BLOCK 1149 LOT 5 QUALIFICATION CODE C09-000806 ADDRESS (SITE) 1930 Route 88 PERMIT NO. 09-0582

CONSTRUCTION PERMIT APPLICATION Violation

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

I. IDENTIFICATION

1. Proposed Work Site at:
2. Name of Owner in Fee: Provident Bank
   Tel. (732) 785-9185 e-mail
   Address 1930 Rt 88 (street) Brick, NJ (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Meadowlands Services Tel. (732) 738 3712
   Address 41 Hudson Ave e-mail
   Toms, NJ 08753
   License No. OR, if new home, Builder Reg. No. P00757 Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 22-3547000 FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun V. Franko
   Tel. (732) 738 3712 FAX: (732) 738 5219

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical			
3. Plumbing			
4. Fire Protection	130		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 13		
9. State Permit Surcharge Fee			
10. Subtotal PENALTY	$ 250		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 433		

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

Alarm Smoke

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			3/24/09		3/26/09	AB	4-7-09		
☐ Plumbing									
☒ Fire Protection					3/26/09	DB	4-6-09		
☐ 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:
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 NORTHSTAR SERVICES INC

Address 41 HANSEN AVE
TOMS, NJ

Telephone (732) 738 3712

Signature

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/7/2009
Control Number C-09-000806
Permit Number 09-0582
Permit Issue Date 4/1/2009
Certificate Number 09-0582

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: PROVIDENT BANK

Owner Address: 1930 ROUTE 88 BRICK NJ

Telephone: (732) 785-9188

Contractor NATIONAL SERVICES INC

Address 41 HANSEN AVENUE FORDS NJ 08863

Telephone: (732) 738-3712 Fax: (732) 738-5219

License Number or Builders Registration Number: P00757 Federal Emp. Number: 22-3547000

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: ELECTRICAL ALTERATIONS, FIRE ALTERATIONS INSTALL ELECTRIC TO FIRE ALARM AND BURGLAR ALARM.

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: 4/7/2009 U.C.C. F260 (rev. 08/05)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0582
Date Issued 4/1/09
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 PROVIDENT BANK
1930 Rt 66 Laurel Shopping Ctr - Brick NJ
Owner in Fee The Provident Bank
Address 830 - Bergen Ave
Jersey City NJ
Tel (201) 330-1060
Contractor NORTHSTAR SERVICES INC
Address 41 HANSEN AVE ROBBINSVILLE, NJ 08863
Tel (732) 738 3712 FAX (732) 738 5219
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00757
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34FA00032500
Fire Alarm Contractor No.
Federal Emp. No. 22-3247000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: UTILITY ROOM
Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: _____

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

Total Cost of Fire Protection Work $ 7500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 3-27-09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/6/09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			4/6/09	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			4/6/09	
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's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

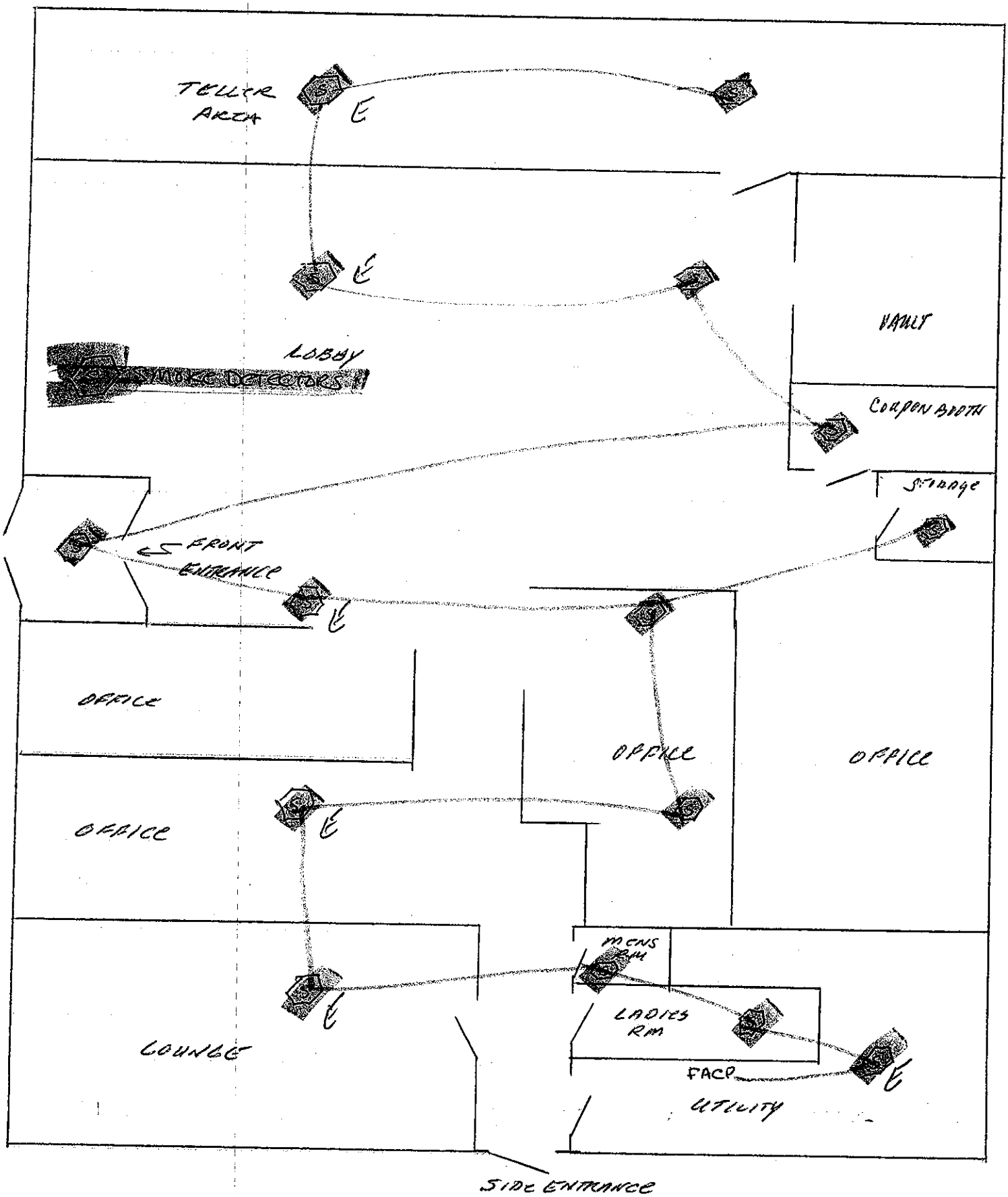
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	17	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	4	
Other Devices		
TOTAL	21	
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		
Fireplace Venting/Metal Chimney		
Other		

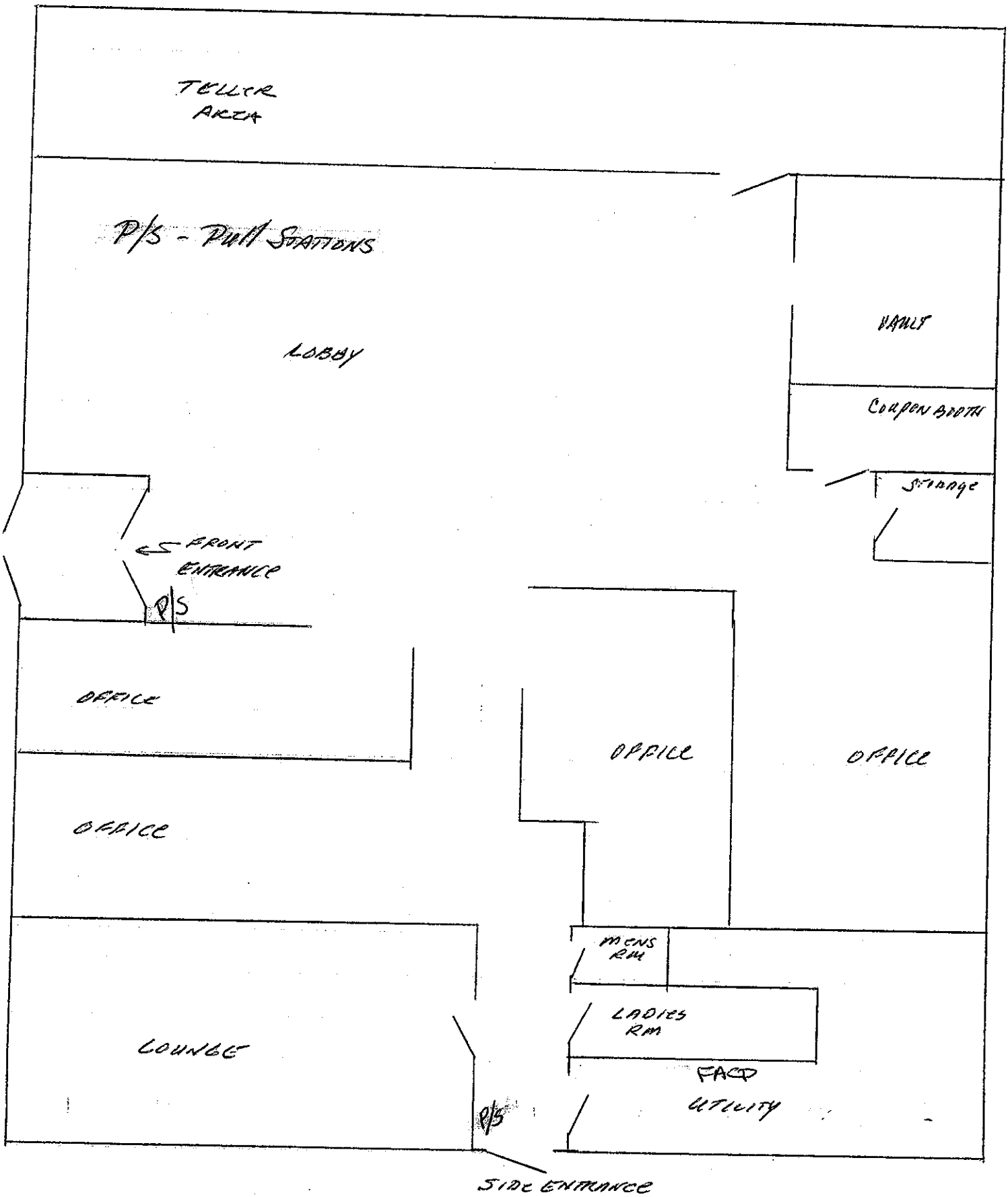
COMMERCIAL

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

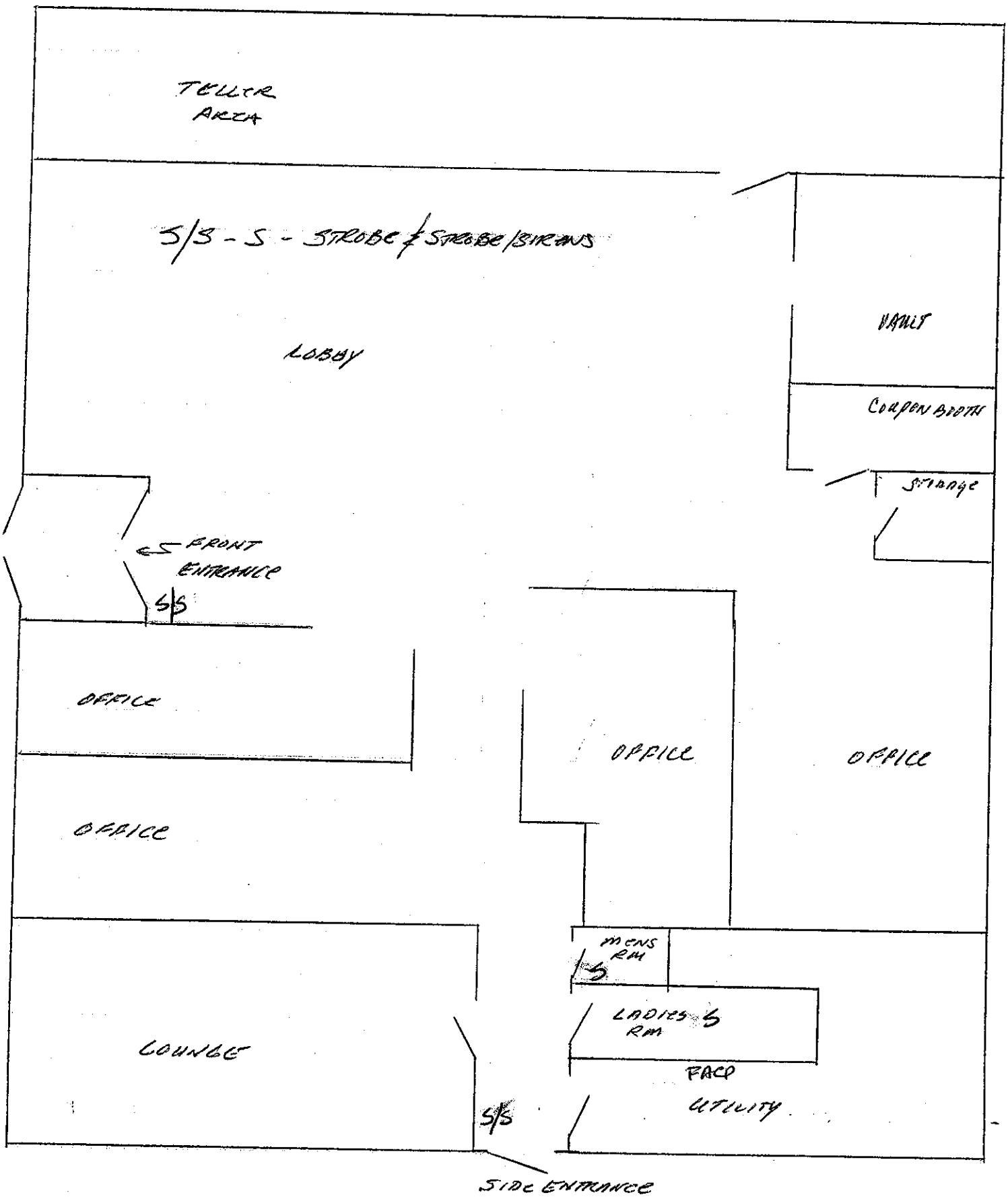
FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: **Northstar Services, Inc.**
Address: **P.O. Box 0155**
Fords, New Jersey 08863

Representative: J Franks

License No.: P00757

Telephone: 732-755-2712

MONITORING ENTITY

Contact: Quantum Fire

Telephone: 1 800 624 3068

Monitoring Account Ref. No.:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☑ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify) _____

DATE: 3-9-2009

TIME: 1045

PROPERTY NAME (USER)

Name: Provident Bank

Address: 1500 Ross Bank NJ

Owner Contact: Ba Nye

Telephone: 732-785-9853

APPROVING AGENCY

Contact:

Telephone:

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (Specify) _____

Control Unit Manufacturer: Fireline

Model No.: MS5024

Circuit Styles: B, Y

Number of Circuits: 4-B 2-Y 1-B/Y

Software Rev.:

Last Date System Had Any Service Performed: 11/5/08

Last Date that Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
2	B	Manual Fire Alarm Boxes
		Ion Detectors
15	B	Photo Detectors
		Duct Detectors
		Heat Detectors
		Waterflow Switches
		Supervisory Switches
		Other (Specify):

Alarm verification feature is disabled ✓ enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
2	V	Strobes
		Speakers
2	4	Other (Specify): Strobe/Siren

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see *NFPA 72, Table 6.6.1*):

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 2.5

Overcurrent Protection: Type _____ Amps _____

Location (of Primary Supply Panelboard): Utility Room Distribution Panel

Disconnecting Means Location: _____

(b) Secondary (Standby):

24 VDC Storage Battery: Amp-Hr. Rating 7

Calculated capacity to operate system, in hours: 24 60

Location of fuel storage: _____ Engine-driven generator dedicated to fire alarm system:

TYPE BATTERY

☐ Dry Cell

☐ Nickel-Cadmium

☑ Sealed Lead-Acid

☐ Lead-Acid

☐ Other (Specify):

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 701, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	Cms operator	10:45
Building Occupants	☑	☐	Personnel	10:45
Building Management	☑	☐	Bm Ops	10:45
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDS	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☑	☑	

SECONDARY POWER TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☑	
Discharge Test		☐	
Charger Test		☑	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES			
Audible	☑	☑	
Visible	☑	☑	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments:

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐	Bm Mgr	1200
Monitoring Agency	☑	☐	CMS Operator	1200
Building Occupants	☑	☐	Personnel	1200
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation: Date: 3/9/2009 Time: 1215

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: J Franklin Date: 3/9/09 Time: 1245

Signature:

Name of Owner or Representative: Mrs Nancy Rhinehart Bm Mgr

Date: 3-9-2009 Time: 1245

Signature:

NORTHSTAR Services, INC.

SERVICE WORK SHEET

Trusted Service

CUSTOMER P.O. #	SERVICE DATE	E.D.P. #	QPCR #	TICKET/INCIDENT
	3-4-09	2727		

Service Rendered At:

CUST. NO. 732785 9153

Invoice To:

CUST. I.D.

DESCRIPTION OF PROBLEM AND SERVICE RENDERED:

Completed annual fire projection and testing as required. Systems responding properly.

WARRANTY	APP	DAPP
WARR. LABOR #		
WARR. PARTS #		
MOD. LABOR #		
MOD. PARTS #		

ACCT. #	$

LABOR	DATE	ON JOB HR	TRAVEL HR	RATE	CHARGE
OVER TIME					

RESALE ITEMS	CHARGE

QTY	PART NUMBER	DESCRIPTION	RGA NO.	REST.	CHARGE
1		Fire Projection			

INVOICING INSTRUCTIONS:

MILEAGE..... AT.....

REGION APPROVAL:

DATE:

AUTHORIZATION FOR FORCIBLE ENTRY

We hereby grant you full authority to open safe deposit box No. ..... or other equipment described herein. ..... At request of this authority, we assume full responsibility for the opening of said equipment and agree to indemnify and hold harmless Northstar, its agents, employees and representatives from loss or expenses as a result of claims arising out of, or in connection with the opening of said equipment.

By .....

AUTHORIZATION FOR ALARM SECURITY INTERRUPTION

We hereby grant you full authority to interrupt security by disconnecting the alarm and/or cameras.

It is understood and agreed that the undersigned will assume responsibility for notification of the authorities at the time the interruption is initiated and take all other precautions, deemed necessary to provide security during the period of interruption which is estimated to be ..... We hereby absolve Northstar Services, Inc. and agree to indemnify, hold harmless, Northstar from any claim of third persons for loss or damages resulting from interruption of security during the performance of its work on the alarm and/or cameras.

By .....

THIS CONSTITUTES AN ACCEPTANCE AND RELEASE AND CERTIFIES THAT THE INSTALLATION AND/OR SERVICE PERFORMED IS COMPLETE AND THE EQUIPMENT IS IN SATISFACTORY CONDITION. ANY EXCEPTIONS MUST BE NOTED. (SEE ADDITIONAL PROVISION AND WARRANTY DISCLAIMERS ON REVERSE SIDE.)

X [signature] CUSTOMER'S SIGNATURE

Date 3-9-09

[signature] SERVICEMAN'S SIGNATURE

1 — FORDS 2 — FILE COPY 3 — CUSTOMER'S COPY

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0582

Date Issued
Permit # 4/1/09

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

Owner in Fee: The Provident BANK

Tel. (732) 785-9183 e-mail

Address 830 - Bergen Ave Jersey City, NJ.

Contractor: J. MATONE Inc Elec. Cont. (street, municipality) Tel. (201) 943-4365 (zip code)

Address 52 Crescent Ave e-mail JMatone@AOL.Com

Cliffside Park, NJ 07010

Contractor License No. 7209 Exp. Date

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

Federal Emp. ID No. 222840345 FAX: (201) 943-4386

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as BANK Utility Co.

Est. Cost of Elec. Work $ 275.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-09 AS

[ ] 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: 4-7-09

Approved by: AS

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-6-09	DD
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
Install Electric to fire alarm and Burglar alarm

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
17		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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	

COMPLETED

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

Permit/Control #:
Date Issued: 3/11/2009
Violation #: V-09-00072

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Block: 1149 Lot: 5 Qualification Code:
Owner in Fee: SUPER INTERMEDIATECO LLC%E PROP TAX
Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Agent/Contractor:
Address:

To: [X] Owner
[X] Agent/Contractor
[ ] Other:

COPY

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

[X] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 3/25/2009 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

NOTICE and ORDER of PENALTY: _____ Date: _____
Construction Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Block: 1149
Lot: 5
Owner: SUPER INTERMEDIATECO LLC%E PROP TAX
Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 3/11/2009
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Interior renovations were done (walls removed, upgrading lighting and new fire alarm system installed) without the proper permits
Certified Mail Number: 7004 1350 0000 4669 7145

Enforcement Details

Inspection Date:
Notice Date: 3/11/2009
Compliance Date: 3/25/2009
Compliance Inspection Date:
Compliance Summary: Must get all proper permits for work done.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 09-0582

Date Issued
Permit # 4/1/09

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

Owner in Fee: The Provident Bank

Tel. (732) 785-9183 e-mail

Address 830 - Bergen Ave Jersey City, NJ.

Contractor: J. Matone Inc Elec. Cont. (street / municipality) Tel. (201) 943-4365 (zip code)

Address 52 - Crescent Ave e-mail Jmatone@Aol.Com

Cliffside Park, NJ 07010

Contractor License No. 7209 Exp. Date

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

Federal Emp. ID No. 22284034S FAX: (201) 943-4386

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as BANK Utility Co.

Est. Cost of Elec. Work $ 275.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-31-09 AS

[ ] 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'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
Install Electric to fire alarm and Burglar alarm

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
17		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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 $

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1149 Lot 5 Qualification Code

Work Site Location PROVIDENT BANK
1930 Rt 88 Laurel Shopping Ctr - Brick NJ

Owner in Fee The Provident Bank

Address 830 - Bergen Ave
Jersey City NJ

Tel (201) 330-1060

Contractor Northstar Services Inc

Address 41 Hansen Pl Fords, NJ 08863

Tel (732) 738 3712 FAX (732) 738 5219

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00757

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34FA00032500

Fire Alarm Contractor No.

Federal Emp. No. 22-3247000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

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

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

Location:

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel: UTILITY ROOM

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 7500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] 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		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	17	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	4	
Other Devices		
TOTAL	21	
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		
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

[X] Fire Plans Approved

Date: 3-27-09

Approved by:

SUBCODE APPROVAL

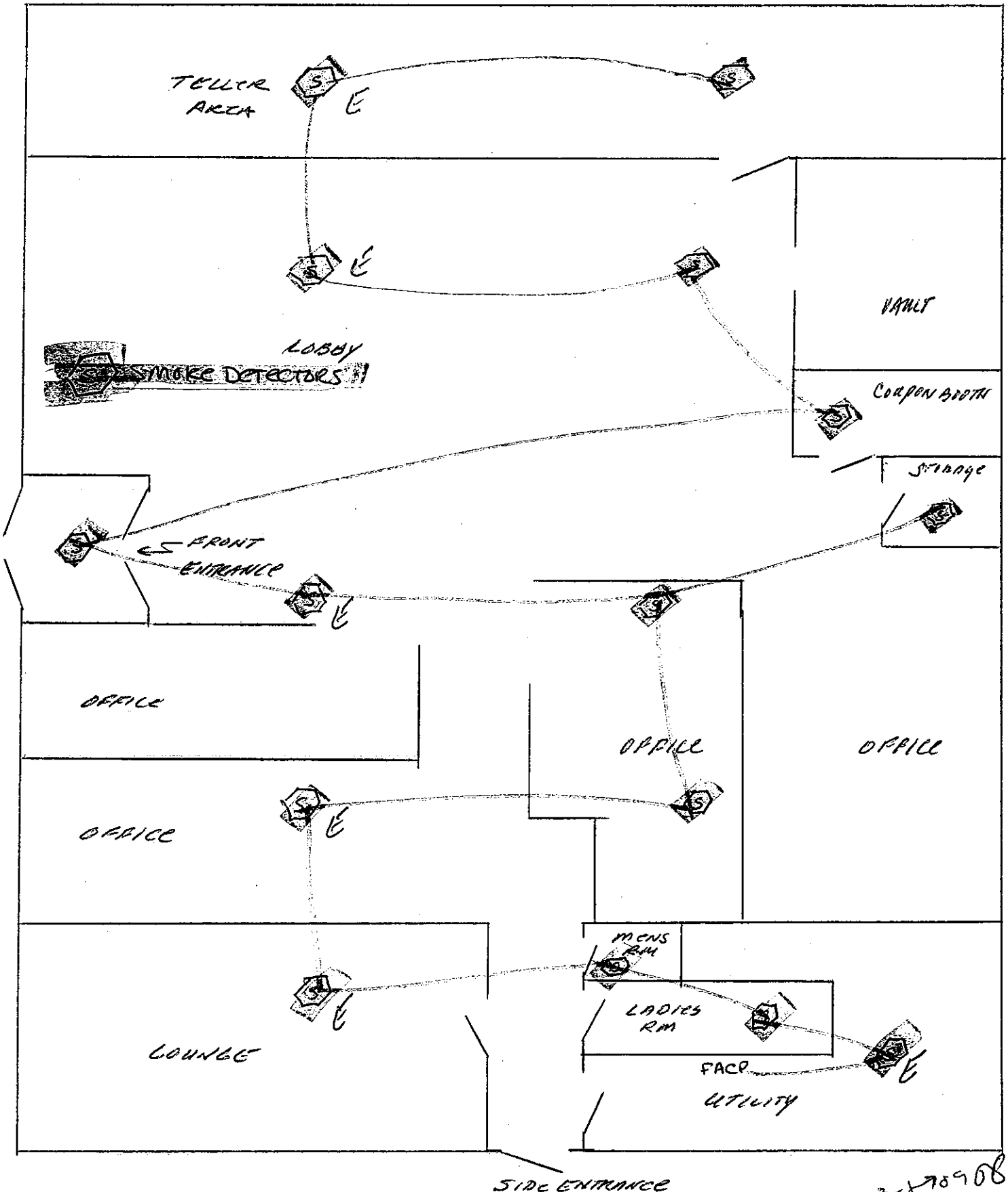
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

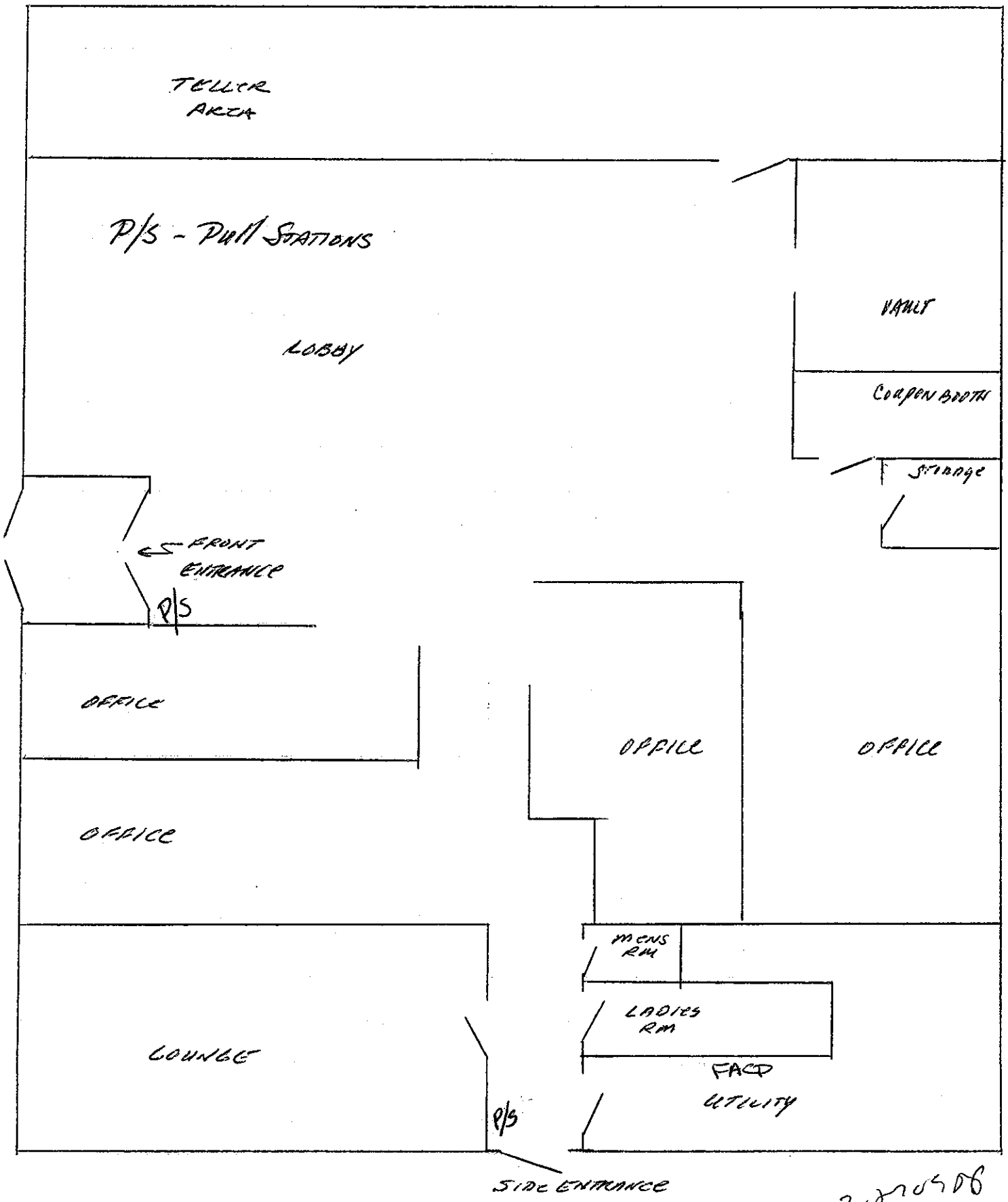
INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



3-8-09 08

FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



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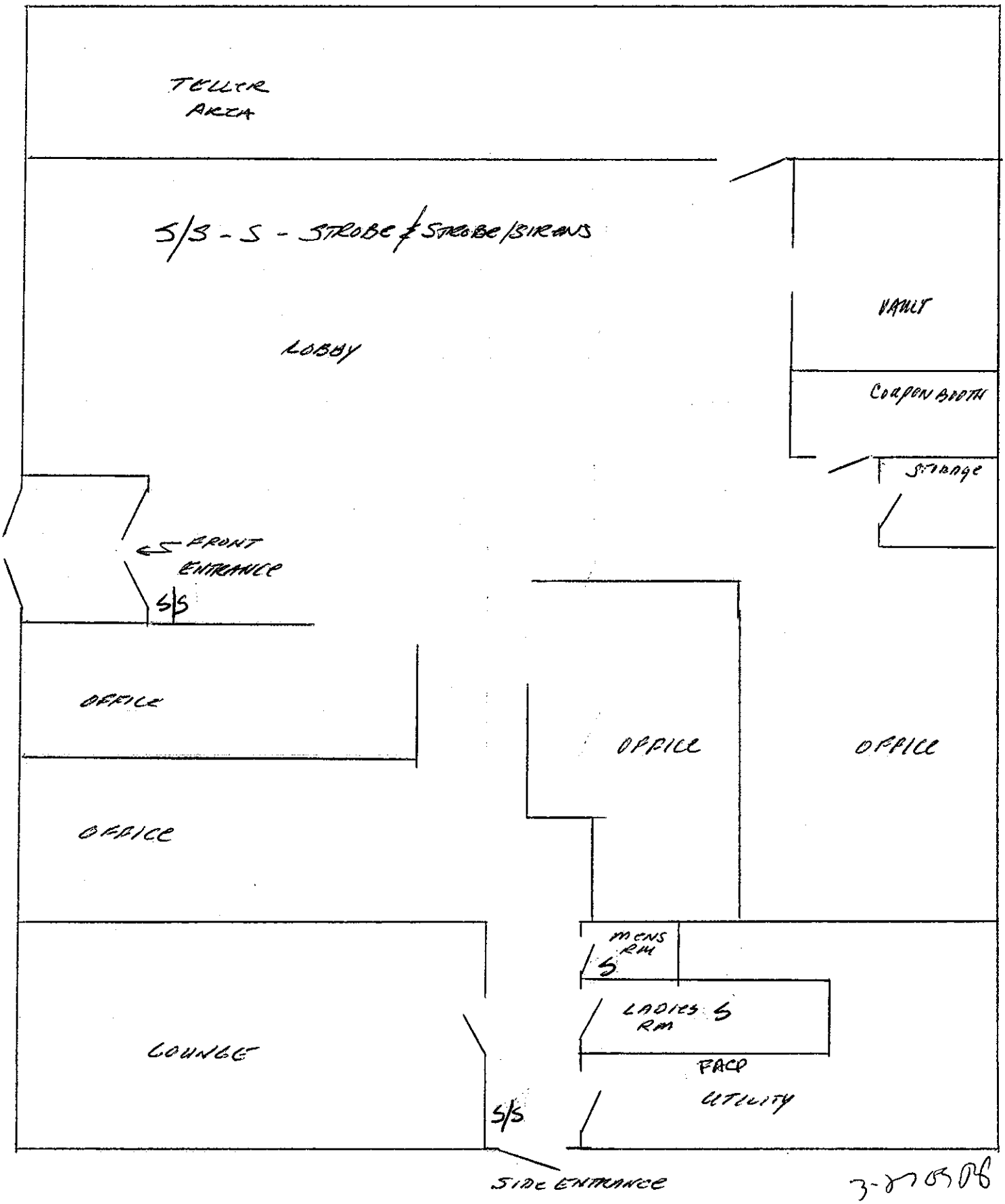
FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



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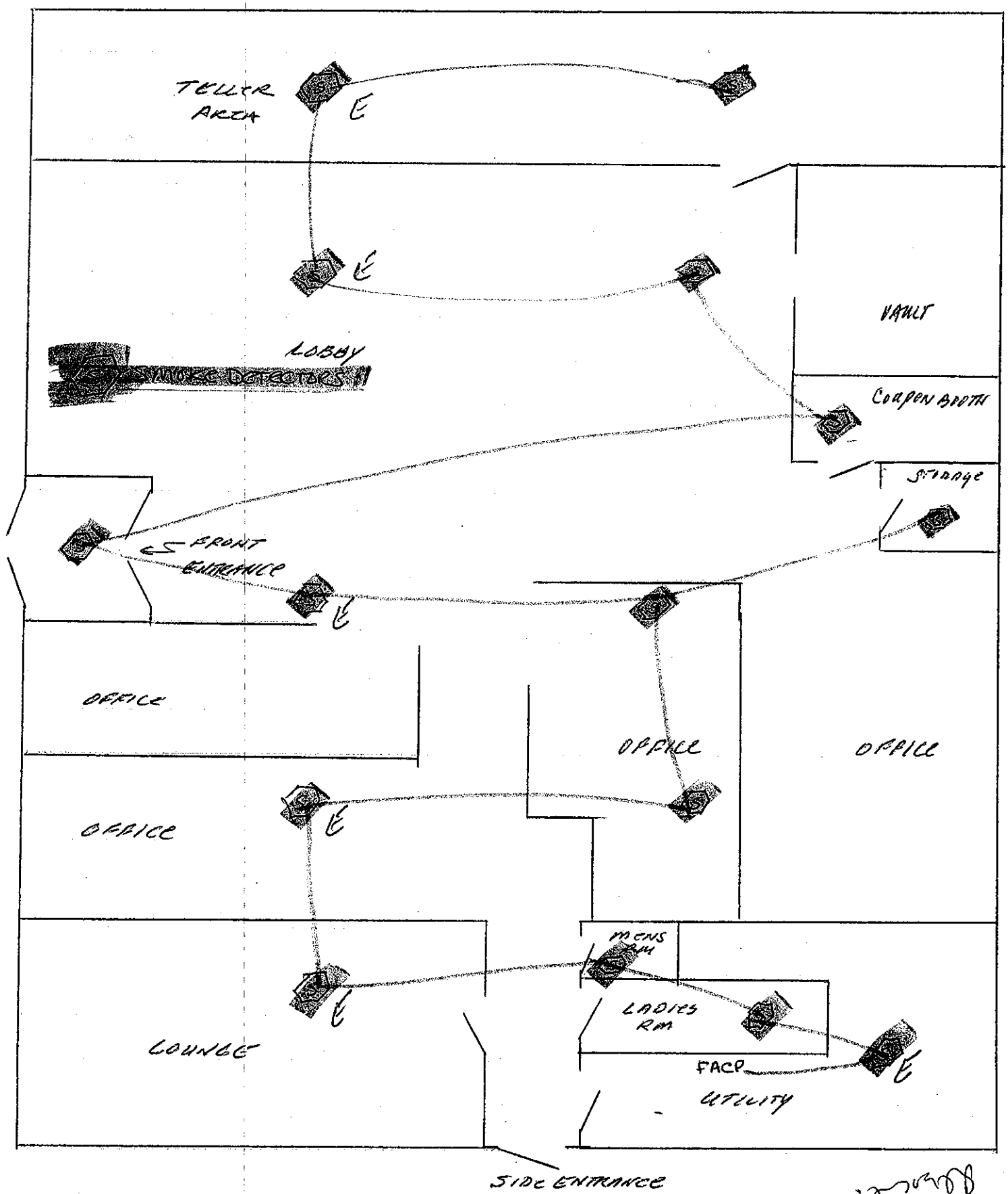
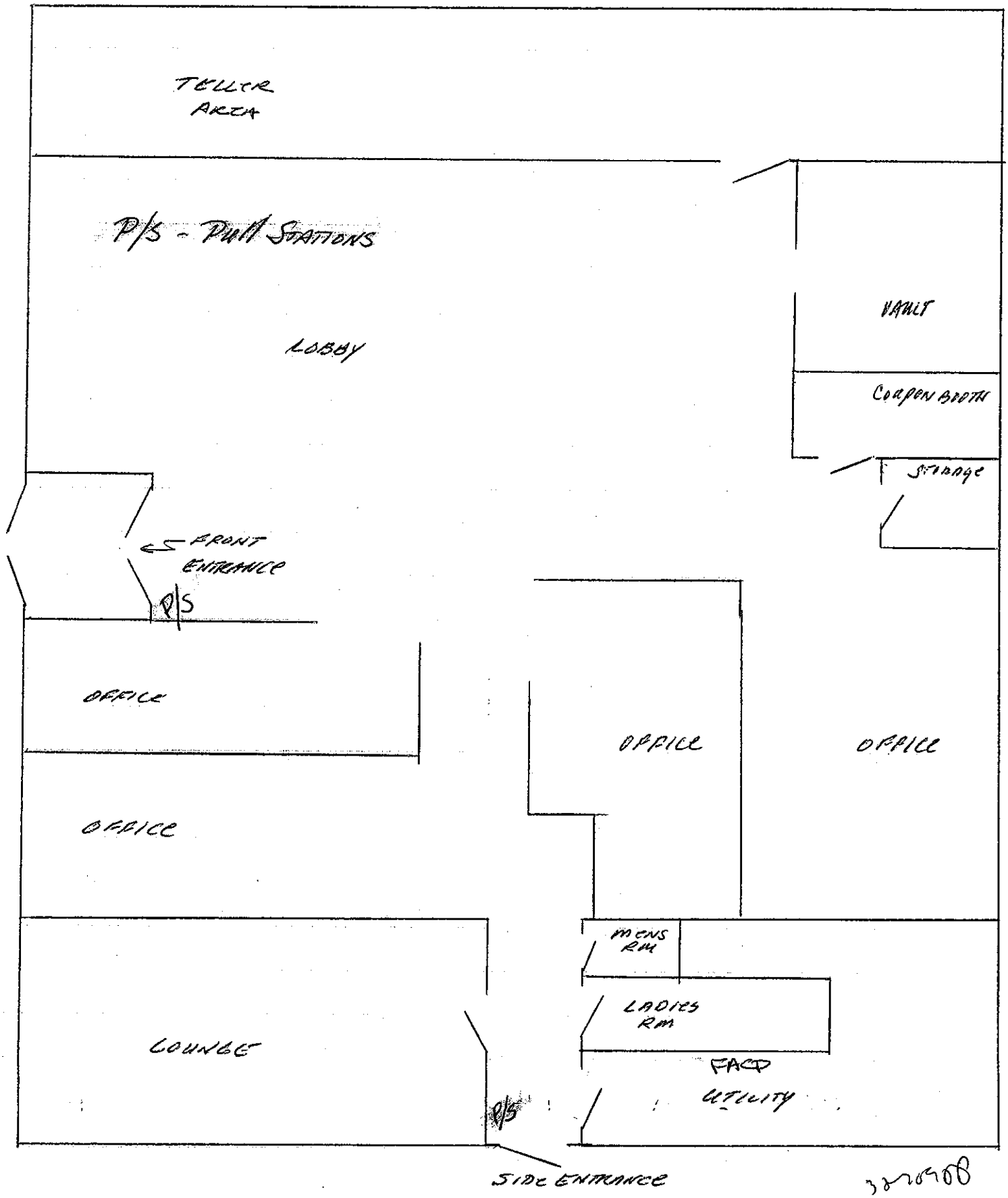


FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



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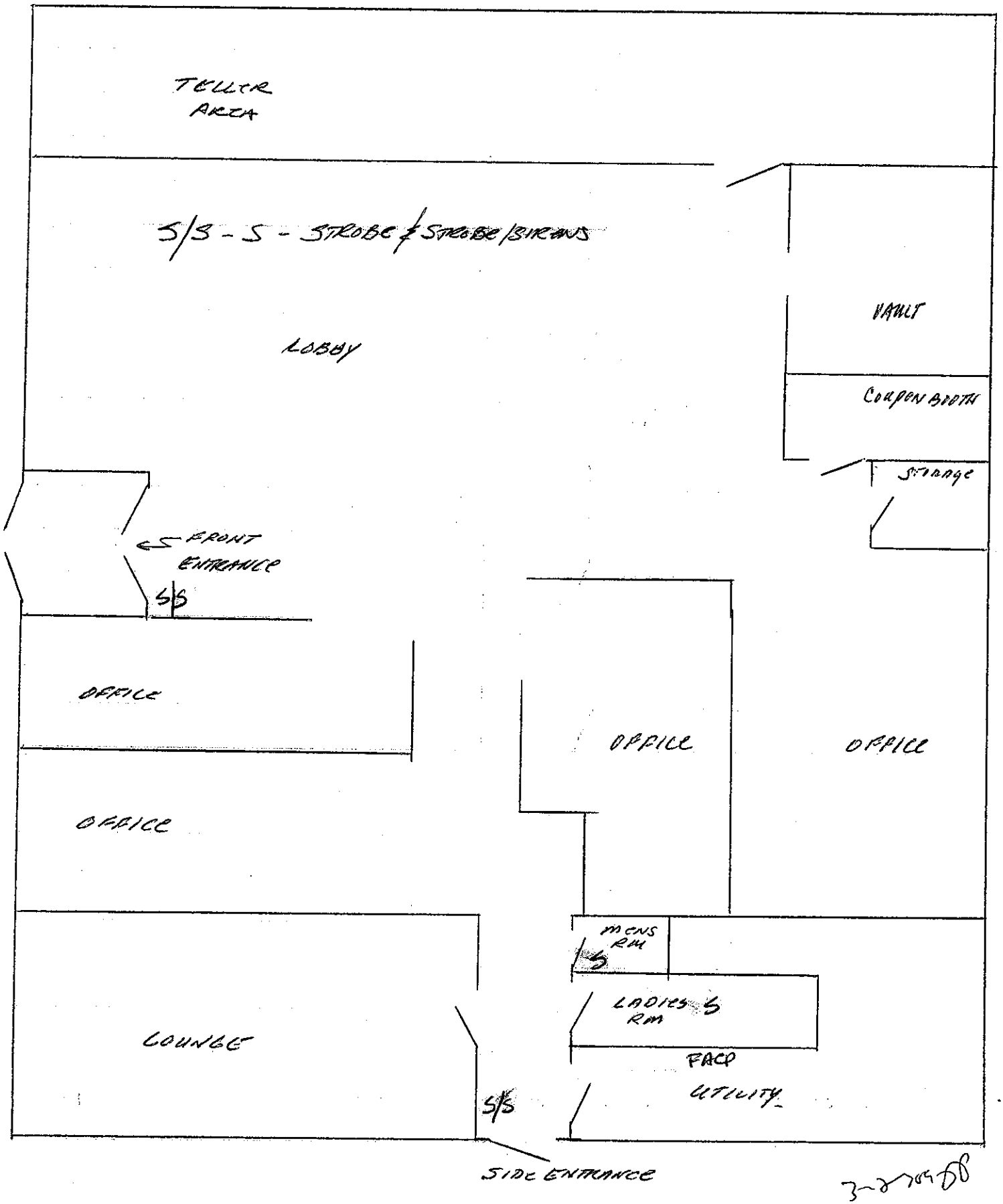
FIRE ALARM LAYOUT 1930 RT 88 BRICK, NJ



CONSTRUCTION PERMIT

Date Issued 4/1/09
Control # C09-000806
Permit # 09-0582

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: PROVIDENT BANK
1930 ROUTE 88 BRICK NJ

Telephone: (732) 785-9188

Contractor: NATIONAL SERVICES INC
Address: 41 HANSEN AVENUE FORDS NJ 08863

Telephone: (732) 738-3712
Lic. No. or Bldrs. Reg. No. P00757
Federal Employee. No. 22-3547000

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:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS INSTALL ELECTRIC TO FIRE ALARM AND BURGLAR ALARM.

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 $7,775

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other (voided)	~~$0~~ $0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	~~$183~~
Check No.	
Cash	~~$0~~ 433
Credit	$0
Collected By	

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.

04/01/09 11:38AM 001558#9842
#001 JRW.001
#0582
ELECTRIC $40.00
FIRE $130.00
ACO $13.00
CHECK $183.00

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

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

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

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

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

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

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

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