Called bd 4/26/94

RECEIVED FEB 2 1994

LIV. OF INSPECTION

BLOCK 701 LOT 7,8,15,16 ADDRESS (SITE) _____ PERMIT NO. 878-94

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Gap Brickown Centre, Bricktown NJ Space #6+#7
2. Name of Owner in Fee: Vornado Tel. (201) 587-1000
   Address Park 80 West, Plaza II (street) Saddle Brook (municipality) NJ (zip code) 07662
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Fisher Development, Inc. Tel. (800) 227-4392
   Address 1485 Bayshore Blvd San Francisco, CA 94124
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer Richard Chang Tel. (415) 952-4400
   Address 900 Cherry Ave San Bruno, CA 94066
6. Responsible Person in Charge of Work DAMON BURKE Tel. 809 374-3727

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 825		
2. Electrical			
3. Plumbing	150		
4. Fire Protection	194		
5. Elevator Devices			
6. Subtotal	$ 1169		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	106		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 1300		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area—Largest Floor 10,134 sq. ft.	
4. New Building Area 12,463 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 _____ sq. ft. / no _____	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	110,000
6. ☒ Fire Protection	15,000
7. ☒ Plumbing	7500
8. ☒ Electrical	35,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	167,500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[illegible]			4/25/94	[illegible]	9/26/94		[illegible]
			4/25/94	[illegible]	9/20/94		[illegible]
			4/25/94	[illegible]	9/22/94		[illegible]
Eng	2/4/94	EVA					

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 0
After Construction 376
Net gain or loss 376

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

LDS BR 10312146

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name PAUL J RICCOBONO

Address 180 GRANT AVE

CRESSKILL NJ 07626

Telephone (201) 569-1716

Signature Paul J Riccobono Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☒ Zoning Officer SK	comm alt.	2/4/94							
☐ 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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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. 878	9/26/94			

CERTIFICATE

Date Issued 9/26/94
Control #
Permit # 878-94

IDENTIFICATION

Block 701 Lot 7,8,15,16
Work Site Location Bricktown Centre Gap/Space 6 & 7
Route 70, & ChambersBridge Rd
Owner in Fee Vornado
Address Park 80 West Plaza 11
Saddle Brook, N.J.
Tele. ( )
Contractor Fisher Development Inc
Address 1485 Bayshore Blvd
San Francisco Ca
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group M 2 hours
Maximum Live Load Occupancy 376
Description of Work/Use:

Commercial Interior Alteration

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

CERTIFICATE OF OCCUPANCY/APPROVAL

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

Arthur J Cerza Jr

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Space 6 + 7

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 5/5/94
Control #
Permit # 878-94

IDENTIFICATION Block 701 Lot 7, 8, 15, 16

Work Site Location Brick Town Center

Owner in Fee Gap / Vornado

Address

Tele. ( )

Contractor Fisher Dev. Inc

Address

Tele. ( )

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

Federal Emp. No.

or Social Security No. 878##

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Int. Alteration

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 $ 167,500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

	Handwritten	Register printout
		BLOCK 0.00
		701 #
Building	825	LOT 0.00
Plumbing	180	7 #
Electrical		
Fire Protection	164	BUILDING 825.00
Other	P/R 5	PLUMBING 180.00
Other		FIRE 164.00
DCA Training Fee	106	PLAN RVW 5.00
Cert. of Occ.	20	DCA 106.00
Other		C / O 20.00
Total	1300	TOTAL 1300.00
Check No.	70262	CHECK 1300.00
Cash		CHANGE 0.00
Collected By:		

05/05/94 NO. 5 0012A005 10:38

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block 701 Lot 7 6 15 16
Work Site Location
Owner in Fee
Address
Tele.

Contractor
Address
Tele. ( ) 07088
Lic. No. or Bldrs. Reg. No. BLOCK 0.00
Federal Emp. No. 701 8
or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING (2) [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION
DESCRIPTION OF WORK: UL, W/C

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	7 8	
Building	PLUMBING	0.00
Plumbing	FIXTURE	0.00
Electrical	CHECK	0.00
Fire Protection	CHANGE	0.00
Other		
Other	08/17/94 NO. 3 00078005	
DCA Training Fee		
Cert. of Occ.		
Other		
Total	10	
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

5/5/94
878-94

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

Block 701 Lot 7, 8, 15, 16
Work Site Location LAP Bricktown Center Space #6+7
Bricktown NJ
Owner in Fee Vornado
Address Park 80W Plaza II
Saddle Brook NJ 07662
Tele. (201) 587-1000
Contractor FISHER Development Inc.
Address 1485 Bayshore Blvd
San Francisco CA 94124
Tele. (800) 227-4392
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Date Initial	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:					
Footing	5/11 RC				
Foundation					
Slab					
Frame					
Insulation					
Finishes:					
Energy					
Mechanical					
TCO					
Other					
Final					

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure Ft.
Area—Largest Floor 10,134 Sq. Ft.
Total Bldg. Area/All Floors 12,463 Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $110,000
3. Total (1+2) $110,000

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 Paul J Riccobono

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations to existing mall space for new retail clothing store.

See PLANS Enclosed

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/5/94
Date Issued
Control #
Permit # 878-94

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

Block 701 Lot 7,8,15,16
Work Site Location LAP Bricktown Center Space #6+7
Bricktown NJ
Owner in Fee Vornado
Address Park 80W PLAZA II
Saddle Brook NJ 07662
Tele. (201) 587-1000
Contractor FISHER Development Inc.
Address 1485 Bayshore Blvd
San Francisco CA 94124
Tele. (800) 227-4392
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Paul J Riccobono

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations to existing MALL SPACE for new retail clothing store.

See PLANS Enclosed

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	8/16/94	RC	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			9/22/94	RC
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO. [ ] CCO [ ] CA			TCO				
Date: 9/26/94		RC	Other				
Approved By:			Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence ____ Height
  - [ ] Sign ____ Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other

(Office Use Only)
FEE $

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure ____ Ft.
Area—Largest Floor 10,134 Sq. Ft.
Total Bldg. Area/All Floors 12,463 Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $110,000
3. Total (1+2) $110,000

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

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

Brick

3 B gap

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 18 94 0 0 7 5 0 7

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

Block 701 Lot 7, 8, 15, 16
Work Site Location Bricktown Center Next to Calder
Gap Warehouse
Owner in Fee Gap / Varnado
Address 900 Cherry Ave
San Bruno, California 94066
Tele. (____) ____
Contractor Kelam Electrical Inc.
Address 636 Herman Rd.
Jackson N.J. 08527
Tele. (908) 928-0606
Lic. No. 7088
Federal Emp. No. 22-2802129 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [X] Other Renovation
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 45,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved NOTOS
Date: 940502
Approved by: RM W

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 9-22-94
Approved By: B. Levelus

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough only wall	____	____	940823	MR6455
Temporary	____	____		
Constr. Serv.	____	____	940908	MR6455
TCO	____	____	____	____
Other	____	____	____	____
Service	____	____	____	____
Final	____	____	9-22-94	

See Back

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued 9-22-94

PP

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
215		Fixtures (1)	80
64		Receptacles (2)	
6		Switches (3)	
____		Total 1 + 2 + 3	
____	____ Kw	Range	
____	____ Kw	Oven(s)	
____	____ Kw	Surface Unit	
____	____ hp	Dishwasher	
____	____ hp	Garbage Disposal	
____	____ Kw	Dryer	
5	____ Kw	A/C Unit 5 ton JJ-	165
____		Burglar Alarms	
____		Intercoms Panels	
____		Smoke Detectors	
____	____ hp	Whirlpool/spa	
____		Pool Bonding	
____	____ hp	Pool Filter Motor	
____		Pool Lights	
1	15 Kw	Water Heater(s)	7
1	15 Kw	Central heat: oil ~~gas~~ or elec. Duct htr.	33
2	5 Kw	~~Baseboard Heat~~ Units 4 ea htrs	14
____		Thermostats	
____	____ hp	Heat Pump	
____	____ hp	Pump(s)	
3	____ Amp	~~Motor Control Center~~/Sub Panels	99
1		Signs 1-200 A 2-150 A	
____	____	Light Standards	
____	____ hp	Motors—Fractional H.P.	
____	____ hp	Motors—All Others	
1	____ Kw	Transformers 45 kVA	33
____	____ Kw	Generators	
1	200 Amp	Service Entrance 3Ø 4W 480V	33
____	____	Other	

Paid [✓] Check # 2154
RPF
Collected by: ____

Administrative Surcharge	$ ____
Minimum Fee	$ 464.—
DCA Training Fee	$ 36
TOTAL FEE	$ 500.—

U.C.C. Form F-1208 — 1 White = Inspector Copy; 2 Canary = Office Copy; 3 Pink = Office Copy; 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/5/94
Date Issued
Control #
Permit # F78-94

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

Block 701 Lot 7, 15, 16
Work Site Location Gap Brictown Center Space #6+7
Bricktown, NJ
Owner in Fee Vornado
Address Park 80 West Plaza II
Saddle Brook NJ 07662
Tele. (201) 587-1000 Nellie Matjucha
Contractor Conditioning Control Systems, Inc.
Address 180 Grant Ave
Cresskill NJ 07626
Tele. (201) 569-1716
Lic. No. —
Federal Emp. No. 133047422 or Social Security No. —

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present — Proposed —
Heating Systems [X] New [X] Existing
Type: [X] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other —
Location: Roof Top
occupied Local 376
Total Est. Cost of Fire Prot. Work $ 15,000 [ ] Other —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 4/25/94
Approved by: JE
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 9/26/94
Approved by: JE

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test	—	—	9/26/94	X
Fire Alarm Test	—	—	9/26/94	JE
Smoke Test	—	—	—	—
Mechanical	—	—	—	—
TCO	—	—	—	—
Other —	—	—	—	—
Other —	—	—	—	—
Other —	—	—	—	—

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Paul L Reisbrown
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source	MUNIC
Method of Valve Supervision	Elec Sw.
Local Alarm Supervision	By Mail
Central Supervision	By Mail
Proprietary Supervision	—

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	5 135	85
Dry Sprinkler Heads		—
TOTAL	135	
Smoke Detectors	5	46
Heat Detectors		
TOTAL	140	—
1 - Strobe Light in Wholesale connected to S.D.		
Stand Pipes	—	—
Kitchen Hood Exhaust Systems	—	—
Pre-Engineered Systems		
CO_2 Suppression	—	—
Halon Suppression	—	—
Foam Suppression	—	—
Dry Chemical	—	—
Wet Chemical	—	—
Furnace if 200,000 CFM must have S.D. Shutoff in Return		
Gas or Oil Fired Appliance	1	33
OTHER —	—	—
	Administrative Surcharge	$ 164 —
Paid [ ] Check # —	Minimum Fee	$ —
Collected by —	TOTAL FEE	$ —

U.C.C. Form F-140A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/5/94
Date Issued
Control #
Permit # F78-94

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

Block 701 Lot 7, 15, 16
Work Site Location Gap Bricktown Center Space #6+7
Bricktown, NJ
Owner in Fee Vornado
Address Park 80 West Plaza II
Saddle Brook NJ 07662
Tele. (201) 587-1000 Nellie Matjucha
Contractor Conditioning Control Systems, Inc.
Address 180 Grant Ave
Cresskill NJ 07626
Tele. (201) 569-1716
Lic. No.
Federal Emp. No. 133047422 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present Proposed
Heating Systems [X] New [X] Existing
Type: [X] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other
Location: Roof Top
occupied Local 376
Total Est. Cost of Fire Prot. Work $ 15,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[X] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 9/23/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Paul L Ricobono
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source	MUNIC
Method of Valve Supervision	Elec SW.
Local Alarm Supervision	BY MALL
Central Supervision	BY MALL
Proprietary Supervision	

106

			FEE (Office Use Only)
Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	
Wet Sprinkler Heads	Number 135		85
Dry Sprinkler Heads			
TOTAL	135		
Smoke Detectors	5		46
Heat Detectors			
TOTAL	140		
1 - Strobe left in Mech Connected to			
Stand Pipes S.D.			
Kitchen Hood Exhaust Systems			
Pre-Engineered Systems			
CO_2 Suppression			
Halon Suppression			
Foam Suppression			
Dry Chemical			
Wet Chemical			
furnace if 2000 CFM MUST Have S.D. Shutoff in Return			
Gas or Oil Fired Appliance	1		33
OTHER			
		Administrative Surcharge	$ 164 —
Paid [ ] Check #		Minimum Fee	$
Collected by		TOTAL FEE	$

U.C.C. Form F-140A

1 White = Office Copy
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3 Pink = Applicant Copy
4 Hard = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-9-94
Control #
Permit # 878-94 update

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

Block 701 Lot 7-8-15-16
Work Site Location GAP WAREHOUSE BRICKTOWN CTR.

Owner in Fee VORNADO
Address PARK 80 WEST PLAZA II
SADDLE BROOK, N.J. 07662
Tele. (201) 587-1000
Contractor MID-ATLANTIC MECHANICAL
Address 307 GRAVEL HILL RD BX669
ENGLISHTOWN, NJ. 07726
Tele. (908) 521-2150
Lic. No. 6227
Federal Emp. No 22-2181861 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/19/94
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] QA
Date: 9/26/94
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			9/26/94	
Mechanical			9/26/94	
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	5 (Duct Mtd)	46 -
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil-Fired Appliance	1	33
OTHER Rooftop HVAC Unit		
		79 -

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-9-94
Control #
Permit # 878-94 update

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

Block 701 Lot 7-8-15-16
Work Site Location GAP WAREHOUSE BRICKTOWN CTR.

Owner in Fee VORNADO
Address PARK 80 WEST PLAZA II
SADDLE BROOK, N.J. 07662
Tele. (201) 587-1000
Contractor MID-ATLANTIC MECHANICAL
Address 307 GRAVELHILL RD. BX669
ENGLISHTOWN, N.J. 07726
Tele. (908) 521-2150
Lic. No. 6227
Federal Emp. No 22-2181861 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 8/19/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	5 (DUCT MTD)	46-
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER Rooftop HVAC Unit		
		79-

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

U.C.C. Form F-140B
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3 Pink = Office Copy 4 Gold = Applicant Copy

NA 7-94-94

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9-9-94
Date Issued
Control #
Permit # 878-94 update

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

Block 7011 Lot 7-8-15-16
Work Site Location GAP WAREHOUSE SPACE 627

Owner in Fee VORNADO
Address PARK 80 WEST PLAZA-II SADDLEBROOK NJ 07662

Tele. (201) 587-1000
Contractor MID-ATLANTIC MECH
Address 307 GRAVEHILL RD BOX 669
ENGLISHTOWN, NJ. 07726
Tele. (908) 521-2150
Lic. No. 6227
Federal Emp. No. 22-2181861 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ #46,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9/22/94
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 Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	15
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other ROOFTOP HVAC UNIT	10

Administrative Surcharge $ 25
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/14/94
Date Issued
Control #
Permit # 878-94 update

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

Block 701 Lot 7 8 15 16
Work Site Location Gap Bricktown Centre Space 6, 7 Park 80 west Plaza
Owner in Fee Rosendo
Address
Tele. ( ) Fisher Development Inc.
Contractor 1495 Bayshore Blvd San Francisco
Address CA 94124
800 227 4392
Tele. (925) 240-4693
Lic. No. 7059
Federal Emp. No. or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" PVC
Water Service Size 1" copper
Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
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 Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
2	Floor Drain	
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Yuma Bubbler	

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/5/94
Date Issued
Control #
Permit # 878-94

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

Block 701 Lot 7,8,15,16
Work Site Location Gap Bricktown Center Space. 6+7
Bricktown, NJ
Owner in Fee Vornado
Address Park 80 W. Plaza II
Saddle Brook, NJ 07662
Tele. (201) 587-1000 Nellie Matjucha
Contractor Paul Riccobono
Address 180 Grant Ave
Cresskill NJ 07626
Tele. (201) 569-1716
Lic. No. 8119
Federal Emp. No. — or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 7,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 5/3/94
Approved by: EJ

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

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Paul J. Riccobono
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

(2) Hand Cap.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10
	Shower	
2	Floor Drain	10
	Sink	
	~~Dishwasher~~	
1	Drinking Fountain	5
	Washing Machine	
2	Hose Bibb	10
1	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	~~Interceptor/Separator~~ Grease Trap	25
1	Backflow Preventer	25
	Greasetrap	15
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	~~Water Service Connection~~ MAIN	10
	Gas Service Connection	
	Active Solar System	
1	Other Vacuum Breaker	25

Administrative Surcharge $ 45
Paid [ ] Check # — Minimum Fee $ 180
Collected by: — TOTAL $

$180 =

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5/5/94
Date Issued
Control #
Permit # 878-94

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

Block 701 Lot 7, 8, 15, 16 (2-Guys)
Work Site Location Gap Ericktown Center Space 6 + 7
Ericktown, NJ
Owner In Fee Vornado
Address Park 80 W. Plaza II
Saddle Brook, NJ 07662
Tele. (201) 587 1000 Nellie Matjucha
Contractor Paul Riccobono
Address 180 Grant Ave
Cresskill NJ 07626
Tele. (201) 569-1716
Lic. No. 5119
Federal Emp. No. ——— or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 7,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: DW
Date: 9/20/94

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8/15/94	SL
Rough		partial	8-Rough	SL
Water				
Sewer				
Fixtures				
Gas Equipment			9/20/94	DW
Gas Final			9/20/94	DW
Solar				
TCO				
Final plumbing			9/20/94	DW

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.

Paul A. Riccobono
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Hand Cap.

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

Paid [ ] Check # ——— Collected by: ———

Addition for fixtures 8/15 (2)

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK; N.J. 08723

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 701, Lot 7, 8, 15 & 16

DATE: 2/4/94

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ 0

NO AA ANTICIPATED TENANCY CHANGE ONLY

Preliminary Frederick R. Millman

Frederick R. Millman, CTA

02/04/94

Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $ _____.

Final _____

Frederick R. Millman, CTA

_____

Date

ASSESSOR REVIEW / Form 0002 7/93

DANIEL K. CHAN ENGINEERING
Consulting Engineers
14 East 4th Street
New York, NY 10012

Tel: (212) 979-9460
Fax: (212) 979-9469

FAX TRANSMITTAL

If there are any problems with this transmission, please notify Daniel K. Chan Engineering immediately.

Date:	February 8, 1994
To:	Mr. Art Cierzo
Company:	Bricktown Building Department
Fax Number:	(908) 262-1024
From:	Steven M. Koon
Project Name (Subject):	Proposed Gap Warehouse @ Bricktown, NJ
Number of Pages (Including This One):	5

REMARKS: A/C unit Cut.

RECEIVED
FEB 8 1994
DIV. OF INSPECTION

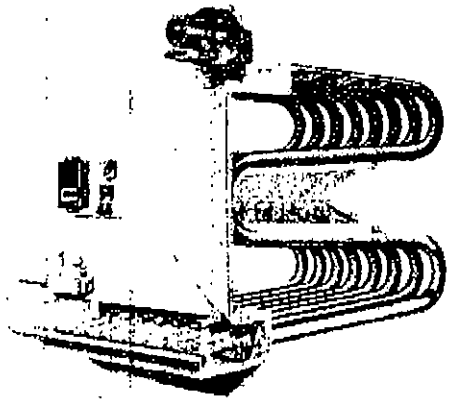
ENGINEERING DATA
COMBINATION UNITS
ROOFTOP
Page 83
January 1991
Supersedes August 1989

LENNOX

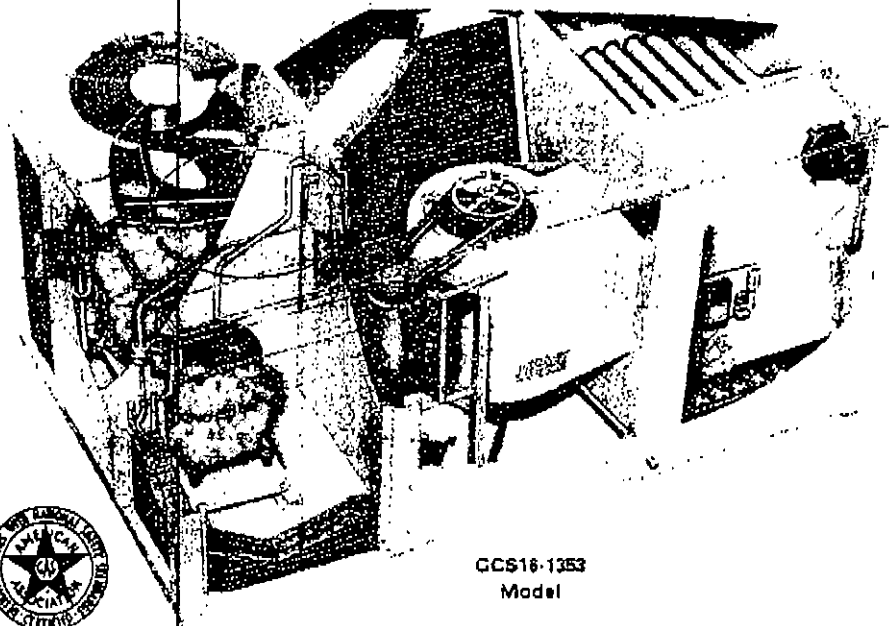
GCS16-953-1353-1603-1853
SINGLE PACKAGE UNITS
ALL SEASON — DX COOLING & GAS HEATING

***89,000 to 179,000 Btuh Cooling Capacity**
126,000 to 330,000 Btuh Input Heating Capacity

*ARI Standard Ratings

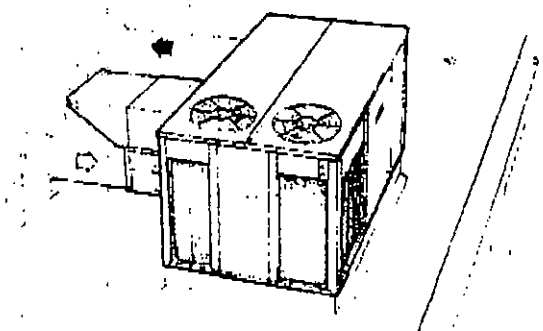


Tubular Heat Exchanger, Inshot Gas Burners, Induced Draft Blower and Gas Train.

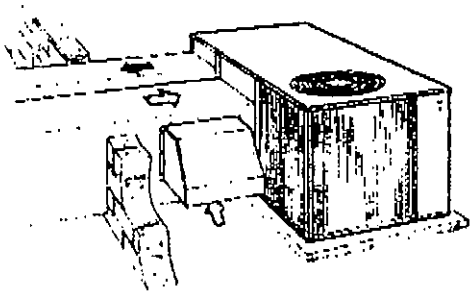


GCS16-1353 Model

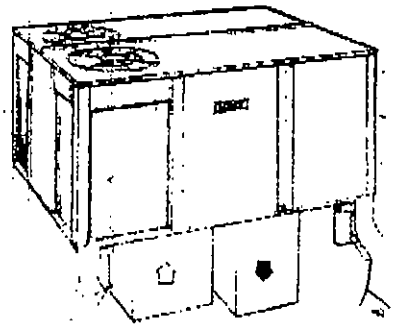
Typical Applications



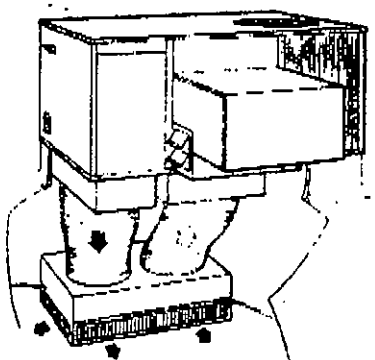
Horizontal (Side) Supply and Return Air Installation with RMF16 Roof Mounting Frame and EMDH16M Economizer Dampers



Horizontal (Side) Supply and Return Air Installation with OAD16 Outdoor Air Dampers.



Down-Flo Supply and Return Air Installation with RMF16 Roof Mounting Frame.



Down-Flo Supply and Return Air Installation with RMF16 Roof Mounting Frame, REMD16M Economizer Dampers and RTD11 Ceiling Diffuser

NOTE — Specifications, Ratings and Dimensions subject to change without notice.

DIMENSIONS (Inches)

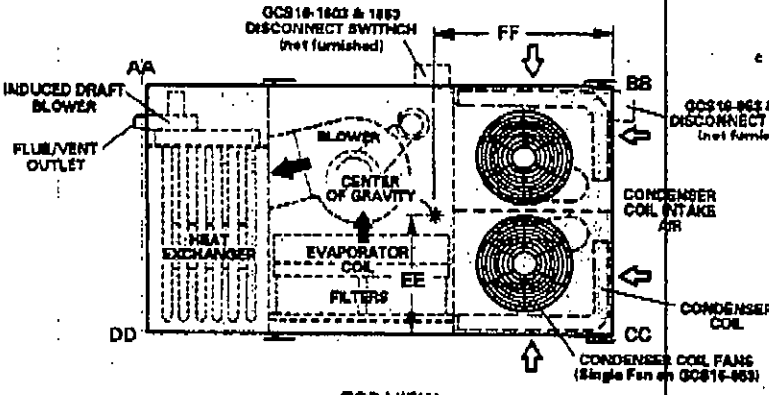
GCS16 BASIC UNIT

CORNER WEIGHT (lbs.)

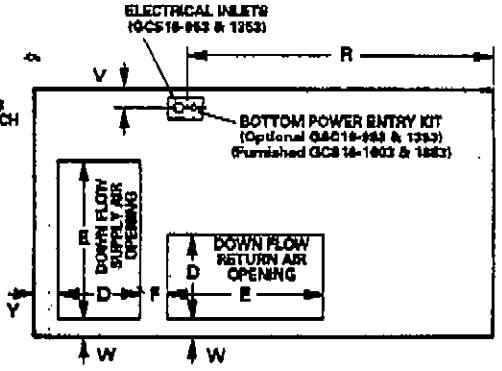
Model No.	X	Y	Z	AA
GCS16-953	236	283	194	162
GCS16-1353	255	345	287	213
GCS16-1603	286	394	353	256
GCS16-1853	419	562	435	329

CENTER OF GRAVITY (in.)

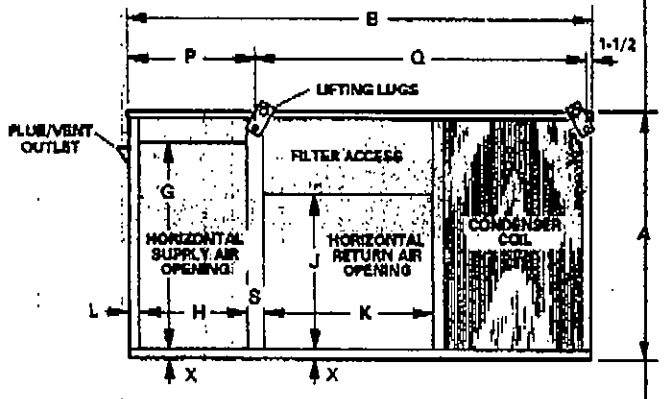
Model No.	BB	CC
GCS16-953	28-1/2	40
GCS16-1353	32-3/4	40
GCS16-1603	31-5/8	42-3/8
GCS16-1853	38	50



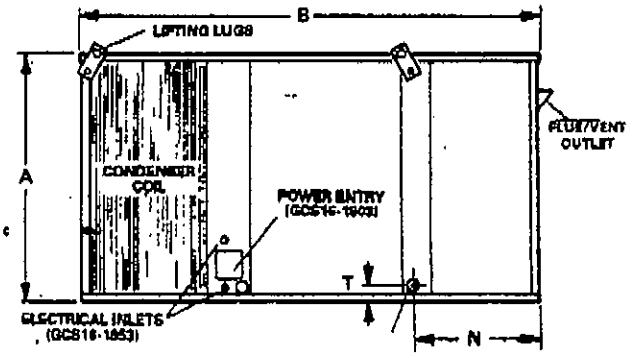
TOP VIEW



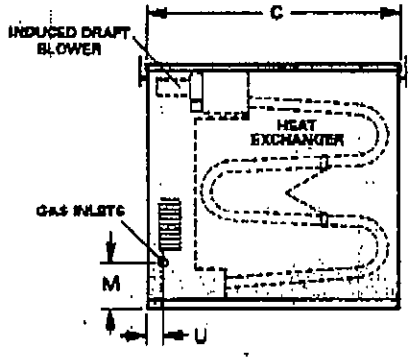
TOP VIEW BASE SECTION



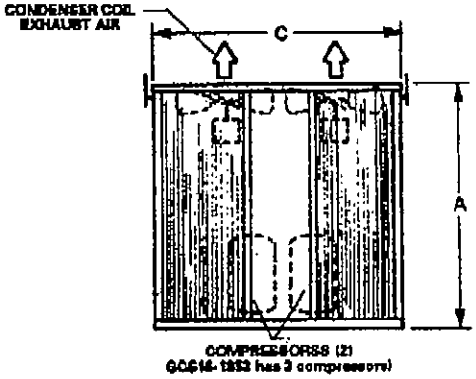
BACK VIEW
With HORIZONTAL SUPPLY & RETURN AIR OPENINGS



FRONT VIEW



HEAT SECTION END VIEW



CONDENSER SECTION END VIEW

Model No.	A	B	C	D	E	F	G	H	J	K	L
GCS16-953	39	88-1/2	48	18-1/2	30-3/8	5-5/8	32-1/8	19-7/16	24-5/8	33	1-5/8
GCS16-1353	46	94	60	24	30-3/8	4-7/16	39-1/8	25-1/4	31-5/8	33	2
GCS16-1603	46	102	60	24	38	4-7/16	39-1/8	25-1/4	31-5/8	41	2
GCS16-1853	51-1/2	116	68	24-1/2	44	5-5/8	41-1/2	25-3/4	32-3/4	50-1/8	2

Model No.	M	N	P	Q	R	S	T	U	V	W	X	Y
GCS16-953	9-3/4	25-1/16	22-1/8	64-7/8	53-1/2	2-3/4	2-3/8	2-7/8	4-3/16	3-1/16	1-1/2	3-1/16
GCS16-1353	14	31-3/16	28-1/2	64	53-1/2	2-3/4	2-3/8	2-7/8	4-3/16	3-1/16	1-1/2	3-1/16
GCS16-1603	14	31-3/16	28-1/2	72	25-1/2	2-3/4	2-3/8	2-7/8	4-3/16	3-1/16	1-1/2	3-1/16
GCS16-1853	16-1/2	33-1/2	33	81-1/2	36	4-1/4	4	4	7-1/4	5	3	4-1/16

GCS16-953, GCS16-1353 & GCS16-1[illegible]
SPECIFICATIONS

Model No.			GCS16-953	GCS16-1353	GCS16-1603
Two Stage Heating Capacity (Natural Gas Only)	Btuh Input (low)		126,000	170,000	170,000
	Btuh Output (low)		98,000	132,500	132,600
	Btuh Input (high)		200,000	270,000	270,000
	Btuh Output (high)		160,000	216,000	216,000
	A.G.A. Thermal Efficiency		80%	80%	80%
Two Stage Heating Capacity (**LPG Gas Only)	Btuh Input (low)		126,000	170,000	170,000
	Btuh Output (low)		98,000	132,600	132,600
	Btuh Input (high)		175,000	236,250	236,250
	Btuh Output (high)		142,600	192,500	192,500
	A.G.A. Thermal Efficiency		81.5%	81.5%	81.5%
*ARI Standard 210/240 Ratings or Standard ☆360 Ratings	Total cooling capacity (btuh)		89,000	118,000	☆144,000
	Total unit watts		10,725	13,885	18,000
	EER (Btuh/Watts)		8.3	8.5	8.3
	Integrated Part Load Value		---	---	8.6
★ARI Standard 270 SRN (Sels)			8.4	8.6	---
Refrigerant (22) charge	Stage 1		6 lbs. 0 oz.	7 lbs. 12 oz.	13 lbs. 4 oz.
	Stage 2		6 lbs. 0 oz.	7 lbs. 12 oz.	7 lbs. 1 oz.
Evaporator Blower and Drive Selection	Blower wheel nominal diameter x width (in.)		12 x 12	15 x 15	15 x 15
	Factory Installed †Drives	Nominal motor horsepower	2	2	3
		Maximum usable horsepower	2.30	2.30	3.45
		Voltage & Phase	208/230/460v-3ph	208/230/460v-3ph	208/230/460v-3ph
		RPM range	740 — 1010	730 — 950	730 — 950
	Optional Factory Installed †Drives	Nominal motor horsepower	---	3	---
		Maximum usable horsepower	---	3.45	---
		Voltage & Phase	---	208/230/460v-3ph	---
		RPM range	---	730 — 950	---
Evaporator Coil	Net face area (sq. ft.)		7.75	8.46	11.9
	Tube diameter (in.) & No. of rows		3/8 — 3	3/8 — 4	3/8 — 3
	Fins per inch		14	12	12
Condenser Coil	Net face area (sq. ft.)		15.67	20.0	24.4
	Tube diameter (in.) & No. of rows		3/8 — 2	3/8 — 2	3/8 — 2
	Fins per inch		20	20	20
Condenser Fan(s)	Diameter (in.) & No. of blades		24 — 4	(2) 20 — 5	(2) 22 — 4
	Air volume (cfm)		4800	6400 Total	7700 Total
	Motor horsepower		1/2	(2) 1/3	(2) 1/2
	Motor watts		620	876 Total	1060 Total
Gas Supply Connections fpt (in.)	Natural		3/4	3/4	3/4
	**LPG		3/4	3/4	3/4
Recommended Gas Supply Pressure (wc. in.)	Natural		7	7	7
	**LPG		11	11	11
**Optional LPG Conversion Kit			LB-65755BA	LB-65755BA	LB-65755BA
Condensate drain size npt (in.)			3/4	3/4	3/4
No. & size of filters (in.)			(4) 16 x 20 x 2	(4) 16 x 25 x 2	(4) 20 x 25 x 2
Net weight of basic unit (lbs.) (1 Package)			875	1100	1288
Electrical characteristics			208/230 to 460 volt — 60 hertz — 3 phase		
Optional Roof Mounting Frame — (Net Weight)			RMF16-95 (107 lbs.)	RMF16-135/160 (119 lbs.)	RMF16-135/160 (119 lbs.)
Optional Economizer Dampers — (Net Weight) No. & size of filters (in.)			REMD16M-95 (118 lbs.) (2) 16 x 25 x 1	REMD16M-135 (125 lbs.) (2) 16 x 25 x 1	REMD16M-160 (140 lbs.) (2) 20 x 25 x 1
Optional Horizontal Economizer Dampers — (Net Weight) No. & size of filters (in.)			EMDH16M-95 (120 lbs.) (2) 16 x 25 x 1	EMDH16M-135 (137 lbs.) (2) 16 x 25 x 1	EMDH16M-160 (147 lbs.) (2) 20 x 25 x 1
Optional Exhaust Dampers — (Net Weight)			GED16-95/135/160 (5 lbs.)		
Optional Horizontal Supply and Return Air Kit — (Net Weight)			LB-65756BA (30 lbs.)	LB-65756BB (35 lbs.)	LB-65756BC (42 lbs.)
Optional Bottom Power Entry Kit — (Net Weight)			LB-65757CA (12 lbs.)	LB-65757CA (12 lbs.)	Furnished
Optional Ceiling Supply and Return Air Diffusers (Net Weight)		Step-down	RTD11-95 (88 lbs.)	RTD11-135 (125 lbs.)	RTD11-185 (392 lbs.)
		Flush	FD11-95 (75 lbs.)	FD11-135 (95 lbs.)	FD11-185 (289 lbs.)
		Transition	SRT16-95 (29 lbs.)	SRT16-135 (38 lbs.)	SRT16-160 (70 lbs.)
Optional Outdoor Air Dampers — (Net Weight) No. & size of filters (in.)			OAD16-95 (41 lbs.) (1) 16 x 20 x 1	OAD16-135 (43 lbs.) (1) 16 x 20 x 1	OAD16-160 (45 lbs.) (1) 16 x 20 x 1
Optional Automatic OAD16 Damper Kit — (Net Weight)			35G21 (7 lbs.)	35G21 (7 lbs.)	35G21 (7 lbs.)

*Sound Rating Number in accordance with ARI Standard 270.
Rated in accordance with ARI Standard 210/240 or 360; 95°F outdoor air temperature and 80°F db/67°F wb entering evaporator air.
** For LPG models a field conversion kit is required and must be ordered extra.
† Using total air volume and system static pressure requirements determine from blower performance tables rpm and bhp required. Maximum usable hp of motors furnished by Lennox are shown. If motors of comparable hp are used be sure to keep within the service factor limitations outlined on the motor nameplate.

HIGH ALTITUDE DERATE

If the heating value of the gas does not exceed values listed in table, derating of unit is not required. Should the heating value of the gas exceed the table values, or if the elevation is greater than 6,000 feet above sea level it will be necessary to derate unit. Lennox requires that derate conditions be 4% per thousand feet above sea level. Thus at an altitude of 4000 feet, if the heating value of the gas exceeds 1000 Btu/ft.³, the unit will require a 16% derate.

Elevation Above Sea Level (Feet)	Maximum Heating Value (Btu/ft³)
6001 – 6000	900
4001 – 5000	950
3001 – 4000	1000
2001 – 3000	1050
Sea Level – 2000	1100

GCS16-953, -1353 & -1603 ELECTRICAL DATA

Model No.		GCS16-953		GCS16-1353				GCS16-1603	
Line voltage data – 60 Hz – 3 phase		208/230V	460V	208/230V		460V		208/230V	460V
Compressors (2)	Rated load amps (total)	15.4/15.4 (30.8)	8.3/8.3 (16.6)	17.6/17.6 (35.2)		9.4/9.4 (18.8)		27.1/17.6 (44.7)	14.2/9.4 (23.6)
	Locked rotor amps (total)	92/92 (184.0)	46/46 (92.0)	105/105 (210.0)		56/56 (110.0)		183/105 (288.0)	91/56 (146.0)
Condenser Fan Motor(s)	Full load amps (total)	2.6	1.4	2.1/2.1 (4.2)		1.2/1.2 (2.4)		3.0/3.0 (6.0)	1.5/1.5 (3.0)
	Locked rotor amps (total)	5.9	3.3	5.1/5.1 (10.2)		2.7/2.7 (5.4)		6.2/6.2 (12.4)	3.4/3.4 (6.8)
Evaporator Blower Motor	Horsepower	2	2	2	3	2	3	3	3
	Full load amps	7.5	3.4	7.5	10.6	3.4	4.8	10.6	4.8
	Locked rotor amps	41.0	20.4	41.0	58.0	20.4	26.8	58.0	26.8
†Recommended maximum fuse size (amps)		50	25	60	60	35	35	90	45
*Minimum Circuit Ampacity		45.0	24.0	55.0	55.0	29.0	29.0	69.0	35.0
Unit power factor		.88	.88	.88	.88	.88	.88	.88	.88

*Refer to National Electric Code manual to determine wire, fuse and disconnect size requirements.
NOTE – Extremes of operating range are plus and minus 10% of line voltage.
†Where current does not exceed 60 amps, HACR type circuit breaker may be used in place of fuse.

GCS16-1853 ELECTRICAL DATA

Model No.			GCS16-1853			
Line voltage data – 60 Hz – 3 phase			208/230V		460V	
Compressors (3)	Rated load amps	each	19.2		9.6	
		total	57.6		28.8	
	Locked rotor amps	each	124		62	
		total	372.0		186.0	
Condenser Fan Motors (2)	Full load amps (total)		9.6		4.8	
	Locked rotor amps (total)		24.0		12.0	
Evaporator Blower Motor	Horsepower		3	5	3	5
	Full load amps (total)		10.6	16.7	4.8	7.6
	Locked rotor amps (total)		58.0	91.0	26.8	45.6
Optional Power Exhaust Fans	(No.) Horsepower		(2) – 1/4		(2) – 1/4	
	Full load amps (total)		2.8		1.4	
	Locked rotor amps (total)		6.6		3.3	
†Recommended Maximum Fuse Size (Amps)	Less Power Exhaust		100	110	50	60
	With Power Exhaust		100	110	50	60
Unit Power Factor	Less Power Exhaust		.84	.84	.84	.84
	With Power Exhaust		.84	.84	.84	.84
*Minimum Circuit Ampacity	Less Power Exhaust		82.0	92.0	43.0	48.0
	With Power Exhaust		85.0	95.0	45.0	50.0

*Refer to National Electric Code manual to determine wire, fuse and disconnect size requirements.
NOTE – Extremes of operating range are plus and minus 10% of line voltage.
†Where current does not exceed 60 amps, HACR type circuit breaker may be used in place of fuse.