



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-001738

I. IDENTIFICATION

1. Proposed Work Site at: 560 BRICK BLVD 08723 BRICK NJ

2. Name of Owner in Fee: Facility Solutions Group
Tel. (214) 351 6266 e-mail Team1@FSGI.com
Address 2525 Dallas Valley Hill Lane Dallas Texas 75229
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: All Service Mechanical & Electrical Tel. (1800) 248-3226
Address 731 Birch Street e-mail _____
Brenton NJ 0705
License No. OR, if new home, Builder Reg. No. 34EB00523600 Exp. Date 3/08/18
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 Gene Mini
Tel. (1800) 248 3226 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	<u>100</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$	<u>2</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>102</u>	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands yes _____ no _____		

IIa. PROPOSED WORK

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	<u>800</u>			<u>4/22/15</u>		<u>to 4/22/15</u>			<u>to</u>
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present X Proposed _____

III. PLAN REVIEW (optional)

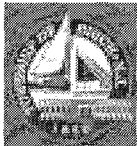
DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/7/2015
Control Number C-15-001738
Permit Number 15-1358
Permit Issue Date 5/5/2015
Certificate Number 15-1358

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 550-580 BRICK BLVD. TACO BELL Brick Township, NJ 08723 Block: 446.05 Lot: 3 Qual: _____
Owner in Fee: THEODORE SMITH & SONS
Owner Address: 550 BRICK BLVD BRICK NJ 08723
Telephone: (214) 351-6266
Contractor ALL SERVICE MECHANICAL & ELECTRICAL
Address 731 BIRCH STREET BOOTON NJ 07005
Telephone: 18002083026 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

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 AK Services mechanical & electric

Address 731 Birch St

Bronx NY 10465

Telephone (1800) 208 3026

Signature [Signature]

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



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 BRICK NT
Work Site Location 560 BRICK BVD 08723

Owner in Fee: Facility Solutions JVAP

Tel. 214 351 6266 e-mail TEME@FSJL.com

Address 2525 Vallant Hwy Dallas Texas 75224 zip code

Contractor All Service Electrical Tel. 1800 208 3226 e-mail el@all-svc.com

Address 731 Birch Street Austin TX 07005 e-mail el@all-svc.com

Contractor License No. 342B00523600 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Tele Cell Utility Co.

Est. Cost of Elec. Work \$ 40

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW		Type	Dates (Month/Day)
1. No Plans Required		Rough	Failure Approval Initial
1. Partial - Understudy Utilities Approved		Barriers-Free	Trench
1. Electric Plans Approved		Temp. Serv.	
Date: <u>1/23/18</u> Approved by: <u>EC</u>		Const. Serv.	
Joint Plan Review Required		TCO	
1. Bldg. 1.1 Punct. 1.1 Fire 1.1 Flex		Other	
SUBCODE APPROVAL TO PERMIT		Service	
Date: <u>1/23/18</u>		Barriers-Free	
Approved by: <u>EC</u>		Temp. Serv.	
SUBCODE APPROVAL TO CERTIFICATE		Final	
Date: <u>1/23/18</u>		Barriers-Free	
Approved by: <u>EC</u>		Temp. Serv.	
Final Out-of-Card Date Issued		Final	
Annual Pool Inspection		Annual Pool Inspection	
Date of Grounding and Bonding		Date of Grounding and Bonding	
Certification		Certification	

C. CERTIFICATION IN ELECTRICITY
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 2018-01-23
sign and seal here 2018-01-23

Print name here: TEME@FSJL.com

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: install 2 GFI in ceiling & install 2 2 Pole Breakers in an existing sub panel. minor work.

QTY. SIZE ITEMS ceiling equipment (evomans)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices F.A.C. Panel

TOTAL NUMBER OF 3

Pool Permit with lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dyer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

0

3

4

4

4

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4

4

5/5/15
15-1358

OVER

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



CONSTRUCTION PERMIT

Date Issued 5/5/15
Control # C-15-001738
Permit # 15-1358

IDENTIFICATION Block: 446.05 Lot: 3 Qualifier: _____
Work Site Location: 550-580 BRICK BLVD. TACO BELL Brick Contractor: ALL SERVICE MECHANICAL & ELECTRICAL
Township, NJ 08723 Address: 731 BIRCH STREET BOOTON NJ 07005
Owner in Fee: THEODORE SMITH & SONS Telephone: 18002083026
550 BRICK BLVD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. _____
Telephone: (214) 351-6266 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:

ELECTRICAL ALTERATIONS

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 \$800

Daniel Newman Jr
Construction Official

4/28/15
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	\$100
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$102
Check No. <u>1164</u>	
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.

5/12/15

WORK INSTALLED FOR
EQUIPMENT.

NO VISIBLE CORDING ACCESS

POWER CLEARANCE -

IT IS BREAKED FOR
EQUIPMENT.

5/28/15

SAME AS 5/12/15

CONTRACTOR TO BE ON SITE FOR
NEXT INSPECTION

5/30/15
STAY NO

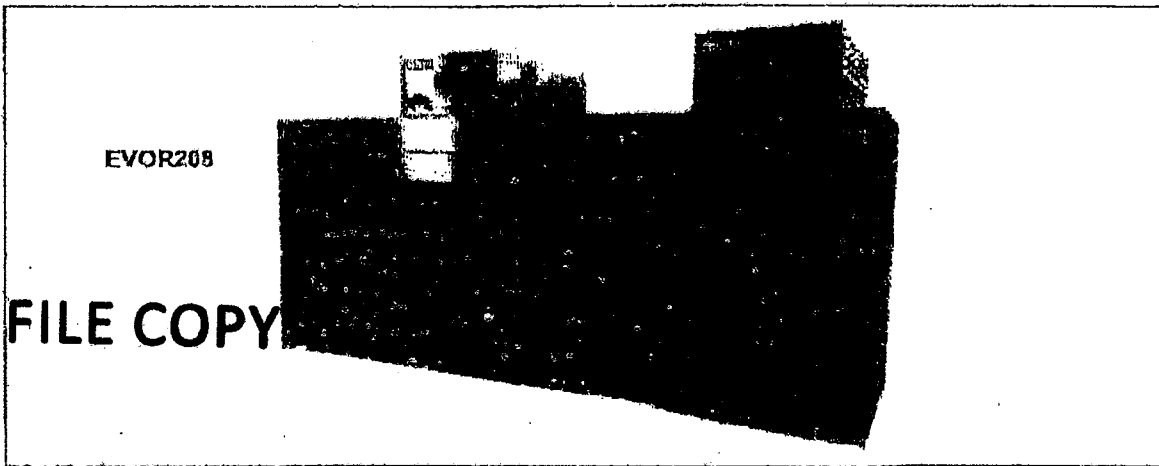
WENT INSPECTED ON EQUIPMENT
REPLACEMENT.

② Tech



EVOL208, EVOR208, EVOL240, EVOR240 DUAL COMPARTMENT FOOD HOLDING STATIONS

CARTER-HOFFMANN
HEATED FOOD STATION
FOOD SERVICE EQUIPMENT



SPECIFICATIONS

Model Number	Dimensions H x D x W	Electrical Information (each heater)	Shipping Weight
EVOL208	26.25 x 19 x 62.25	208v, 2400 watts, 12A, 50/60 Hz, 1Ph	250
EVOR208	26.25 x 19 x 62.25	208v, 2400 watts, 12A, 50/60 Hz, 1Ph	250
EVOL240	26.25 x 19 x 62.25	240v, 2400 watts, 10.5A, 50/60 Hz, 1Ph	250
EVOR240	26.25 x 19 x 62.25	240v, 2400 watts, 10.5A, 50/60 Hz, 1Ph	250

CONSTRUCTION... Two-piece, all stainless steel construction. Completely welded double wall cabinet. EVOR models have the small warming box on the right side. EVOL models have the small warming box on the left side.

INSULATION... High density fiberglass insulation in top, bottom and sides. Protects electrical components.

ACCESS... Units to be professionally installed over counter. Open front for easy access to rack/pan system. Angled interior floor.

PAN HOLDERS... Units accommodate rod-type wire formed pan racks (NOT INCLUDED); removable for cleaning.

AIR FLOW... Precision engineered heat ducts with blower fan for even heat distribution throughout cabinet. Interior bottom panel, custom polycarbonate shields over top of opening of large box and sliding doors on small warming box are engineered to create specialized air flow and warm air screen; keeps food warm and heat inside cabinet. Rear duct and bottom duct assemblies are removable for cleaning.

CONTROLS... Each unit individually controlled with digitally controlled and monitored temperature with digital temperature read-out. On/off toggle switch on each heater. Pre-set factory temperatures of 208°F for the small warming box and 153°F for the large warming box. Operating ranges: 145°-185°F for large warming box; 165°F to 220°F for small warming box.

HEATING SYSTEM... Two top mounted convection heating systems; removable without tools. Incoloy-sheathed heating elements and on/off toggle switch. Small warming box operating range: air temperature 165°F to 220°F (74°C to 104°C). Low temperature alarm is 25°F below set point. Large warming box operating range: air temperature 145°F to 185°F (63°C to 85°C). Low temperature alarm is 25°F below set point.

ELECTRICAL CHARACTERISTICS... EVOL240 and EVOR240 operate on 240 volts, 50/60 cycle, single phase, 2400 watts, 10.5 amps. EVOL208 & EVOR208 operate on 208 volts, 50/60 cycle, single phase 2400 watts, 12 amps. Supplied with 14/3 HSO power cord and NEMA L6-15 plug.

TOWNSHIP OF BRICK

RECEIVED FOR PERMIT

INITIAL

DATE

Specifications subject to change through product improvement & innovation.

Plumbing Subcode

CARTER-HOFFMANN

1551 McCormick Ave., Mundelein, IL 60060

(847) 362-5500 • (800) 323-9793 • Fax (847) 367-8981

www.carter-hoffmann.com

Construction Official



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of Carter-Hoffmann, LLC.

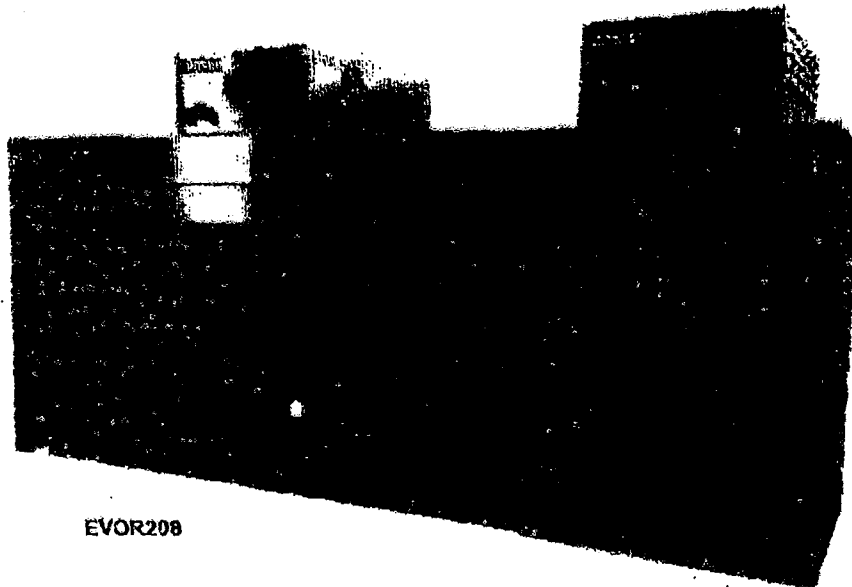
FEATURES & BENEFITS

EVOL208, EVOR208, EVOL240, EVOR240 DUAL COMPARTMENT FOOD HOLDING STATIONS

Since 1947, Foodservice Equipment That Delivers!

DOUBLE WALL STAINLESS STEEL CONSTRUCTION... Strongest, most durable materials for long life and easy cleaning. High density fiberglass insulation for maximum heat retention.

ENGINEERED AIR FLOW... Precision ducting and custom polycarbonate shields and sliding doors over openings are designed for even warm air circulation throughout cabinet to eliminate hot and cold spots.



EVOR208

HIGH PERFORMANCE HEATING SYSTEM... Blower system for fast heat up, recovery and heat distribution throughout cabinet. Electrical components located in self-contained removable heating systems, insulated and away from oil and vapors. On-off toggle switches with programmable controllers.

USER-FRIENDLY CONTROLS... On-off toggle switch with programmable controller. large warming box is factory pre-set at 158°F (70°C); small warming box is factory pre-set for 208°F (98°C) Controller supplied with lock-out feature to secure access to temperature programming changes.

EASY ACCESS... Open front with angled interior floor for easy access to rack/pan system (racks & pans not included). Flip-up shield on large warming box. Sliding polycarbonate doors on small warming box.

1551 McCormick Avenue, Mundelein, Illinois 60060
Tel. (847)362-5500 • (800)323-9793 • Fax (847)367-8981
www.carter-hoffmann.com





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

Subcode Official Review

Date: Wednesday, April 22, 2015

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

RE: Electrical Subcode
Block: 446.05 Lot: 3 Qual:
550-580 BRICK BLVD.
Permit Number: Control Number: C-15-001738
Last Submit Date: Wednesday, April 22, 2015

Dear THEODORE SMITH & SONS,

Your request is hereby denied based upon the following infractions.

Need K W of equipment

Sincerely,

Thomas Olson, Subcode Official

CC:

e/c

4/22/15
Emailed @
Team1@FsgI.com
(KB)

4/27/15

Resubmit

From All Sorvik's 0206744

4/27/15

To Tom Olson

732-710-5139 PH

732-262-8954 FAX

Specs for Tied Ball

LT-245-75R15