BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Hwy. 88 PERMIT NO. 08-2883

# CONSTRUCTION PERMIT APPLICATION

COF 004429

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 1930 Hwy 88, BRICK
2. Name of Owner in Fee: SUPER INTERMEDIATECO, LLC c/o CENTRO PROPERTIES
   Tel. ( 610 ) 825-7100 e-mail _____
   Address 420 LEXINGTON AVE., 7TH FL., NY NY 10170 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: LAKESIDE HEATING & A/C 1, INC Tel. ( 609 ) 971-0960
   Address 711 OLD SHORE ROAD, SUITE 1 e-mail _____
   FORKED RIVER NJ 08731
   License No. OR, if new home, Builder Reg. No. 13VH00707600 Exp. Date 12/31/08
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3547819 FAX: ( 609 ) 693-0050
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun MATT VAN DE WATER
   Tel. ( 609 ) 548-3584 FAX: ( 609 ) 693-0959 or 693-0050

called 9/23/08 CP

**V. FEE SUMMARY (for office use only)**

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 50 ✓ | | |
| 2. Electrical | 400 ✓ | | |
| 3. Plumbing | 65 ✓ | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ 1 | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 156 | | |

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ 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 | | | | | | | | | |
| ☑ Electrical | 400 | CP | 9/15/08 | | 9.22.08 | MV | 4/3/09 | | |
| ☑ Plumbing | 50 | | | | 9-17-08 | AB | 10-14-08 | | |
| ☑ Fire Protection | 100 | | | | 9.22.08 | AB | 4/3/09 | | |
| ☐ Elevator | | | | | | | | | |
| 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(√) Check if contractor.

Agent Name LAKESIDE HEATING & A/C 1, INC.

Address 711 OLD SHORE ROAD, SUITE 1
FORKED RIVER, NJ 08731

Telephone ( 609 ) 971-0960

Signature _____

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

# CONSTRUCTION PERMIT

Date Issued 9/23/2008
Control # C-08-004429
Permit # 08-2883

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: SUPER INTERMEDIATECO LLC
420 LEXINGTON AVENUE 7TH FLOOR NY NY 10170
Telephone: (610) 825-7100

Contractor: LAKESIDE HEATING & A/C 1 INC
Address: 711 OLD SHORE ROAD SUITE 1 FORKED RIVER NJ 08731
Telephone: (609) 971-0960
Lic. No. or Bldrs. Reg. No. 13VH00707600
Federal Employee. No. 22-3547819

**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:

HVAC DIRECT REPLACEMENT OF ROOFTOP 20 TON UNIT

**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** $550

Construction Official _____ Date _____

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $50 |
| Plumbing | $40 |
| Fire Protection | $65 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $156 |
| Check No. | 5201 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Inspection Account |

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.

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/06/2009
Control Number C-08-004429
Permit Number 08-2883
Permit Issue Date 09/23/2008
Certificate Number 08-2883

# 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: SUPER INTERMEDIATECO LLC

Owner Address: 420 LEXINGTON AVENUE 7TH FLOOR NY NY 10170

Telephone: (610) 825-7100

Contractor LAKESIDE HEATING & A/C 1 INC

Address 711 OLD SHORE ROAD SUITE 1 FORKED RIVER NJ 08731

Telephone: (609) 971-0960 Fax: (609) 693-0959

License Number or Builders Registration Number: 13VH00707600 Federal Emp. Number: 22-3547819

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: HVAC DIRECT REPLACEMENT OF ROOFTOP 20 TON UNIT

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: 04/06/2009* U.C.C. F260 (rev. 08/05)

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Control # 08-2883
9/23/08

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 Business HA

Work Site Location 1930 HWY. 88
BRICK, NJ 08724

Owner in Fee SUPER INTERMEDIATE CO, LLC, C/O CENTRO PROPERTIES

Address 420 LEXINGTON AVENUE, SEVENTH FLOOR
NEW YORK, NY 10170

Tel (610) 825-7100

Contractor LAKESIDE HEATING & A/C 1, INC.

Address 711 OLD SHORE RD., SUITE 1
FORKED RIVER, NJ 08731

Tel (609) 971-0960 FAX (609) 693-0959 or 693-0050

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

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3547819

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [✓] Existing [✓] HVAC

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____

Location: _____

*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: _____

Total Cost of Fire Protection Work ($) 100

**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. Matt VanDyke
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:** DIRECT REPLACEMENT OF 20-TON GAS/ELEC. PACKAGE UNIT ON ROOF

**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) | 1 det. | Smoke w/ mat 45 |
| 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 | | |
| Fired Appliances [✓] Gas or [ ] Oil | 1 | |
| Fireplace Venting/Metal Chimney | | |
| Other _____ | | |

COMMERCIAL

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 9-23-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] NA
Date: 9-30-08
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | 10-10 CC | | 10-30 | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | 10-10 | | 10-30 | |
| Other _____ | | | | |



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

10-11-08 Duct detail to be installed.

COMMERCIAL

# TOWNSHIP OF BRICK

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



Department of Community Development & Land Use

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

To: Deborah
Fax# 609-693-0959

From: Fire Protection Inspector
Brick Township Building Department

Reference: Brick Fitness for Women
1930 Route 88
Block: 1149 Lot: 5
Permit # 08-2883

An inspection was conducted on 10-10-08. This inspection of a rooftop unit failed for the following reasons. A duct smoke detector is required to be installed on the return side of the unit with an audio/visual device installed as per the 2006 International Mechanical Code section 606.2.1.

If you have any questions please call me at 732-262-4624. Thank you for your anticipated cooperation in this matter.

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Oct 17 2008 8:33

| Telephone Number | Mode | Start | Time | Page | Result | Note |
|---|---|---|---|---|---|---|
| 16096930959 | NORMAL | 17, 8:32 | 0'29" | 1 | * O K | |

# TOWNSHIP OF BRICK

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



Department of Community Development & Land Use

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

To: Deborah
Fax# 609-693-0959

From: Fire Protection Inspector
Brick Township Building Department

Reference: Brick Fitness for Women
1930 Route 88
Block: 1149 Lot: 5
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An inspection was conducted on 10-10-08. This inspection of a rooftop unit failed for the following reasons. A duct smoke detector is required to be installed on the return side of the unit with an audio/visual device installed as per the 2006 International Mechanical Code section 606.2.1.

If you have any questions please call me at 732-262-4624. Thank you for your anticipated cooperation in this matter.

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received / Control # 08-2883
Date Issued / Permit # 9/23/08

**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 HWY 88, BRICK, NJ
Owner in Fee: BRICK FITNESS/SUPER INTERMEDIATE CO, LLC c/o CENTRO PROPERTIES
Tel. (610) 825-7100 e-mail
Address 420 LEXINGTON AVE., 7TH FL., NY, NY 10170 (street, municipality, zip code)
Contractor: GENESIS ELECTRIC Tel. (732) 2861586
Address 1200 MIZZEN AVE e-mail ~~GENESIS ELEC~~ GENELEC@AOL.COM
BEACHWOOD NJ 08722
Contractor License No. 9841 Exp. Date 03/09
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 156 42 4098 FAX: (732) 3497112

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400—

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 9220 Approved by: VW
[ ] 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 [ ] TCO [ ] CA
Date: 9/23/08
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | 10/10/08 | | 4/3/09 | |

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
DIRECT REPLACEMENT OF 20-TON GAS/ELEC. PACAGE UNIT ON ROOF.

| 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 | |
| 1 | 33.1 | 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 | |

COMMERCIAL

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

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10108 ~~CHAINEHCIHE~~ NAME PLATE - FUSE 175 AMP
BREAKER - 150 AMP. DO KNOW HASKEL BREAKER
OR NOT. NAME PLATE FUSE OR HASKEL
BREAKER

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 08-2883
Date Issued / Permit # 9/23/08

**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 B-F
Work Site Location 1930 Hwy. 88
BRICK, NJ 08724
Owner in Fee: SUPER INTERMEDIATECO, LLC, c/o CENTRO PROPERTIES
Tel. (610) 825-7100 e-mail
Address 420 LEXINGTON AVE., 7TH FL., NEW YORK, NY 10170
(street / municipality / zip code)
Contractor: LAKESIDE HEATING & A/C 1, INC. Tel. (609) 971-0960
Address 711 OLD SHORE RD., STE. 1 e-mail
FORKED RIVER, NJ 08731
Contractor License No. Exp. Date 12/31/08
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00707600
Federal Emp. ID No. 22-3547819 FAX: (609) 693-0959 or 693-0050

**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 $ 50.00

**JOB SUMMARY (Office Use Only)**

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

SUBCODE APPROVAL for PERMIT
Date: 9-17-08
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/14/08
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | 10/10/08 | |

**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
DIRECT REPLACEMENT OF 20-TON GAS/ELEC. PACKAGE UNIT ON ROOF.

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | $ |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other CONDENSATE DRAIN | |
| | Other | |

COMMERCIAL

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

**THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY**
1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

# WATER SERVICE PERMIT

Block: 1149 Lot: 5
1930 Route 88

DOWNSIZING THE METER to3/4"

Super Intermediate Co LLC
2 Tower Bridge Suite 200
1 Fayette St
Conshocken PA 19149

ACCOUNT # Q232776 METER #_____ METER MFGR._____

SIZE OF SVC LINE 2" METER SIZE 3/4"

CONNECTION FEE $_____ 06/25/08

INSPECTIONS 15.00 0

| | Date 1st | Insp. 2nd | Comment | Inspector |
|---|---|---|---|---|
| A. Service Line | | | | |
| B. Curb Connection | | | | |
| C. House Conn & Mtr | | | | |
| D. Cross-Connection | | | | |

_____
Inspector

Frank Malbetta
Homeowner/Applicant

In Laurel Square

OS: 2883

Went from a Laundromat to only 1 sink + 1 toilet

Allison) Now has proper permit.

Thanks

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 08-2883

Date Issued / Permit # 9/23/08

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

Block 9 Lot 5 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. (6 16) 515-7100 e-mail

Address 220 LEXINGTON Ave, 7TH FL, NEW YORK, NY 10170

Contractor: [illegible] PLUMBING & A/C, INC. Tel. (609) 971 0960

Address [illegible] e-mail

[illegible] RIVER, NJ 08731

Contractor License No. Exp. Date 1/31/08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07677600

Federal Emp. ID No. 22 3[illegible]1319 FAX: (609) 693 0959 or 693 0050

**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 $ [illegible]

**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: 9/23/08

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

**C. CERTIFICATION IN LIEU OF OATH**

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

[signature]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

DIRECT REPLACEMENT 1 20-TON GAS/ELEC. PACKAGE UNIT ON ROOF.

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| | Water Closet | |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | LPGas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other CONDENSATE PIPING | |
| | Other | |

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received
Control # 08-2883

Date Issued
Permit # 9/23/08

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

Block 9 Lot 5 Qualification Code _____

Work Site Location [illegible]

[illegible]

Owner in Fee: [illegible]

Tel. (6 16) 575-7100 e-mail _____

Address [illegible]

Contractor: [illegible] Tel. (6 4) 91 [illegible]

Address [illegible] e-mail _____

Contractor License No. _____ Exp. Date 1/31/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07767600

Federal Emp. ID No. [illegible] FAX: (6 4) 693 1959 or 693 0650

**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 $ [illegible]

**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: 9/17/08
Approved by: [signature]

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

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF 20-TON GAS/ELEC. PACKAGE UNIT ON ROOF.

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| ___ | Water Closet | |
| ___ | Urinal/Bidet | |
| ___ | Bath Tub | |
| ___ | Lavatory | |
| ___ | Shower | |
| ___ | Floor Drain | |
| ___ | Sink | |
| ___ | Dishwasher | |
| ___ | Drinking Fountain | |
| ___ | Washing Machine | |
| ___ | Hose Bibb | |
| ___ | Water Heater | |
| ___ | Fuel Oil Piping | |
| ___ | Gas Piping | |
| ___ | LPGas Tank | |
| ___ | Steam Boiler | |
| ___ | Hot Water Boiler | |
| ___ | Sewer Pump | |
| ___ | Interceptor/Separator | |
| ___ | Backflow Preventer | |
| ___ | Greasetrap | |
| ___ | Sewer Connection | |
| ___ | Water Service Connection | |
| ___ | Stacks _____ | |
| 1 | Other CONDENSATE PUMP | |
| ___ | Other _____ | |

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received Control # 08-2883

Date Issued Permit # 9/23/08

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

Block 1001 Lot 5 Qualification Code _____

Work Site Location 1120 HWY 88 BRICK NJ

Owner in Fee: BRICK FITNESS [illegible]

Tel. ( ) 525-7100 e-mail _____

Address 1 LEXINGTON AVE. 7TH FL. NY, NY 10170
street municipality zip code

Contractor: GENESIS ELECTRIC Tel. (732) 2861586

Address 1200 MIZZEN AVE e-mail GENLEC@AOL.com
BEACHWOOD NJ 08722

Contractor License No. 9841 Exp. Date 03/09

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

Federal Emp. ID I [redacted] FAX: (732) 3497112

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 400—

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 9/22/08 Approved by: MW

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

| INSPECTIONS Type: | Failure Dates (Month/Day) | Failure Dates (Month/Day) | Approval Dates (Month/Day) | 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's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

[illegible]

| 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 | |
| 1 | 33.1 | 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 # 08-2883

Date Issued
Permit # 9/23/08

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

Block 1011 Lot 2 Qualification Code _____

Work Site Location 1126 HWY 35 BRICK NJ

Owner in Fee: BRICK FITNESS [illegible]

Tel. ( ) 225-7100 e-mail _____

Address [illegible] (street) (municipality) (zip code)

Contractor: GENESIS ELECTRIC Tel. (732) 2861586

Address 1200 MIZZEN AVE e-mail ~~[illegible]~~

BEACHWOOD NJ 08722 GENLEC@AOL.com

Contractor License No. 9841 Exp. Date 03/09

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

Federal Emp [redacted] FAX: (732) 3497112

**B. ELECTRIC**

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 400-

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 9/22/08 Approved by: [illegible]

[ ] Electric Plans Approved

Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

**C. CERTIFICATION IN LIEU OF OATH**

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

_____
Applicant's Signature/Contractor's Seal and Signature

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

[illegible]

| 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 | |
| 1 | 33.1 | 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 $ _____

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Control # 08-2883
9/23/08

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 _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel ( ) _____ FAX ( ) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [✓] Existing [✓] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

***Fuel Storage Tank:***

*Fuel Type: [ ] Flammable OR [ ] Combustible* *Capacity* _____

Total Cost of Fire Protection Work ($) _____

**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's Signature/Contractor's Signature

[ ] 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) | 1+ | 45 |
| 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 | | |
| Fired Appliances [✓] Gas or [ ] Oil | 1 | |
| 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

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] 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 _____ | | | | |



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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Control # 08-2883
9/23/08

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 _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel ( ) _____ FAX ( ) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [✓] Existing [✓] HVAC Fire Suppression/Standpipe System:

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

***Fuel Storage Tank:***

*Fuel Type: [ ] Flammable OR [ ] Combustible Capacity* _____

Total Cost of Fire Protection Work ($) _____

**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's Signature/Contractor's Signature

[ ] 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) | 1 | 45 |
| 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 | | |
| Fired Appliances [✓] Gas or [ ] Oil | 1 | |
| 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

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] 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 _____ | | | | |



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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Lakeside Heating & Air Conditioning 1, Inc.
Kurt Wedekind
711 Old Shore Rd.
Suite 1
Forked River NJ 08731

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/13/2008 TO 12/31/2008
VALID

13VH00707600
LICENSE/REGISTRATION/CERTIFICATION #

Laurence DeMarzo
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Lakeside Heating & Air Conditioning 1, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
03/13/2008 TO 12/31/2008
VALID
13VH00707600
License/Registration/Certificate #
SIGNATURE
Laurence DeMarzo
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

WORK SITE:
RE: FITNESS FOR WOMEN
1930 Hwy. 88
BRICK, NJ 08724

BLOCK 1149, LOT 5

EMERGENCY
DIRECT REPLACEMENT OF
CARRIER 20-TON GAS/ELEC
PACKAGE ROOFTOP UNIT.

WORK SITE!
FITNESS FOR WOMEN - BRICK
1930 Hwy. 88, BRICK, NJ 08724

BLOCK 1149
LOT 5

EMERGENCY
DIRECT REPLACEMENT
OF 20-TON GAS/
ELEC. ROOFTOP
PACKAGE UNIT

CARRIER
NORTHEAST

# SUBMITTAL

**Project**

~Untitled77

TECHNICAL SPECIFICATIONS FOR 20-TON UNIT.

**Date**

**General Contractor**

**Mechanical Contractor**

**Mechanical Engineer**

HIC LICENSE ENCLOSED HEREWITH.

PRINCIPAL CONTRACTOR:

LAKESIDE HEATING & A/C 1, INC.
711 OLD SHORE ROAD, SUITE I
FORKED RIVER, NJ 08731
609-971-0960
EIN: 22-3547819
HIC LIC. #: 13VH00707600

CONTACT: MATT VAN DEWATER
OR DEBRA deFARIA

# Table Of Contents

Project: ~Untitled77
Prepared By:

09/09/2008
02:21PM

# Untitled1

## Tag Cover Sheet
## Unit Report
## Certified Drawing
## Performance Report
## Unit Feature Sheet

**Unit Parameters**

Unit Model: 48TMF025---511AA
Unit Size: 025 (20 Tons)
Volts-Phase-Hertz: 230-3-60
Heating Type: Gas
Duct Cfg: Vertical Supply / Vertical Return
Heating Capacity:
High Heat

**Dimensions (ft. in.) & Weight (lb.) *****

Unit Length: 6' 0"
Unit Width: 7' 2"
Unit Height: 3' 11"
Base Unit Weight: 1910 lb

*** Weights and Dimensions are approximate. Weight does not include roof curbs, unit packaging, field installed accessories or factory installed options. Approximate dimensions are provided primarily for shipping purposes. For exact dimensions and weights, refer to appropriate product data catalog.

**Lines and Filters**

Gas Line Size: 3/4 in.
Condensate Drain Line Size: 3/4 in.
Return Air Filter Type: Throwaway
Return Air Filter Quantity: 4
Return Air Filter Size: 20x20x2 & 16x20x2

**Unit Configuration**

Standard Controls
Al/Cu Condenser and Evaporator Coils
EconoMiSer IV
High Fan Drive Static Capability

**Warranty Information**

First Year - Parts Only (Standard)
Compressor Years 2-5 Parts Only

**NOTE: Please see Warranty Catalog 500-089 for explanation of policies and ordering methods.**

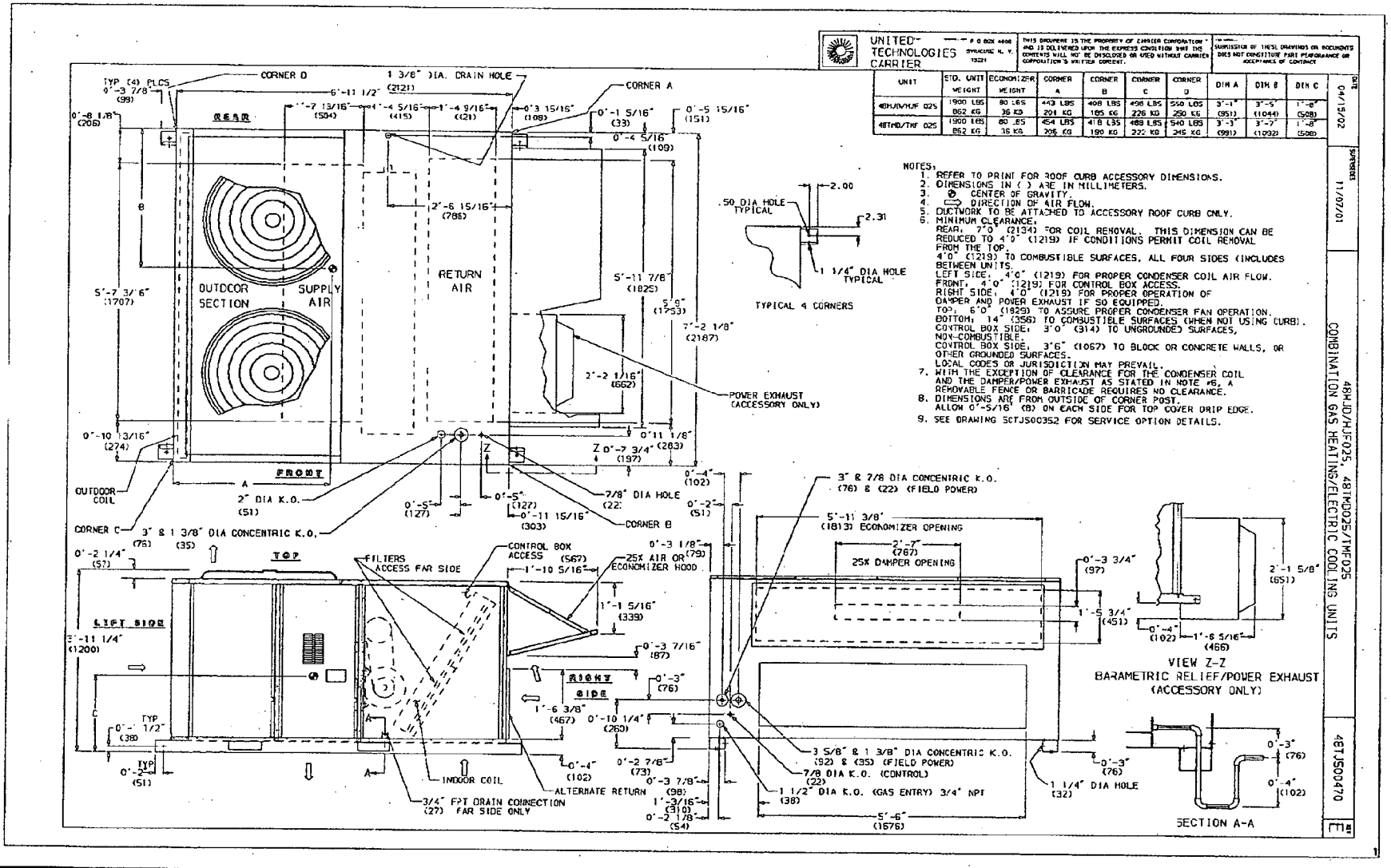
**Ordering Information**

| Part Number | Description | Quantity |
|---|---|---|
| 48TMF025---511AA | Rooftop Unit | 1 |
| | Base Unit | |
| | Standard Controls | |
| | Al/Cu Condenser and Evaporator Coils | |
| | EconoMi$er IV | |
| | High Fan Drive Static Capability | |
| | | |
| **Accessories** | | |
| CRENTDIF004A00 | Return Air Enthalpy Sensor | 1 |
| --HH--57AC-078 | Accusensor III Economizer Differential Enthalpy Control Upgrade | 1 |

# Certified Drawing for Untitled1

Project: ~Untitled77
Prepared By:

09/09/2008
02:21PM



# Performance Summary For Untitled1

Project: ~Untitled77
Prepared By:

09/09/2008
02:21PM

## Part Number:48TMF025---511AA

| | | |
|---|---|---|
| ARI EER: | 9.50 | |
| IPLV: | 10.0 | |
| Base Unit Weight: | 1910 | lb |
| Base Unit Dimensions | | |
| Unit Length: | 83.5 | in |
| Unit Width: | 86.1 | in |
| Unit Height: | 47.3 | in |
| Unit Voltage-Phase-Hertz: | 230-3-60 | |
| Air Discharge: | Vertical | |
| Fan Drive Type: | Belt | |
| Actual Airflow: | 8000 | CFM |
| Site Altitude: | 0 | ft |

**Cooling Performance**

| | | |
|---|---|---|
| Condenser Entering Air DB: | 95.0 | F |
| Evaporator Entering Air DB: | 80.0 | F |
| Evaporator Entering Air WB: | 67.0 | F |
| Entering Air Enthalpy: | 31.44 | BTU/lb |
| Evaporator Leaving Air DB: | 58.2 | F |
| Evaporator Leaving Air WB: | 57.2 | F |
| Evaporator Leaving Air Enthalpy: | 24.52 | BTU/lb |
| Gross Cooling Capacity: | 249.00 | MBH |
| Gross Sensible Capacity: | 188.00 | MBH |
| Compressor Power Input: | 20.60 | kW |
| Coil Bypass Factor: | 0.060 | |

**Heating Performance**

| | | |
|---|---|---|
| Heating Airflow: | 8000 | CFM |
| Entering Air Temp: | 70.0 | F |
| Leaving Air Temp: | 103.8 | F |
| Gas Input Capacity: | 275.0 / 360.0 | MBH |
| Gas Heating Capacity: | 292.00 | MBH |
| Temperature Rise: | 33.8 | F |

**Supply Fan**

| | | |
|---|---|---|
| External Static Pressure: | 1.00 | in wg |
| Options / Accessories Static Pressure | | |
| Economiser: | 0.10 | in wg |
| Total External Static: | 1.10 | in wg |
| Fan RPM: | 1340 | |
| Fan Power: | 7.00 | BHP |
| NOTE: | Alt. High-Static Drive Req'd. | |

**Electrical Data**

| | |
|---|---|
| Minimum Voltage: | 187 |
| Maximum Voltage: | 253 |
| Compressor #1 RLA: | 42 |
| Compressor #1 LRA: | 239 |
| Compressor #2 RLA: | 33.6 |
| Compressor #2 LRA: | 225 |
| Outdoor Fan Motor Qty: | 2 |
| Outdoor Fan Motor HP (ea): | 1 |
| Outdoor Fan FLA (ea): | 6.6 |
| Indoor Fan Motor HP: | 7.5 |
| Indoor Fan Motor FLA: | 25 |
| Combustion Fan Motor FLA (ea): | 0.57 |

Power Supply MCA: 124
Power Supply MOCP, Fuse or HACR, U.S.A.: 150

**Acoustics**

Sound Rating: 94.0 db
A_Weighted: 94.4 db
Sound Power Levels, db re 10E-12 Watts

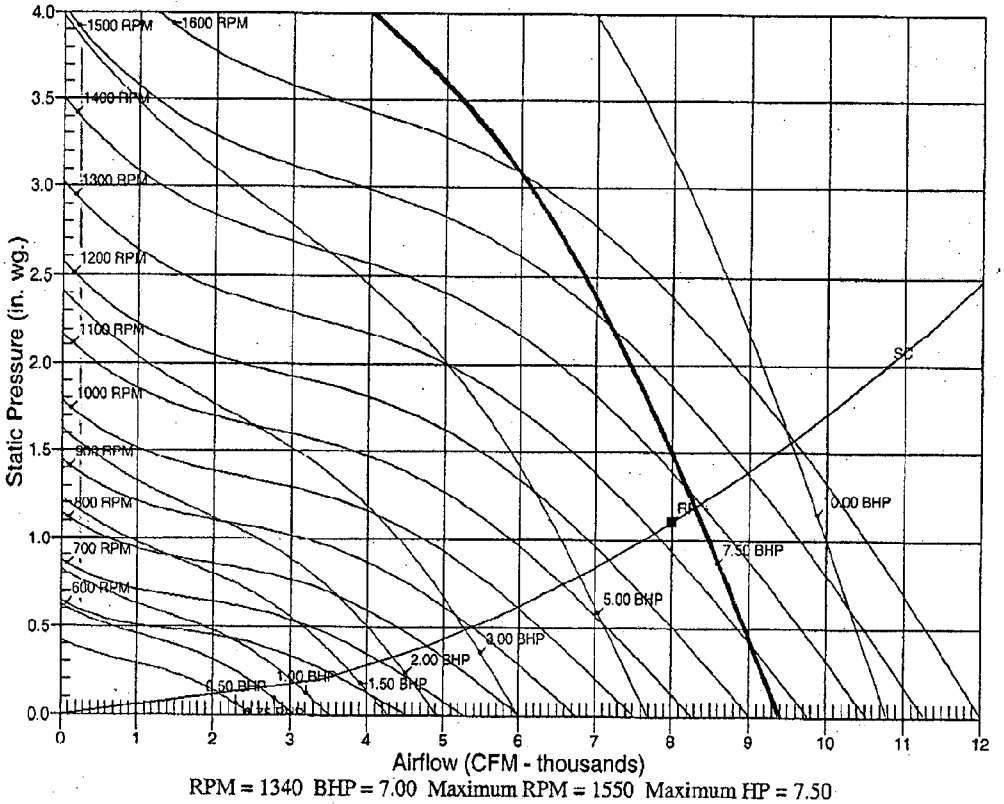
| | Discharge | Inlet | Outdoor |
|---|---|---|---|
| 63 Hz | 106.0 | 91.0 | 99.7 |
| 125 Hz | 102.0 | 88.0 | 93.0 |
| 250 Hz | 99.0 | 79.0 | 93.7 |
| 500 Hz | 99.0 | 75.0 | 91.8 |
| 1000 Hz | 97.0 | 71.0 | 89.7 |
| 2000 Hz | 94.0 | 66.0 | 85.9 |
| 4000 Hz | 91.0 | 62.0 | 80.7 |
| 8000 Hz | 86.0 | 58.0 | 74.4 |

# Performance Summary For Untitled1

Project: ~Untitled77
Prepared By:

09/09/2008
02:21PM

## Fan Curve




RPM = 1340 BHP = 7.00 Maximum RPM = 1550 Maximum HP = 7.50
SC - System Curve RP - Rated Point

BRICK FITNESS
1930 HWY 88.

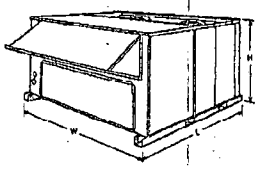
20-TON
DIRECT
REPLACEMENT

# WEATHERMAKER - 48TM

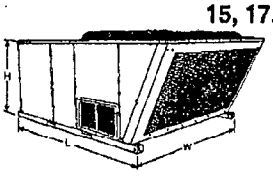
## 15 THRU 25-TON SIZES

### PACKAGED ROOFTOP GAS HEATING/ELECTRIC COOLING UNITS

**15, 17.5, 20 & 25 Tons**



48TM016, 020, 025 Cabinet



48TM028 Cabinet

ASHRAE 90.1 COMPLIANT

### WEATHERMAKER SERIES - ASHRAE 90.1 COMPLIANT

The 48TM units are one-piece gas heating electric cooling units that are prewired and precharged with R-22 at the factory. Units are factory tested in both heating and cooling modes. The units are rated in accordance with ARI Standard 360 designed in accordance with UL Standard 1995, and listed by ETL.

Approved and certified by:

ARI 360

ALL 208-230, 460-V UNITS

ALL UNITS

### STANDARD 48TM FEATURES INCLUDE:

- Standard one-year product warranty.
- Five-year non-prorated warranty on Alumagard™ coated Turbo-tubular™ heat exchanger.
- Five-year warranty on the (016) compressors. One-year warranty on the (020-028) compressors.
- Each unit features two independent refrigerant circuits with a scroll compressor on each circuit. Refrigerant metering devices for each circuit are TXV's. (028 has 3 scroll compressors on 2 refrigerant circuits).
- Compressor protection includes high-and low-pressure cutouts and over-temperature protection.
- Dual freezestat protection.
- Two-inch, disposable-type fiberglass return air filters.
- Manually adjustable outside air intake for up to 25% outside air.
- Two-stage cooling.
- Two-stage heating.
- Low outdoor temperature cooling operation to 40° F is standard.
- Single point electrical service entry.
- Single point gas connection.
- Condenser fan motors are internally protected.
- Demand-oriented control system controls integrated EconoMi$er+ (option), mechanical cooling and heating from room thermostat.
- Automatic changeover (when used with auto changeover thermostat).
- Adjustable speed main blower drives.
- Provision for horizontal return standard on base unit.
- Horizontal supply available with adapter roof curb accessory. EconoMi$er+ can be used with horizontal supply/return. Power exhaust and barometric relief must be external to unit if used with horizontal supply/return.
- Control circuit protected by circuit breaker.
- Cabinet made of Weather Armor pre-painted, baked enamel finish and insulated with neoprene-coated fiberglass.
- Liquid line filter driers.
- Spring return on power-loss EconoMi$er+.

### HEATING

- Induced draft combustion system uses manual reset roll-out switch and induced draft fan proving switch.
- Heating controls include a cycling ignition system with flame rectification sensor and redundant gas valve.
- Integrated Gas Control (IGC) Board.
- Alumagard coated Turbo-tubular heat exchangers.

**Options include but not limited to:**

- PremierLink DDC communicating control (DEC); DCV compliant
- Convenience outlet and non-fused disconnect switch.
- MoistureMi$er™ Humidity Control (DEC)
- Stainless Steel Heat Exchangers
- Gear Driven EconoMi$er+ with $CO_2$ Ventilation Control Capability.
- 4-20 mA EconoMi$er2 option (DEC) and accessory for PremierLink or 3rd party EMS control requirements
- Alternate Control Options (Novar ETM2024 & ETM3051- DEC)