

BLOCK 446-05 LOT 3 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 580 BRICK BUD PERMIT NO. 19-0012



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 580 BRICK BUD, BRICK  
2. Name of Owner in Fee: THEODORE SMITH SONS  
Tel. (732) 477-2000 e-mail \_\_\_\_\_  
Address 580 BRICK BUD BRICK NJ 08723  
3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
4. Principal Contractor: SANJAY PATEL Tel. (732) 423-6004  
Address 580 BRICK BUD e-mail LABOR122@GMAIL.COM  
BRICK NJ 08723  
License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

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

|                                   |                | Update | Update |
|-----------------------------------|----------------|--------|--------|
| 1. Building                       | \$ <u>2900</u> |        |        |
| 2. Electrical                     | \$ <u>275</u>  |        |        |
| 3. Plumbing                       | \$ <u>451</u>  |        |        |
| 4. Fire Protection                | \$ <u>111</u>  |        |        |
| 5. Elevator Devices               |                |        |        |
| 6. Subtotal                       |                |        |        |
| 7. Less 20% for State Plan Review | \$ _____       |        |        |
| 8. Subtotal                       | \$ _____       |        |        |
| 9. State Permit Surcharge Fee     | \$ <u>128</u>  |        |        |
| 10. Subtotal                      | \$ <u>95</u>   |        |        |
| 11. Cert. of Occupancy            | \$ <u>150</u>  |        |        |
| 12. Other                         | \$ _____       |        |        |
| 13. TOTAL                         | \$ <u>151</u>  |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

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 16  
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)

- ☒ Building  
☒ Electrical  
☒ Plumbing  
☒ Fire Protection  
☐ Elevator

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates | Re-viewer |
|-----------|----------------|------------|----------------|---------------|-----------|--------------------|-----------|
|           |                |            |                | 12/21/18      | Kee       |                    |           |
|           |                |            |                | 12/14/18      | FOX       |                    |           |
|           |                |            |                | 12-13-18      | FOX       |                    |           |
|           |                |            | 12-12-17       |               | FOX       |                    |           |
|           |                |            |                | 12/12/18      | ECC       |                    |           |

TOTAL COST

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL (primary use)

1. State Specific Use: LIQUOR STORE  
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: LIQUOR STORE

2. Use Group, Proposed: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

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

D. Construct. Classification: Present \_\_\_\_\_

Proposed \_\_\_\_\_

## III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases  
2. ☐ Prototype Processing

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

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

## CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building                      C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical                      C.4. ☐ Plumbing

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

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

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

Signature \_\_\_\_\_ 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.

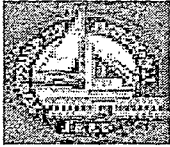
Agent Name SANTAY PATEL

Address 580 BRICK BLVD, BRICK NJ 08723

Telephone (732) 423-6004

Signature [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 1/28/2019  
Control Number C-18-004492  
Permit Number 19-0012  
Permit Issue Date 1/3/2019  
Certificate Number 19-0012

## Certificate

Construction Code Division  
(Certificate of Occupancy)

### Identification

Work Site Location: 550-580 BRICK BLVD. Brick Township, NJ Block: 446.05 Lot: 3 Qual: \_\_\_\_\_  
Owner in Fee: THEODORE SMITH & SONS  
Owner Address: 550 BRICK BLVD BRICK NJ 08723  
Telephone: (732) 477-2000  
Contractor: SANJAY PATEL - FORBES LIQUOR  
Address: 580 BRICK BLVD, BRICK NJ 08723  
Telephone: (732) 423-6004 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - - FORBES LIQUOR

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**

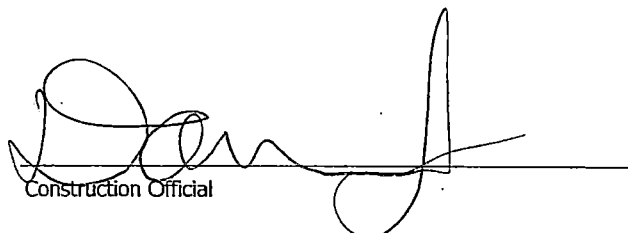
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **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

Date Printed: 1/28/2019

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

Fee: \$150.00

Check Number: 001436

Collected By: Nichol Ponsi





# Forbes Liquor

## ELECTRICAL SUBCODE

### TECHNICAL SECTION



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

Block 446-05 Lot 3 Qualification Code \_\_\_\_\_

Work Site Location Forbes Liquors

580 Brick Blvd Brick NJ

Owner in Fee: Forbes Liquors (Sanjay)

Tel. (732) 423-6004 e-mail \_\_\_\_\_

Address Same

Contractor: ALC Electric Inc Tel. (732) 564-9449

Address 1761 East Second St e-mail \_\_\_\_\_

Scotch Plains NJ 07076

Contractor License No. 14273 Exp. Date 2021

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

Federal Emp. ID No. 204549072 FAX: (732) 564-0667

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as Liquor Store Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 5,000

| JOB SUMMARY (Office Use Only)                 |  | INSPECTIONS                                 |         | Dates (Month/Day) |                  |
|-----------------------------------------------|--|---------------------------------------------|---------|-------------------|------------------|
| PLAN REVIEW                                   |  | Type:                                       | Failure | Failure           | Approval Initial |
| [ ] No Plans Required                         |  | Rough                                       |         |                   |                  |
| [ ] Partial - Underslab Utilities Approved    |  | Barrier-Free                                |         |                   |                  |
| Date: _____ Approved by: _____                |  | Trench                                      |         |                   |                  |
| [ ] Electric Plans Approved                   |  | Temp. Serv.                                 |         |                   |                  |
| Date: <u>12/14/18</u> Approved by: <u>PJC</u> |  | Constr. Serv.                               |         |                   |                  |
| Joint Plan Review Required:                   |  | TCO                                         |         |                   |                  |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.      |  | Other                                       |         |                   |                  |
| SUBCODE APPROVAL for PERMIT                   |  | Service                                     |         |                   |                  |
| Date: <u>12/14/18</u>                         |  | Final                                       |         |                   | <u>1-16-19</u>   |
| Approved by: _____                            |  | Barrier-Free                                |         |                   |                  |
| SUBCODE APPROVAL for CERTIFICATE              |  | Temp. Cut-in-Card Date Issued               |         |                   |                  |
| [ ] CO [ ] CCO [ ] CA                         |  | Final Cut-in-Card Date Issued               |         |                   |                  |
| Date: <u>1/22/19</u>                          |  | Annual Pool Inspection                      |         |                   |                  |
| Approved by: _____                            |  | Date of Grounding and Bonding Certification |         |                   |                  |

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Arthur L. Carver

Print name here: Arthur L. Carver

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

### D. TECHNICAL SITE DATA

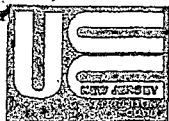
#### DESCRIPTION OF WORK:

New Liquor Store Fit out

| QTY.      | SIZE          | ITEMS                          | FEE (Office Use Only) |
|-----------|---------------|--------------------------------|-----------------------|
| <u>16</u> |               | Lighting Fixtures              |                       |
| <u>3</u>  |               | Receptacles                    |                       |
|           |               | Switches                       |                       |
|           |               | Detectors                      |                       |
|           |               | Light Poles                    |                       |
|           |               | Motors—Fract. HP               |                       |
| <u>2</u>  |               | Emergency & Exit Lights        |                       |
| <u>4</u>  |               | 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          |                       |
| <u>3</u>  | <u>1.5 I</u>  | KW Elec. Dryer/Receptacle      |                       |
|           |               | KW Dishwasher                  |                       |
| <u>1</u>  | <u>3.5 HP</u> | HP Garbage Disposal            |                       |
|           |               | KW Central AC 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    |                       |
| <u>2</u>  | <u>4 HP</u>   | <u>walk in cooler</u>          |                       |
| <u>1</u>  | <u>5 HP</u>   | <u>wic</u>                     |                       |

To reorder call: ALLEGRA  
Marketing • Print • Mail  
(609) 390-1400

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



# Forbes Liquor

## PLUMBING SUBCODE TECHNICAL SECTION



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

Block 446.05 Lot 3 Qualification Code \_\_\_\_\_  
Work Site Location 580 BRICK BLVD  
BRICK NJ 08723  
Owner in Fee: THEODORE SMITHE SONS  
Tel. (732) 477-2000 e-mail \_\_\_\_\_  
Address 550 BRICK BLVD, BRICK NJ 08723  
Contractor: Jerry Rodenbaugh Tel. (732) 600-4588  
Address 3214 Beachview Dr. e-mail \_\_\_\_\_  
10MS RIVER N.J. 08753  
Contractor License No. 11197 Exp. Date 6-2019  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. 20-2403193 FAX: (732) 240-3808

**B. PLUMBING CHARACTERISTICS**  
Use Group Present ☒ Proposed \_\_\_\_\_  
Building Sewer Size 4" Public Sewer ☒ Private Septic \_\_\_\_\_  
Water Service Size 1" Public Water ☒ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ 1500

| JOB SUMMARY (Office Use Only)                                                                                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| PLAN REVIEW                                                                                                                 |                                        |
| <input type="checkbox"/> No Plans Required                                                                                  |                                        |
| <input type="checkbox"/> Partial - Underslab Utilities Approved                                                             |                                        |
| Date: _____                                                                                                                 | Approved by: _____                     |
| <input checked="" type="checkbox"/> Plumbing Plans Approved                                                                 |                                        |
| Date: _____                                                                                                                 | Approved by: _____                     |
| Joint Plan Review Required:                                                                                                 |                                        |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. |                                        |
| SUBCODE APPROVAL for PERMIT                                                                                                 |                                        |
| Date: <u>12-11-18</u>                                                                                                       |                                        |
| Approved by: _____                                                                                                          |                                        |
| SUBCODE APPROVAL for CERTIFICATE                                                                                            |                                        |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> LOCA                                      |                                        |
| Date: <u>1-28-19</u>                                                                                                        |                                        |
| Approved by: _____                                                                                                          |                                        |
| INSPECTIONS                                                                                                                 | Dates (Month/Day)                      |
| Type:                                                                                                                       | Failure Failure Approval Initial       |
| Slab                                                                                                                        |                                        |
| Rough                                                                                                                       |                                        |
| Water                                                                                                                       |                                        |
| Sewer                                                                                                                       |                                        |
| Fixtures                                                                                                                    |                                        |
| Gas Equipment                                                                                                               |                                        |
| Gas Piping                                                                                                                  |                                        |
| LPGas Tank                                                                                                                  |                                        |
| Fuel Oil Piping                                                                                                             |                                        |
| Solar                                                                                                                       |                                        |
| TCO                                                                                                                         |                                        |
| Final                                                                                                                       | <u>1-23-19</u> <u>1-25-19</u> <u>W</u> |

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

Utility Sink + 4 Condensate Pumps

| QTY.      | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-----------|--------------------------|-----------------------|
| _____     | Water Closet             | \$ _____              |
| _____     | Urinal/Bidet             | \$ _____              |
| _____     | Bath Tub                 | \$ _____              |
| _____     | Lavatory                 | \$ _____              |
| _____     | Shower                   | \$ _____              |
| _____     | Floor Drain              | \$ _____              |
| <u>X1</u> | 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       | \$ _____              |
| _____     | Greaselap                | \$ _____              |
| _____     | Sewer Connection         | \$ _____              |
| _____     | Water Service Connection | \$ _____              |
| <u>X4</u> | Stacks                   | \$ _____              |
| _____     | Other <u>Cond. Pumps</u> | \$ _____              |

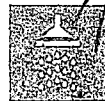
COMMERCIAL

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



# PLUMBING SUBCODE TECHNICAL SECTION

Forbes Liquor



Permit  
Update

Date Received  
Control #

Date Issued

11/16/19  
11/17/19  
19-00124

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

Block 446.05 Lot 3 Qualification Code \_\_\_\_\_

Work Site Location 580 Bruck Blvd.

Owner in Fee: Theodore Smith & Sons

Tel. 732 477-2000 e-mail \_\_\_\_\_

Address 580 Bruck Blvd. 08723

Contractor: Jerry Rodenbaugh Tel. (732) 601-4388

Address 3214 Beachchurch Dr e-mail \_\_\_\_\_

Toms River NJ 08753

Contractor License No. 111197 Exp. Date 6-2019

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

Federal Emp. ID No. 20-2403193 FAX: (732) 240-3202

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed \_\_\_\_\_

Building Sewer Size 4" Public Sewer X Private Septic \_\_\_\_\_

Water Service Size 1" Public Water X Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ 100

C. CERTIFICATION IN LIEU OF PERMIT

I hereby certify that I am the legal owner of record and am authorized to make this application and perform the work described on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

\_\_\_\_\_ Exempt Applicant

D. TECHNICAL SITE DESCRIPTION OF WORK

Point of use Electric W/Heater

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMERCIAL

| JOB SUMMARY (Office Use Only)                                                                                               |                 | DATES (Month/Day) |          |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----------|
| PLAN REVIEW                                                                                                                 | INSPECTIONS     | Failure           | Approval |
| <input checked="" type="checkbox"/> No Plans Required                                                                       | Type:           |                   |          |
| <input type="checkbox"/> Partial - Underslab Utilities Approved                                                             | Slab            |                   |          |
| Date: _____ Approved by: _____                                                                                              | Rough           |                   |          |
| <input type="checkbox"/> Plumbing Plans Approved                                                                            | Water           |                   |          |
| Date: _____ Approved by: _____                                                                                              | Sewer           |                   |          |
| Joint Plan Review Required:                                                                                                 | Fixtures        |                   |          |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Gas Equipment   |                   |          |
| SUBCODE APPROVAL for PERMIT                                                                                                 | Gas Piping      |                   |          |
| Date: _____                                                                                                                 | LPGas Tank      |                   |          |
| Approved by: _____                                                                                                          | Fuel Oil Piping |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                                                                                            | Solar           |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                        | TCO             |                   |          |
| Date: <u>1-28-19</u>                                                                                                        | Final           |                   |          |
| Approved by: _____                                                                                                          |                 |                   |          |

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

Sanjay 732-423-6004  
Kait 732-429-6722



# Forbes Liquor

## FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

1/13/19  
19-0012

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

Block 446.05 Lot 3 Qualification Code \_\_\_\_\_

Work Site Location FORBES LIQUORS

Owner in Fee: 580 BRICK BLVD BRICK NJ  
FORBES LIQUORS (SAJJAY)

Tel. 732 423-6004 e-mail \_\_\_\_\_

Address \_\_\_\_\_

Contractor: ALC ELECTRICAL INC Tel. 732 564-9449

Address 1761 EAST SECOND ST e-mail \_\_\_\_\_

SCOTCH PLAINS NJ 07076

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

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

Fire Alarm Contractor No. 14273 Exp. Date 2021

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 204549072 FAX: 732 564-0667

### B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating System: [ ] New OR [ ] Modification to Existing  
OR [ ] Conversion OR [ ] Replacement

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

Location: 580 BRICK BLVD, BRICK NJ

Total Cost of Fire Protection Work \$ 500

#### Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible  
Capacity \_\_\_\_\_

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: \_\_\_\_\_

#### Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: \_\_\_\_\_

### C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor  
sign here: \_\_\_\_\_

Print name Here: Arthur L Carr

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

### DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|                                                      | NUMBER   | FEE (Office Use Only) |
|------------------------------------------------------|----------|-----------------------|
| Flammable/Combustible Tanks                          | _____    | \$ _____              |
| <b>Alarm Systems</b>                                 |          |                       |
| [ ] System                                           | _____    | _____                 |
| [ ] 110v Interconnected                              | _____    | _____                 |
| [ ] CO Detectors/110v                                | _____    | _____                 |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | _____    | _____                 |
| Supervisory Devices (i.e., tampers, low/high air)    | _____    | _____                 |
| Signaling Devices (i.e., horn/strobes, bells)        | _____    | _____                 |
| Other Devices <u>Exit light</u>                      | <u>2</u> | _____                 |
| TOTAL                                                | _____    | _____                 |
| <b>Suppression Systems</b>                           |          |                       |
| Fire Pump _____ GPM Type _____                       | _____    | _____                 |
| Dry Pipe/Alarm Valves                                | _____    | _____                 |
| Pre-action Valves                                    | _____    | _____                 |
| Sprinkler Heads (Dry and Wet)                        | _____    | _____                 |
| Standpipes                                           | _____    | _____                 |
| <b>Pre-engineered Systems</b>                        |          |                       |
| Wet Chemical                                         | _____    | _____                 |
| Dry Chemical                                         | _____    | _____                 |
| CO <sub>2</sub> Suppression                          | _____    | _____                 |
| Foam Suppression                                     | _____    | _____                 |
| FM200 Suppression                                    | _____    | _____                 |
| Other _____                                          | _____    | _____                 |
| <b>Other Systems</b>                                 |          |                       |
| Kitchen Hood Exhaust System                          | _____    | _____                 |
| Smoke Control System                                 | _____    | _____                 |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid      | _____    | _____                 |
| Fireplace Venting/Metal Chimney                      | _____    | _____                 |
| Other _____                                          | _____    | _____                 |

COMMERCIAL

| JOB SUMMARY (Office Use Only)                         |  | INSPECTIONS        |         | Dates (Month/Day) |          |         |
|-------------------------------------------------------|--|--------------------|---------|-------------------|----------|---------|
|                                                       |  | Type:              | Failure | Failure           | Approval | Initial |
| PLAN REVIEW                                           |  |                    |         |                   |          |         |
| [ ] No Plans Required                                 |  | Alarm System       | _____   | _____             | _____    | _____   |
| [ ] Partial - Underslab Utilities Approved            |  | Suppression Sys.   | _____   | _____             | _____    | _____   |
| Date: _____ Approved by: _____                        |  | Standpipe          | _____   | _____             | _____    | _____   |
| [x] Fire Protection Plans Approved                    |  | Fire Pump          | _____   | _____             | _____    | _____   |
| Date: <u>12-24-18</u> Approved by: <u>[Signature]</u> |  | Pre-Eng. System    | _____   | _____             | _____    | _____   |
| Joint Plan Review Required: <u>NO</u>                 |  | Mechanical         | _____   | _____             | _____    | _____   |
| [ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.              |  | Smoke Control      | _____   | _____             | _____    | _____   |
| SUBCODE APPROVAL for PERMIT                           |  | TCO                | _____   | _____             | _____    | _____   |
| Date: <u>12-24-18</u>                                 |  | Flam/Combust Tanks | _____   | _____             | _____    | _____   |
| Approved by: <u>[Signature]</u>                       |  | Fireplace Venting  | _____   | _____             | _____    | _____   |
| SUBCODE APPROVAL for CERTIFICATE                      |  | Final              | _____   | _____             | _____    | _____   |
| [ ] CO [ ] CCO [ ] CA                                 |  | Other              | _____   | _____             | _____    | _____   |
| Date: _____                                           |  |                    |         |                   |          |         |
| Approved by: _____                                    |  |                    |         |                   |          |         |

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

## Matthew Fagen

---

**From:** Susan Stanisz <sstanisz@brickmua.com>  
**Sent:** Tuesday, January 22, 2019 1:40 PM  
**To:** Matthew Fagen  
**Cc:** Susan Stanisz; Bev O'Neill  
**Subject:** 580 BRICK BLVD FORBES LIQUOR

HI MATT. WE WERE OUT THERE & THEY ARE OK TO CO.



# CONSTRUCTION PERMIT

1/3/18  
Date Issued \_\_\_\_\_  
Control # C-18-004492  
Permit # 19-0012

IDENTIFICATION Block: 446.05 Lot: 3 Qualifier \_\_\_\_\_  
Work Site Location: 550-580 BRICK BLVD. Brick Township, NJ Contractor SANJAY PATEL - FORBES LIQUOR  
Address 580 BRICK BLVD. BRICK NJ 08723  
Owner in Fee THEODORE SMITH & SONS  
550 BRICK BLVD. BRICK NJ 08723 Telephone: (732) 433-6004  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_  
Telephone: (732) 477-2000

Is hereby granted permission to perform the following work:

- |                                                |                                                                    |                                                |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING   | <input checked="" type="checkbox"/> PLUMBING                       | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION                | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

DESCRIPTION OF WORK:

TENANT FIT UP - FORBES LIQUOR

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 \$67,000

D. Neuman Jr. M.D. 12/24/18  
Construction Official Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |          |
|------------------|----------|
| Building         | \$2,900  |
| Electrical       | \$275    |
| Plumbing         | \$421    |
| Fire Protection  | \$116    |
| Elevator Devices | \$0      |
| Other            | \$0.00   |
| DCA Training Fee | \$128    |
| CO Fee           | \$150.00 |
| Other            | \$0      |
| Total            | \$3,990  |
| Check No.        | 001436   |
| Cash             | \$0      |
| Credit           | \$0      |
| Collected By     |          |

## 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.

RECEIVING CLERK ChpDATE REC'D 12/5/16

## ZONING PERMIT APPLICATION

PERMIT # MP-19-0008DATE ISSUED 12/19BLOCK: 446-05 LOT: 3 QUALIFIER: — SITE ADDRESS: 580 BRICK BLVD, BRICK NJ

## IDENTIFICATION:

1. NAME OF OWNER IN FEE: THEODORE SMITH & SONSCOMPLETE ADDRESS: 550 BRICK BLVD  
BRICK NJ 08723PHONE # 732-477-2000 EMAIL: NABOR122@YAHOO.COM2. NAME OF APPLICANT: SANJAY PATELAPPLICANT ADDRESS: 580 BRICK BLVD  
BRICK NJ 08723PHONE # 732-423-6004 EMAIL: NABOR122@YAHOO.COM3. RESPONSIBLE PERSON FOR WORK: SANJAY PATELPHONE# 732-423-6004 FAX# 732-477-18124. SIGNATURE OF APPLICANT: [Signature]

## FOR OFFICE USE ONLY

## FEE SUMMARY:

APPLICATION FEE: \$ 75-OTHER: \$ —TOTAL: \$ 75-

## REQUIRED BY APPLICANT

RESIDENTIAL: —COMMERCIAL: ✓EXISTING USE: PaperStore + VerizonPROPOSED USE: ForbesBOARD APPROVAL: — PB — ZBRESOLUTION#: —APPROVAL DATE: —

## PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK &amp; DESCRIBE)

\*NEW BUILDING: — \*ADDITION — \*ALTERATION — \*PORCH — \*DECK —POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE — MATERIAL —HEIGHT: — (\*IF APPLICABLE)OTHER —DESCRIPTION: Tenant Fit Up.

## ZONING REVIEW:

DATE REVIEWED: 12-12-18 DATE DENIED: — DATE APPROVED: 12-12-18 INTLS: an

(SEE BACK PAGE)

## **TOWNSHIP OF BRICK ZONING CHECKLIST**

### **1) Four(4) copies of plot plan containing:**

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

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

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

Choose which is applicable for submission

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

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

# OFFICE USE ONLY

**ZONING REVIEW:**

DATE REVIEWED: 12/12/12 DATE DENIED: \_\_\_\_\_ DATE APPROVED: 12/12/12 INTLS: NS

[illegible]

# LAND USE

245 Attachment 5

Township of Brick

## SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick  
Ocean County, New Jersey

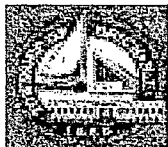
[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1984 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No.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

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

### NOTES:

- <sup>1</sup> If adjacent to residential zone or use.
- <sup>2</sup> The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- <sup>3</sup> For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY



Brick Township  
401 Chambers Bridge Rd.

Brick, NJ 08723  
(732) 262-1336

Date Issued:

Application Number: ZA-18-01468

Application Date: 12/12/2018

Project Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Fee: \$75.00

## Zoning Permit

Worksite **550-580 BRICK BLVD.**  
Location: **580 Brick Blvd Units 6 & 7**  
**Brick Township, NJ 08723**

Owner: **THEODORE SMITH & SONS**  
Address: **550 BRICK BLVD**  
**BRICK, NJ 08723**

Applicant: **Sanjay Patel**  
Address: **580 Brick Blvd.**  
**Brick, NJ 08723**

Block: 446.05 Lot: 3 Qualifier: \_\_\_\_\_ Zone: B-2

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

Present Use: Retail Store

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Retail Store (Forbes Liquors)

Work Description:

**Rehabilitation, Tenant Fit-Up - Interior alterations to units C & D for the relocation of Forbes Liquors**

**Additional Zoning Permit is required for additional work or signage.**

Application Approved Date: 12/12/2018

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: \_\_\_\_\_

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

12/12/2018

Date

Sean Kinnevy, Zoning Officer

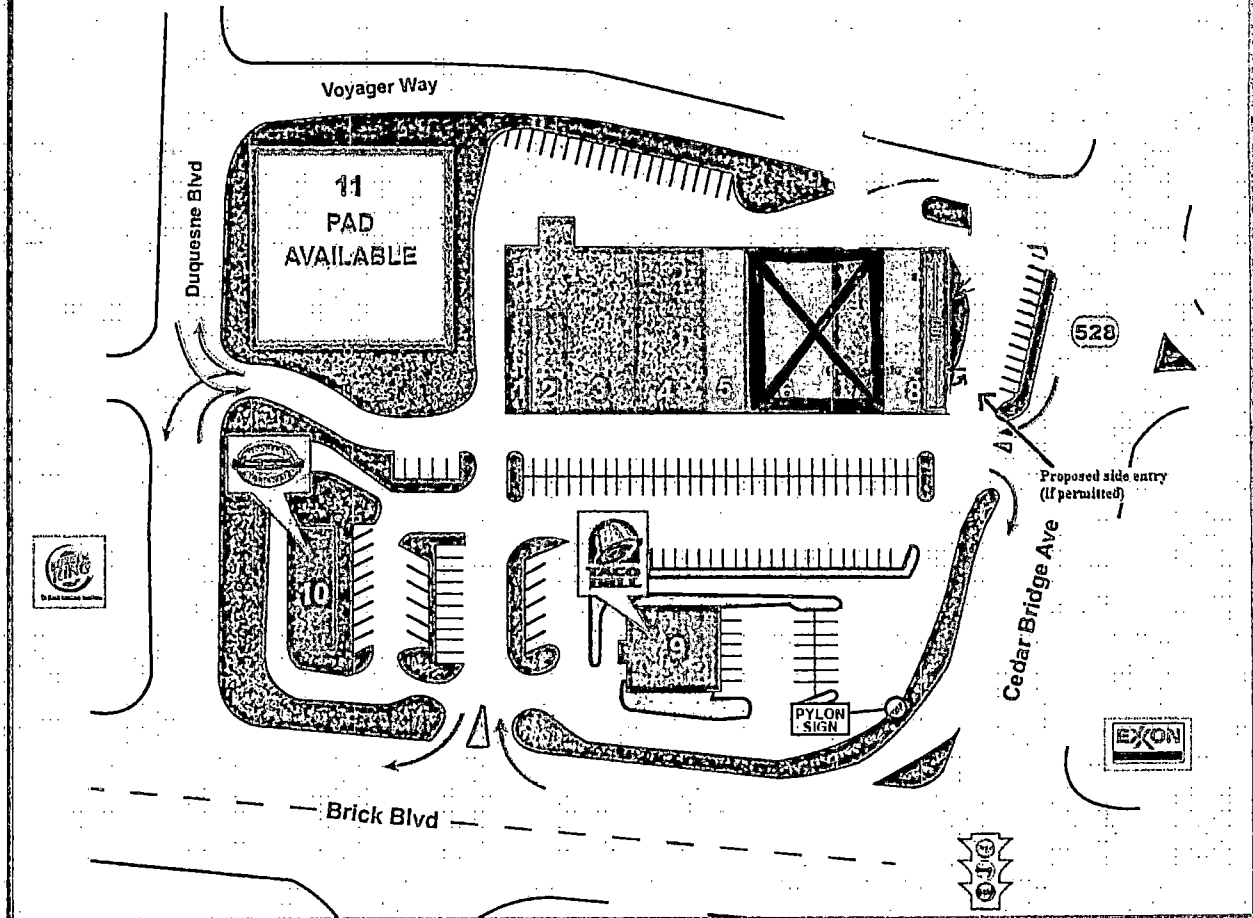
12/12/18

Date

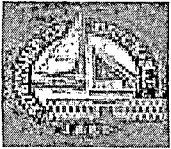
RIVIERA PLAZA  
580 BRICK BLVD.  
BRICK, NJ 08723

SITE PLAN

SITE PLAN



Approved for zoning  
CN 12/12/18  
Tenant fit up



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

## Subcode Official Review

Date: Thursday, December 20, 2018

To: THEODORE SMITH & SONS  
550 BRICK BLVD  
BRICK, NJ 08723

RE: Fire Subcode  
Block: 446.05 Lot: 3 Qual:  
550-580 BRICK BLVD.  
Permit Number: Control Number: C-18-004492  
Last Submit Date: Monday, December 17, 2018

Dear THEODORE SMITH & SONS,

Your request is hereby denied based upon the following infractions.

Exterior means of egress illumination required by UCC Rehab Subcode Subchapter 6 for exit discharge

Carbon Monoxide alarms required as per DCA Bulletin 2017-1. Only one alarm is shown on plan. Additional CO alarms required.

Sincerely,

  
Richard Orlando, Subcode Official

CC:

*Resubmit 12/21/18*  


# INSTALLATION INSTRUCTIONS

## Walk-In Coolers & Freezers

**Storflex** takes great care in packing and shipping Storflex walk-in coolers and freezers. Inspect for possible shipping damage or shortage prior to erecting the units. Report any shortage or damaged components directly to your **Storflex** Sales Representative or by contacting:

### **Storflex Fixture Corporation**

Customer Service  
392 West Pulteney Street  
Corning, New York 14830

Telephone: (800) 869-2040 or (607) 962-2137

Fax: (607) 962-7655

### **WARRANTY**

We warrant to the original purchaser that all products manufactured by us are free from defects in material and workmanship. Our obligation under this warranty is limited to repairing or replacing at our plant any part or parts which shall, within one (1) year after delivery to the original purchaser, be demonstrated to be thus defective under normal use and service. This warranty is in lieu of all other warranties, expressed or implied, and of all obligations or liabilities of any kind on our part, and no modification of this warranty shall be valid or binding unless in writing and signed by an officer of **Storflex**.

### **IMPORTANT**

Study all instructions, drawings and components before installing. Check all panels and components to be certain they correspond with installation drawings. Note any special features that may affect installation of the unit such as door location, framed out openings, threaded rod supports and/or ceiling beams. Inspect the site location and floor for levelness. The installer is responsible for all site preparation including leveling, site specific materials, temporary bracing, installation aids and tools.

Your Storflex cooler, freezer and/or combination unit must be installed in proper sequence on a level floor. All units should be started with a corner panel at the farthest end of the unit and proceeding to the adjoining wall panels. Be certain to align and plumb floor, wall, ceiling, door and partition panels to insure proper fit.

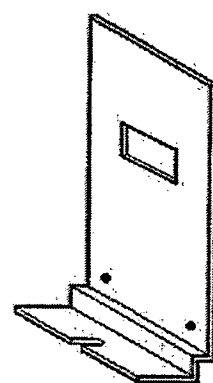
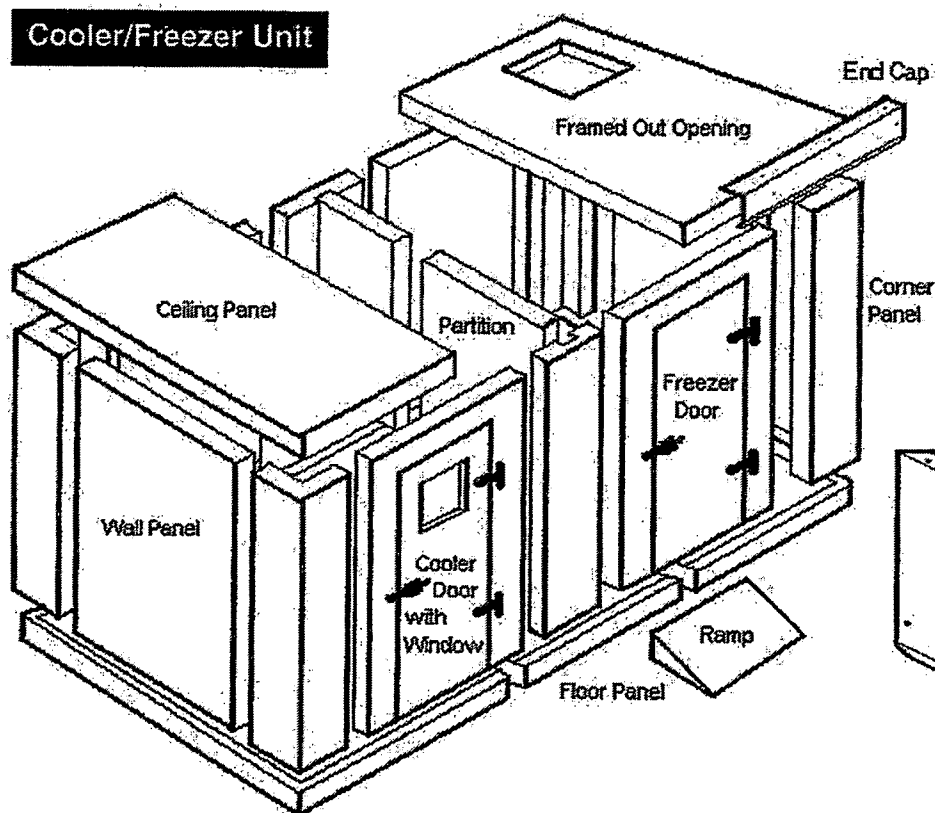
# STORFLEX

# STORFLEX

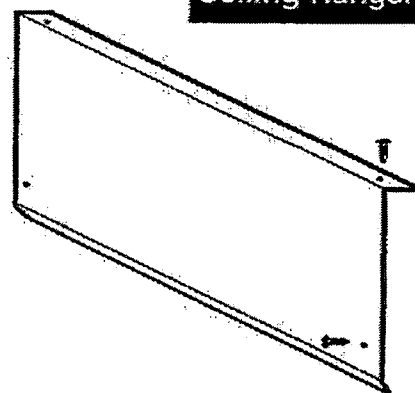
## IDENTIFYING COOLER PARTS

Storflex walk-in coolers and freezers come complete and ready for installation. Wall, corner, ceiling and floor panels are of wood frame construction with tongue and groove matching edges. "Camlock" mechanisms secure the panels in place during assembly. Cooler and freezer doors come ready for installation utilizing the "Camlock" assembly system. Units without floors come with "Fast Mount" PVC floor screed precut and mitered for fast, positive mounting. Each Storflex walk-in unit comes with detailed installation drawings that identify the location of the panels by size and number.

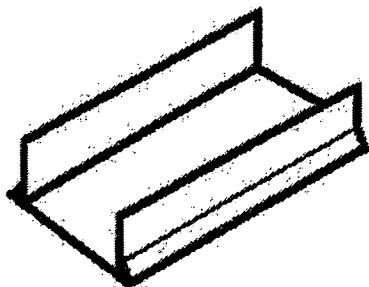
### Cooler/Freezer Unit



Ceiling Hanger



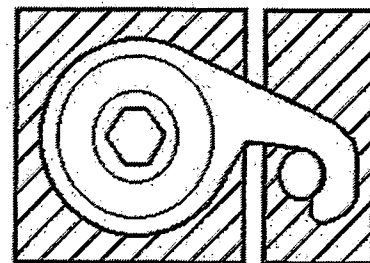
End Cap



PVC Floor Screed



Hex Key for Camlock



Camlock & Locking Pin

# STONFLIX

## SITE PREPARATION

When selecting the location for the cooler inspect the levelness of the site floor, surface irregularities of the walls and check for overhead obstructions that may affect the installation of the cooler. The quality of the finished job and ease of installation begins with a level floor. Failure to level the floor can cause the misalignment of the hinged door and wall panels that will not plumb.

Once the location has been selected, position the walk-in with sufficient clearance between the buildings exterior wall and cooler wall panels to allow for wall irregularities and proper ventilation. Mark the area the walk-in will occupy on the building floor, and square by measuring diagonally from corner to corner. Determine the high point of this area (for walk-ins larger than 100 square feet, use a transit). The entire floor must be leveled to its highest point.

One method for leveling the floor is with supports or shims. Always locate the shims between the floor panels and the building floor. If shimming is required the shims must extend under the entire section, not just at the edges. Shims should be used at the ends and at wall and floor seams spaced no further than 12 inches apart. Shimming will reduce the load capacity of the floor.

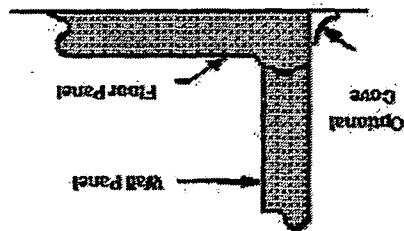
Prefabricated floors for coolers over 8 feet by 8 feet are not recommended for use in areas where high impact or heavy rolling loads are anticipated, such as stock trucks, pallet trucks and fork lifts. If such loads are anticipated, a reinforced underlay floor is necessary. This underlay should have been ordered on all units that exceed this floor area or where heavy loads are expected.

## INSTRUCTION GUIDE

### COOLERS w/ FLOORS

**Step 1a) Units with Floors:** Arrange the floor panels according to the layout drawing, being certain to verify location of corners and walk-in door. Using shims to level floor panels as necessary, lock the floor panels together using the hex wrench supplied. Shimming will reduce the load capacity of the cooler/freezer floor.

**1b) Units without floors:** The linear footage of the PVC plastic or wood screeds should total the floor dimensions of the cooler/freezer unit, less door openings. Arrange the pre cut and mitered screeds according to the drawing provided and mark each location on the site floor. Starting at the far corner, apply a bead of sealant to the screed and secure it to the floor using concrete nails. When installing floor screed it is recommended that a sealant be applied to reduce water and air seepage. Sealants should be non toxic and should not impart taste or odors and be NSF approved.



**1c) Units with curbs or channels:** When installing a masonry curb or channel for a cooler/freezer unit the curb should be in compliance with NSF Standard No. 7 and in accordance with local building and health codes. For best results an optional wood floor screed should be used in place of the plastic screed.

To install the wood screed, place the mitered and tonged screed according to the drawings, apply sealant to the bottom of the screed and nail into place using concrete nails. The wall panels will be locked to the wood screed with "Camlocks" during assembly. When installed in a channel, the space between the screed (plastic or wood) and the channel wall can be filled with concrete to floor level.

# STORFLEX

## INSTALLATION GUIDE

**Step 2)** Start erecting the wall sections beginning with the furthest rear corner of the box. Each of the panels are coded for proper location, corresponding with the installation drawing. Once the corner has been installed, begin installing the adjoining wall panels following the diagram. Complete the **far wall section first**, then move on to the adjoining wall sections, be certain to plumb, level and lock panels together. Before the panels are firmly locked together use a level to plumb the outside edge of the panel and use a straight edge to verify that the tops of the installed wall panels are even. The holes for accessing the "Camlock" should be on the inside of the cooler.

**Step 3a)** As the adjoining wall sections are completed, install the ceiling panels, according to the installation drawings, over the erected walls. A ceiling panel may have a framed out opening for the installation of refrigeration equipment. Note its location on the drawings and install this panel at the appropriate time. When ceiling panels are in place, ensure that all panels installed have been firmly locked into position with the "Camlock".

**Step 3b)** In some instances the cooler/freezer is located outside of the building, either free standing or attached to a buildings exterior wall. These units will have a flat or sloped roof and are assembled in the same manner as the standard ceiling panels.

**Flat exterior roofs** - After the ceiling panels have been assembled, install 1/2" plywood to roof then apply adhesive to the plywood roof and then install the rubber roofing membrane. Be certain to clean the roof of all materials, spread the adhesive evenly over the entire surface and apply the roofing membrane preventing any air pockets or bubbles. (See Illustration - Page 8)

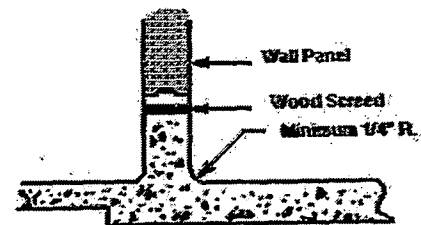
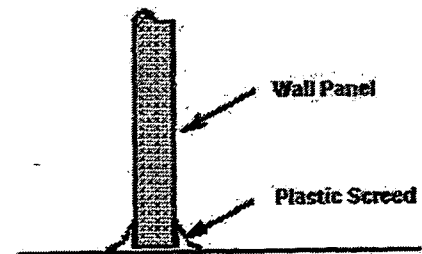
**Exterior sloped roofs** - These panels are prefabricated with a slope and attach to adjoining panels with "Camlocks." The supplied seam cap is applied to the exterior panel joints, using an approved sealant to reduce air or water seepage. The roof to building joint should also be sealed with a silicone sealant, or similar product, to prevent water and air seeping into or out of the cooler. Flashing should be used along the building wall and cooler roof line for best results. (See Illustration - Page 8)

**3c)** Coolers and freezers that exceed 16 feet in width require a **C - Beam, I - Beam or Ceiling Hangers** to properly support the ceiling panels. The Beams rest on the top ends of the cooler. Ceiling Hangers are suspended from the buildings roof supports using threaded rods (supplied by installer). If you are installing ceiling supports refer to the accompanying drawings for parts identification and installation guide. (See Illustration - Page 7)

**NOTE:** For coolers or freezers that have ceiling supports and/or large framed out openings, special attention must be given to the proper location and installation of the wall and ceiling panels requiring threaded rods. Supports are required for temporary bracing.

**Step 4)** Combination cooler/freezer units will have a **partition wall** to separate the two sections. It's location is

### FLOORLESS COOLER



# STORAFLEX

## INSTALLATION GUIDE

identified on the installation drawing. Partition walls attach to the exterior cooler panels via wall plates (grooves) and "CamLocks." For best results install one of the exterior wall panels having a wall plate first, then install the partition wall using the "CamLocks." Next the second exterior wall panel, with wall plates, should be installed and attached to the partition wall. Finally the ceiling panel should be properly aligned with the walls, partition and other ceiling panels.

**Step 5)** Some coolers may have a **framed out opening** for rear access or the installation of refrigeration doors or equipment. The framed out opening has been specially designed for both location and size and is identified on the installation drawing. Special care must be taken to properly brace the header (top) panel of the framed out opening and adjoining wall panels. Header, and sometimes sill (bottom), panels have "Camlocks" at both ends for attachment to the wall panels and across the top for attachment to the ceiling panels. A sill panel will have "Camlocks" to secure it to the floor panel or wood screed.

**Step 6)** Install the **pre-hung door** section in the same manner as the panels, locking the sections together with the "Camlocks." It is critical that the unit was plumbed and leveled properly during installation to ensure proper alignment and operation of the door. Freezer doors come with pre-installed heater cables to reduce the hazard of frost-locked doors. The electrical connection to the proper power source should be done after the cooler/freezer has been completely assembled.

**Step 7)** The **last section** to be installed should be the closest corner and ceiling panels, the one nearest the front, offering sufficient working space for installation. Lock panels tight to complete the panel assembly.

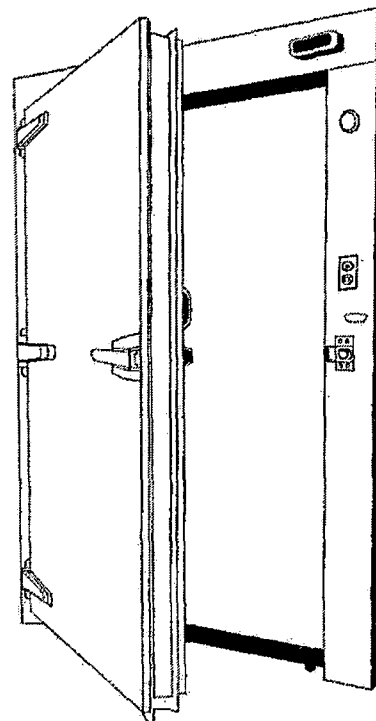
**Step 8)** Before proceeding, go back to the beginning and check all "Camlocks" to be certain they are in the **"locked" position**. All panels should have been assembled with the "Camlock" access hole located on the interior of the walk-in.

**Step 9)** After all locks have been checked and tightened use the **cap plugs** provided to cover the exposed lock holes. Install the door slam angle **brackets** to the door frame legs and floor. **Adjust the door sweep** to the height of the finished floor and adjust the door latch strike so that the door latches close freely.

**Step 10)** Apply the **Ceiling Endcaps** on the top exterior of the cooler and framed out openings, all exposed faces and sides using #8 - 5/8" screws. Cut a notch at the corners to bend the end cap for a proper fit.

**Step 11)** Silicone rubber sealant, or a similar product, may be used to effect **minor repairs** and seal joints and seams at the time of installation. Extreme care should be taken to assure appropriate cleaner or primer be used prior to application with all excess sealant properly removed. Follow manufacturers instructions and recommendations on use and clean up. **Sealants should be non toxic and should not impart taste or odors and be NSF approved.**

**Step 12)** Cooler/freezer installation is completed. Be certain to **check all work**, fittings and connections. All plumbing and electrical connections associated with the unit should be inspected according to applicable codes and regulations.



DOOR PANEL

# STORFLEX

## INSTALLATION GUIDE

**Utilities** - Electric wiring, plumbing and service connections to walk-in coolers and freezers should be installed in accordance with the National Electric Code and all applicable state and local building regulations. Utility services through the ceiling and/or wall panels should be installed and sealed to ensure the cooler remains water, air and vermin tight with all waste water outlets being of the "indirect waste" type to prevent back flow of waste water, liquids or gases into the walk-in unit.

**Fixtures** - Exterior thermometers or indicators are recommended for all walk-in coolers and freezers to monitor inside temperature. Storflex offers two types of thermometers, dial or digital, and several styles of dunnage racks and shelving units for your walk-in that comply with NSF standards.

**Replacement Parts** - Storflex can provide or manufacture replacement parts, panels or doors for your walk-in cooler or freezer. Panels and doors can be made to your specifications and Storflex can design custom mounting hardware for replacement panels and doors.

### "T" DRIVE INSTALLATION TO F.R.P. PANELS

**Step 1)**

Install floor screed per engineering floor screed layout.

**Step 2)**

Install cooler/freezer wall and ceiling panels as shown in approval store layout drawings.

**Step 3)**

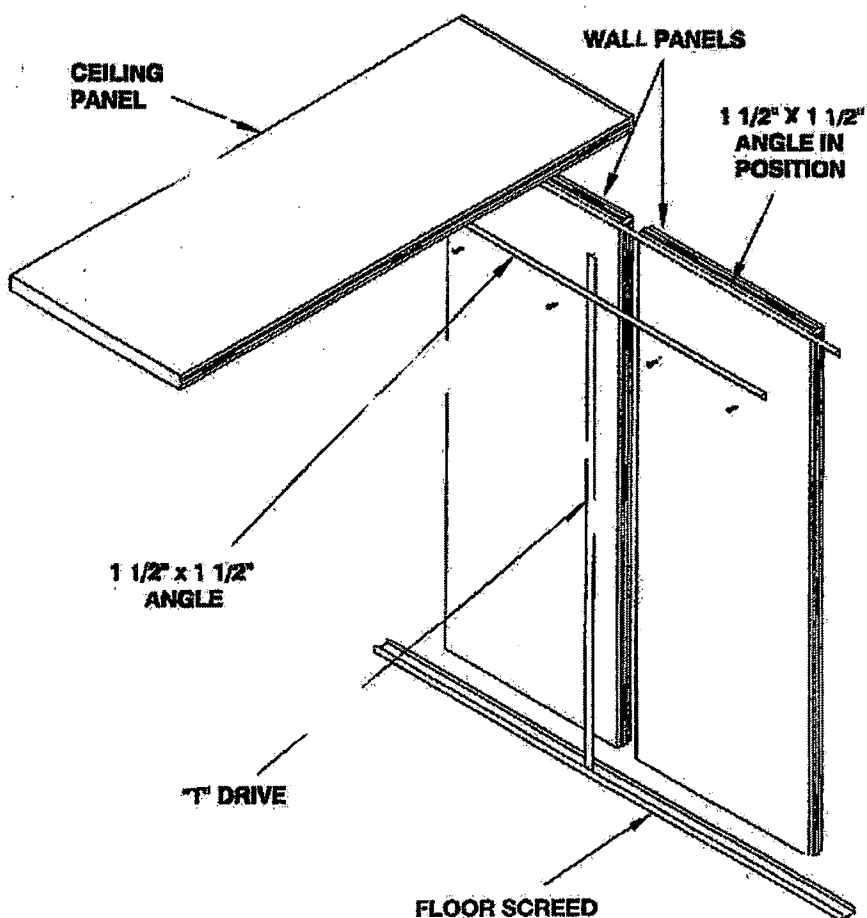
Lock all panels in place using the lock tool supplied.

**Step 4)**

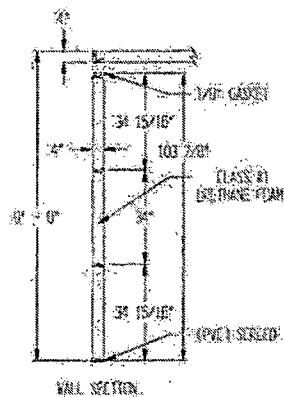
Install 1 1/2" x 1 1/2" angle against the wall and ceiling panels as shown, and screw into place every (2) two feet.

**Step 5)**

Install "T" Drive as shown by tapping gently until fully seated.

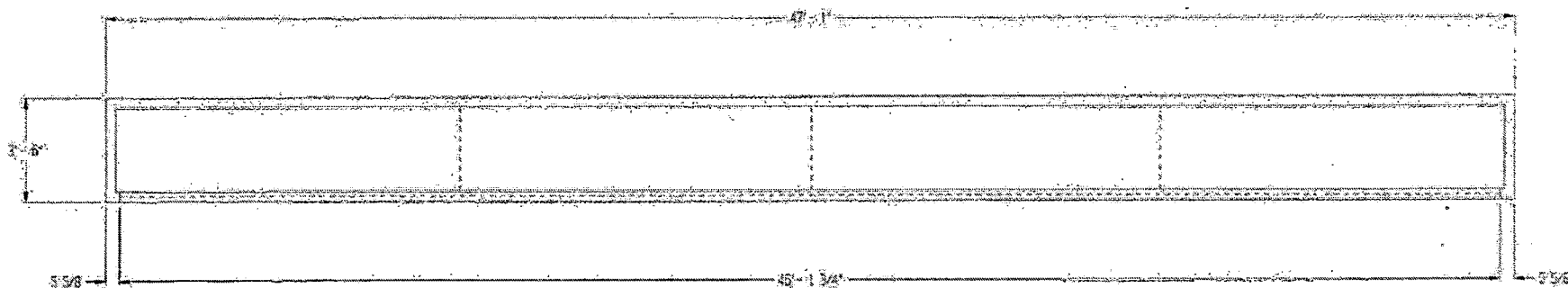






| FINISH                                |                                  |
|---------------------------------------|----------------------------------|
| INT. - EMERSED ONLY                   |                                  |
| EXT. - EMERSED ONLY                   |                                  |
| ACCESSORIES                           |                                  |
| QTY.                                  | ITEMS & NOTES                    |
| 1                                     | LOOSE VAPOR PROOF LIGHT & SWITCH |
| 1                                     | LOOSE DIAL THERMOMETER           |
| LAG DOWN CEILING PER CUSTOMER REQUEST |                                  |

w/ L angles



CEILING OPENINGS ARE 70 1/4" HIGH WITH A SILL AT 4" HIGH

**STORFLEX**  
FIXTURE CORPORATION  
100 N. HILLCREST STREET, CHICAGO, IL 60650  
PHONE: 807-562-2131 FAX: 807-562-7855

THIS APPROVAL DRAWING MUST BE SIGNED AND RETURNED TO STORFLEX  
WITH ANY CHANGES CLEARLY NOTED, BEFORE MANUFACTURING WILL BEGIN  
SIGNED: *[Signature]* DATE: 10/22/18

UNIT NAME: REACH-IN COOLER  
TITLE: COOLER WALL AND CEILING PANEL LAYOUT  
CUSTOMER: MODERN STORE EQUIPMENT / FERRELL WINE & LIQUORS - BRIDG, NJ

SDS: 502754 DATE: 10-20-18  
DWG: 5005301A DR: J.M. P.A.M.  
SERIES: 3/8" DR: 5/24/2018

# ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

BLOCK: 446-05 LOT: 3 ADDRESS: 580 BRICK BLVD BRICK, NJ**IDENTIFICATION:**

1. WORK SITE ADDRESS: 580 BRICK BLVD. BRICK NJ
2. NAME OF OWNER IN FEE: THEODORE SMITH & SONS  
ADDRESS: 550 BRICK BLVD PHONE #: (732) 477-2000  
BRICK NJ 08723 FAX #: ( )
3. PRINCIPAL CONTRACTOR: SANTAY PATEL  
ADDRESS: 580 BRICK BLVD PHONE #: (732) 423-6004  
BRICK NJ 08723 FAX #: (732) 477-1800
4. ARCHITECT OR ENGINEER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: # ( )
5. RESPONSIBLE PERSON FOR WORK: SANTAY PATEL  
ADDRESS: 580 BRICK BLVD, BRICK NJ 08723  
PHONE #: (732) 423-6004 FAX #: ( ) E-MAIL: NABOR122@YAHOO

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING  
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL  
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL \_\_\_\_\_  
☒ OTHER FIT OUT - FURNITURE & FIXTURE  
LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

**FEE SUMMARY:**

APPLICATION FEE: \$ \_\_\_\_\_  
REVIEW FEE: \$ \_\_\_\_\_  
INSPECTION FEE: \$ \_\_\_\_\_  
OTHER \_\_\_\_\_: \$ \_\_\_\_\_  
BOND(S): \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

**SPECIAL CONDITIONS:**

OCEAN COUNTY SOILS: \_\_\_\_\_  
DRAINAGE EASEMENTS: \_\_\_\_\_  
UTILITY EASEMENTS: \_\_\_\_\_  
CONSERVATION EASEMENTS: \_\_\_\_\_  
FEMA REQUIREMENTS: \_\_\_\_\_  
D.E.P. PERMITS: \_\_\_\_\_  
BOARD APPROVAL: ☐ PB ☐ ZB  
APPLICATION NUMBER: \_\_\_\_\_  
APPROVED DATE: \_\_\_\_\_

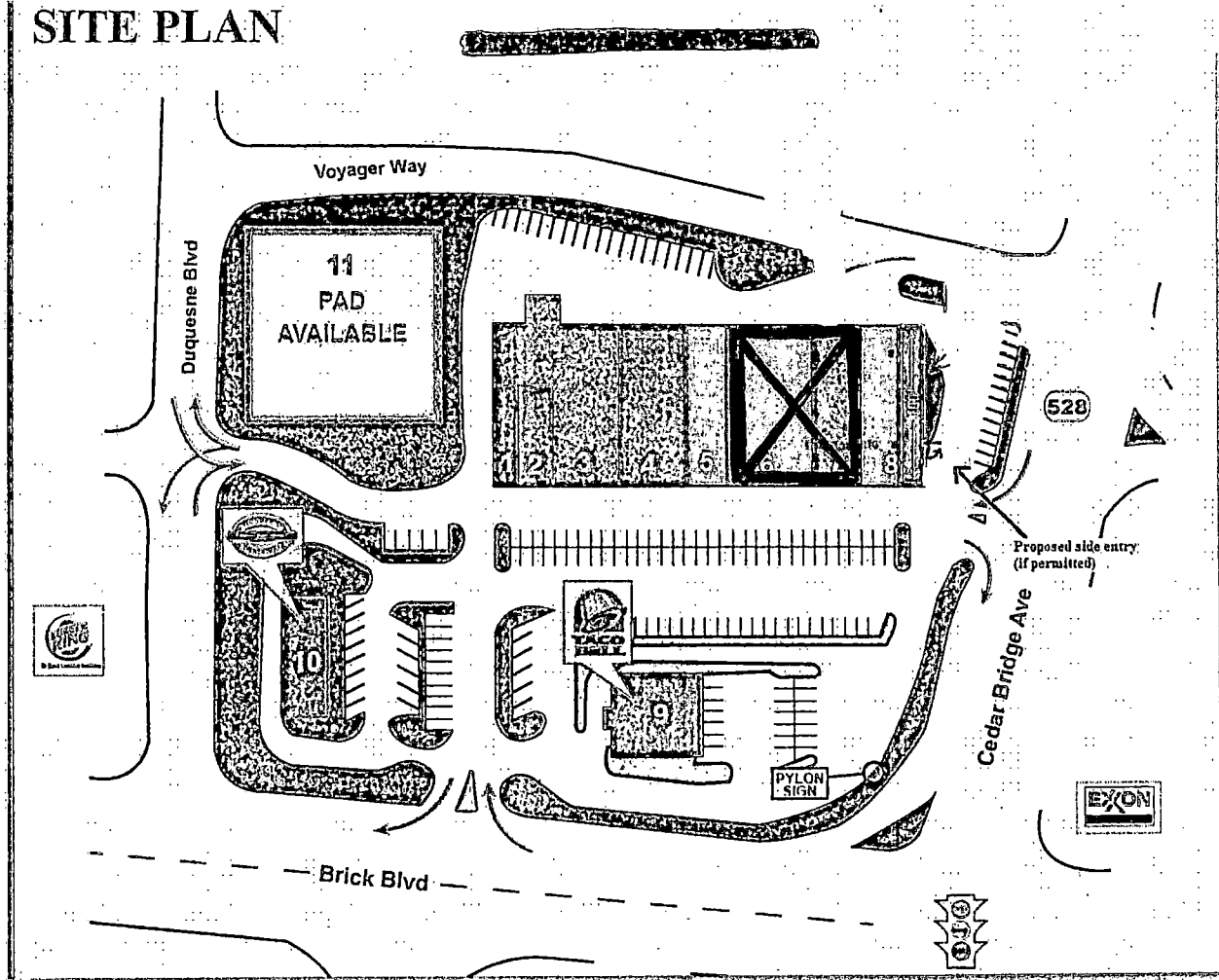
**ENGINEERING REVIEW:**

DATE RECEIVED: \_\_\_\_\_ DATE REJECTED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

RIVIERA PLAZA  
580 BRICK BLVD.  
BRICK, NJ 08723

SITE PLAN

SITE PLAN



Approved for Zoning  
on 12/12/18  
tenant put up



# APPLICATION FOR CERTIFICATE

Date Received 12/4/2018  
Date Permit Issued 1/3/2019  
Control # C-18-004492  
Permit # 19-0012  
Date Issued

## IDENTIFICATION

Block 446.05 Lot 3 Qualifier \_\_\_\_\_  
Work Site Location 550-580 BRICK BLVD. Brick Township, NJ Contractor SANJAY PATEL - FORBES LIQUOR  
Address 580 BRICK BLVD. BRICK NJ 08723  
Owner in Fee THEODORE SMITH & SONS  
550 BRICK BLVD BRICK NJ 08723 Telephone (732) 423-6004  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Telephone (732) 477-2000 Federal Employee No. \_\_\_\_\_

## ACTION

- ☒ CERTIFICATE OF OCCUPANCY  
☐ CERTIFICATE OF CONTINUED OCCUPANCY  
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE  
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP \_\_\_\_\_ Previous \_\_\_\_\_ M Current

FINAL COST OF CONSTRUCTION: \$ 67000

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

## DESCRIPTION OF WORK/USE:

Alteration TENANT FIT UP - FORBES LIQUOR

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: \_\_\_\_\_

Owner/Agent

☐ OWNER

☒ AGENT



# PERMIT UPDATE

Date Update Issued 11/17/19  
Control # C-18-004492-A  
Permit # 19-0012+A

IDENTIFICATION Block: 446.05 Lot: 3 Qualifier \_\_\_\_\_  
Work Site Location: 550-580 BRICK BLVD. Brick Township, NJ Contractor SANJAY PATEL - FORBES LIQUOR  
Address 580 BRICK BLVD. BRICK NJ 08723  
Owner in Fee THEODORE SMITH & SONS  
550 BRICK BLVD BRICK NJ 08723 Telephone: (732) 433-6004  
Telephone: (732) 477-2000 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

## Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

## DESCRIPTION OF WORK:

TENANT FIT UP - FORBES LIQUOR... UPDATE +A - WATER HEATER

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 \$700

D. Newman  
Construction Official

1/16/19  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_ \$0  
Electrical \_\_\_\_\_ \$0  
Plumbing \_\_\_\_\_ \$150  
Fire Protection \_\_\_\_\_ \$0  
Elevator Devices \_\_\_\_\_ \$0  
Other \_\_\_\_\_ \$0.00  
DCA Training Fee \_\_\_\_\_ \$1  
CO Fee \_\_\_\_\_  
Other \_\_\_\_\_ \$0  
Total \_\_\_\_\_ \$151  
Check No. 1471  
Cash \_\_\_\_\_ \$0  
Credit \_\_\_\_\_ \$0  
Collected By \_\_\_\_\_

## 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.