	APPROVED	12/5/05
FIRE	APPROVED	12/5/05
ELECTRIC	APPROVED	12/3/05
ENGINEERING	APPROVED	n/a
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		

(Called Caro 12/5) sending someone to site OK 12/7/05)

C.C. FROM B.T.M.U.A.

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 11/30/05

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.