BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-2466

CONSTRUCTION PERMIT APPLICATION C12-002763

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Route 88 Brick NJ 08724
2. Name of Owner in Fee: Brixmor
   Tel. (732)869-8969 e-mail erin.desalle@brixmor.com
   Address 420 Lexington Ave (street) New York (municipality) NY 10170 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: ~~Sears~~ Spirit Halloween Tel. (732) 573-5476
   Address 68260 Black Horse Pike e-mail _____
   Egg Harbor Twp NJ
   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. 76-3052377 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 - ✓		
2. Electrical			
3. Plumbing	65 - ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	2		
13. TOTAL	$ 141		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	270
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

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		CJR	7/25/12	8/6/12	8-23-12	JL			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection				[illegible]	[illegible]	[illegible]	[illegible]		
☐ Elevator		Eng	Exempt	8/1/12					
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature Amber Scott Date 7/24/12

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 Spirit Halloween (Amber Scott)

Address 6826 Blackhorse Pike

egg harbor twp NJ 08234

Telephone (732) 573-5476

Signature A. Scott

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

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	9/30/12							ZA-12-00804
☐ 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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/18/2012
Control Number C-12-002763
Permit Number 12-2466
Permit Issue Date 8/30/2012
Certificate Number 12-2466

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE AZ 85261

Telephone:

Contractor Spirit Holloween

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 6092892191 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 270

Description of Work/Use: TENANT FIT UP Temporary Halloween Store

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/18/2012 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/11/2012
Control Number C-12-002763
Permit Number 12-2466
Permit Issue Date 8/30/2012
Certificate Number 12-2466

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE AZ 85261

Telephone:

Contractor Spirit Holloween

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 6092892191 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 270

Description of Work/Use: TENANT FIT UP Temporary Halloween Store

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.

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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.

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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:

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☐ Partial or limited time period (years); see file

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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: 9/28/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 9/28/2012
Conditions to be met:

Final Building

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/11/2012

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/11/2012
Control Number C-12-002763
Permit Number 12-2466
Permit Issue Date 8/30/2012
Certificate Number 12-2466

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE AZ 85261

Telephone:

Contractor Spirit Holloween

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 6092892191 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 270

Description of Work/Use: TENANT FIT UP Temporary Halloween Store

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: 9/28/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 9/28/2012
Conditions to be met:

Final Building

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 9/11/2012

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

CONSTRUCTION PERMIT

Date Issued 8/30/12
Control # C-12-002763
Permit # 12-3466

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

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

Telephone:

Contractor: Spirit Holloween
Address: 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 6092892191
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
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP

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 $20

Construction Official

8-28-12
Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$141
Check No.	
Cash	X $0
Credit	$0
Collected By	

150
141

U.C.C. F170
equiv (rev 8/03)

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.

8/30/12

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.

BUILDING $75.00
FIRE $65.00
DCA $1.00
$141.00
CASH $141.00
CHANGE $0.00

- [x] 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:

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/30/12

Date Issued / Permit # 12-2466

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

Tel. (212) 869-8969 e-mail erin.desalle@brixmor.com

Address 480 Lexington Ave. New York NY 10170
street municipality zip code

Contractor: ~~Sept~~ Spirit Halloween Tel. (732) 573-5476

Address 6826 Black Horse pike e-mail

egg harbor Twp NJ

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

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

Federal Emp. ID No. 75-3053377 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: A Scott

Print name here: Amber Scott

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

tenn. DA
Fit UP
DCM - Amber - 732 573 - 5476

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	8-23-12	JL
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8-23-12
Approved by: KA | JL

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 9/18/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical			9/11/12	IW
TCO				
Other				
Final *	9/2/12 IW		9/17/12	IW
Barrier-Free				

Dates (Month/Day)

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

COMMERCIAL

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ $10.00

* See Attached NO COST

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

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

9/11/12 mr – Rec. TCO

1) Repair Emerg Sign (Rear Door)

2) Add Lever Handles

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION _____ PERMIT # 12-2466

ISSUED TO _____ BLOCK _____ LOT _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO *Complete Re-insp- Reqd

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction:

1) Add Emergency Light at Rear Stock room
2) Debris in Fire lane
3) Rear Egress door does not operate properly
4) 36" Min for all paths widths
5) Repair Broken Emergency light
6) Add lever handle at bathroom Door

* Store cannot be opened to public before CO is issued.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 9/7/12 BY MT
INSPECTOR

White - Original Yellow - Field Copy

Spirits

EA 7/2012 Darice Bratten (c) 848-467-6075

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 8/30/12

Date Issued Permit # 12-2466

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

Tel. (212) 869-8969 e-mail erin.desalle@brixmor.com

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

Contractor: Spirit Halloween Tel. (732) 573-5476

Address 6386 Black Horse Pike e-mail

Egg Harbor Twp NJ

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. 75-3053377 FAX: ( )

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 $ 10.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

NO COST

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9-2-12

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			9/7/12	
Other			9/7/12	

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: AmberScott

Print name here: Amber Scott

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

DESCRIPTION OF WORK: No work Plan only

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	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		60
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.

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

SPRINKLER INSPECTION REPORT

(REVISED AS OF 9/12/08) Leslie's Pools To Basic Fitness For Women

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

Address: 1930 Route 88 · Brick Corner - Kelly

This is a: [x] Annual Inspection [ ] Quarterly Inspection [ ] _____

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

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

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

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

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

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

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

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

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

Y - YES N - NO N/A – NON APPLICABLE

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

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

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

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

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

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

WATER FLOW TEST

Water Pressure? (YES) / NO City: 60 psi Tank: n/a psi Fire Pump: n/a psi
Water Flow Test? (YES) / NO (If no explain why not) _____

TEST PIPE LOCATION	TEST PIPE SIZE	PRESSURE BEFORE	FLOW PRESSURE	PRESSURE AFTER
Rear in Vacant Martial Arts Space	2"	70	60	70

INSPECTORS TEST LOCATION	LOW POINT DRAIN LOCATION
In Rec Room of Basic Fitness	

EXPLANATION OF ANY "NO" ANSWERS

F.I. Recalled Central Pendent in Cash Quarters Bathroom Needs To Be Replaced
F.I. Missing (16) Escutcheons Plates . (15) in Basic Fitness (1) in Image Sun
F.I. Need to Lower (3) Heads in Basic Fitness

RECENT CHANGES IN BUILDING OCCUPANCY OR FIRE PROTECTION EQUIPMENT

ADJUSTMENTS OR CORRECTIONS MADE

DESIRABLE IMPROVEMENTS

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

SERVICE TECHNICIAN	DATE	TIME	CUSTOMER SIGNATURE	NAME	TITLE
By [signature]	7-25-12				

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

RECEIVING CLERK CR
DATE REC'D 7-25-12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-00809
DATE ISSUED 8/30/12

BLOCK: 1149 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 Rt 88 Brick NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Brixmor
COMPLETE ADDRESS: 420 Lexington Ave
New York NY 10170
PHONE # 212-869-8969 EMAIL: erin.desalle@brixmor.com

2. NAME OF APPLICANT: Amber Scott (Spirit Halloween)
APPLICANT ADDRESS: 6826 Black Horse Pike Egg Harbor Twp NJ 08234
PHONE # 732-573-5476 EMAIL: akrill2009@yahoo.com

3. RESPONSIBLE PERSON FOR WORK: Amber Scott
PHONE# 732-573-5476 FAX# —

4. SIGNATURE OF APPLICANT: Amber Scott

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Rag shop
PROPOSED USE: Halloween Store

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: — *ADDITION — *ALTERATION X *PORCH — *DECK —

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

HEIGHT: — (*IF APPLICABLE)

OTHER —

DESCRIPTION: Halloween Store occupying unit

ZONING REVIEW:
DATE REVIEWED: 7-30-12 DATE DENIED: — DATE APPROVED: 7-30-12 INTLS: SGA

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Three (3) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.

2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.

3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

RECEIVED
JUL 30 2012

ZONING REVIEW:

DATE REVIEWED: 7-30-12 DATE DENIED: — DATE APPROVED: 7-30-12 INTLS: YZ6

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: 8/30/12
Application Number: ZA-12-00804
Application Date: 07/30/2012
Project Number:
Permit Number: ZP12-00809
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square, Building B, Unit 21 (24)
Brick Township, NJ 08724

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

Owner: **Brixmar**
Address: **420 Lexington Avenue**
New York, NY 10170

Applicant: **Amber Scott; Spirit Halloween**
Address: **6826 Black Horse Pike**
Egg Harbor Township, NJ 08234

Application Approved Date: 07/30/2012

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

Use is: Retail Store -"Spirit Halloween" store.
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up for a new business, "Spirit Halloween".

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

ZP-11-00874 issued on September 30, 2011.

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

08/30/12 1:52PM 001558#7331
XX02 SERV.002
#2466
ZPA $50.00
XXXTOTAL $50.00
CASH $50.00
CHANGE $0.00

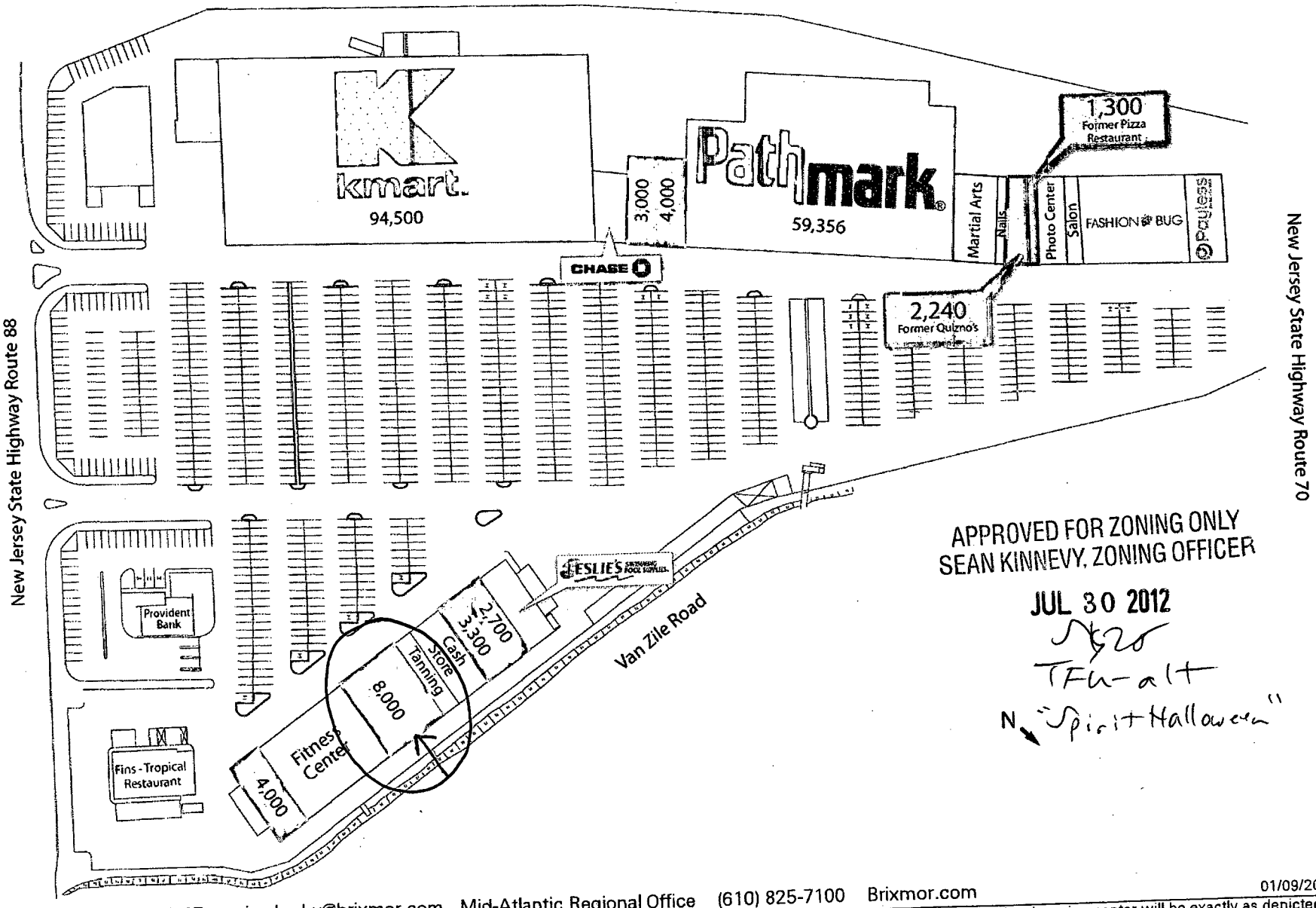
Sean Kinney, Zoning Officer — 07/30/2012 Date

Michael P. Fowler, Township Planner — 7/31/12 **Date**

Laurel Square Brick, NJ

GLA: 246,235
Major Tenants: Fashion Bug, Pathmark, Kmart, Brick Fitness

BRIXMOR™

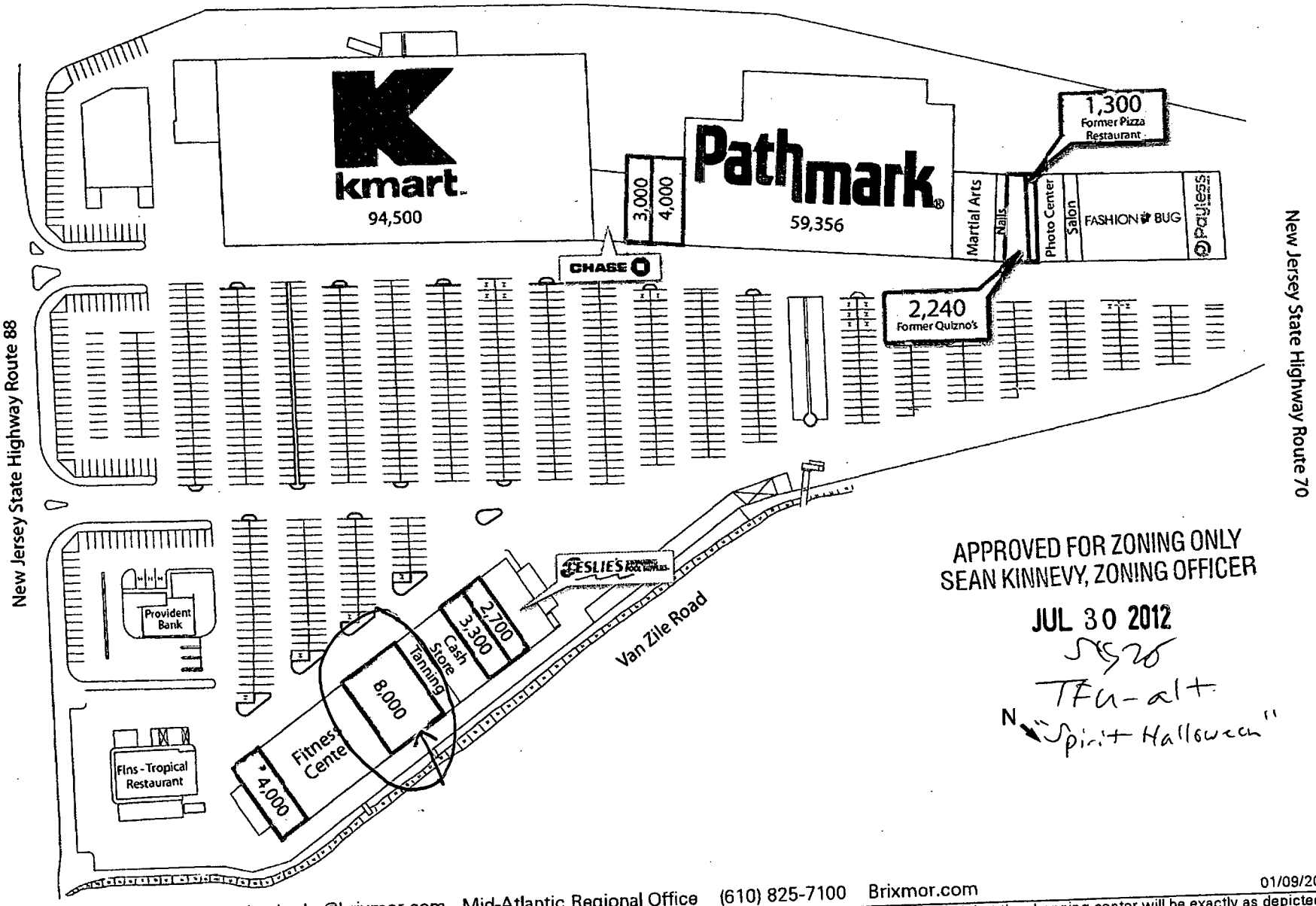


Craig Sherby (610) 834-7287 craig.sherby@brixmor.com Mid-Atlantic Regional Office (610) 825-7100 Brixmor.com

BRIXMOR™

Laurel Square Brick, NJ

GLA: 246,235
Major Tenants: Fashion Bug, Pathmark, Kmart, Brick Fitness



Craig Sherby (610) 834-7287 craig.sherby@brixmor.com Mid-Atlantic Regional Office (610) 825-7100 Brixmor.com

01/09/2012 - 1079

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

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: 09/30/2011
Application Number: ZA-11-00968
Application Date: 09/16/2011
Project Number:
Permit Number: ZP-11-00874
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square, Building B , Unit 21 (24).
Brick Township, NJ 08724

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

Owner: **Super Intermediate Company**
Address: **PO Box 4900**
Department 124
Scottsdale, AZ 85261

Applicant: **Paul Reese; Spirit Halloween**
Address: **6826 Black Horse Pike**
Egg Harbor Township, NJ 08234

Application Approved Date: 09/16/2011

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

Use is: Retail Store --Spirit Halloween store.
Nonconforming Use is:

Work Description:
Rehabilitation - Alterations for a tenant fit-up for a new retail business, "Spirit Halloween" store.

An additional Zoning Permit is required for any sign or 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

Sean Kinnevy, Zoning Officer — Date: Copy

Michael P. Fowler, Township Planner — **Date**

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/30/12
Control #
Date Issued
Permit # 12 2466

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 130 RT 55 Brick NJ 08724

Owner in Fee: Brixmor
Tel. (212) 869-8969 e-mail erin.desolle@brixmor.com
Address 480 Lexington Ave New York NY 10170 (street / municipality / zip code)
Contractor: Spirit Halloween Tel. (___) 572-5476
Address 6826 Black Horse Pike e-mail ______
Egg Harbor Twp NJ
Contractor License No. or Builder Registration No. ______ Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
Federal Emp. ID No. 75-3052377 FAX: (___) ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	9.13.12	TL
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9.13.12
Approved by: W. TL

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

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

(Dates (Month/Day))

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) $ 10.00

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

NO COST

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: [signature]
Print name here: Omar Scott

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
tenn.
Fit up

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 $ ______

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot 5 Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. ( ) _____ e-mail _____

Address _____ 10170
street municipality zip code

Contractor: _____ Tel. ( ) _____

Address _____ e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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) $ _____

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

NO CO's +

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

F. & P

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 $ _____

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 8/30/12
Control #

Date Issued
Permit # 12-2466

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

Tel. (212) 869-8969 e-mail erin.desalle@brixmor.com

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

Contractor: Spirit Halloween Tel. (732) 573-5476

Address 1286 Block Horse Pike e-mail

Egg Harbor Twp NJ

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. 75-3053877 FAX: ( )

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 $ 10.00 NO COST

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Amber Scott

Print name here: Amber Scott

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source no water to site

Method of Alarm/Suppression System Supervision no water to site

	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		60
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 1149 Lot 5 Qualification Code

Work Site Location

Owner in Fee:

Tel. ( ) e-mail

Address (street) (municipality) (zip code)

Contractor: Tel. ( )

Address e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 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 $ 10.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

NO COST

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:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		(0)
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:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

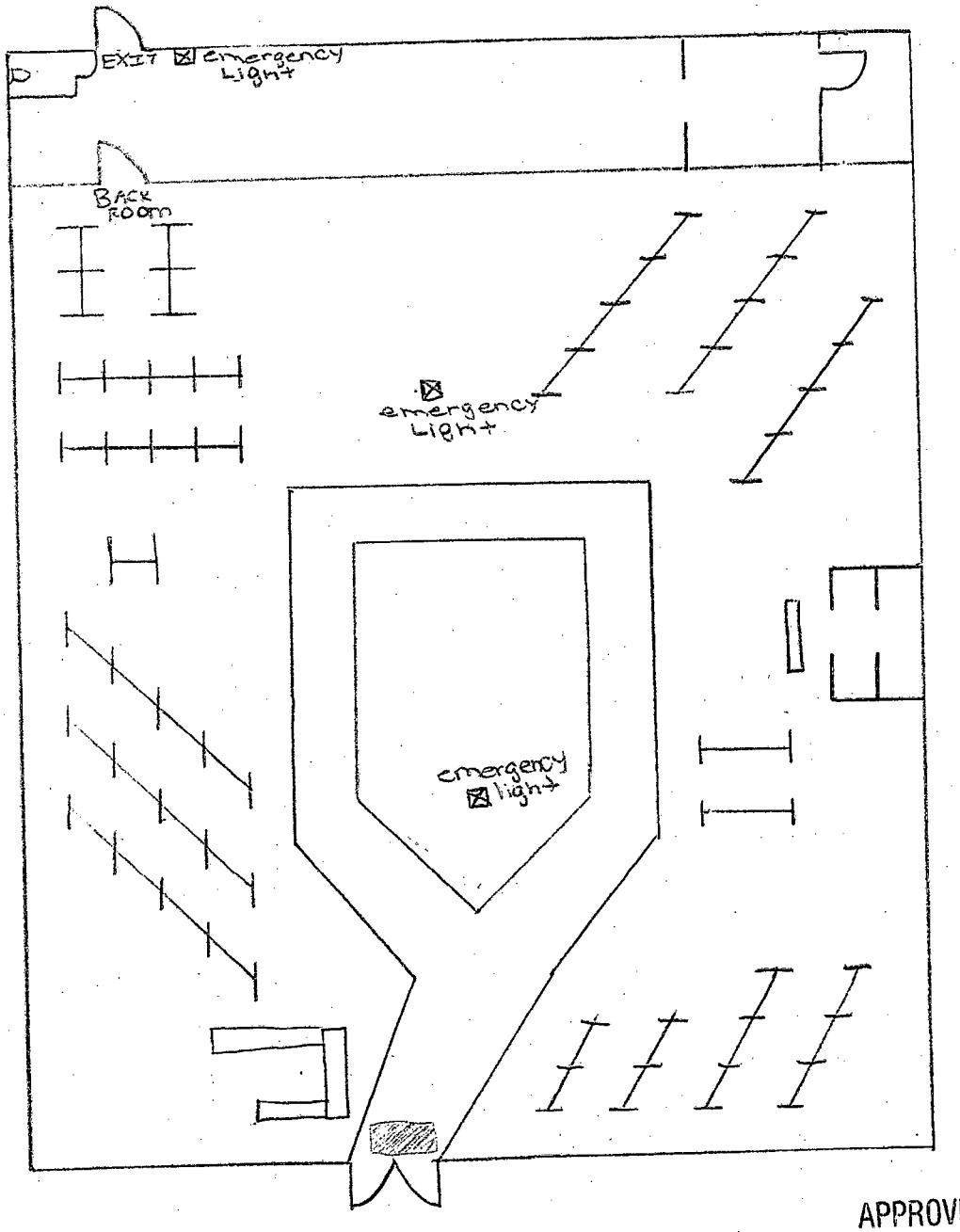
SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				



4'

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 30 2012

Call - 732-573-5476

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

Subcode Official Review

Date: Wednesday, August 08, 2012

To: PO BOX 4900 SCOTTSDALE, AZ 85261

RE: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-12-002763
Last Submit Date: Tuesday, August 07, 2012

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

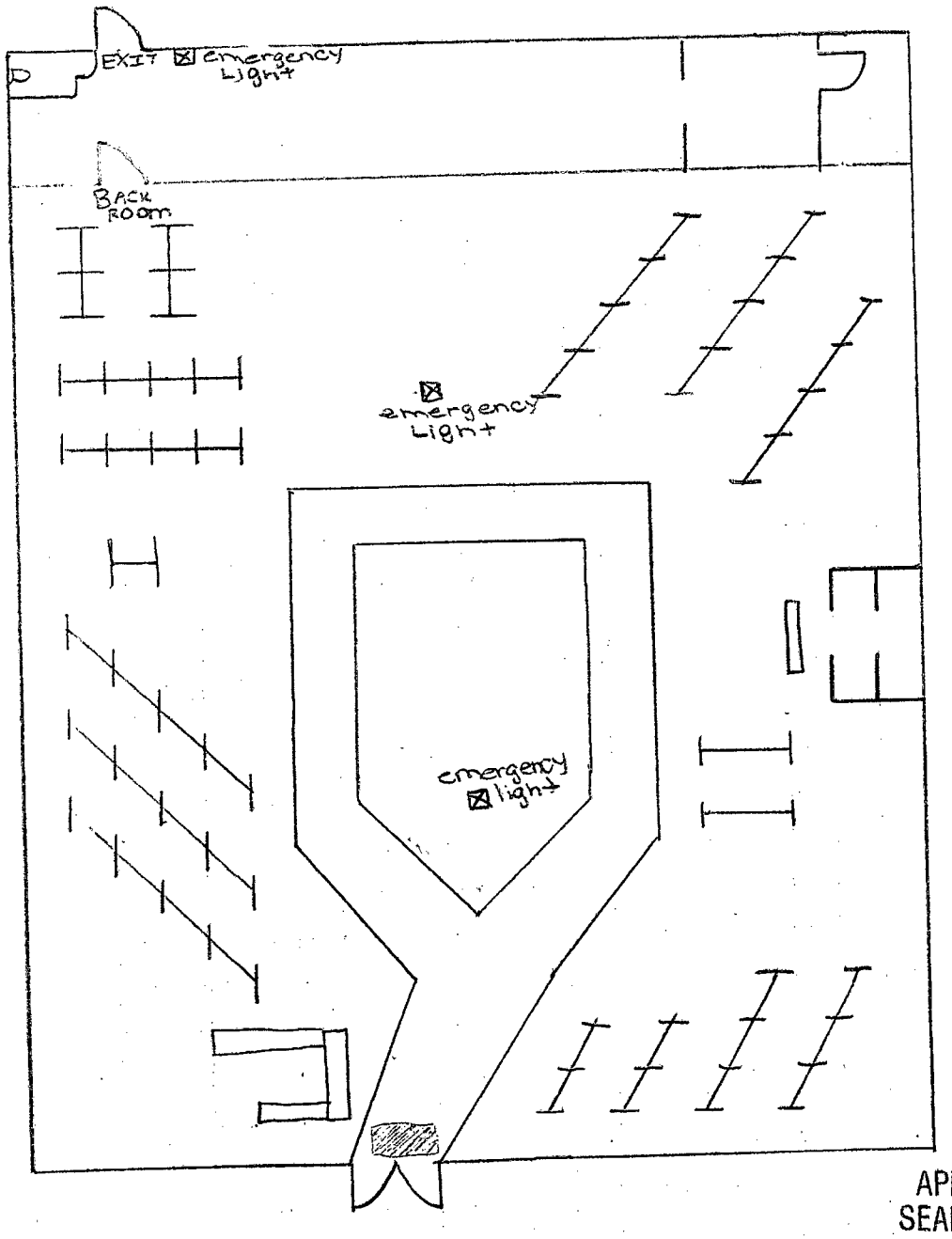
Need plans showing layout existing and new

Sincerely,

Ron Piszar, Subcode Official

CC:

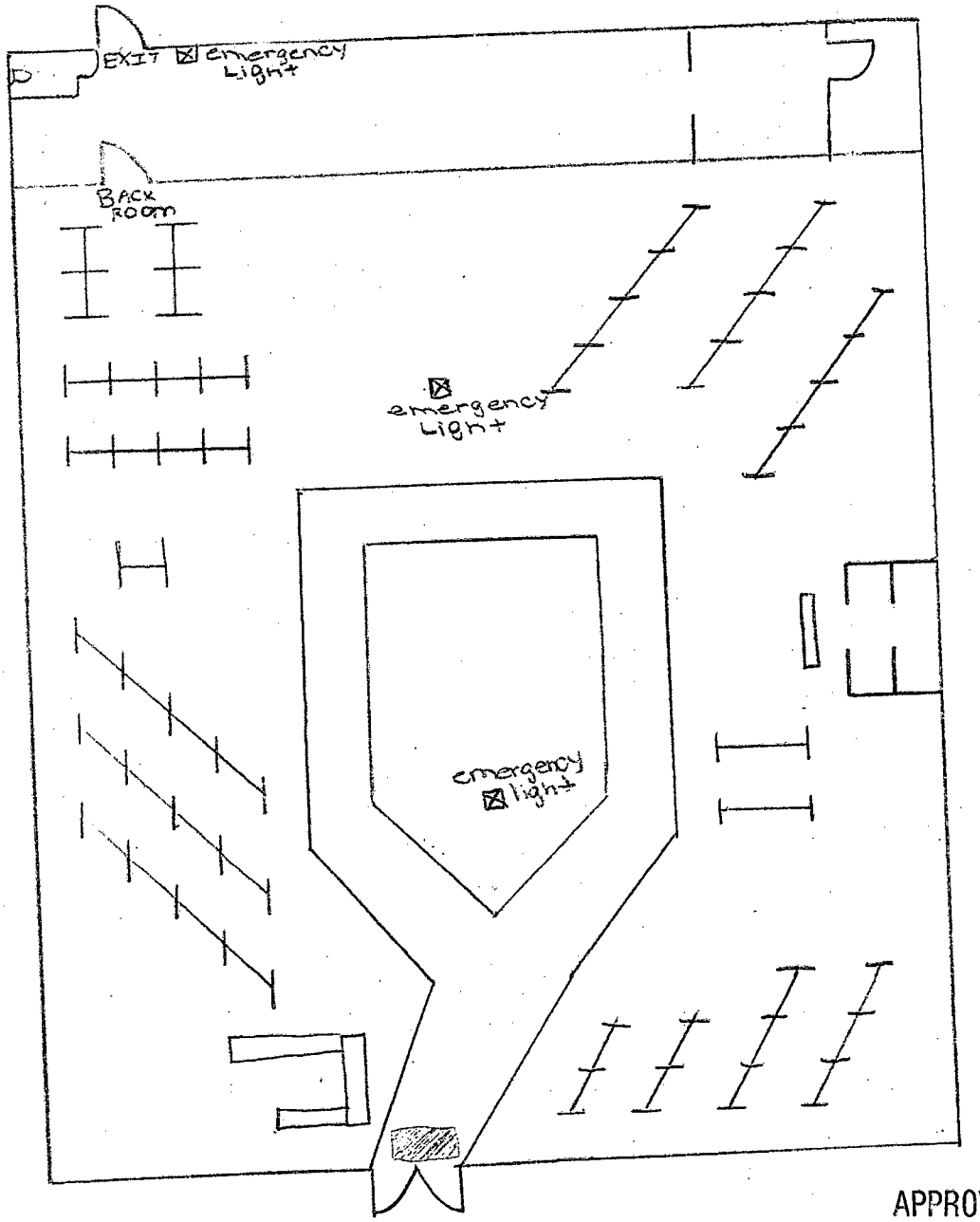
8/23/12 - Resubmit Set



4

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 30 2012



4'

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 30 2012

emailed both 8/8/12 MV

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

Subcode Official Review

Date: Monday, August 06, 2012

To: PO BOX 4900 SCOTTSDALE, AZ 85261

RE: Building Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-12-002763
Last Submit Date: Thursday, August 02, 2012

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Provide a comprehensive set of plans for review. 1/4" scale min.
Be sure to indicate measurments, label rooms, and identify all furnishings and displays.

Sincerely,

Michael Vecchio, Subcode Official

CC:

8/22/12 - Resubmit - Set

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

Subcode Official Review

Date: Wednesday, August 08, 2012

To: PO BOX 4900 SCOTTSDALE, AZ 85261

RE: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-12-002763
Last Submit Date: Tuesday, August 07, 2012

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Need plans showing layout existing and new

Sincerely,

Ron Piszar, Subcode Official

CC:

8/22/12 Resubmit Lot

8-2-12

1) NEED TO BE LIC. ELEC. CONTRACTOR ON TECK

2) TECK NEED TO BE FILLED OUT

3) NEED TO KNOW WHAT CLASS THE BUILDING IS 1-2 OR 3

DOUG

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88 Brick NJ 08724

Owner in Fee: Brixmor

Tel. (212) 869-8969 e-mail erin.desalle@brixmor.com

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

Contractor: Tel. ( )

Address e-mail

Contractor License No. Self Exp. Date

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

Federal Emp. ID No. 75-3052377 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10.00 NO COST

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Amber Scott

Print name here: Amber Scott

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88
Brick NJ 08724

Owner in Fee: Brixmor

Tel. (212) 869-8969 e-mail erin.desalle@brixmor.com

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

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Federal Emp. ID No. 75-3052377 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10.00
NO COST

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	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
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		Detectors	
		Light Poles	
		Motors—Fract. HP	
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		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
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Date Issued
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BRICK NT 08724

Owner in Fee: Brixmor

Tel. (212) 869-8969 e-mail erin.desalle@brixmor.com

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

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Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10.00
NO COST

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	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

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		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
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		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
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		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 10.00
EST. COST

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

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Date:_____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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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 _____

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QTY.	SIZE	ITEMS	FEE (Office Use Only)
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		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
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		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

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