BLOCK 1149 LOT 5, 5.01, & 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 16-0373

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII (-15-006227)

I. IDENTIFICATION

1. Proposed Work Site at: Laurel Square, 1830 Rte 88 Brick N.J.
2. Name of Owner in Fee: Brixmor Laurel Square LLC
   Tel. ( ) _____ e-mail _____
   Address 450 Lexington Ave, New York, NY 10170 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: J.A. Salerno & Sons Tel. (973) 267-0967
   Address 14 Ridgedale Ave e-mail Russ
   Cedar Knolls, NJ 07927 owner-609-290-4785
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-2202759 FAX: (973) 267-0306
5. Architect or Engineer Leonard V. Martelli Contact Keith Martelli
   Address 94 Farnsleigh Ave, Sutton S.C. e-mail (C) 732-757-5779
   Tel. (843) 706-7087 FAX: (732) 508-8943
6. Responsible Person in Charge once Work has Begun J. Salerno
   Tel. (973) 267-0967 FAX: (973) 267-0306

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2,775		
2. Electrical	210	150	150-
3. Plumbing	945		
4. Fire Protection	270	114	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	124	4-	4-
10. Subtotal	$		
11. Cert. of Occupancy	125		
12. Other			
13. TOTAL	$ 4848	268	154-

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved HUD	
9. Total Land Area Disturbed	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work — Tenant Fit-up
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☒ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	65,000	CN	12-2-15		12/21/15	KEK			
☒ Electrical	55,000				12/9/15	PJC			
☒ Plumbing	35,000				1-21-16				
☒ Fire Protection	19,000			12/17/15		LO	2/29/16		LW
☐ Elevator		Eng Exempt			12/8/15	ECC			
TOTAL COST	174,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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. 5:23-2.15(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 J.A. Salerno & Sons

Address 14 Ridgedale Ave
Cedar Knolls, NJ. 07927

Telephone (973) 267-0967

Signature James A. Salerno

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/5/2016
Control Number C-15-006227
Permit Number 16-0373
Permit Issue Date 2/5/2016
Certificate Number 16-0373

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1930 ROUTE 88 PLANET FITNESS Brick Township, NJ 08724 Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC %

Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Telephone: (609) 290-4785

Contractor JA SALERNO AND SONS

Address 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-

Telephone: (973) 267-0967 Fax: (973) 267-0306

License Number or Builders Registration Number: Federal Emp. Number: 22-2202759

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 120

Description of Work/Use: TENANT FIT UP - PLANET FITNESS

Certificate Comments:

☑ **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:

ACTING

Construction Official

Fee: $125.00
Check Number: 1007
Collected By: Nichol Ponsi

Date Printed: 5/5/2016

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/8/16
Control #

Date Issued
Permit # 16-0373

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

Block 1149 Lot 5.01 #6 Qualification Code

Work Site Location Laurel Square
1930 Rt. 88 Brick, NJ.

Owner in Fee: Brixmore Laurel Square LLC

Tel. ( ) e-mail

Address 450 Lexington Ave, NY, NY
street municipality

Contractor: J.A. Salerno & Sons Tel. (973) 267-0967
zip code

Address 14 Ridgedale Ave e-mail
Cedar Knolls, NJ. 07927

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2202759 FAX: (973) 267-0306

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 James A. Salerno

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Fit-out for new tenant (Planet Fitness) as per plans dated 11-27-15

PRIOR USE: BRICK FITNESS
NO CHG OF USE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/21/15	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/21/15
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 04/08/16
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	2/23/16 PM		3-7-16	
Truss Sys./Bracing				
Barrier-Free				
Insulation	Scored		3-7-16	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
~~Other~~ Above ceiling			3/31/16	
Other				
Final			4/7/16	
Barrier-Free				

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 65,000
3. Total (1+ 2) $ 65,000

U.C.C. F110
(rev. 12/07)

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

* 2/23/16 pm - see correction notice.

(B) tech

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/5/16
Control #
Date Issued
Permit # 16-0373

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

Block 1149 Lot 5 Qualification Code
Work Site Location 1930 Route 88 Planet Fitness
Owner in Fee: Brixmor Laurel Square LLC
Tel. ( ) e-mail
Address 450 Lexington Ave. NY
Contractor: Bon Fide Mechanical LLC (street, municipality, zip code) Tel. (732) 757-9138
Address 1037 Shula DR Toms River e-mail NJ 08753
Contractor License No. NJ Plumb Lic # 12339 Exp. Date 7.17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 20-3427471 FAX: (732) 929-3035

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed
Building Sewer Size 4" Public Sewer Private Septic
Water Service Size 1" Public Water Private Well
Est. Cost of Plumbing Work $ 35000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1-21-16
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-5-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			2-16-16	
Rough			3-3-16	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-7-16	
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ Partial Rough			3-2-16	
TCO 60 days			4-7-16	
FINAL			5-3-16	

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 Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$
2	Urinal/Bidet	
	Bath Tub	
8	Lavatory	
8	Shower	
4	Floor Drain	
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater 75 gallon	
	Fuel Oil Piping 75,000 BTU	
	Gas Piping 2	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks 4	
	Other	
	Other	

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

Update Gas pipe @ Fix. + sketch

3-2-16
Re inspect shower BASE's & grid DRAINS For Rough only
3-30-16
update GAS

(P) tech

PLUMBING SUBCODE
TECHNICAL SECTION

Update np 4/1/16

Date Received Control # 4/7/16

Date Issued Permit # 16-0373+B

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88

Owner in Fee: Brixmore LLC

Tel. (609) 290-4785 e-mail

Address 450 Lexington AVE NY. (street, municipality, zip code)

Contractor: Bonifide Mechanical LLC Tel. (732) 757-9139

Address 1037 Sheila DR Toms River NJ 08753 e-mail

Contractor License No NJ Plumb Lic# 12307 Exp. Date 7.17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No 203927471 FAX: (732) 929-3025

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1½" Public Water Private Well

Est. Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 4-6-16

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 5-5-16

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-7-16	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 days			4-7-16	
Final			5-3-16	

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 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	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater (2 water heaters)	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

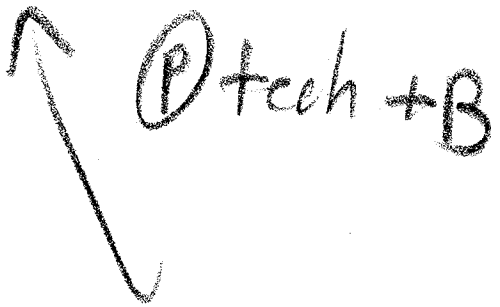
Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

9-7-16 #2
Combustion Air (Hi) grills For (2) WH
re install urinal valve
Extend WH condensate's to Floor Drain



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/5/16
Control #
Date Issued
Permit # 16-0373

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

Block 1149 Lot 5, 5.01 & 6 Qualification Code
Work Site Location Planet Fitness - Brick
1930 Rt. 88
Owner in Fee: Brixmor Laurel Square LLC
Tel. ( ) 450 Lexington e-mail
Address (street) New York, NY, NY 10170 (municipality) (zip code)
Contractor: Giordano Electric Corp. MIKE - FOREMAN Tel. (732) 281-1562
Address 2274 Maple Manor Court e-mail
Toms River, New Jersey 08755
Contractor License No. 10132 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-3162202 FAX: (732) 281-1563

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 55,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[✓] Electrical Plans Approved
Date: 12/9/15 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plub. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12/9/15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 4/7/16
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough SEE BACK:				
Barrier-Fee				
Trench SLAB			2/16/16	PJC
Temp. Srv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/7/16	PJC
Barrier-Fee				

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 Sign/Contractor sign and seal here:
Print name here: John Giordano

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: "PLANET FITNESS" FIT-OUT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
93		Lighting Fixtures	
63		Receptacles	
22		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
27		Emergency & Exit Lights	
20		Communications Points	
		Alarm Devices/F.A.C. Panel	
225		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater Hydro Massage	
2	5kw	~~KW Elec. Dryer/Receptacle~~	
		KW Dishwasher	
		HP Garbage Disposal	
WW		KW Central A/C Unit 1-26kw, 3-22kw	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2	1	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
1	1.2	KW Elec. Sign/Outline Light	
5	5kw	TANNING BEDS PJC	

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

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

U.C.C. F120 (rev. 11/09)

2/22/16 – PASS ROUGH – FRONT ROOMS.

2/25/16 – PASS (PJC) ROUGH – BACK ROOMS + KNEE WALLS.

3/1 16 INSPECTION NOT NEEDED (PJC)

3/31/16 – PASS ABOVE-CEILING. (PJC)

@tech

ELECTRICAL SUBCODE TECHNICAL SECTION

Update + A
2/22/16

Date Received 2/22/16
Date Issued
Control # C15-006227+B
Permit # 16-0373+17

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

Block 1149 Lot 5
Work Site Location 1930 Route 88 Brick Township NJ 08724

Owner in Fee Centro NP Laurel Sq. Owner LLC
Address PO Box 4900 Scottsdale NJ 85261

Tel ( )
Contractor Cramer Electric
Address P.O Box 245
Manalapan, NJ 07726
Tel (732) 536-5511 FAX (732) 591-9320
Lic. No. 11826
Federal Emp. No. 22-2881746

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved SPECS.
Date: 2/22/16
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			4/7/16	RSC
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
[✓] 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	
19		Alarm Devices/F.A.C. Panel	
		_____	
19		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 Disposer	
		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 $ _____

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

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

4/7/16 – TCO ONLY

ADD: ANNUNCIATOR – FRONT DOOR FLOW SWITCH.
(PER R. ORLANDO) PC

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