BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Rt 88 unit #21 PERMIT NO. 13-4189

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-004743

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt. 88 Store #21
2. Name of Owner in Fee: BRIXMOR LAUREL SQUARE OWNER LLC
   Tel. (610) 825-7100 e-mail _____
   Address 420 LEXINGTON AVE (street) NEW YORK, NY (municipality) 10170 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NICHOLAS CATONE Tel. (732) 330-8115
   Address 535 NICHOLAS RD e-mail NCATONE@YAHOO.com
   BRICK, NJ 08724
   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. _____ FAX: ( ) _____
5. Architect or Engineer DARIO - ARCHITECTURE - DESIGN Contact DARIO PASQUARIELLO
   Address 709 Atlantic City Blvd e-mail DARIOPASQUARIELLO@gmail.com
   Tel. (732) 608-6838 FAX: (732) 358-0236
6. Responsible Person in Charge once Work has Begun NICHOLAS CATONE
   Tel. (732) 330-8115 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 180 ✓	+A990 ✓	+B
2.	Electrical	125 - ✓		
3.	Plumbing		150 ✓	50 -
4.	Fire Protection	40 ✓	180 ✓	
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	22 ✓	59 ✓	4 ✓
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 410 ✓	1379 ✓	54 ✓

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.	+D
5.	Volume of New Structure cu. ft.	50
6.	Max. Live Load	
7.	Max. Occupancy Load	
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

Change of USE M → A-3 B

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		8-20-13	9/13				10/03/13		KEK
☐ Electrical					8/29/13	JS	10/29/13		JS
☐ Plumbing				8-27-13		JW	10-17-13	10-5-13	JW
☐ Fire Protection				8/26/13		MW	9/19/13		MW
☐ Elevator		Eng	Exempt		8/22/13	Eco			
TOTAL COST									

IIc. 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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/27/2013
Control Number C-13-006533
Permit Number 13-4189+D
Permit Issue Date
Certificate Number 13-4189

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1930 ROUTE 88 Unit #21 (former Halloween now Gym) Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE NJ 85261

Telephone: (610) 825-7100

Contractor Nicholas Catone

Address 535 Nicholas Rd. Brick NJ 08724

Telephone: (732) 330-8115 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: CO Fee Change of Use
Nick Catone Martial Arts

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

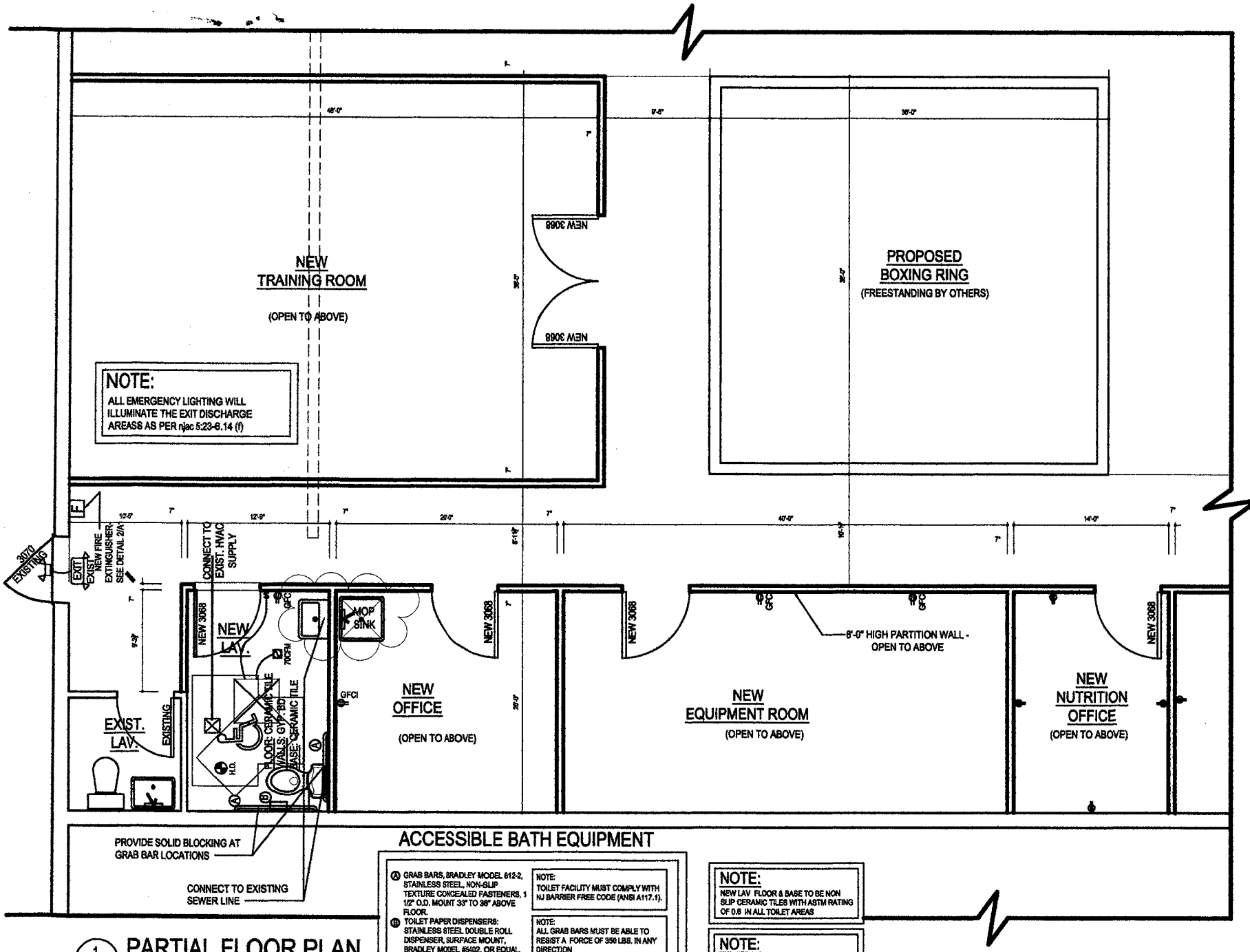
☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Daniel J. Newman Jr.

Construction Official

Fee: $50.00
Check Number:
Collected By:

Date Printed: 11/27/2013 U.C.C. F260 (rev. 08/05)



ACCESSIBLE BATH EQUIPMENT

Ⓐ GRAB BARS, BRADLEY MODEL 812-2, STAINLESS STEEL, NON-SLIP TEXTURE CONCEALED FASTENERS, 1 1/2" O.D. MOUNT 33" TO 36" ABOVE FLOOR.

Ⓑ TOILET PAPER DISPENSERS: STAINLESS STEEL DOUBLE ROLL DISPENSER, SURFACE MOUNT, BRADLEY MODEL #5402, OR EQUAL. MOUNT 7" TO 9" IN FRONT OF WATER CLOSET AND 1-1/2" MINIMUM BELOW GRAB BAR.

NOTE:
TOILET FACILITY MUST COMPLY WITH NJ BARRIER FREE CODE (ANSI A117.1).

NOTE:
ALL GRAB BARS MUST BE ABLE TO RESIST A FORCE OF 350 LBS. IN ANY DIRECTION

ADA-REQUIRED FLOOR CLEARANCES TO BE MAINTAINED (30"x48" AND 60"x60" TEE)

NOTE:
NEW LAV FLOOR & BASE TO BE NON SLIP CERAMIC TILES WITH ASTM RATING OF 0.6 IN ALL TOILET AREAS

NOTE:
ALL WET AREA ROOMS TO BE FINISHED WITH MOISTURE/MILDEW RESISTANT 1/2" GYPSUM BOARD OR EQUAL

1/A1 PARTIAL FLOOR PLAN

NOT TO SCALE

REVISIONS:

NO.	DATE	DESCRIPTION
1	10-15-13	RELOCATED MOP SINK
2		
3		
4		
5		
6		
7		
8		
9		
10		

DARIO
ARCHITECTURE | DESIGN
709 ATLANTIC CITY BLVD. UNIT D
BEACHWOOD, NEW JERSEY 08722
T:(732)-608-6838
F:(732)-358-0238
DARIO I. PASQUARIELLO, R.A., AIA
NJ LICENSE NO. AI 17852
NY LICENSE NO. 030826
PA LICENSE NO. RA405009
EMAIL: DARIOPASQUARIELLO@GMAIL.COM

SIGNATURE & SEAL:

PROJECT INFORMATION:

NEW TENANT FIT OUT FOR:
NICK CATONE'S MIXED MARTIAL ARTS
NJ ARMEL SQUARE SHOPPING CENTER
1930 RT 88
BRICKTOWN, NEW JERSEY

CONTENT:
- FLOOR PLAN

JOB NUMBER: 13233
DATE: 08-12-13
DRAWN BY: TG

A1

SHEET NUMBER: 2 OF 2

11-27-13

PERMIT UPDATE

Date Update Issued
Control # C-13-006533
Permit # 13-4189+D

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Unit #21 (former Halloween now Gym) Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261

Telephone: (610) 825-7100

Contractor: Nicholas Catone
Address: 535 Nicholas Rd. Brick NJ 08724

Telephone: (732) 330-8115
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CO Fee Change of Use

Note: If constuction 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 $1

Construction Official

Date 11/21/13

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	$50.00
Other	$0
Total	$50
Check No.	540
Cash	$0
Credit	$0
Collected By	

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.

- [ ] 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.

10-18-13

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 13-4189+B
Date Issued
Permit # CHANGE OF USE

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 Brick 08723

Owner in Fee: Nick Catone
Tel. (732) 330-8115 e-mail
Address 535 Nicholas Rd. Brick 08723
street municipality zip code

Contractor: A. Bailey Plumbing and Heating Corp. ( )
Address 919 Hwy. 33 Ste. 28 e-mail
Freehold NJ 07728
Contractor License No. Tel. 732-462-4484 Exp. Date 6/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Lic. 9339
Federal Emp. ID No. Fed ID 22-3190891 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date 10-17-13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-18-13
Approved by: RJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-3-13
Approved by: RJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			10.22.13	PA
Rough	10.22.13		10.25.13	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO - 30 DAYS			11-21-13	
Final	11-21-13		11-26-13	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
install water closet and lavatory

QTY.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal/Bidet
1	Bath Tub
1	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	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
1	Other Mop Sink
	Other

FEE (Office Use Only)
$

(1) - Water Heater

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 11-15-13
Control #
Date Issued
Permit # 13-489+C

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 Brick.

Owner in Fee: Nick Catone
Tel. (732) 330-8115 e-mail
Address 535 Nicholas Road Brick
street municipality zip code

Contractor: A. Bailey Plumbing and Heating Corp. Tel. ( )
Address e-mail
819 Hwy. 33 Ste. 28
Freehold NJ 07728
Tel. 732-462-4484
Lic. 9339
Fed ID 22-3190691

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 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 6000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 10-24-13 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-24-13
Approved by: 2

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-3-13
Approved by: 2

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			11-26-13	

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: Chris Bailey
Print name here: Christopher Bailey
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace 10 gallon A.O Smith electric HWH

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	
1	Water Heater 10 gallon electric HWH 120 volts 1.65 KW	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Sparks	
	Other	

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

Block 1149 Lot 1 NICK CATONE
1930 Rt. 88 MARTIAL ARTS

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 49
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP _____

PLUMBING SUBCODE
TECHNICAL SECTION

Update

10-4-13

Date Received
Control # C-13-004743+A
Date Issued
Permit # 13-41189+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 Route 88 Unit #21

Owner in Fee: BRYMOR NP LAUREL SQUARE OWNER LLC
Tel. ( ) 420 LEXINGTON Ave e-mail —
Address NEW YORK, NY 10170

Contractor: DeSesa Eng. Co. Inc Tel. (973) 597-0700
Address 93 Dorsa Ave e-mail SConti@DesesaHVAC.com
Livingston, N.J. 07039

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 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 3000.00

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: V.P.
Print name here: Stephen Conti
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 3 condensate traps on 3-Replacement A/C units

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 200/160	
	Stacks	
3	Other A/C drains on Roof 7.5T	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

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: 8-27-13
Approved by: RJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-7-13
Approved by: RJ

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			10-31-13	

Vol 7 Lic # 88

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11-15-13
Control #
Permit # 13-4189+C

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 1936 RT. 88 STORE #21

Owner in Fee: BARRON LAUREL SQUARE OWNER LLC

Tel. (610) 825-7100 e-mail

Address 420 LEXINGTON AVE NEW YORK, NY 10170
(street, municipality, zip code)

Contractor: VISION ELECTRIC GROUP INC Tel. (732) 606-7775

Address 883 LANGLEY ST. e-mail SITALC1021@GMAIL.COM
TOMS RIVER NJ 08753

Contractor License No. 17272 Exp. Date 3/15

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 $ 150.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) duly authorized 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: JOSEPH A. VISCIO

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW 110? WATER HEATER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		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	
1	15-2	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	
1	30		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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: 10/29/13
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/26/13
Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/26/13	JS
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

* Note: A3

CHANGE OF USE

Date Received
Control # 13-4189

Date Issued
Permit # 10-4-13

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, Store #21
Brick NJ 08724

Owner in Fee: NICK Catone's Mixed Martial Arts ACADEMY

Tel. (732) 330-8115 e-mail Ncatone67Yahoo.com

Address 1930 RT 88 Brick NJ 08724
street municipality zip code

Contractor: Sea SPRAY Fire Protection Inc Tel. (201) 741-3822

Address 539 Eastern BLVD e-mail SEASPRAYFire@Yahoo.com
Bayville NJ 08721

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01381

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P01381

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 45-5143913 FAX: (732) 269-7607

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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 $ 1000.00

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

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: William SZENTADORSANY

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Roll sprinkler heads up. IN upright position

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)	80	
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		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 9/19/13 Approved by: MDO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-19-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] TCO [ ] CA 1444
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			11/4/13	MDO
Other			10/23/13	MDO

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-4-13
Control # C-13-004743+A
Date Issued
Permit # 13-4189+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 Route 88 Unit #21

Owner in Fee: Belmont NP, Laurel Square Owner LLC
Tel. ( ) e-mail
Address 420 Lexington Ave New York, NY 10170
Contractor: DeSesa Eng. Co. Inc (street / municipality / zip code) Tel. (973) 597-0700
Address 83 Dorsa Ave e-mail ScontI@DeSesaHVAC.com
Livingston, N.J. - 07039
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. 22-1612310 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement
Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar Other
Location: Roof/Ductwork
Total Cost of Fire Protection Work $ 1,200

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:

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: V.P
Print name here: Stephen Conti

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Install 3-Smoke detectors & Reset stations
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 3-New Smoke detectors	3	
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 9/16/13 Approved by: MD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-19-13
Approved by: CR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-14-13
Approved by: CR

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			11/13	MD
Other				

NW CORNER OF BROADWAY & LEE RD
NEXT TO BRICK FITNESS

ELECTRICAL SUBCODE
TECHNICAL SECTION

CHANGE OF USE

Date Received
Control #
Date Issued
Permit # 13-4189 10-4-13

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 Brick NJ 08724

Owner in Fee: Baymar Laurel Square Owner LLC

Tel. (610) 825-7100 e-mail

Address 420 Lexington Ave New, NY 10170
street municipality zip code

Contractor: Vision Electric Group Inc. Tel. (732) 606-7775

Address 33 Gross Ave e-mail
Edison NJ 08837

Contractor License No. 17272 Exp. Date 3/15

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

Federal Emp. ID No. 45-4753208 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 8/29/13 Approved by: JT

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

SUBCODE APPROVAL for PERMIT
Date: 8/29/13
Approved by: JT

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-7-13
Approved by: JT

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10-22-13	JK
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-24-13	JK
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:

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENNANT FIT OUT

QTY.	SIZE	ITEMS
30	208V/1.5A	Lighting Fixtures
15	20A	Receptacles
2	20A	Switches
		Detectors
		Light Poles
		Motors—Fract. HP
2	120V	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
3		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

FEE (Office Use Only)

$

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 13-4189

Date Issued / Permit # 10-4-13

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 (Store # 21 NICK COTTONE FITNESS)

Owner in Fee: BRIXMOR LAUREL SQUARE OWNER LLC

Tel. (610) 825-7100 e-mail

Address 420 (street) Lexington Ave New, NY (municipality) 10170 (zip code)

Contractor: Nicholas Catone Tel. (732) 330-8115

Address 535 Nicholas Rd. e-mail ncatone@yahoo.com

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: Nick Catone

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New 8' high Partitions for offices and changing rooms. NEW BATHROOM. New lighting

CHANGE OF USE M → B (NOTE: OCC. LOAD SET TO 49)

Tenant fit-up

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	10/03/13	KCK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 10/03/13

Approved by: KCK

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 11/04/13

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	10/22/13		10/24/13	KCK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/04/13	KCK
Barrier-Free				

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 $
3. Total (1+ 2) $ 60000

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
- [ ] Other
- [ ] 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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-4-13
Control # C-13-004743+A
Date Issued
Permit # 13-4189+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 Unit #21
BRICK, NJ 08724
Owner in Fee: BRIXMOR / NICK CATONE
Tel. (732) 330-8115 e-mail ncatone@yahoo.com
Address 535 NICHOLAS RD. BRICK NJ 08724
Contractor: DeSesa Eng. Co. Inc Tel. (973) 597-0070
Address 83 Dorsa Ave e-mail Scott
Livingston NJ 07039
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-1612310 FAX: (973) 597-0134

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: S. R Conti V.P.
Print name here: Stephen Conti

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove 3-90000 Btu Package A/C + Heat units and replace with 3-90,000 Btu Hi Eff units,

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10/03/13	TEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/03/13
Approved by: TEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/04/13
Approved by: TEK

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			11/04/13	TEK
Barrier-Free				

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 HVAC upgrade
[ ] 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. $ 33,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 33,000

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

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

11-15-B

4M w/ Nick 11/30 LH

PERMIT UPDATE

Date Update Issued
Control # C-13-005933
Permit # 13-4189+C

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Unit #21 (former Halloween now Gym) Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261

Telephone: (610) 825-7100

Contractor: Nicholas Catone
Address: 535 Nicholas Rd. Brick NJ 08724

Telephone: (732) 330-8115
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:

Note: If constuction 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 $750

Daniel J. Newman Jr. 10/29/13
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$101
Check No.	S SCA
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

11/15/13 [illegible] 00155848245

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.

ELECTRIC $40.00
[illegible] $60.00
CHEC $1.00
$101.00

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued
Control # C-13-005565
Permit # 13-4189+B

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Unit #21 (former Halloween now Gym) Brick Township, NJ
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261
Telephone: (610) 825-7100

Contractor Nicholas Catone
Address 535 Nicholas Rd. Brick NJ 08724
Telephone: (732) 330-8115
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:
PLUMBING ALTERATIONS

Note: If constuction 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 $2,200

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$54
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

☐ 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.

A.O. Smith® | Residential Electric Water Heaters

ProMax®
SPECIALTY ELECTRIC

PROMAX® SPECIALTY ELECTRIC FEATURES

TABLE TOP ELECTRIC WATER HEATERS
Models feature convenient flat porcelain surface at 36" height, providing extra "counter space" wherever installed. All plumbing and electrical connections are made through back of water heater. Models are available in 27 and 40-gallon capacities and are equipped with PEX cross-linked polymer dip tubes.

COMPACT ELECTRIC WATER HEATERS
Compact design, side-mounted plumbing and electrical connections (optional top-mounted connections). Designed for installation under a counter, in a crawl space or in other tight spaces. Tank capacities range from 6 through 20-gallons and offer single heating element and durable tamper-resistance brass drain valve.

POINT-OF-USE ELECTRIC WATER HEATER
Designed for low-demand, point-of-use applications, such as office lavatories or buildings with remote restrooms. Models have 2 ½-gallon tank capacity and are equipped with a single heating element. Includes a standard 110/120V cord set with 3-prong plug and wall-mounting brackets for easy installation.

CSA CERTIFIED AND ASME RATED T&P RELIEF VALVE

ENVIRONMENTALLY-FRIENDLY NON-CFC FOAM INSULATION MINIMIZES HEAT LOSS

CODE COMPLIANCE
Meets the Federal energy efficiency standards effective January 20, 2004, according to the National Appliance Energy Conservation Act (NAECA) of 1992 and meets the standby loss requirements of the U. S. Department of Energy and current edition of ASHRAE/IESNA 90.1.

CERTIFIED TO UL 174 FOR HOUSEHOLD ELECTRIC WATER HEATERS

6-YEAR LIMITED TANK AND PARTS WARRANTY
For complete information, consult written warranty or A. O. Smith Water Products Company.

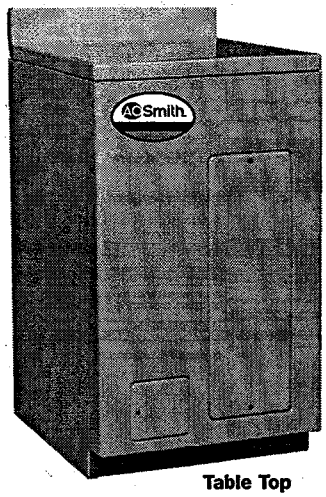


Table Top

Compact

Point-Of-Use

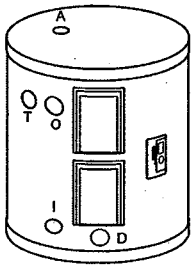
A.O. Smith® | Residential Electric Water Heaters

ProMax®
SPECIALTY ELECTRIC

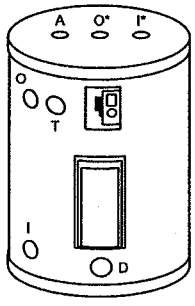
MODEL NUMBER	FIRST HOUR RATING GALLONS	ENERGY FACTOR	GALLON CAPACITY	ELEMENT WATTAGE STANDARD 240V	ELEMENT WATTAGE MAXIMUM 240V	RECOVERY 90°F RISE	R VALUE	DIMENSIONS IN INCHES A	DIMENSIONS IN INCHES B	DIMENSIONS IN INCHES C	APPROX. SHIPPING WEIGHT (LBS.)
TABLE TOP MODELS											
ESTT-30	42	.89	27	4500	6000	21	12	36	25	21	141
ESTT-40	52	.88	40	4500	6000	21	12	36	25	24	174
COMPACT MODELS				STANDARD 120V	MAXIMUM 240V						
EJC-6	N/A	N/A	6	1650	3000	8	8	15-1/4	10-3/4†	14-1/4	31
EJC-10	N/A	N/A	10	1650	6000	8	8	18-1/4	12-1/4†	16	45
EJCS-20	N/A	N/A	19	2500	6000	11	8	24-3/4	18-5/8†	18	65
EJCT-20	N/A	N/A	19.9	2500	6000	11	8	31-5/8	25-3/4†	16	62
LOWBOY SIDE-CONNECT MODELS				STANDARD 240V	MAXIMUM 240V						
ECJ-30	37	.93	29	4500	6000	21	16	30	22-3/4†	22	100
ECJN-40	43	.92	38	4500	6000	21	12	31-1/4	24-5/8†	23	131
POINT-OF-USE MODEL											
EJC-2	N/A	N/A	2.5	1500@120V		7	8	13-3/4	11	13-3/4	18

† "B" dimension is floor to T&P Valve and floor to hot water outlet.
Dimension from floor to cold water inlet on all lowboy side-connect models is 3-1/2".
Point-of-Use models have 1/2" inlet and outlet connections.

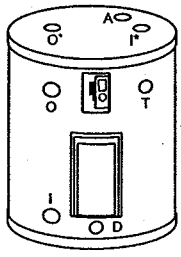
COMPACT MODELS



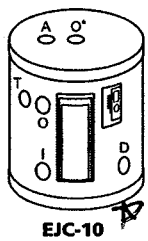
ECJ-30 and ECJN-40



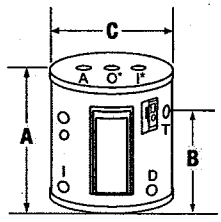
EJCT-20



EJCS-20



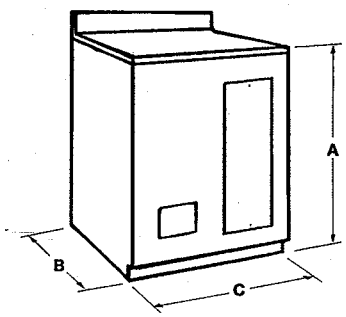
EJC-10



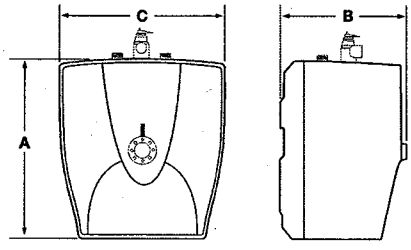
EJC-6

I	Inlet	D	Drain	I*	Plugged Inlet
O	Outlet	T	T&P	O*	Plugged Outlet

TABLE TOP
27 & 40-gallon Models



POINT-OF-USE



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, August 27, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Plumbing Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-13-004743
Last Submit Date: Tuesday, August 27, 2013

Dear CENTRO NP LAUREL SQ OWNER LLC,

The following comments were made during the Plan Review process:

#1- provide proper fixture count for occupancy stated N.S.P.C. 2009 table 7.21.1 1 [f]

Sincerely,

VSH Group - B.

Robert Wennlund, Subcode Official

CC:

10-8713 email nCatine@Yahoo.com

Fax 732-462-5319

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Saturday, October 05, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Plumbing Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: 13-4189+B Control Number: C-13-005565
Last Submit Date: Friday, October 04, 2013

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.1- Mop sink and drinking water facilities is required as per table 7.21.1 2009 national standard plumbing code.

Sincerely,

_____

Mark Hibbard, Subcode Official

CC:

RESUBMIT CR

SUBCODES Plumbing

DATES 10-11-13

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER CLIFORE DATE 10-17-13

PROPERTY ADDRESS 1930 BT. 88 BLOCK 1149 LOT 5

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	2	( )	5.0	( )	
4. LAVATORY	2	( )	2.0	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1	( )	3.0	( )	
9. LAUNDRY TRAY		( )		( )	
0. DISHWASHER		( )		( )	
1. WASHING MACHINE		( )		( )	
2. URINAL		( )		( )	
3. FLOOR DRAIN		( )		( )	
4. DRINK FOUNTAIN	1	( )	~~.5~~	( )	
5. AIR CONDITION WATER COOLED		( )		( )	
6. DENTAL UNIT		( )		( )	
7. LAWN SPRINKLE		( )		( )	
FIRE SPRINKLE		( )		( )	
HOSE BIBS		( )		( )	
	TOTALS		10.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4"

TE: 10-17-13 APPROVED BY: MARK HIBBARD

b

Update +A
Building
Fire
Plumbing

DeSesa
ENGINEERING COMPANY, INC.
83 Dorsa Avenue
Livingston, NJ 07039
Phone (973) 597-0070 • Fax (973) 597-0134

AIR CONDITIONING & HEATING • DESIGN • INSTALLATION • SERVICE • COMPUTERIZED CONTROL SYSTEMS

August 22, 2013

Brick Township
401 Change bridge Road
Brick, NJ 08723

Attention: Construction Department

Reference: Replacement of three (3) HVAC Systems with (3) New Systems of Equal Capacity.

NCMMA
1930 Route 88
Brick, NJ 08724

Weight comparison from old to new:

New Trane system YSC090/Unit

Unit	767 pounds
Economizer	36 pounds
Adapter curb	225 pounds
TOTAL:	**1028 pounds**

Existing Unit To Be Removed:

Snyder General

Unit	875 pounds
Economizer	160 pounds
Power exhaust	60 pounds
TOTAL:	**1095 Pounds**

The new unit is 67 pounds less.

Very truly yours,
DeSesa Engineering Company, Inc.

Stephen Conti
Vice President

SC/sp

FOR REPLACEMENT FURNACE

3 units

OLD BTU -- INPUT 200,000 OUTPUT 160,000

NEW BTU -- INPUT 200000 OUTPUT 160,000

A/C REPLACEMENT

3 units

OLD UNIT 88,000 BTU

NEW UNIT 92,000 BTU

AND/OR

HEAT LOSS/HEAT GAIN

***IF YOU DON'T HAVE OLD BTU'S AND NEW BTU'S OF UNIT'S, YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

***IF THE NEW UNIT BTU IS LESS THAN THE OLD UNIT BTU YOU WILL HAVE TO SUBMIT A HEAT LOSS/HEAT GAIN.

**********WE ALSO WILL NEED **********

******COPY OF THE BROCHURE/SPECS OF THE NEW FURNACE (NOT THE INSTALLATION GUIDE) AND /OR AIR CONDITION UNIT.

******CHIMNEY CERTIFICATION (CANNOT BE CERTIFICATION BY HOMEOWNER)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 10-4-13
Application Number: ZA-13-01072
Application Date: 08/22/2013
Project Number:
Permit Number: 13-01072
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square - Unit No. 21
Brick Township, NJ 08724

Block: **1149**
Lot: **5**
Qualifier:
Zone: **B-3**

Owner: **CENTRO NP LAUREL SQ OWNER LLC**
Address: **PO BOX 4900**
SCOTTSDALE, NJ 85261

Applicant: **Nick Catone**
Address: **535 Nicholas Road**
Brick, NJ 08724

Application Approved Date: 08/22/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Fitness Center -"Nick Catone's Mixed Martial Arts Academy".
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a new business, changing from a retail store to a fitness center.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

$50.00
$50.00

Sen Kinney, Jr
Office of Zoning — 08/22/2013 Date

Michael P. Fowler, Township Planner — 9/22/13 Date

PERMIT UPDATE

Date Update Issued
Control # C-13-004743+A
Permit # +A

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Unit #21 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261
Telephone: (610) 825-7100

Contractor: Nicholas Catone
Address: 535 Nicholas Rd. Brick NJ 08724
Telephone: (732) 330-8115
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
- [ ] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
REPLACEMENT A/C ROOFTOP UNITS

Note: If constuction 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 $34,500

Construction Official David J. Newman Jr. Date

PAYMENTS (Office Use Only)

Building	$990
Electrical	$0
Plumbing	$150
Fire Protection	$180
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$59
CO Fee	
Other	$0
Total	$1,379
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

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☐ A complete copy of released plans must be kept on the job site.

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

13-4189

CONSTRUCTION PERMIT

Date Issued 10-4-13
Control # C-13-004743
Permit #

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Unit #21 (former Halloween now Gym) Brick Township, NJ
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261
Telephone: (610) 825-7100

Contractor Nicholas Catone
Address 535 Nicholas Rd. Brick NJ 08724
Telephone: (732) 330-8115
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

PAYMENTS (Office Use Only)

Building	$180
Electrical	$125
Plumbing	$0
Fire Protection	$90
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$22
CO Fee	
Other	$0
Total	$417
Check No.	512
Cash	$0
Credit	$0
Collected By	

50/467

Note: If constuction 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 $13,000

Construction Official

10-4-13
Date

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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☐ 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

CHANGE OF USE

Date Received / Control # 13-4189

Date Issued / Permit # 10-4-13

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 Brick NJ 08724

Owner in Fee: Brixmor Laurel Square Owner LLC

Tel. (610) 825-7100 e-mail

Address 420 Lexington Ave New, NY 10170

Contractor: Vision Electric Group Inc. (street / municipality) Tel. (732) 906-7775 (zip code)

Address 33 Gross Ave e-mail

Edison NJ 08837

Contractor License No. 17272 Exp. Date 3/15

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

Federal Emp. ID No. 45-4753208 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6000.00

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: Joshua Hart

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tennant FIT out

QTY.	SIZE	ITEMS
30	208V/1.5A	Lighting Fixtures
15	20A	Receptacles
2	20A	Switches
		Detectors
		Light Poles
		Motors—Fract. HP
2	120V	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
3		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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 9/29/13 Approved by: JS

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/29/13

Approved by: JS

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

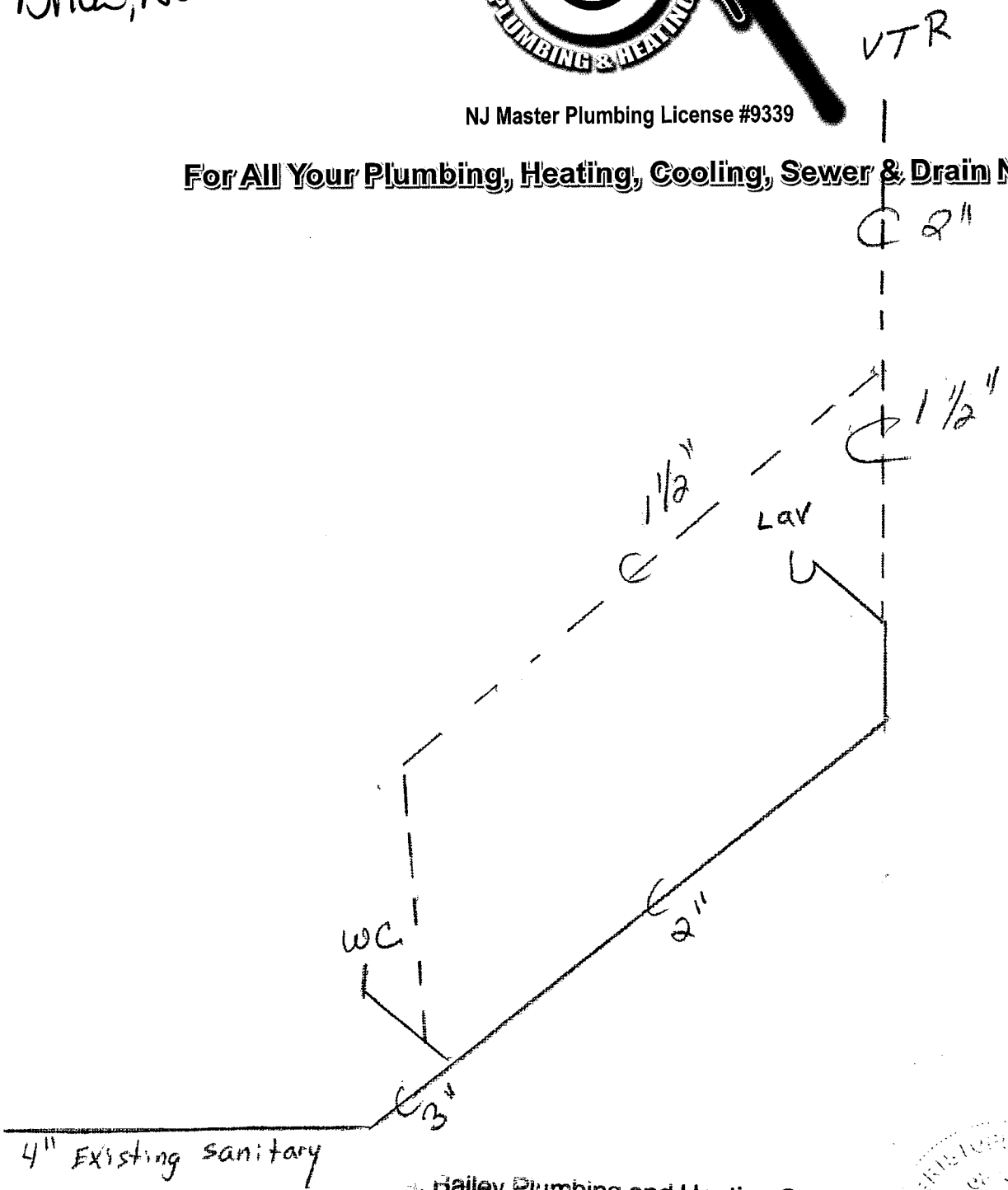
U.C.C. F120 (rev. 11/09) Internet version

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

930 Rt. 88
Brick, NJ

NJ Master Plumbing License #9339

For All Your Plumbing, Heating, Cooling, Sewer & Drain Needs!



A. Bailey Plumbing and Heating Corp.
919 Hwy. 33 Ste. 28
Freehold NJ 07728
Tel. 732-462-4484
Lic. 9339
Fed ID 22-3190891

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Attn. Tim
From: Mike
9/23/13

Subcode Official Review

Date: Monday, September 09, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Building Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-13-004743
Last Submit Date: Thursday, August 29, 2013

Resubmit Buildg 9-20-13 CR

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Be sure to cover letter/bubble all addendums and changes.

Indicate building construction classification.

Provide a Key plan of the entire building (with measurements) and indicate the location of all tennant separation assemblies and their ratings.

Project is a change of use from M to A-3. Wrong use called out, adjust plans accordingly.

Provide a demolition plan or existing plan to indicate conditions before.

Indicate compliance for increased fresh air reuirements as per NJAC 5:23-6.31(n)3 TABLE N

Occupant load is incorrect. Provide proper occupant load with calculations.

Indicate exit door widths and calculations for required width with regards to occupant loads and maximum travel distance.

Provide hatched areas for all pathways and indicate compliance of travel distance to required exits. (Be sure to indicate exact locations of matts)

Provide cross section of mat edging (include height measurement) with transition to finished floor.

Show all furnishings, equiptment, chairs/seating. Be sure to include designation for all areas such as viewing/waiting spaces.

Provide a cross section of all walls. Indicate the materials being used to construct them and their heights.

Walls without ceilings require vetical reinforcement. Provide design as needed.

Ceiling required over locker rooms with exaust ventilation as per M502.18

Indicate locations of all equiptment hung from the ceiling. (ie. heavy bags/rings/bars) provide an engineers analysis and certification for the roof structure to hold these additional loads, and their limitations (ie. 2 heavy bags per truss)

Provide design for all equiptment hung from roof trusses. NOTE: if scissor trusses are used then the bottom cord can not be used.

Sincerely

Occupancy	P/1,000 sq. ft.	CFM/ person
Correctional Facilities		
Cells	20	20
Education		
Laboratories	50	20
Training Shops	30	20
Food & Bev Service		
Cafeteria, fast food	100	20
Hotels, Motels, Resorts, Dormitories		
Conference Rooms	50	20
Dry Cleaners		
Commercial Laundry	10	25
Hospitals, Nursing and Convalescent Homes		
Patient Rooms	10	25
Specialty Shops		
Beauty	25	25
Dry Cleaners, Laundries		
Commercial Dry Cleaner	30	30
Food & Bev Service		
Bars & Cocktail Lounges	100	30
Dry Cleaners, Laundries		
Storage, Pick-up	30	35
Smoking Lounges	70	60
Offices		
Conference Rooms	50	20
Office Spaces	7	20
Reception Areas	60	20
Telecommunication Ctrs & Data Entry	60	20
Theaters		
Lobbies	150	20
Ticket Booths	60	20
Sports and Amusement		
Playing floors (gym)	30	20
Sports and Amusement		
Ballrooms and Discos	100	25
Bowling Alleys (Seating areas)	70	25
Game Rooms	70	25
Hospitals, Nursing & Convalescent Homes		
Operating Rooms	20	30
Hotels, Motels, Resorts, Dormitories		
Gambling Casinos	120	30

Occupancy	CFM/ sq. ft.
Education	
Corridors	0.1
Locker Rooms	0.5
Hospitals, Nursing and Convalescent Homes	
Autopsy Rooms	0.5
Public Spaces	
Corridors and Utilities	0.05
Elevators	1.0
Locker & Dressing Rooms	0.5
Public Restrooms	75 cfm per water closet or urinal
Retail Stores, Sales Floors and Showroom Floors	
Basement and Street	0.3
Dressing Rooms	0.2
Malls and Arcades	0.2
Shipping and Receiving	0.15
Storage Rooms	0.15
Upper Floors	0.2
Warehouses	0.05
Specialty Shops	
Automotive Service	1.5
Clothes and Furniture	0.3
Pet Shops	1.0
Sports & Amusement	
Ice Arenas	0.5
Swimming Pools (Pool & Deck Area)	0.5
Storage	
Repair Garages/Public Garages	1.5
Workrooms	
Darkrooms	0.5
Duplicating	0.5

Note: P/1,000 sq. ft. = persons per 1,000 square feet of building area.

Note a. Spaces unheated or maintained below 50 degrees F are not covered by these requirements unless the occupancy is continuous.

Where the ventilation rates in Table N are based on CFM/person

(1) $OL_n \times V_n$ is less than or equal to $OL_e \times V_e$ + no upgrade

(2) $OL_n \times V_n$ is greater than $OL_e \times V_e$ + upgrade

Where the ventilation rates in Table N are based on CFM/square footage

(3) $SF_n x V_n$ is less than or equal to $SF_e x V_e$ + no upgrade

(4) $SF_n x V_n$ is greater than $SF_e x V_e$ + upgrade

Where the ventilation rates in Table N are based on CFM/square footage and CFM/person

(5) $OL_n x V_n$ is less than or equal to $SF_e x V_e$ + no upgrade

(6) $OL_n x V_n$ is greater than $SF_e x V_e$ + upgrade

(7) $SF_n x V_n$ is less than or equal to $OL_e x V_e$ + no upgrade

(8) $SF_n x V_n$ is greater than $OL_e x V_e$ + upgrade

Where:

OL_n = the occupant load of the proposed occupancy based on Table N. When accepted by the administrative authority this occupant load can be reduced.

OL_e = the occupant load of the existing occupancy based on Table N.

SF_n = the square footage of the proposed occupancy.

area to the outdoors shall be four percent of the floor area being ventilated. Where rooms without openings to the outdoors are ventilated through an adjoining room, the unobstructed opening to the adjoining room shall be at least eight percent of the floor area of the interior room or space, but not less than 25 square feet. The ventilation openings to the outdoors shall be based on the total floor area being ventilated.

ii. Spaces intended to be mechanically ventilated shall comply with the following:

(1) If the occupancy of a building is changed and the new occupancy would require the same or a lesser amount of outdoor air based on the equations below, no change to the mechanical ventilation system is required.

(2) If the occupancy of a building is changed and the new occupancy would require a greater amount of outdoor air based on the equations below, the HVAC system shall be upgraded to satisfy the requirements of Table 403.3 in the mechanical subcode for the new occupancy.

(3) Residential buildings that are intended to be mechanically ventilated shall be provided with the ventilation specified in the mechanical subcode.

(4) When the use of a building is changed to a health care facility, mechanical ventilation shall be provided as required by the mechanical subcode and N.J.A.C. 5:23-3.2(b).

(5) When the group of a building is changed to B or E and the building is a class one or class two building, a test and balance report shall be submitted prior to the issuance of a certificate of occupancy. (Building)

2. A commercial hood and an automatic suppression system that comply with the mechanical subcode shall be required for commercial cooking operations producing grease-laden vapors. No automatic suppression system shall be required for completely enclosed ovens, steam tables or similar equipment.

i. Exception: Bed and breakfast home stay facilities, which are designed to accommodate five or fewer guests, shall not be required to comply with this provision. (Fire)

3. All newly-introduced devices, equipment or operations that produce airborne particulates, odors, fumes, sprays, vapors, smoke or gases in such quantities as to be irritating or injurious to health shall be provided with local exhaust in accordance with Section 502 of the mechanical subcode. (Building)

TABLE N
Outdoor Air Rates Based on Occupancy Type

Occupancy	P/1,000 sq. ft.	CFM/ person
Storage Warehouses	5	10
Correction Facilities		
Dining Halls	100	15
Guard Stations	40	15
Dry Cleaners, laundries		
Coin oper dry cleaner	20	15
Coin oper laundries	20	15
Education		
Auditoriums	150	15
Classrooms	50	15
Libraries	20	15
Music Rooms	50	15
Food & Bev Service		
Dining Rooms	70	15
Kitchens (cooking)	20	15
Hospitals, Nursing & Convalescent Homes		
Med Procedure Rooms	20	15
Physical Therapy	20	15
Recovery and ICU	20	15
Hotels, Motels, Resorts, Dormitories		
Assembly Rooms	120	15
Dormitory Sleep Areas	20	15
Lobbies	30	15
Specialty Shops		
Barber	25	15
Florists	8	15
Hardware, drug, fabric	8	15
Reducing Salons	20	15
Supermarkets	8	15
Theaters		
Auditoriums	150	15
Stages and Studios	70	15
Transportation		
Platforms	100	15
Vehicles	150	15
Waiting Rooms	100	15
Workrooms		
Bank Vaults	5	15
Meat Processing[a]	10	15
Pharmacy	20	15
Photo Studios	10	15
Sports and Amusement		
Spectator Areas	150	15

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

9/24/13 KW Sent Rej. items to Arch + Spoke with Him

Date: Tuesday, September 24, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Building Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-13-004743
Last Submit Date: Friday, September 20, 2013

Dear CENTRO NP LAUREL SQ OWNER LLC,

Many of the listed items previously listed were not addressed. Architect said that he was told by the owner about the listed items and had not seen the plan review rejection list which was made 8/29/13. Architect was contacted and the rejected items were faxed. Architect will review and address concerns.

Sincerely,

Michael Vecchio, [redacted]

CC:

001

09/23/2013 MON 15:13 FAX

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	2251
DESTINATION ADDRESS	97323580236
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	09/23 15:12
USAGE T	00'49
PGS.	1
RESULT	OK

F

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Attn. Tim
From: Mike
9/23/13

Subcode Official Review

Date: Monday, September 09, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Building Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-13-004743
Last Submit Date: Thursday, August 29, 2013

Resubmit
Building
9-20-13
CR

Dear CENTRO NP LAUREL SQ OWNER LLC,

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Sincerely

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, August 26, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-13-004743
Last Submit Date: Friday, August 23, 2013

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Need fire sprinkler plan showing existing and new coverage. Please include contractor certification with plan

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit
Fire
9-4-13

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, August 26, 2013

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-13-004743
Last Submit Date: Friday, August 23, 2013

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Sincerely,

Richard Orlando, Subcode Official

CC:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1149 LOT: 5 ADDRESS: 1930 Rt 88

IDENTIFICATION: Store #21

1. WORK SITE ADDRESS: 1930 RT. 88 Brick, NJ 08724
2. NAME OF OWNER IN FEE: Brixmor Laurel Square owner LLC
   ADDRESS: 420 Lexington Ave PHONE #: (212) 825-7100
   New York, NY FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Nicholas Catone
   ADDRESS: 535 Nicholas Rd. PHONE #: (732) 330-8115
   Brick, NJ 08724 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Dan16 - Architecture Design
   ADDRESS: 709 Atlantic City Blvd PHONE: # (732) 608-6838
5. RESPONSIBLE PERSON FOR WORK: Nick Catone
   ADDRESS: 535 Nicholas Rd. Brick, NT 08724

PHONE #: (732) 330-8115 FAX #: (__) _____ E-MAIL: ncatone@yahoo.com

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: _____

RECEIVING CLERK CM
DATE REC'D 8-9-13

ZONING PERMIT APPLICATION

PERMIT # 13-01077
DATE ISSUED 10-4-13

BLOCK: 1149 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 Rt. 88 Brick NJ

IDENTIFICATION: Store # 21

1. NAME OF OWNER IN FEE: Brixmor Laurel Square Owner LLC
   COMPLETE ADDRESS: 420 Lexington Ave New NY 10170
   PHONE # 610-825-7100 EMAIL: —
2. NAME OF APPLICANT: Nick Catone
   APPLICANT ADDRESS: 535 Nicholas Rd.
   PHONE # — EMAIL: —
3. RESPONSIBLE PERSON FOR WORK: Nick Catone
   PHONE# 732-330-8115 FAX# —
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50 —
OTHER: $ —
TOTAL: $ —

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: former Halloween Store
PROPOSED USE: Gym

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: — *ADDITION — *ALTERATION — *PORCH — *DECK —

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE — MATERIAL —

HEIGHT: — (*IF APPLICABLE)

OTHER —

DESCRIPTION: Tenant fitup. New Bathroom & partition walls & new lighting

ZONING REVIEW:
DATE REVIEWED: 9/22/13 DATE DENIED: — DATE APPROVED: 9/22/13 INTLS: MG

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-01072
Application Date: 08/22/2013
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square - Unit No. 21
Brick Township, NJ 08724

Block: **1149**
Lot: **5**
Qualifier:
Zone: **B-3**

Owner: **CENTRO NP LAUREL SQ OWNER LLC**
Address: **PO BOX 4900**
SCOTTSDALE, NJ 85261

Applicant: **Nick Catone**
Address: **535 Nicholas Road**
Brick, NJ 08724

Application Approved Date: 08/22/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Fitness Center -"Nick Catone's Mixed Martial Arts Academy".
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a new business, changing from a retail store to a fitness center.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Office of Zoning — 08/22/2013 Date

Michael P. Fowler, Township Planner — 8/22/13 **Date**

TRANE

Model Number YSC090F3EHA**C0000000000000000000000000

Customer : DE SESA
Project : DE SESA
Name : DE SESA

E-MAILED 940Am 8/20/13

Y4C

General			
Unit function	**DX cooling, gas heat**	Airflow	**Convertible configuration**
Airflow Application	**Downflow**	Fresh air selection	**Econ-dry bulb 0-100% 3hp**

Main Cooling			
Cooling Entering DB	**80.00**	Cooling Entering WB	**67.00**
Ambient Temp	**95.00**	Tonnage	**7.5 Ton Single compressor**

Main Heating			
Heating EAT	**70.00**	Heating capacity	**High gas heat 3ph**

Motor/Electrical	
Voltage	**208-230/60/3**

DX Cooling, Gas Heat 3-10 Ton	
Unit controls	**Electro mechanical controls 3ph**

Notes
Enter Notes

New Unit
≠
Curb weight Attached

TRANE

ELECTRICAL / GENERAL DATA

GENERAL (2)(4)(6)

		Oversized Motor	
Model:	YSC090F	MCA:	N/A
Unit Operating Voltage:	187-253	MFS:	N/A
Unit Primary Voltage:	208	MCB:	N/A
Unit Secondary Voltage	230		
Unit Hertz:	60		
Unit Phase:	3		
EER	11.2		
Standard Motor		Field Installed Oversized Motor	
MCA:	38.2	MCA:	N/A
MFS:	60.0	MFS:	N/A
MCB:	60.0	MCB:	N/A

HEATING PERFORMANCE

HEATING - GENERAL DATA

Heating Model:	High
Heating Input (BTU):	200,000/140,000
Heating Output (BTU):	160,000/112,000
No. Burners:	4
No. Stages	2
Gas Inlet Pressure	
Natural Gas (Min/Max):	4.5/14.0
LP (Min/Max)	11.0/14.0
Gas Pipe Connection Size:	3/4"

INDOOR MOTOR

Standard Motor		Oversized Motor		Field Installed Oversized Motor	
Number:	1	Number:	N/A	Number:	N/A
Horsepower:	1.0	Horsepower:	N/A	Horsepower:	N/A
Motor Speed (RPM):	--	Motor Speed (RPM):	N/A	Motor Speed (RPM):	N/A
Phase	3	Phase	N/A	Phase	N/A
Full Load Amps:	3.6 - 3.5	Full Load Amps:	N/A	Full Load Amps:	N/A
Locked Rotor Amps:	12.5	Locked Rotor Amps:	N/A	Locked Rotor Amps:	N/A

COMPRESSOR Circuit 1/2

Number:	1
Horsepower:	6.7
Phase:	3
Rated Load Amps:	25.0
Locked Rotor Amps:	164.0

OUTDOOR MOTOR

Number:	1
Horsepower:	0.7
Motor Speed (RPM):	1100
Phase:	1
Full Load Amps:	3.3
Locked Rotor Amps:	9.5

POWER EXHAUST ACCESSORY (3)

(Field Installed Power Exhaust)

Phase:	N/A
Horsepower:	N/A
Motor Speed (RPM):	N/A
Full Load Amps:	N/A
Locked Rotor Amps:	N/A

FILTERS

Type:	Throwaway
Furnished:	Yes
Number	4
Recommended	16"x25"x2"

REFRIGERANT (2)

Type	
Factory Charge	
Circuit #1	5.5 lb
Circuit #2	N/A

NOTES:

1. Maximum (HACR) Circuit Breaker sizing is for installations in the United States only.
2. Refrigerant charge is an approximate value. For a more precise value, see unit nameplate and service instructions.
3. Value does not include Power Exhaust Accessory.
4. Value includes oversized motor.
5. Value does not include Power Exhaust Accessory.
6. EER is rated at AHRI conditions and in accordance with DOE test procedures.

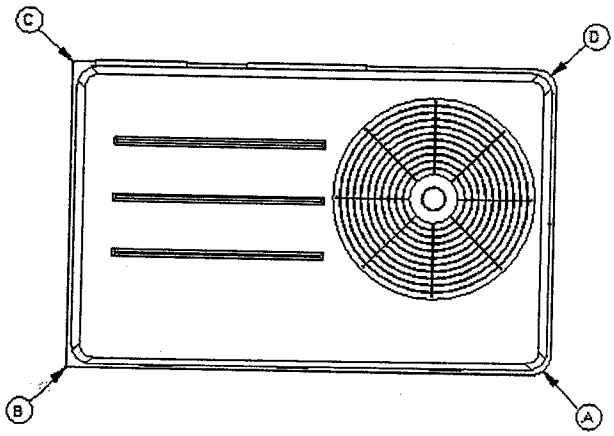
New Unit

TRANE

INSTALLED ACCESSORIES NET WEIGHT DATA

ACCESSORY	WEIGHTS
ECONOMIZER	[redacted]
MOTORIZED OUTSIDE AIR DAMPER	
MANUAL OUTSIDE AIR DAMPER	
BAROMETRIC RELIEF	
OVERSIZED MOTOR	
BELT DRIVE MOTOR	
POWER EXHAUST	
THROUGHT THE BASE ELECTRICAL/GAS (FIOPS)	
UNIT MOUNTED CIRCUIT BREAKER (FIOPS)	
UNIT MOUNTED DISCONNECT (FIOPS)	
POWERED CONVENIENCE OUTLET (FIOPS)	
HINGED DOORS (FIOPS)	
HAIL GUARD	
SMOKE DETECTOR, SUPPLY/ RETURN	
NOVAR CONTROL	
STAINLESS STEEL HEAT EXCHANGER	
REHEAT	
ROOF CURB	

BASIC UNIT WEIGHTS		CORNER WEIGHTS				CENTER OF GRAVITIY	
SHIPPING	NET	(A)	243.0 lb	(C)	155.0 lb	(E) LENGHT	(F) WIDTH
862.0 lb	[redacted]	(B)	221.0 lb	(D)	149.0 lb	46"	21"



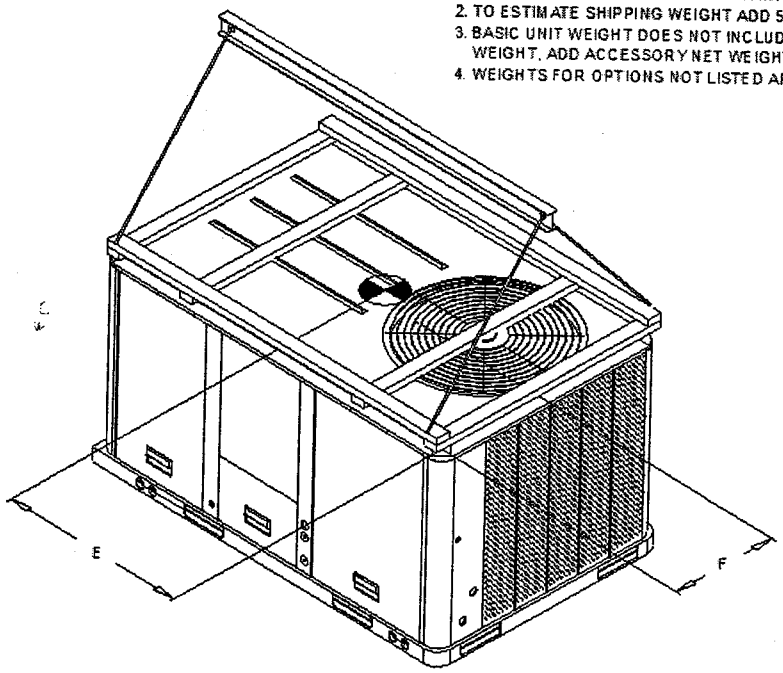
PACKAGED GAS / ELECTRICAL

CORNER WEIGHT

NOTE:
1. CORNER WEIGHTS ARE GIVEN FOR INFORMATION ONLY.
2. TO ESTIMATE SHIPPING WEIGHT ADD 5 LBS TO NET WEIGHT.
3. BASIC UNIT WEIGHT DOES NOT INCLUDE ACCESSORY WEIGHT. TO OBTAIN TOTAL WEIGHT, ADD ACCESSORY NET WEIGHT TO BASIC UNIT WEIGHT.
4. WEIGHTS FOR OPTIONS NOT LISTED ARE <5 LBS.

total [redacted] LBS.

New Unit



PACKAGED GAS / ELECTRICAL

RIGGING AND CENTER OF GRAVITY

Table 8. Gross cooling capacities MBh 7½ tons standard efficiency - T/YSC090ED (IP)

CFM Airflow	Ent DB (F)	Ambient Temperature 85 Entering Wet Bulb 61 TGC	61 SHC	67 TGC	67 SHC	73 TGC	73 SHC	95 Entering Wet Bulb 61 TGC	61 SHC	67 TGC	67 SHC	73 TGC	73 SHC	105 Entering Wet Bulb 61 TGC	61 SHC	67 TGC	67 SHC	73 TGC	73 SHC
2400	75	85.12	67.59	92.16	48.57	101.70	20.97	80.17	64.61	86.72	46.11	95.77	19.04	74.97	61.42	81.03	43.46	89.59	16.91
2400	80	87.58	79.14	93.37	64.52	101.66	41.32	82.63	75.79	87.92	61.69	95.73	39.03	77.43	72.23	82.24	58.67	89.55	36.53
2400	85	90.75	88.34	95.28	78.12	102.32	59.33	85.80	84.61	89.84	74.93	96.39	56.66	80.60	80.60	84.16	71.53	90.22	53.79
2400	90	94.63	94.63	97.91	89.38	103.69	74.99	89.68	89.68	92.47	85.81	97.77	71.95	84.49	84.49	86.79	82.04	91.60	68.71
2700	75	87.52	70.27	94.27	50.82	103.53	22.79	82.39	67.11	88.65	48.18	97.42	20.69	77.01	63.74	82.79	45.35	91.07	18.38
2700	80	90.23	82.13	95.73	67.08	103.73	43.46	85.10	78.60	90.11	64.08	97.63	40.99	79.73	74.87	84.25	60.88	91.28	38.31
2700	85	93.64	91.65	97.89	81.01	104.65	61.79	88.52	87.75	92.28	77.63	98.54	58.94	83.15	83.15	86.42	74.06	92.20	55.90
2700	90	97.77	97.77	100.77	92.58	106.27	77.76	92.65	92.65	95.16	88.84	100.17	74.55	87.28	87.28	89.30	84.89	93.82	71.13
3000	75	89.61	72.69	96.08	52.81	105.06	24.36	84.31	69.35	90.29	50.00	98.78	22.08	78.76	65.81	84.26	46.99	92.25	19.59
3000	80	92.57	84.87	97.79	69.40	105.51	45.35	87.27	81.16	92.00	66.22	99.23	42.70	81.72	77.25	85.96	62.84	92.71	39.84
3000	85	96.24	94.71	100.20	83.64	106.67	63.99	90.94	90.63	94.42	80.09	100.40	60.97	85.40	85.40	88.38	76.33	93.88	57.75
3000	90	100.62	100.62	103.33	95.53	108.55	80.29	95.32	95.32	97.54	91.61	102.27	76.90	89.78	89.78	91.51	87.49	95.75	73.30
3300	75	91.41	74.86	97.60	54.55	106.29	25.67	85.93	71.34	91.63	51.56	99.83	23.21	80.21	67.62	85.42	48.38	93.13	20.55
3300	80	94.62	87.36	99.55	71.46	106.99	46.98	89.14	83.47	93.59	68.10	100.54	44.15	83.42	79.38	87.38	64.54	93.84	41.12
3300	85	98.53	97.51	102.22	86.01	108.40	65.94	93.06	93.06	96.25	82.29	101.95	62.75	87.34	87.34	90.05	78.36	95.25	59.35
3300	90	103.16	103.16	105.59	98.22	110.52	82.56	97.69	97.69	99.63	94.13	104.07	78.99	91.97	91.97	93.42	89.83	97.38	75.22
3600	75	92.91	76.77	98.81	56.04	107.22	26.73	87.26	73.08	92.67	52.88	100.59	24.10	81.36	69.18	86.29	49.51	93.72	21.26
3600	80	96.36	89.59	101.01	73.26	108.17	48.36	90.71	85.53	94.88	69.73	101.54	45.36	84.82	81.26	88.49	65.99	94.67	42.15
3600	85	100.53	100.06	103.93	88.14	109.83	67.64	94.88	94.88	97.79	84.24	103.20	64.27	88.99	88.99	91.41	80.13	96.33	60.69
3600	90	105.41	105.41	107.55	100.67	112.20	84.57	99.76	99.76	101.42	96.39	105.58	80.83	93.87	93.87	95.04	91.92	98.71	76.88

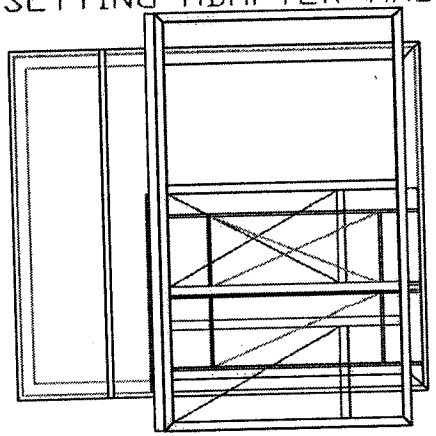
CFM Airflow	Ent DB (F)	Ambient Temperature 115 Entering Wet Bulb 61 TGC	61 SHC	67 TGC	67 SHC	73 TGC	73 SHC	125 Entering Wet Bulb 61 TGC	61 SHC	67 TGC	67 SHC	73 TGC	73 SHC
2400	75	69.52	58.03	75.09	40.59	83.17	14.58	63.83	54.44	68.91	37.53	76.50	12.05
2400	80	71.99	68.47	76.30	55.43	83.13	33.83	66.30	64.50	70.13	52.00	76.46	30.92
2400	85	75.16	75.16	78.23	67.93	83.80	50.72	69.47	69.47	72.05	64.12	77.13	47.45
2400	90	79.05	79.05	80.86	78.07	85.18	65.27	73.94	73.94	74.68	73.90	78.51	61.63
2700	75	71.39	60.17	76.68	42.31	84.47	15.87	65.53	56.41	70.33	39.07	77.63	13.16
2700	80	74.11	70.93	78.14	57.47	84.68	35.43	68.24	66.79	71.79	53.86	77.84	32.35
2700	85	77.53	77.53	80.32	70.28	85.60	52.65	71.67	71.67	73.96	66.30	78.76	49.20
2700	90	81.67	81.67	83.20	80.74	87.23	67.52	76.08	76.08	76.85	76.39	80.39	63.69
3000	75	72.97	62.06	77.97	43.77	85.48	16.91	66.93	58.12	71.44	40.36	78.46	14.02
3000	80	75.93	73.14	79.68	59.25	85.94	36.79	69.89	68.82	73.16	55.46	78.92	33.53
3000	85	79.60	79.60	82.10	72.38	87.11	54.32	73.57	73.57	75.58	68.22	80.09	50.69
3000	90	83.99	83.99	85.23	83.16	88.98	69.51	77.92	77.92	78.71	78.63	81.97	65.51
3300	75	74.24	63.70	78.96	44.98	86.19	17.69	68.03	59.58	72.26	41.39	79.00	14.63
3300	80	77.45	75.09	80.92	60.78	86.89	37.89	71.24	70.60	74.22	56.82	79.70	34.46
3300	85	81.38	81.38	83.59	74.23	88.31	55.74	75.17	75.17	76.89	69.89	81.12	51.94
3300	90	86.10	86.10	86.97	85.33	90.44	71.25	80.27	80.27	80.27	80.27	83.25	67.07
3600	75	75.22	65.09	79.65	45.94	86.59	18.22	68.83	60.79	72.78	42.17	79.23	14.98
3600	80	78.68	76.80	81.86	62.06	87.55	38.74	72.29	72.13	74.99	57.91	80.19	35.13
3600	85	82.85	82.85	84.78	75.82	89.22	56.91	76.47	76.47	77.91	71.31	81.85	52.93
3600	90	87.53	87.53	88.41	87.24	91.59	72.73	81.54	81.54	81.54	81.54	84.23	68.38

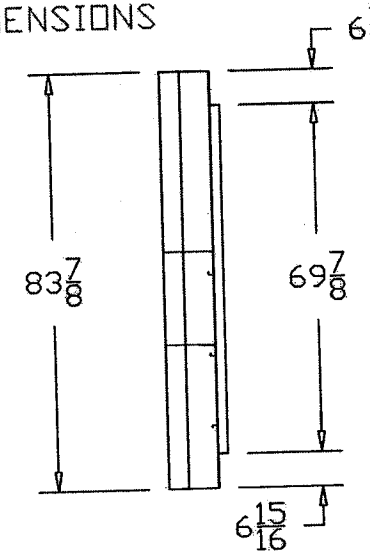
Notes:

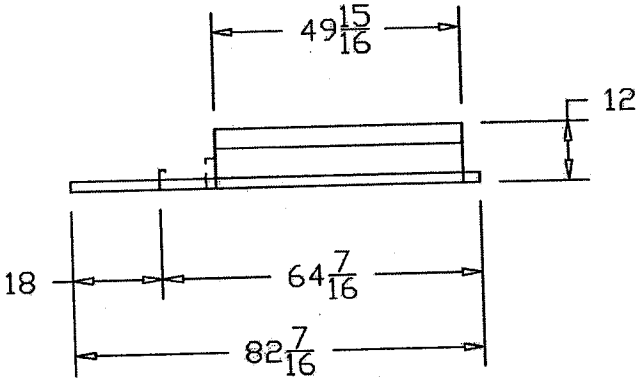
1. All capacities shown are gross and have not considered indoor fan heat. To obtain **NET** cooling capacity subtract indoor fan heat. For indoor fan heat formula, refer to appropriate airflow table notes.
2. TGC = Total Gross Capacity
3. SHC = Sensible Heat Capacity

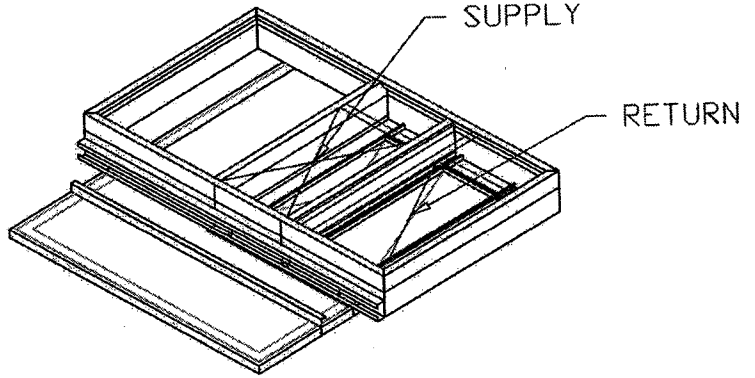
NOTE: THIS SHEET MUST SHIP W/ADAPTER
INSTALLING CONTRACTOR MUST VERIFY DIMENSIONS
PRIOR TO SETTING ADAPTER AND UNIT

WEIGHT-225 lbs









Newtrane curb

DATE	LET	BY	REVISION
9/12/2001			

KCC International Inc.
2716 Grassland Drive
Louisville, KY 40299
1-800-382-2872
Fax: (502) 491-1739

TITLE: KCC-6029			
COMPANY: KCC INTERNATIONAL			
SERIAL NO.			JOB NO.
DWN. BY: LA BELDEN	DATE DWN.: 9/27/2005		DWG. FILE NO.
SHT.: OF	SCALE		DWG. NO.

Existing Unit

High altitude derate

If the heating value of the gas does not exceed the 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 the unit. Derate conditions must 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/ft.^{3})
5001 — 6000	900
4001 — 5000	950
3001 — 4000	1000
2001 — 3000	1050
Sea Level — 2000	1100

Specifications — GSC16-953

Model No.			GCS16-953
*ARI Standard 210/240 Ratings	Total cooling capacity (btuh)		88,000
	Total unit watts		9,780
	EER (Btuh/Watts)		9.0
	Integrated Part Load Value		9.3
*ARI Standard 270 SRN (Bels)			8.6
Refrigerant (22) Charge	Stage 1		6 lbs. 4 oz.
	Stage 2		5 lbs. 14 oz.
Evaporator Blower and Drive Selection	Blower wheel nominal diameter x width (in.)		12 x 12
	Factory Installed ***Drives	Nominal motor horsepower	2
		Maximum usable horsepower	2.30
		Voltage & phase	208/230/460v-3ph
		RPM range	740 — 1010
Evaporator Coil	Net face area (sq. ft.)		7.75
	Tube diameter (in.) & No. of rows		3/8 — 3
	Fins per inch		14
Condenser Coil	Net face area (sq. ft.)		15.67
	Tube diameter (in.) & No. of rows		3/8 — 2
	Fins per inch		20
Condenser Fans	Diameter (in.) & No. of blades		24 — 4
	Air volume (cfm)		5300
	Motor horsepower		3/4
	Motor watts		660
Two Stage Heating Capacity (Natural Gas Only)	Btuh Input (low)		126,000
	Btuh Output (low)		98,000
	Btuh Input (High)		200,000
	Btuh Output (High)		160,000
	A.G.A. Thermal Efficiency		80%
~~Two Stage Heating Capacity (**LPG Gas Only)~~	Btuh Input (low)		126,000
	Btuh Output (low)		98,000
	Btuh Input (High)		175,000
	Btuh Output (High)		142,000
	A.G.A. Thermal Efficiency		81.5%
Gas Supply Connections fpt (in.)	Natural		3/4
	**LPG		3/4
Recommended Gas Supply Pressure (wc. in.)	Natural		7
	**LPG		11
Condensate drain size mpt (in.)			1
No. & size of filters (in.)			(4) 16 x 20 x 2
Net weight of basic unit (lbs.) (1 Package)			875
Electrical characteristics			208/230v or 460v — 60 hertz — 3 phase

★Sound Rating Number in accordance with ARI Standard 270.
*Rated in accordance with ARI Standard 210/240; 95°F outdoor air temperature and 80°F db/67°F wb entering evaporator air.
**For LPG units a field conversion kit is required and must be ordered extra. See Optional Accessories table.
***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 are shown. If motors of comparable hp are used, be sure to keep within the service factor limitations outlined on the motor nameplate.

Existing Unit

GSC16-953 thru -1603 optional accessories (Must Be Ordered Extra)

Unit Model No.		GCS16-953	GCS16-1353	GCS16-1603
**LPG Conversion Kit		LPK16-95/135/160 **(85J07)**	LPK16-95/135/160 **(85J07)**	
Roof Mounting Frame — (Net Weight)		RMF16-95 (107 lbs.) **(84J20)**	RMF16-135/160 (119 lbs.) **(84J21)**	
Economizer Dampers — (Net Weight) No. & size of filters (in.)		REMD16M-95 (118 lbs.) (2) 16 x 25 x 1 **(84J24)**	REMD16M-135 (125 lbs.) (2) 16 x 25 x 1 **(84J25)**	REMD16M-160 (140 lbs.) (2) 20 x 25 x 1 **(84J26)**
Horizontal Economizer Dampers — (Net Weight) No. & size of filters (in.)		EMDH16M-95 (120 lbs.) (2) 16 x 25 x 1 **(84J35)**	EMDH16M-135 (137 lbs.) (2) 16 x 25 x 1 **(84J38)**	EMDH16M-160 (147 lbs.) (2) 20 x 25 x 1 **(84J40)**
Exhaust Dampers — (Net Weight) (Net Face Area)		GED16-95/135/160 (5 lbs.) (0.43 sq. ft.) **(84J69)**		
Differential Enthalpy Control		**85J15**		
Horizontal Supply and Return Air Kit — (Net Weight)		HDK16-95 (30 lbs.) **85J01**	HDK16-135 (35 lbs.) **85J02**	HDK16-160 (42 lbs.) **85J03**
Bottom Power Entry Kit — (Net Weight)		BPE16-95/135/160 (12 lbs.) **85J06**		Furnished
Ceiling Supply and Return Air Diffusers (Net Weight)	Step-Down	RTD11-95 (88 lbs.) **(84J75)**	RTD11-135 (125 lbs.) **(84J76)**	RTD11-185 (392 lbs.) **(84J77)**
	Flush	FD11-95 (75 lbs.) **(84J79)**	FD11-135 (95 lbs.) **(84J80)**	FD11-185 (289 lbs.) **(84J81)**
	Transition	SRT16-95 (29 lbs.) **(84J70)**	SRT16-135 (38 lbs.) **(84J71)**	SRT16-160 (70 lbs.) **(84J72)**
Outdoor Air Dampers — (Net Weight) No. & size of filters (in.)		OAD16-95 (41 lbs.) (1) 16 x 20 x 1 **(84J43)**	OAD16-135 (43 lbs.) (1) 16 x 20 x 1 **(84J46)**	OAD16-160 (45 lbs.) (1) 16 x 20 x 1 **(84J48)**
Automatic OAD16 Damper Kit — (Net Weight)		**84J56** (7 lbs.)		
Low Ambient Control Kit		LAK16-95 **(85J09)**	LAK16-135 **(85J10)**	LAK16-160 **(85J11)**
Timed-Off Control Kit (2) TOC16-95/160		**85J14**		

**For LPG units a field conversion kit is required and must be ordered extra.

GCS16-1853 thru -3003 optional accessories (Must Be Ordered Extra)

Unit Model No.		GCS16-1853	GCS16-2553, GCS16-2753 & GCS16-3003
**LPG Conversion Kit		LPK16-185/300 **(85J08)**	LPK16-185/300 **(85J08)** (2 required on -470)
Roof Mounting Frame — (Net Weight)		RMF16-185 (127 lbs.) **(84J22)**	RMF16-300 (180 lbs.) **(84J23)**
Economizer Dampers with Gravity Exhaust — (Net Weight) No. & size of filters (in.)		REMD16M-185 (160 lbs.) (2) 25 x 25 x 1 **(84J27)**	REMD16M-300 (210 lbs.) (3) 20 x 25 x 1 **(84J31)**
Differential Enthalpy Control		**85J15**	
Optional Power Exhaust Fans (Down-Flo Only)	Model No. (Net Weight) 208/230v	PED16-185 (60 lbs.) **(84J57)**	PED16-300 (91 lbs.) **(84J64)**
	Model No. (Net Weight) 460v	PED16-185 (60 lbs.) **(84J60)**	PED16-300 (91 lbs.) **(84J66)**
	Diameter (in.) & No. of Blades	(2) 16 — 5	(3) 16 — 5
	Total air volume (cfm)	4200	6300
	Motor Horsepower	(2) 1/4	(3) 1/4
	Watts input (total)	500	750
Horizontal Supply and Return Air Kit — (Net Weight)		HDK16-185 (52 lbs.) **(85J04)**	HDK16-300 (60 lbs.) **(85J05)**
Ceiling Supply and Return Air Diffusers (Net Weight)	Step-Down	RTD11-185 (392 lbs.) **(84J77)**	RTD11-275 (403 lbs.) **(84J78)**
	Flush	FD11-185 (289 lbs.) **(84J81)**	FD11-275 (363 lbs.) **(84J82)**
	Transition	SRT16-185 (75 lbs.) **(84J73)**	SRT16-300 (120 lbs.) **(84J74)**
Outdoor Air Dampers — (Net Weight) No. & size of filters (in.)		OAD16-185 (120 lbs.) (1) 25 x 27 x 1 **(84J50)**	OAD16-300 (84 lbs.) (1) 26 x 31 x 1 **(84J53)**
Automatic OAD16 Damper Kit — (Net Weight)		**84J56** (7 lbs.)	
Low Ambient Control Kit		LAK16-185 **(85J12)**	LAK16-300 **(85J13)**

**For LPG units a field conversion kit is required and must be ordered extra.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	JC	8/22/13							ZA-13-01072
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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. (X) 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 8-19-13

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.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

10.22.13 PM

1. RUN VENT FOR SINKS — OK
2. PROTECT PVC PIPING — OK — OK
3. NEED ALL REVIEWED DRAWINGS ON SITE

10.25.13 PM

11-21-13 MM

① - MAKE TRIP AT CREW. 110°

② - BELOW VOLUME CANNOT DISCHARGE INTO PAN (ATTIC)

↑ @ tech + B

10/22/13. FRAME INSP'N - NOT READY

SOLID BLOCKING FOR ALL WALL-MOUNTED FIXTURES IN ADA. BATHROOM NOT COMPLETED YET.

(S) Tech