C12-495

BLOCK 1149 LOT 5,5.01,6 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 RT 88 (LAUREL SQ) PERMIT NO. 99-3168

RECEIVED
AUG 1 [illegible]
DIV. OF CONSTRUCTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: BRICK FITNESS FOR WOMEN LAUREL SQUARE SHOPPING CTR. RT 88, BRICK 08723
2. Name of Owner in Fee: NEW PLAN EXCEL REALTY LLC Tel. (212) 869-3000
   Address P.O. BOX 966 (street), NEW YORK (municipality), NY. 10108 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: GENESIS ELECTRICAL CONTROLS Tel. (_____) _____
   Address 1200 MITTEN AVE BEACHWOOD, NJ. 08722
   License No. OR, if new home, Builder Reg. No. 9841 Exp. Date _____
   Federal Employee No. _____ FAX: (732) 349-7112
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work RAY LYNNWORTH
   Tel. (732) 914-9500 FAX (732) 914-0535

COMMERCIAL

V. FEE SUMMARY (for office use only)

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

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

Paul Bonding

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical	X	CAS	8/11/99		9/8/99	WM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

8.19.99 spoke to Bill

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10502141

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.vii:

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 _____ RAY LYNNWORTH Date 7/13/99

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. 5:32-2.15(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 RAY LYNNWORTH - PRESIDENT

Address BRICK FITNESS FOR WOMEN INC.
LAUREL SQ SHOPPING PLAZA, RT 88, BRICK, N.J.

Telephone (732) 914-9500

Signature _____

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

8/9

BRING THE ORIGINAL GENESIS LETTER W/ SEAL TO BLDG DEPT.

CHECK WAS SENT DIRECTLY TO BLDG DEPT.

RAY

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the ov

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

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will occu-
pancy. This dwelling is to be occupied by myself and family
residential use. I attest that all construction, plumbing, o me or
by subcontractors under my supervision, in accordance t said
new home is not covered under the New Home Warran seq.)
and that such fact shall be disclosed to any person purc uance
of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNO FOR
THE WORK DONE ON SAID PROPERTY, THE COND AND
AFTER ANY WORK PERFORMED, AND FOR THE PE EM-
PLOY, OR OTHERWISE CONTRACT OR WITH WHO 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.vii:

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.

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

Signature RAY LYNNWORTH Date 7/13/99

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. 5:32-2.15(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 RAY LYNNWORTH - PRESIDENT

Address BRICK FITNESS FOR WOMEN INC.
LAUREL SQ SHOPPING PLAZA, RT 88, BRICK, N.J.

Telephone (732) 914-9500

Signature

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

0004
3168**
BLOCK 1149 # 0.00
LOT 5 # 0.00
ELETRIC* 50.00
TOTAL 50.00
CHECK 50.30
CHANGE 0.30
NO. 5 0020A005 13:55
08/19/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/19/99
Control 0
Permit # 99-3168

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 BRICK FITNESS
POOL BONDING
Owner in Fee NEW PLAN EXCEL RFEALLTY INC
Address P O BOX 966
NEW YORK, NY 10108-
Telephone (212)869-3000

Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE
BEACHWOOD, NJ
Telephone (732)286-1586
Lic. No. or Bldrs. Reg. No. 9841
Federal Emp. No. 15-6424098

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
POOL BONDING FOR BRICK FITNESS FOR WOMEN

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 50

Construction Official

08/19/99
Date

U.C.C. FL70 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	50
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	1415
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/11/99
Date Issued 8/19/99
Control # C12-495
Permit # 99-3168

COMMERCIAL

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APP... CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY CO. NO. 1-800-272-1000

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 BRICK FITNESS
POOL BONDING
Owner in Fee NEW PLAN EXCEL RFEALLTY INC
Address P O BOX 966
NEW YORK, NY 10108-
Tele.(732)286-1586 Fax (__)
Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE
BEACHWOOD, NJ
Tele.(732)286-1586
Lic. No. or Bldrs. Reg. No. 9841
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8-19-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other POOL BONDING	50
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ 50
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/11/99
Date Issued 8/19/99
Control # C12-495
Permit # 99-3168

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION EXCLUDING CONTRACTORS. NOTIFY THIS OFFICE. CALL OUT LINE

COMMERCIAL

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 BRICK FITNESS
POOL BONDING
Owner in Fee NEW PLAN EXCEL RFEALLTY INC
Address P O BOX 966
NEW YORK, NY 10108-
Tele.(732)286-1586 Fax ( )
Contractor GENESIS ELECTRIC
Address 1209 MIZZEN AVE
BEACHWOOD, NJ
Tele.(732)286-1586
Lic. No. or Bldr [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS
Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8-19-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other POOL BONDING	50
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 50
DCA Training Fee $ 0

O.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
TAX COLLECTOR
Municipal Building
401 Chambers Bridge Rd.
BRICK, NJ 08723

BUILDING

ONE CHECK
$50.00 TO

TOWNSHIP OF BRICK

MARK BLOCK 1149 LOT 5,501,6 OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

COMMERCIAL

Date_____

Name_____

Address_____

_____

December 1998, Governor Christine Todd Whitman signed into Law P.L.1998, C.137 which requires the periodic inspection of swimming pools, spas, and hot tubs on any property other than one family and two family residential properties.

The law provides that no public facility shall be opened unless the bonding and grounding system certificate and the electrical certificate of compliance is issued.

The required bonding and grounding certificate must verify the continuity and integrity of the bonding and grounding system of the pool and shall be required by a recognized electrical testing agency and is valid for five (5) years from the date of issuance. On the other hand, the electrical certification of compliance is required to be issued annually by the Electrical Sub Code Official, to ensure that the wiring located in or about the pool pump and associated electrical equipment complies with the electrical code.

What this means to you is, you need to hire a licensed contractor or I.E.E.E. certified contractor to perform a bond test on your bond system, they will give you a certificate of Bond with OHM values that they found at your pool. If they find there is a problem with the pool bond you need to correct it to get your certificate which you must keep in your file, this will be good for five (5) years. Then you need a permit for a visual electrical inspection by our office. You must come into our office and apply for the permit which will be good for one (1) year.

Very truly yours,

Joseph P. Curiazza

Joseph P. Curiazza, Construction Official

BRICK FITNESS FOR WOMEN INC
LAUREL SQUARE SHOPPING CENTER
RT. 88 (732) 206-0800
BRICK, N.J. 08724

SHORE COMMUNITY BANK
1216 ROUTE 37 EAST, TOMS RIVER, NJ 08753
55-767/312

1415

7/30/99

PAY TO THE ORDER OF TOWNSHIP OF BRICK

$ **50.00

Fifty and 00/100********** DOLLARS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723

RAY & SHELLEY LYNNWORTH
BILL FORD

AUTHORIZED SIGNATURE

MEMO POOL: BLOCK 1149 LOT 5, 5.01, 6

[redacted]

Tel: (908) 286-1586
Fax: (908) 349-7112

License #9841

GENESIS ELECTRICAL
CONTRACTORS, INC.

1200 Mizzen Avenue, Beachwood, New Jersey 08722

Brick Fitness For Women
RT 88
Brick, N.J.

5/12/99

This document certifies that a complete inspection on the bonding and grounding systems for the pools and spas located on this property and operated by the above named business was performed. The ohm values detected at the time of testing are as follows;

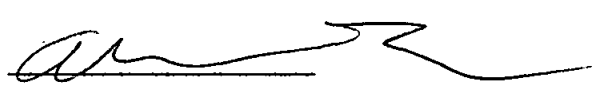
BONDING	OHMS
Pump to pump	.1
Pump to heater 1	.1
Pump to heater 2	.1
Pump to ladder	.1
Pump to rail 1	.2
Pump to rail 2	165

GROUNDING

Pump 1, pump 2 , heater 1, heater 2 - equipment effectively grounded.

This certification is valid at the time of inspection and is not intended to express or imply a warrantee or guarantee of any kind.

SEAL



Anthony Lorenzo

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: GENESIS ELECTRIC
ADDRESS: 1200 MITZEN AVE
BEACHWOOD, NJ 08722
PHONE: 732-286-1586
LIC. #: 9841 EXP. DATE: 3/31/00
FEDERAL EMPL. #: (or S.S. #): [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
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 w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other BOARDING INSPECTION		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $50
Signature ~~(print name)~~:
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

COMMERCIAL

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: Control #:
Address: Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
_____	Water Closet
_____	Urinal / Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Gas Piping
_____	Fuel Oil Piping
_____	Water Heater
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor / Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Water Cooled AC or Refrig. Unit
_____	Sewer Connection
_____	Septic (Disposal System) Closure
_____	Water Service Connection
_____	Gas Service Connection
_____	Active Solar System
_____	Vent Through Roof
_____	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date: