Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/07/2017
Control Number C-16-005552
Permit Number 16-4348
Permit Issue Date 12/14/2016
Certificate Number 16-4348

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ 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: (732) 262-6425

Contractor VISITATION RELIEF CENTER

Address 725 MANTOLOKING ROAD BRICK NJ 08723

Telephone: (732) 262-6425 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 73

Description of Work/Use: TENANT FIT UP - VISITATION RELIEF CENTER (UNIT 7) ...FORMER NICK CATONES

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:

Construction Official

Fee: $150.00
Check Number: 2776
Collected By: Nichol Ponsi

Date Printed: 02/07/2017

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed BTMUA on 1/19/17 MFF Ok as per Peg on 1/23/17 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐

UCC Requirements

Final Building Inspection	comment	☑	☐
Final Electrical Inspection	comment	☑	☐
Final Plumbing Inspection	comment	☑	☐
Final Fire Inspection	comment	☑	☐
Final Elevator Inspection (If Applicable)	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Monday, January 23, 2017 8:27 AM
To: Matthew Fagen
Subject: RE: 1930 Route 88 Block: 1149 Lot: 5

MORNING MATT! WE WERE OUT AT 1930 RT.88, BLOCK 1149 LOT 5 & EVERYTHINGS GOOD TO CO.

From: Matthew Fagen [mailto:mfagen@twp.brick.nj.us]
Sent: Thursday, January 19, 2017 3:22 PM
To: Peg Mullen <pmullen@brickmua.com>; Susan Stanisz <sstanisz@brickmua.com>; Bev O'Neill <boneill@brickmua.com>
Subject: 1930 Route 88 Block: 1149 Lot: 5

Good afternoon. We are getting ready to issue a Certificate for the Visitation Relief Center located at 1930 Route 88 Block: 1149 Lot: 5. It was previously Nick Catone's MMA School (next to the old Pathmark). The contact person's name is Christie Winters and her telephone number is (732)262-6425. Please let me know when this is approved.

Thanks,
Matt

Matthew F. Fagen
Department of Land Use & Community Development
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

7/14 @ 2pm
Ross @ Penny

DEFICIENCIES NOTED

ALLIED
FIRE & SAFETY EQUIPMENT CO., INC.

517 GREEN GROVE ROAD ~ PO BOX 607 ~ NEPTUNE, NJ 07754-0607
TEL 732-922-3399 ~ WWW.ALLIEDFIRESAFETY.COM ~ FAX 732-918-8668

WORK ORDER #
86884

SERVICE ID:
BRIXMOR - LAURELSQ
Laurel Square
1930 Route 88
BillBox#01-9003-107901
Brick, NJ 08723

AR ID:
BRIPRO
Brixmor Property Group
P.O. Box 1049
Hicksville, NY 11802-1049

CONTACT:	(610) 834-7288 Kelly Bristow
ALT CONTACT:	(610) 834-7492 Laura Menno

TERMS:	30 Days
PO #:	

DIVISION:	Sprinklers - Service/Repair
CALL TYPE:	PM's
PROBLEM:	S-Inspection Needed
COMMENTS:	Annual Sprinkler Insp,
MEMO:	MUST SCHEDULE WITH KELLY/LAURA (Lock Box Code on File)

LEAD TECHNICIAN:	BC
HELPER / RETURN:	
DATE COMPLETED:	7-14-16

BILLABLE LABOR:
____ Men ____ Hours

EQUIPMENT:
Gem 8" WET Sprinkler at ALV in Karate Studio
Star 6" WET Sprinkler at Riser Behind Feet First
Star 6" WET Sprinkler at Riser in Fashion Bug
PATHMARK SYSTEM (5)
8" STAR MODEL D WET - 1973
4" GRINNELL MODEL 519 - WET - 2001

PARTS	QTY
56715 9010 1/2" ESC. PLATES	2

Comments:

	AMOUNT
Service	
Discount	
Parts	
DOT/Hazmat	
Energy Conservation Fee	
Sub Total	
Sales Tax	
TOTAL	

By signing I agree to the information and description of services as explained above as well as the General Terms and Conditions that are available on our website, www.alliedfiresafety.com, under "Commonly Requested Docs". A hard copy will be furnished upon request.

Signature: NOBODY THERE TO SIGN

Name: _____

ONE CALL DOES IT ALL..... SINCE 1970

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.

517 GREEN GROVE ROAD ♦♦ P.O. BOX 607 ♦♦ NEPTUNE, NJ 07754-0607
PHONE: (732) 922-3399 ♦♦ FAX: (732) 918-8668
WWW.ALLIEDFIRESAFETY.COM

SPRINKLER INSPECTION REPORT

(REVISED AS OF 9/12/08)

Customer: Brenner Property Group Bldg/Location: Laurel Square — Vacant Store By K-Mart Third End of Plaza

Address: 1930 Route 88 · Brick Contact · Carolyn · 610 · 834-9799

This is a: ☑ Annual Inspection ☐ Quarterly Inspection ☐ _____

A. GENERAL
1. Is the building occupied? Y
2. Is occupancy classification the same as previous inspection? Y
3. Are all fire protection systems in service? Y
4. Are all fire protection systems the same as last service? Y
5. Is the hazard completely sprinkled? Y
6. Are any new additions & building changes properly protected? N/A
7. Is all stock or storage properly below sprk piping? Y
8. Are all areas protected by wet systems properly heated? Y

B. CONTROL VALVES
1. Are all sprinkler systems main control valves open? Y
2. Are all other valves in proper position? Y
3. Are all valves in good condition & (sealed, locked or supervised)? Y

C. WATER SUPPLIES
1. Was a water flow test made & results satisfactory? Y

D. TANKS, PUMPS, FIRE DEPT. CONNECTIONS
1. Are fire pumps, gravity tanks, reservoirs & pressure tanks in good condition & properly maintained? N/A
2. Are fire dept connections in satisfactory condition: couplings free, caps in place, & check valves tight? Y

E. WET SYSTEMS
1. Are cold weather valves in the proper position? N/A
2. Have anti-freeze systems been tested & left in good condition? (Degree of protection ____) N/A
3. Are alarm valves, water flow indicators & retards in satisfactory condition? Y

F. DRY SYSTEMS
1. Is dry valve in service & in good condition? N/A
2. Is air pressure & priming water level normal? N/A
3. Is air compressor in good condition? N/A
4. Were low points drained during fall & winter inspections? N/A
5. Are Quick Opening Devices in service? N/A
6. Has piping been checked for stoppage within the past 10 years? N/A
7. Has piping been checked for proper pitch within the past 5 years? N/A
8. Have dry pipe valves been trip tested as required? N/A
9. Are dry valves adequately protected from freezing? N/A
10. Is valve house & heater condition satisfactory? N/A

G. SPECIAL SYSTEMS (Pre-Action/Deluge)
1. Were valves tested as required? N/A
2. Were all heat responsive systems test & satisfactory? N/A
3. Were supervisory features tested & satisfactory? N/A

H. ALARMS
1. Water motor gong test satisfactory? Y
2. Electric alarm test satisfactory? Y
3. Supervisory alarm service test satisfactory? Y

I. SPRINKLERS – PIPING
1. Are all sprinklers in good condition, not obstructed & free of corrosion or loading? N
2. Are all sprinklers less than 50 years old? Y
3. Are spare sprinklers readily available? Y
4. Is condition of piping, drain valves, hangers, pressure gauges, open sprinklers & strainers ok? Y
5. Are all sprinklers of proper temperature rating? Y
6. Are portable fire extinguishers in good condition? Y
7. Is hand hose on sprinkler systems satisfactory? N/A

Y - YES N - NO N/A – NON APPLICABLE

Date the Dry System Piping was last checked for stoppage: N/A
Date the Dry System Piping was last checked for proper pitch: N/A
Date the Dry Pipe Valve was last trip tested: N/A

Number of Wet Systems: 4 Make & Model: (4) Grinnell Model 517 · 2001 (2) 6" Star Model D · 1973 (2) 8" Star Model D · 1973

Number of Dry Systems: N/A Make & Model:

Number of Special Systems (Pre-Action/Deluge): N/A Make & Model:

CONTROL VALVES	NO.	TYPE	OPEN		SECURED		CLOSED		SIGNS		CONDITION
			Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valve(s)	3	OSY	Y		Y			Y	Y		Good
Tank Control Valve(s)											
Pump Control Valve(s)											

CONTROL VALVES	NO.	TYPE	OPEN		SECURED		CLOSED		SIGNS		CONDITION
			Yes	No	Yes	No	Yes	No	Yes	No	
Sectional Control Valve(s)											
System Control Valve(s)	4	OS-&Y Gosty Qward	✓		✓			✓	✓		Good

WATER FLOW TEST

Water Pressure? (YES) / NO City: 50 psi Tank: N/A psi Fire Pump: N/A psi
Water Flow Test? (YES) / NO (If no explain why not) _____

TEST PIPE LOCATION	TEST PIPE SIZE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER
Reser In Rear outside Access By Vacant Pathmark	2"	65	50	65
Reser 2 - In Vacant Pathmark Stock Room	2"	65	50	65
Reser In Rainbow Clothing Stock Room	2"	70	65	70

INSPECTORS TEST LOCATION	LOW POINT DRAIN LOCATION
In Vacant Store By K Mart	
In Rear Reser Room	
In Vacant Store @ End of Mall	

EXPLANATION OF ANY "NO" ANSWERS

I.I. (2) Escutcheon Plates Missing In Store Shop

RECENT CHANGES IN BUILDING OCCUPANCY OR FIRE PROTECTION EQUIPMENT

ADJUSTMENTS OR CORRECTIONS MADE

Replaced (2) Escutcheon Plates

DESIRABLE IMPROVEMENTS

On this date, the above system was tested and inspected in accordance with procedures of the most recent adopted editions of NFPA 13, 13D, 13R, 25 and the State of New Jersey Uniform Fire Code and was operated according to these procedures with the results indicated above. Any comments or unsatisfactory marks have been explained to the customer / customer's agent below.

By [signature]	7-14-16		Wendy Thank To Store		
SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	NAME	TITLE

A COPY WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL)

ONE CALL DOES IT ALL AT ALLIED FIRE & SAFETY

DESIGN, INSTALLATION, & SERVICE OF
FIRE SPRINKLER SYSTEMS ♦♦ SUPPRESSION SYSTEMS ♦♦ ALARM SYSTEMS
FIRE EXTINGUISHERS ♦♦ MONITORING ♦♦ FIRE SAFETY TRAINING

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.

517 GREEN GROVE ROAD ♦♦ P.O. BOX 607 ♦♦ NEPTUNE, NJ 07754-0607
PHONE: (732) 922-3399 ♦♦ FAX: (732) 918-8668
WWW.ALLIEDFIRESAFETY.COM

DEFICIENCIES NOTED

SPRINKLER INSPECTION REPORT

(REVISED AS OF 9/12/08)

Leslee Pools Thru Vacant Judgment

Customer: Brenman Property Group Bldg/Location: Laurel Square Plaza

Address: 1930 Route 88 - Brick Contact - Carolyn · 610-834-7799 · Fuss - 609-290-4785 Planet Fitness

This is a: ☑ Annual Inspection ☐ Quarterly Inspection ☐ _____

A. GENERAL
1. Is the building occupied? Y
2. Is occupancy classification the same as previous inspection? Y
3. Are all fire protection systems in service? Y
4. Are all fire protection systems the same as last service? Y
5. Is the hazard completely sprinkled? Y
6. Are any new additions & building changes properly protected? N/A
7. Is all stock or storage properly below sprk piping? Y
8. Are all areas protected by wet systems properly heated? Y

B. CONTROL VALVES
1. Are all sprinkler systems main control valves open? Y
2. Are all other valves in proper position? Y
3. Are all valves in good condition & (sealed, locked or supervised)? Y

C. WATER SUPPLIES
1. Was a water flow test made & results satisfactory? Y

D. TANKS, PUMPS, FIRE DEPT. CONNECTIONS
1. Are fire pumps, gravity tanks, reservoirs & pressure tanks in good condition & properly maintained? N/A
2. Are fire dept connections in satisfactory condition: couplings free, caps in place, & check valves tight? Y

E. WET SYSTEMS
1. Are cold weather valves in the proper position? N/A
2. Have anti-freeze systems been tested & left in good condition? (Degree of protection _____) N/A
3. Are alarm valves, water flow indicators & retards in satisfactory condition? Y

F. DRY SYSTEMS
1. Is dry valve in service & in good condition? N/A
2. Is air pressure & priming water level normal? N/A
3. Is air compressor in good condition? N/A
4. Were low points drained during fall & winter inspections? N/A
5. Are Quick Opening Devices in service? N/A
6. Has piping been checked for stoppage within the past 10 years? N/A
7. Has piping been checked for proper pitch within the past 5 years? N/A
8. Have dry pipe valves been trip tested as required? N/A
9. Are dry valves adequately protected from freezing? N/A
10. Is valve house & heater condition satisfactory? N/A

G. SPECIAL SYSTEMS (Pre-Action/Deluge)
1. Were valves tested as required? N/A
2. Were all heat responsive systems test & satisfactory? N/A
3. Were supervisory features tested & satisfactory? N/A

H. ALARMS
1. Water motor gong test satisfactory? Y
2. Electric alarm test satisfactory? Y
3. Supervisory alarm service test satisfactory? Y

I. SPRINKLERS – PIPING
1. Are all sprinklers in good condition, not obstructed & free of corrosion or loading? Y
2. Are all sprinklers less than 50 years old? Y
3. Are spare sprinklers readily available? Y
4. Is condition of piping, drain valves, hangers, pressure gauges, open sprinklers & strainers ok? Y
5. Are all sprinklers of proper temperature rating? Y
6. Are portable fire extinguishers in good condition? Y
7. Is hand hose on sprinkler systems satisfactory? N/A

Y - YES N - NO N/A – NON APPLICABLE

Date the Dry System Piping was last checked for stoppage: N/A / /
Date the Dry System Piping was last checked for proper pitch: N/A / /
Date the Dry Pipe Valve was last trip tested: N/A / /

Number of Wet Systems: 1 Make & Model: 8" Grin Model A-1974

Number of Dry Systems: N/A Make & Model: _____

Number of Special Systems (Pre-Action/Deluge): N/A Make & Model: _____

CONTROL VALVES	NO.	TYPE	OPEN		SECURED		CLOSED		SIGNS		CONDITION
			Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valve(s)											
Tank Control Valve(s)											
Pump Control Valve(s)											

CONTROL VALVES	NO.	TYPE	OPEN		SECURED		CLOSED		SIGNS		CONDITION
			Yes	No	Yes	No	Yes	No	Yes	No	
Sectional Control Valve(s)											
System Control Valve(s)	1	WPIV	✓		✓			✓	✓		Good

WATER FLOW TEST

Water Pressure? (YES) / NO City: 65 psi Tank: N/A psi Fire Pump: N/A psi
Water Flow Test? (YES) / NO (If no explain why not) _____

TEST PIPE LOCATION	TEST PIPE SIZE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER
RISER IN STORAGE CLOSET OF DANCE STUDIO	2"	70	65	70

INSPECTORS TEST LOCATION	LOW POINT DRAIN LOCATION
IN VACANT JUDGEMENT OFFICE	

EXPLANATION OF ANY "NO" ANSWERS

T-1-(3) HEADS IN PLANET FITNESS ARE TAPED UP - NEED TO REMOVE TAPE

* WILL NEED TO DISABLE PLANET FITNESS ALARM PANEL WHEN TESTING

RECENT CHANGES IN BUILDING OCCUPANCY OR FIRE PROTECTION EQUIPMENT

ADJUSTMENTS OR CORRECTIONS MADE

DESIRABLE IMPROVEMENTS

On this date, the above system was tested and inspected in accordance with procedures of the most recent adopted editions of NFPA 13, 13D, 13R, 25 and the State of New Jersey Uniform Fire Code and was operated according to these procedures with the results indicated above. Any comments or unsatisfactory marks have been explained to the customer / customer's agent below.

SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	NAME	TITLE
[signature]	7-14-16		[signature]		

A COPY WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL)

ONE CALL DOES IT ALL AT ALLIED FIRE & SAFETY

DESIGN, INSTALLATION, & SERVICE OF
FIRE SPRINKLER SYSTEMS ♦♦ SUPPRESSION SYSTEMS ♦♦ ALARM SYSTEMS
FIRE EXTINGUISHERS ♦♦ MONITORING ♦♦ FIRE SAFETY TRAINING

ALLIED FIRE & SAFETY EQUIPMENT. CO., INC.
517 GREEN GROVE ROAD ~ P.O. BOX 607 ~ NEPTUNE, NJ 07754-0607
PHONE: (732) 922-3399 ~ FAX: (732) 918-8668
WWW.ALLIEDFIRESAFETY.COM

INSPECTION CERTIFICATE

THIS IS TO CERTIFY THAT THE FOLLOWING

1-4" GRINNELL MODEL 517 WET SPRINKLER SYSTEM, 2-6" STAR MODEL D WET SPRINKLER SYSTEMS & 1-8" STAR MODEL D WET SPRINKLER SYSTEM

HAS BEEN INSPECTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE NEW JERSEY FIRE CODE AND ALL APPLICABLE NFPA STANDARDS AT

LAUREL SQUARE - KMART THRU END OF PLAZA
1930 ROUTE 88
BILLBOX #01-9003-107901
BRICK, NEW JERSEY

July 14, 2016
DATE OF INSPECTION

July 31, 2017
DATE OF EXPIRATION

CERTIFICATE ISSUED ON
July 15, 2016

APPLICATION FOR CERTIFICATE

Date Received 11/17/2016
Date Permit Issued 12/14/2016
Control # C-16-005552
Permit # 16-4348
Date Issued

IDENTIFICATION

Block 1149 Lot 5 Qualifier

Work Site Location 1930 ROUTE 88 Brick Township, NJ

Owner in Fee CENTRO NP LAUREL SQ OWNER LLC %
PO BOX 4900 - DEPT 124 SCOTTSDALE AZ
85261

Telephone (732) 262-6425

Contractor VISITATION RELIEF CENTER
Address 725 MANTOLOKING ROAD BRICK NJ 08723

Telephone (732) 262-6425
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous M Current

FINAL COST OF CONSTRUCTION: $ 601
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - VISITATION RELIEF CENTER (UNIT 7) ...FORMER NICK CATONES

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/24/2017
Control Number C-16-005552
Permit Number 16-4348
Permit Issue Date 12/14/2016
Certificate Number 16-4348

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ 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: (732) 262-6425

Contractor VISITATION RELIEF CENTER

Address 725 MANTOLOKING ROAD BRICK NJ 08723

Telephone: (732) 262-6425 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 73

Description of Work/Use: TENANT FIT UP - VISITATION RELIEF CENTER (UNIT 7) ...FORMER NICK CATONES

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: 02/03/2017
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 02/03/2017
Conditions to be met:

Need Fire Subcode Signoff

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/24/2017

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

1930 Route 88 → Visitation Relief Center

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 73
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

Date Update Issued 1/18/17
Control # C-16-005552+A
Permit # 16-4348+A

PERMIT UPDATE

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC %
PO BOX 4900 - DEPT 124 SCOTTSDALE AZ
85261

Telephone: (732) 262-6425

Contractor: VISITATION RELIEF CENTER
Address: 725 MANTOLOKING ROAD BRICK NJ 08723

Telephone: (732) 262-6425
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
- VISITATION RELIEF CENTER (UNIT 7) ...UPDATE +A - WATER HEATER

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 $675

D. Newman Jr. /MP
Construction Official

Date 1/17/17

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$301
Check No.	1605
Cash	$0
Credit	$0
Collected By	

#1 Push

U.C.C. F170
equiv (rev 1/04)

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.

#4348
$150.00
$150.00
DCA $1.00
**TOTAL $301.00
$1.00
CHECK $300.00
CHANGE $0.00

☐ 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.

PLUMBING SUBCODE
TECHNICAL SECTION

Vpdate 1/13/17

Date Received 6/18/17
Control #

Date Issued
Permit # 16-4348+A

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 (Space 7)
Brick NJ 08724

Owner in Fee: Laurel Square

Tel. 732 267 6425 e-mail christie@visitationrehabcenter.org

Address 725 Manchoketing Rd Brick 08723
street municipality zip code

Contractor: Snell plumbing & Heating Tel. 732 779-4270

Address 583 Carolina Ave e-mail Snellplumbingandheating
Brick NJ 08724 @Gmail.com

Contractor License No. 13219 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 3/4 Public Water X Private Well

Est. Cost of Plumbing Work $ 0,00 550 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.

Applicant sign/Contractor sign and seal here:

Print name here: Josh Snell

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace 10 Gal Water Heater oldue
BAM 6/20/17

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
X1	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	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required N/A
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

U.C.C. F130 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Updated 11/3/17

Date Received 11/8/17
Control #
Date Issued
Permit # 16-4348+A

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 (Space 75) Brick NJ 08724

Owner in Fee: Laure NJ Square

Tel. e-mail

Address street municipality zip code

Contractor: SURFSIDE ELECTRIC Tel. 908 773 9211

Address 259 CYMR DRIVE e-mail Brick NJ 08723

Contractor License No. 9191 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2902027 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 125.00

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.

Applicant sign/Contractor sign and seal here:

Print name here: Joe Rybka Surfside Elec Dir

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DS OWNER FOR 1 HOT WATER HEATER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
	1	Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	2	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 $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required (JPD/KF)

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

CONSTRUCTION PERMIT

12/14/16

Date Issued
Control # C-16-005552
Permit # 16-4348

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone: (732) 262-6425

Contractor: VISITATION RELIEF CENTER
Address: 725 MANTOLOKING ROAD BRICK NJ 08723
Telephone: (732) 262-6425
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - VISITATION RELIEF CENTER (UNIT 7) ..FORMER NICK CATONES

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 $601

D. Hartman Jr. /INP — Construction Official
12/14/16 — Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	$150.00
Other	$0
Total	$451
Check No.	2716
Cash	$0
Credit	$0
Collected By	

451 + 150

U.C.C. F170
equiv (rev 1/04)
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.

12/14/16 4:31PM 00155845896
RITO SERV.010
BUILDING $150.00
ELECTRIC $150.00
PLUMBING $1.00
FIRE PROT $150.00
ZPA $50.00
CASH $501.00
CHECK $500.00
CHANGE $0.00

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (___) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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 sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
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 5 Qualification Code

Work Site Location 1930 ROUTE 88 (FACE 7) BRICK, NJ 08724

Owner in Fee: ~~VICTAULIC FIRE~~ LAUREL SQUARE

Tel. (732) 262-6425 e-mail CHRISTIE@VISITINGNURSE.ORG

Address 725 MANCHESTER ROAD BRICK NJ 08723
(street) (municipality) (zip code)

Contractor: RTF Electric LLC Tel. (732) 604-3761

Address 22 St Thomas Ave e-mail
Toms River NJ

Contractor License No. 11351-A Exp. Date 3-2015

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

Federal Emp. ID No. 80-0477678 FAX: (732) 831-9160

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B/M

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 12/1 Approved by: DJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

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

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

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

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 sign/Contractor sign and seal here: Robert Fiore

Print name here: Robert Fiore

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL (1) EXIT SIGN & (2) QUAD RECEPTACLES DEDICATED

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2	QUADS	Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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 $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/14/16

Date Issued / Permit # 16-4348

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

Block 114 Lot 5 Qualification Code

Work Site Location 1930 ROUTE 88 (SPACE 7) BRICK, NJ 08724

Owner in Fee: ~~VISITATION RELIEF CENTER~~ LAUREL SQUARE

Tel. (732) 262-6425 e-mail CHRISTIE@VISITATIONRELIEFCENTER.ORG

Address 725 MANTOLOKING ROAD BRICK NJ 08723
street municipality zip code

Contractor: VISITATION RELIEF CTR Tel. ( )

Address ~~SAME AS ABOVE~~ e-mail

725 MANTOLOKING ROAD BRICK NJ 08723

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B/M

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				

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 sign/Contractor sign and seal here:

Print name here: Christie Winters

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK CHANGE OF TENANT - NO WORK REQUIRED

QTY.	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	
	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	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 16-4348

Date Issued / Permit # 12/14/16

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

Block 1140 Lot 5 Qualification Code

Work Site Location 1930 ROUTE 88 (SPACE 7) BRICK, NJ 08724

Owner in Fee: ~~VISITATION RELIEF CHAPEL~~ LAUREL SQUARE

Tel. (732) 262-6425 e-mail CHRISTIE@VISITATIONRELIEFCENTER.ORG

Address 725 MANTOLOKING ROAD BRICK NJ 08723 (street / municipality / zip code)

Contractor: VISITATION RELIEF CHR Tel. ( )

Address SAVE AS ABOVE e-mail

725 MANTOLOKING ROAD BRICK NJ 08723

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed E/M

Constr. Class: Present 3C Proposed 3B

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 0.00

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 12/13/16 Approved by: CW

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/13/16

Approved by: CD REY

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

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				
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.

Applicant/Contractor sign here:

Print name here: CHRISTIE WINTERS

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CHANGE OF TENANT - NO WORK REQUIRED

Water Supply Source

Method of Alarm/Suppression System Supervision

	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)		
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)		
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

* Need updated fire sprinkler system report from prop owner

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/14/16

Date Issued / Permit # 16-4348

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 (SPACE 7) BRICK NJ 08724

Owner in Fee: ~~VISITATION RELIEF CENTER~~ LAUREL SQUARE

Tel. (732) 262-6425 e-mail CHRISTIE@VISITATIONRELIEFCENTER.ORG

Address ~~725 MANTOLOKING RD BRICK NJ 08723~~ (street / municipality / zip code)

Contractor: Tel. ( )

Address ~~SAME AS ABOVE~~ e-mail

VISITATION RELIEF CNTR 725 MANTOLOKING RD.

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

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

Federal Emp. ID No. FAX: ( )

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.

Sign here:

Print name here: Christie Winters

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE OF TENANT:
B-USE TO B/M-USE IN EXISTING
RETAIL SHOPPING CENTER
INSTALL EMERGENCY LIGHT

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	12/13/16	KEY
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/13/16
Approved by: KEY

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B/M

Constr. Class Present 3B Proposed 3B

No. of Stories 1 (NO CHANGE)

Height of Structure 25 (NO CHANGE) ft.

Area — Largest Floor 6,266 (NO CHANGE) sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load 100 PSF (NO CHANGE)

Max. Occupancy Load 73

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ ~~10~~
2. Rehabilitation $ 0.00
3. Total (1+ 2) $ ~~100~~.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] 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
- [X] Other CHANGE OF TENANT, CO
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110
(rev. 11/09)

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1149 LOT: 5 ADDRESS: 1930 RT 88 (SPACE 7)

IDENTIFICATION:

1. WORK SITE ADDRESS: _____
2. NAME OF OWNER IN FEE: LAUREL SQUARE

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: VISITATION RELIEF CENTER

   ADDRESS: 725 MANTOLOKING ROAD PHONE #: (732) 262-6425

   BRICK NJ 08723 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: CHRISTIE WINTERS

   ADDRESS: _____

   PHONE #: (732) 262-6425 FAX #: (__) _____ E-MAIL: CHRISTIE@VISITATIONRELIEFCENTER.ORG

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ _____
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

New York-Newark-Jersey City, NY-NJ-PA

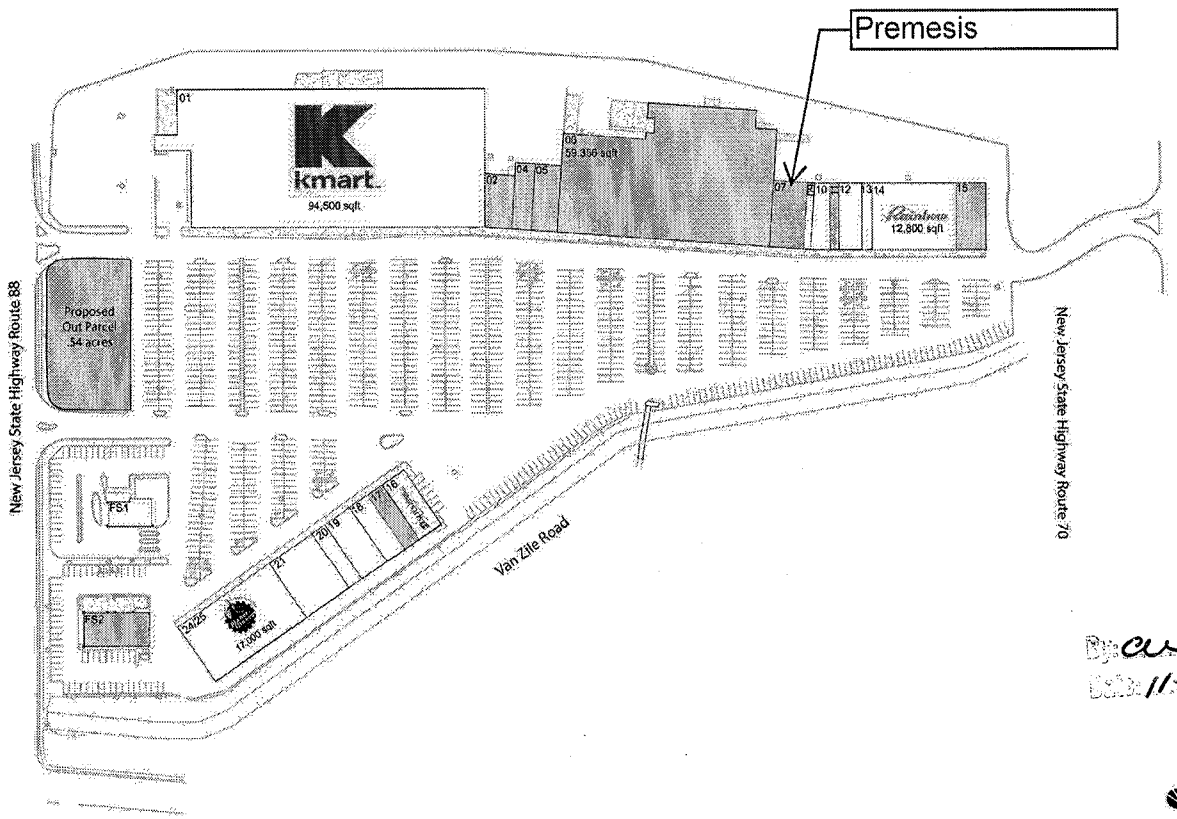
Laurel Square

1930 Route 88 | Brick, NJ 08724 40.07388661, -74.11828728

Available Space			
FS2	5,000 SF	07	5,200 SF
02	3,450 SF	11	1,300 SF
04	3,000 SF	15	4,500 SF
05	4,000 SF	17	2,700 SF
06	59,356 SF		

Current Retailers

FS1	The Provident Bank	2,275 SF
01	Kmart	94,500 SF
09	Nail Salon	1,514 SF
10	The Scone Shop	2,240 SF
12	Photo Center	3,500 SF
13	Odyssey Hair Salon	1,600 SF
14	Rainbow	12,800 SF
16	Leslie's Swimming Pool Supplies	4,000 SF
18	Ballroom Dance Center	3,300 SF
19	Cash Converters	4,600 SF
20	Image Sun Tanning	2,400 SF
21	Nick Catone's Mixed Martial Arts	8,000 SF
24/25	Planet Fitness	17,000 SF



Zoning Review
Approval
By: CW Tenant Fitout
Date: 11-22-10

Center Size: 246,235 SF

1079

Julie Fox
610.834.7641
julie.fox@brixmor.com
Brixmor.com

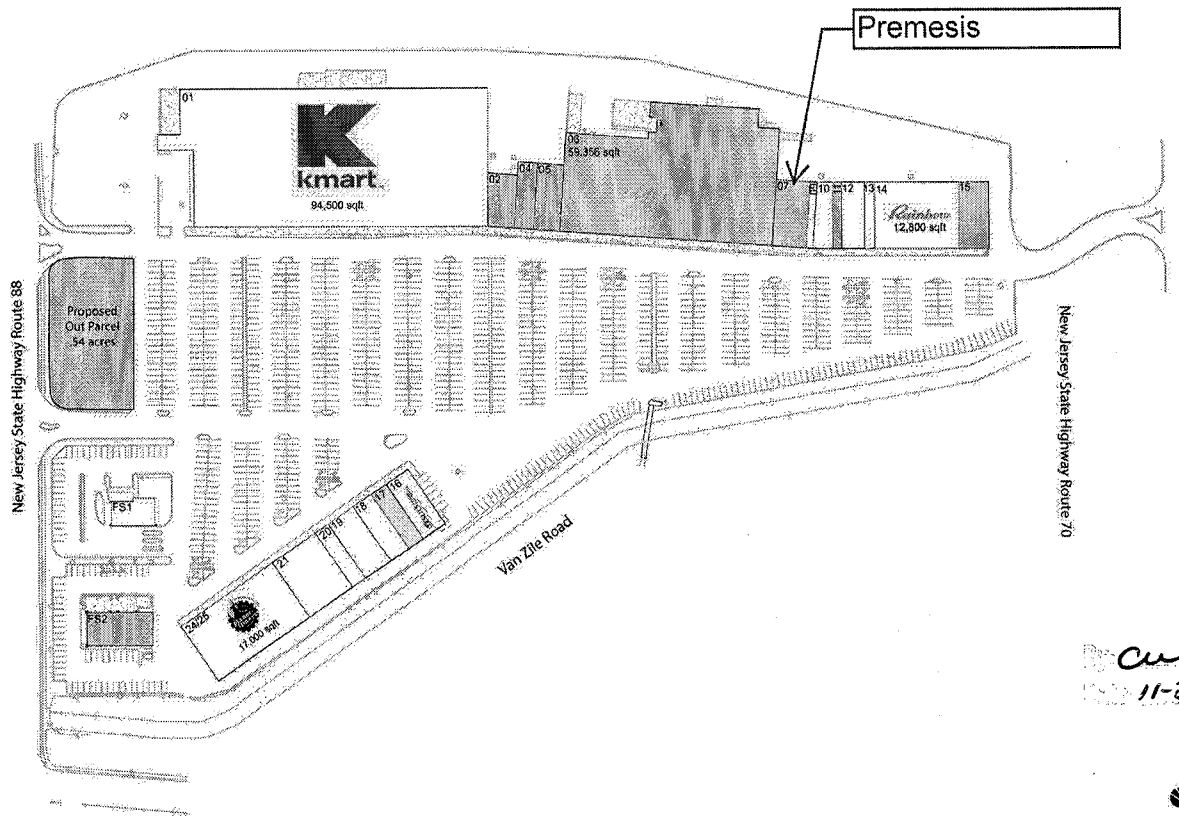
BRIXMOR®

This site plan indicates the general layout of the shopping center and is not a warranty, representation, or agreement on the part of the landlord that the shopping center will be exactly as depicted herein.

New York-Newark-Jersey City, NY-NJ-PA

Laurel Square

1930 Route 88 | Brick, NJ 08724 40.07388661, -74.11828728



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Zoning Review
Approval
By CW Tenant Fitup
Date 11-22-16

Center Size: 246,235 SF

1079

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