

BLOCK 701 LOT 7815116 ADDRESS (SITE) Rt 70 and Chambersbridge Ave PERMIT NO. 2048-96

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CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work-site at: Shephrite - Rt. 70 and Chambersbridge R.O.
- Name of Owner in Fee: Shephrite, Foodstore Tel. (908) 462-4700
Address Rt. 33, Suite 6, Freehold, N.J. zip code _____
- Ownership in Fee: Public _____ Private ☒
- Principal Contractor: Atlantic Sprinkler Co Tel. (908) 905-6918
Address 300 Park Ave Lakewood, N.J. 08701
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____
- Architect or Engineer _____ Tel. () _____
Address _____
- Responsible Person in Charge of Work: Robert Vinska Tel. (908) 905-6915

V. FEE SUMMARY (for office use only)

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

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 _____	sq. ft.
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

- ☐ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

\$5000.00

\$3000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>us</u>	<u>8/7/96</u>						

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☒ High Pressure Boilers
- ☐ Pressure Vessels
- ☒ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☒ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use: FOOD STORE + RETAIL
- Use Group: B
- 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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Atlantic Sprinkler Co.

Address 300 Park Ave

Lakewood, N.J.

Telephone (908) 905-6918

Signature [Signature] Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition

Name of Code & Edition

Other

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

X. CERTIFICATES ISSUED (office use only)

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Compliance
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Compliance
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval

No. _____



CONSTRUCTION PERMIT

Date Issued 8/8/96
Control #
Permit # 2048-96

IDENTIFICATION Block 701 Lot 7, 8, 8.2, 15
Work Site Location Rt. 70 + Chambersburg Rd. Contractor Atlantic Spr. Co.
Owner in Fee Shon-Lite Fountains Address _____
Address Rt 33 Tele. (____) _____
Tele. (____) Franklin, NJ Lic. No. or Bldrs. Reg. No. _____ Exp. Date **0002**
Federal Emp. No. 2048#
or Social Security No. _____ BLOCK 701 H 0.00

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

fire sprinklers

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 \$ 3000.-

Ray Korbowshi
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		701 H
Building	FIRE	0.00
Plumbing	D.C.H.	2.00
Electrical	TOTAL	2.00
Fire Protection	50	2.00
Other	CHANGE	0.00
Other	06/08/96 NO. 5	4:06
DCA Training Fee	2	0020000
Cert. of Occ.		
Other		
Total	52.-	
Check No.		
Cash		
Collected By:		



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 8/8/96
Date Issued
Control # 2048-96
Permit #

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

Block 201 Lot 103
Work Site Location Building 1, 2nd Flr, Bldg N.J.S.
Owner in Fee Shelton Frederick
Address 514016, Box 33, Peachtree, N.J.
Tele. (703) 402-4700
Contractor Atlanta Sprinkler Co
Address 300 Peachtree St NW, Atlanta, GA 30301
Tele. (703) 405-6918
Lic. No. _____ or Social Security No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. Class. _____ Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 3,000.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
	Type:	Failure	Dates (Month/Day)
[] No Plans Required	Suppression Test	_____	Initial
Joint Plan Review Required:	Fire Alarm Test	_____	
[] Bldg. [] Plumb.	Smoke Test	_____	
[] Elec. [] Elevator	Mechanical	_____	
[] Fire Plans Approved	TCO	_____	
Date: <u>8/1/96</u>	Other	_____	
Approved by: _____	Other	_____	
SUBCODE APPROVAL:	Other	_____	
[] CO [] CCO [] CA	Other	_____	
Date: _____	Other	_____	
Approved by: _____	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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision
C.H.Y.
Lock Chain
Yes
Yes
Yes

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

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL 50

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

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

Gas or Oil Fired Appliance _____
OTHER _____

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ 50
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____