

APR 1 1995



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: 590 BRICK BLVD.
2. Name of Owner in Fee: LAKE RIVIERA CO. Tel. () 477-2000
Address 550 BRICK BLVD.
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: RIVIERA INC. Tel. () 477-2000
Address 550 BRICK BLVD.
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer RON SEBRING Tel. () 528-9444
Address RT 34 WALL TWP
6. Responsible Person in Charge of Work MONTY SMITH Tel. () 477-2000

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>230 -</u>		
2. Electrical			
3. Plumbing	<u>56 -</u>	<u>73 -</u>	
4. Fire Protection	<u>46 -</u>	<u>33 -</u>	
5. Elevator Devices			
6. Subtotal	\$ <u>332</u>		
7. Less 20% for State Plan Review	<u>33</u>		
8. Subtotal	\$ _____		
9. DCA Training Fee	<u>18</u>	<u>6</u>	
10. Subtotal	\$ <u>320</u>		
11. Cert. of Occupancy			
12. Other ZPA	<u>\$15.00</u>		
13. TOTAL	\$ <u>470</u>	<u>114.84</u>	<u>5/19/95</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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Fire Protection
7. ☒ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS 12000

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>JK</u>		<u>4/14/95</u>	<u>etc</u>				
		<u>4/12/95</u>	<u>9/12/95</u>		<u>5/31/95</u>	<u>OK</u>	
			<u>4/13/95</u>		<u>5/15/95</u>		<u>okay</u>
<u>any</u>	<u>4-13-95</u>		<u>EDH</u>	<u>all</u>			

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use: Barber Shop

2. Use Group: Barber Shop

3. Change in Use Group, Indicate Former: Barber Shop

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

X 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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

IMPORTANT
A.H.B.T. - EXEMPT

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

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Name of Code & Edition

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

Other

Other	1

X. CERTIFICATES ISSUED (office use only)

DATE ISSUEDDATE EXPIREDDATE REISSUEDDATE EXPIRED

- ☐ Temporary Certificate of Occupancy
- ☐ Temporary Certificate of Compliance
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Compliance
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/26/2002
Control #
Permit # 95-796

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 446.05 Lot 3 Quail
Work Site Location 590 BRICK BLVD
BARBER SHOP/CUTTING DEN
Owner in Fee/Occupant LAKE RIVERA C
Address SAME
BRICK, NJ 08723-
Telephone ()
Contractor
Address
Telephone () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[] 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period () years; see file

[X] 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 OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to fine or order to vacate:

[] 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

10 November 95

Fee \$ 20
Paid [X] Check No. 1105
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/26/2002
Control #
Permit # 95-796

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 448.05 Lot 3 Quai
Work Site Location 590 BRICK BLVD
BARBER SHOP/CUTTING DEN
Owner in Fee/Occupant LAKE RIVERA C
Address SAME
BRICK, NJ 08723-
Telephone ()
Contractor
Address
Telephone () Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[] 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 17:27, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years); see file

[X] 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 that 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.

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If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than , or the owner will be subject to fine or order to vacate:

[] 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 , .

10 November 95

CONSTRUCTION OFFICIAL
U.C.C. F250 (rev. 3/95)

Fee \$ 20
Paid [X] Check No. 1105
Collected by: TL



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

4/13/95

796-95

IDENTIFICATION Block 446.05 Lot 1

Work Site Location

590 Brock Blvd

Contractor

SHAPE
CHECK

Rivera Inc

Owner in Fee

F.R. Rivera Co

Address

1st St

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fit up

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 \$

12000

CONSTRUCTION OFFICIAL

[Signature]

PAYMENTS (Office Use Only)		796#
Building	<u>230</u>	0.00
Plumbing	<u>56</u>	446 #
Electrical	<u>1 NT</u>	0.00
Fire Protection	<u>410</u>	3 #
Other	<u>2</u>	REITITING 20.00
Other	<u>1116</u>	PLUMBING 56.00
DCA Training Fee	<u>1</u>	DIRE 16.00
Cert. of Occ.	<u>2</u>	PLAN REV 13.00
Other	<u>1114</u>	J.C.A. 0.00
Total	<u>1116</u>	20.00
Check No.	<u>111</u>	5.00
Cash	<u>111</u>	TOTAL 40.00
Collected By:	<u>[Signature]</u>	



PERMIT UPDATE

Date Update Issued

Control #

Permit # 796-95

Date Permit issued 4-13-95

IDENTIFICATION Block 446.05 Lot 3
Work Site Location 550 BRICK BLVD Contractor Robert Carbone
Address _____
Owner in Fee Dea Smith, IRVIERO Plaza
Address Same Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Tele. (____) _____ Federal Emp. No. _____
or Social Security No. _____

Is hereby granted permission to perform the following work:

[] BUILDING ☒ PLUMBING [] Other _____
[] ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

replace gas furnace &

Estimated Cost of Work \$ 7700 -

A. J. Cicci
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	446-05 #	0.00
Plumbing	75 LUI	0.00
Electrical	3 #	5.00
Fire Protection	33 PLUMBING	3.00
Other	FIRE	6.00
Other	D.C.A.	4.00
DCA Training Fee	6 TOTAL	4.00
Cert. of Occ.	CHECK	4.00
Other	CHANGE	0.00
Total	05/19/95 NO. 1163 0009A003/	9.59
Check No.	1163	
Cash		
Collected By:		



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/13/95
746-95

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

Block 446 D S Lot 3
Work Site Location 590 BRICK BLVD.
Owner in Fee LAKE KUIPERA CO
Address 550 BRICK BLVD.
Tele. () 477-2000
Contractor RIVERA, INC
Address 550 BRICK BLVD.
Tele. () 477-2000
Lic. No. or Bids. Reg. No. 06586
Federal Emp. No. _____ or Social Security No. _____

TENANT FITTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
☐ No Plans Req.							
☐ All							
☐ Footing							
☐ Foundation							
☐ Frame							
☐ Other							
Joint Plan Review Required:							
☐ Elec	☐ Plumb	☐ Fire					
SUBCODE APPROVAL							
☐ CO	☐ CCO	☐ CA					
Date:							
Approved By:							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(Office Use Only)
FEE

TYPE OF WORK:	
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

	Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
Paid ☐ Check # _____	\$ _____	\$ _____	\$ _____	\$ _____
Collected by: _____				

River Plaza

Rough - Ready
Rd 5/15/15
Rd 5/15/15



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit # 796-9
APR 17 1950 03139

FEE (Office Use Only)

D. TECHNICAL SITE DATA

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

Block 446-D5
Work Site Location 580 Brick Blvd.
Owner in Fee Cutting Den - Riviera Const.
Address 580 Brick Blvd.
Brick N.Y.
Tele. () 477-2000
Contractor EUREKA ELEC. SERVICE
Address P.O. Box 75 Osbornville
Brick N.Y.
Tele. () 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed Abatement
Pole/Pad # () Temporary () Other
Building Occupied as Main Station Utility Co.
Est. Cost of Elec. Work \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
() No Plans Required	Type:	Failure
Joint Plan Review Required:	Rough	Approval 4/20/15 Initial 5/15/15
() Bldg. () Plumb.	Temporary	
() Fire () Elevator	Const. Serv.	
() Elec. Plans Approved	TCO	
Date:	Other	
Approved by:	Service	5/15/15
SUBCODE APPROVAL	Final	5/15/15
() CO () CCO () CA	Temp. Cut-in-Card Date Issued	
Date: 5/15/15	Final Cut-in-Card Date Issued	
Approved By: 5/15/15		

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.

X Licensed Electrical Contractor () Exempt Applicant

Signature - Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
24		Fixtures (1)
25		Receptacles (2)
8		Switches (3)
57		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
576N		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
4.5		Kw Water Heater(s) GAS
		Kw Central heat:
		oil gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors - Fractional H.P.
		hp Motors - All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

Paid () Check #	Administrative Surcharge	\$
RE	Minimum Fee	\$ 38.00
	DCA Training Fee	\$ 2.00
Collected by:	TOTAL FEE	\$ 60.00

U.C.C. Form F-1208

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/13/95
796-95

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 44C DS Lot 3

Work Site Location 590 BRICK BLVD.

Owner in Fee LAKE RIVERA CO.

Address 550 BRICK BLVD.

Tele. (477-2000)

Contractor Pineclad Plumbing + Heating, Inc.

Address 807 Hawthorne Rd.

Tele. (908) 477-0854

Lic. No. 3610

Federal Emp. No. 381853417 or Social Security No. TENANT FTT11N15

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____

Joint Plan Review Required: _____

INSPECTIONS _____

Joint Plan Review Required: _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

INSPECTIONS _____

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other

Administrative Surcharge

Paid ☐ Check # _____ Minimum Fee \$ _____

DCA Training Fee \$ _____

Collected by: _____ TOTAL \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

4/13/95
796-95

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

Block 44C D5 Lot 3
Work Site Location 550 BRICK BLVD.
Owner in Fee LORE BRICK CO.
Address 550 BRICK BLVD.
Tele. () 477-2000
Contractor Pauland Plumbing & Heating, Inc.
Address 807 Mantoloking Rd.
Tele. () 472-0800
Lic. No. 15610
Federal Emp. No. 33453417 or Social Security No. 15610
B. PLUMBING CHARACTERISTICS
Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic Private Well
Water Service Size Public Water Private Well Private Well
Estimated Cost of Plumbing Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
☐ No Plans Required
Joint Plan Review Required:
☐ Bldg. ☐ Elec.
☐ Fire ☐ Elevator
☐ Plumb. Plans Approved
Date: 4-13-95
Approved by: Pauland
SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ CA
Approved By: TCO
Date: TCO

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.

Pauland Licensed Plumbing Contractor, () Exempt Applicant
Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$
DCA Training Fee \$
Collected by: TOTAL \$ 56-

Township of Jackson
96-W- Veterans Highway
Jackson, New Jersey 08527
(609) 680-1800 (ext. 221)



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/19/95
796-8566
Kypolek

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.

Block 416.05 Lot 3

Work Site Location Ruera Plaza

Owner in Fee Deu Smith

Address 580 Rt 549 So. H

Brick NJ 08723

Tele. 908 477-8000

Contractor Robert Carbone HVAC Inc.

Address 766 Manioking Rd

Brick NJ 08723

Tele. 908 720-1200

Lic. No. 6106337

Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL:

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

INSPECTIONS	Type:	Failure	Failure	Approval	Initial
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
Solar					
TCO					

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____
Contractor Seal _____

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other 75,000 Rooftop (A)

FEE (Office Use Only)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 12, 1995

1995 Z 0439

Block 446.05

Lot 3

Zone B-2, G.B.

Property Address: 590 Brick Boulevard

Owner: Lake Riviera Company

(Phone): 477-2000

Applicant: Monte Smith; Lake Riviera Company

(Phone): Same

Use: Unit in Riviera Plaza

Proposed Construction (if any): Tenant Fit-up.

"Cutting Den" Hair Salon.

Conditions: _____

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy

Sean Kinnevy

Land Use Officer

Sq. Feet. _____

REVIEW RECORD
BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # _____
Date _____

JURISDICTION Bruck Town

BUILDING LOCATION LAKE RIVIERA (City, County, Township, etc.)

Job Name 550 Bruck Blvd (Street address)

New Building ☐ Addition ☐ Alteration ☐ Other ☐

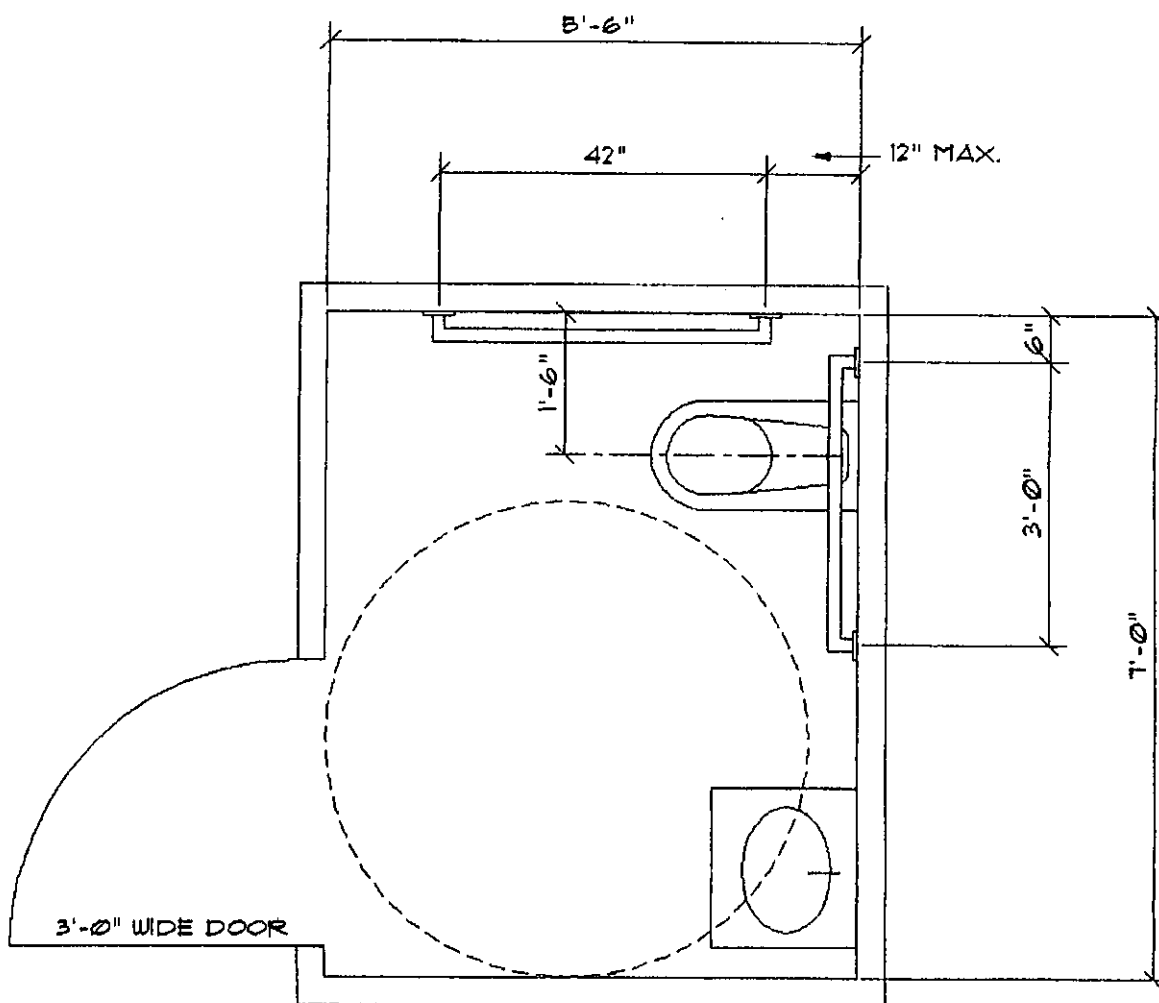
Construction Classification _____ Use Group B Block 446 Lot 05

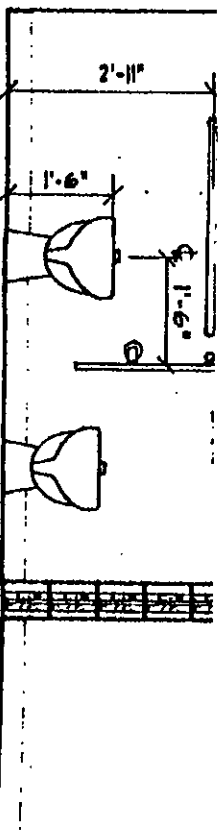
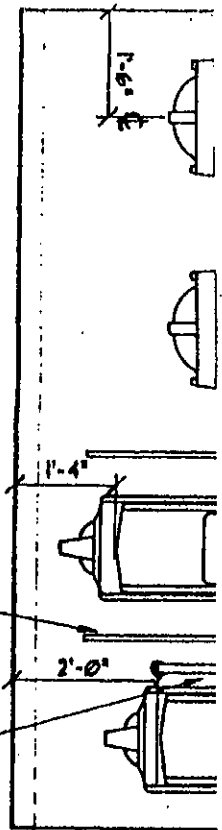
CORRECTION LIST

No.	DESCRIPTION	Page	Use-Group	Code Sect.	Ch
1	Doesn't Show <u>2nd</u> <u>pages of</u>				
2	<u>Eggs</u>				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments:

RASA-ON	TO: DEAN SMITH	FROM: RASA	DATE: 3/29/95
	FAX #:	FAX #:	PHONE #: 528 9444 2
			PAGES INCLUDING THIS PAGE: 2
			TOPS 14850





ELEVATION 8

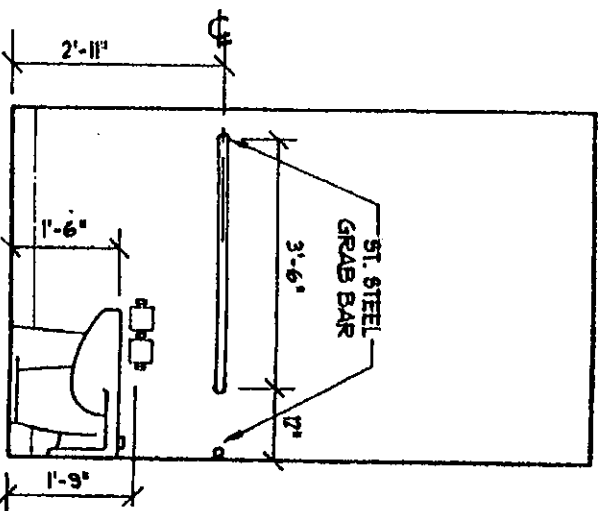
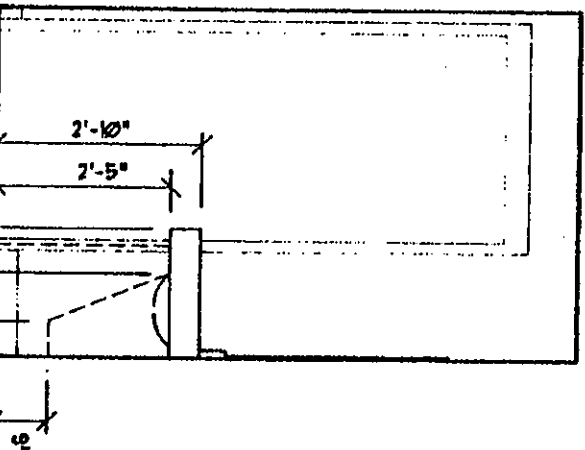
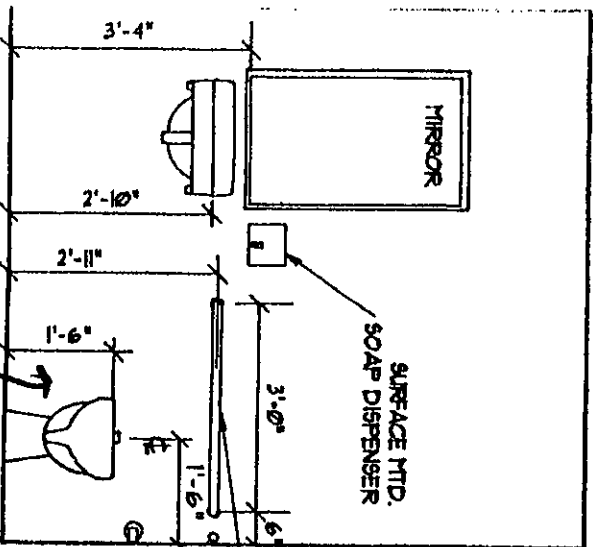
SCALE: 3/8" = 1'-0"

ELEVATION 9

SCALE: 3/8" = 1'-0"

NOTE: TOILET STALL DOOR SHALL HAVE LEVER HARDWARE

DEAD, FOR REPAIRED ONLY SHOWS WORKING HEIGHTS



NOTE: TOILET PAPER DISPENSER SHALL NOT PROJECT BEYOND THE FRONT EDGE OF THE WATER CLOSET

ELEVATION 12

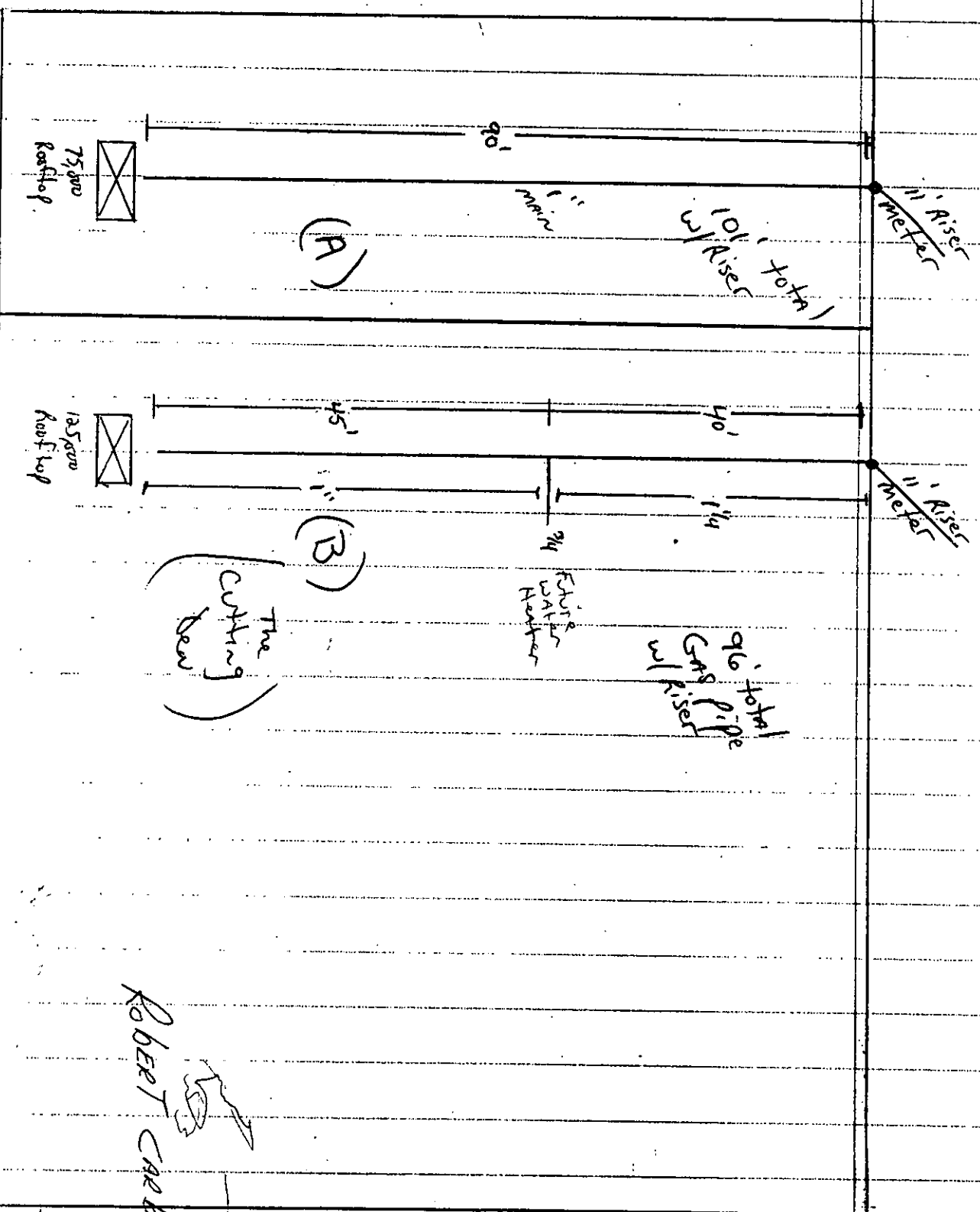
SCALE: 3/8" = 1'-0"

ELEVATION 13

SCALE: 3/8" = 1'-0"

ELEVATION 14

SCALE: 3/8" = 1'-0"



Front of Building

ROBERT CARBONE CO.

* Cadwal Brick Building
 * Dean Smith's Building
 Plaza



5 TON (17.6 kW) SPECIFICATIONS SUMMARY SHEET

(A)

BASIC MODEL

Model No.	Voltage	Catalog No.
CHA24D-651-653-00	☐ 208/230v-60hz-1ph	80J62
	☐ 208/230v-60hz-3ph	80J64
	☐ 460v-60hz-3ph	80J66
	☐ 575v-60hz-3ph	80J68
CHA24-653-00	☐ 208/230v-60hz-3ph	80J63
	☐ 460v-60hz-3ph	80J65
	☐ 575v-60hz-3ph	80J67
CHP24D-651-653-00	☐ 208/230v-60hz-1ph	80J54
	☐ 208/230v-60hz-3ph	80J55
	☐ 460v-60hz-3ph	80J56
	☐ 575v-60hz-3ph	80J57
GHP24D-651-653-95/130	☐ 208/230v-60hz-1ph	80J58
	☐ 208/230v-60hz-3ph	80J59
	☐ 460v-60hz-3ph	80J60
	☐ 575v-60hz-3ph	80J61

Model No.	Voltage	Catalog No.
GCS24-653-78	☐ 208/230v-60hz-3ph	80J42
	☐ 460v-60hz-3ph	80J48
GCS24D-651-653-78	☐ 208/230v-60hz-1ph	80J39
	☐ 208/230v-60hz-3ph	80J45
	☐ 460v-60hz-3ph	80J50
GCS24-653-130	☐ 208/230v-60hz-3ph	80J43
	☐ 460v-60hz-3ph	80J49
GCS24D-651-653-130	☐ 208/230v-60hz-1ph	80J40
	☐ 208/230v-60hz-3ph	80J46
	☐ 460v-60hz-3ph	80J51
◆ GCS24-653-95/130	☐ 208/230v-60hz-3ph	80J44
	☐ 575v-60hz-3ph	80J52
◆ GCS24D-651-653-95/130	☐ 208/230v-60hz-1ph	80J41
	☐ 208/230v-60hz-3ph	80J47
	☐ 575v-60hz-3ph	80J53

FACTORY INSTALLED OPTIONS

Option	Description
☐ Electric Heat Package (CHA/CHP24 models)	Sizes from 7kW to 25kW, includes sub-fuse box
☐ Electrical Convenience Package	Includes unit disconnect and dual 120v GFCI service outlets (field wired)
☐ Low Ambient Controls	Low ambient controls (down to 30°F (-1.1°C) factory wired
☐ Logic Controls Package	Factory run tested, agency approved. Novar package includes ETM module and return air sensor
Economizer Package (With Gravity Exhaust)	☐ Enthalpy controlled Includes: controller, motor/damper assembly (factory installed and wired), gravity exhaust dampers and outdoor air hoods (field installed)
	☐ Logic controlled For use with Logic Control (ordered separately). Includes: motor/damper assembly (factory installed and wired), gravity exhaust dampers and outdoor air hoods (field installed)
☐ Outdoor Air Damper Package	Includes linked damper assembly and outdoor air hood
☐ Smoke Detector Package	Photoelectric type, installed and wired in return air section
Corrosion Protection Package	☐ Condenser Section only Phenolic epoxy coating applied to condensing coil only, painted base condensing section
	☐ Condenser & Evaporator Sections Phenolic epoxy coating applied to coils, painted base in both condensing and evaporator sections, painted blower housing

FIELD INSTALLED ACCESSORIES

Accessory Description	Model No.	Catalog No.
☐ Roof Mounting Frame	RMF24-81	45J19
☐ Economizer (Down-Flow or Horizontal) (includes Gravity Exhaust Dampers)	REMD24M-81	45J20
☐ Differential Enthalpy Control	—	54G44
☐ Horizontal Supply & Return Air Kit	HDK24-81	45J25
Concentric Diffusers	☐ Step-Down	RTD11-95 29G04
	☐ Flush	FD11-95 29G08
☐ Supply & Return Air Transitions	SRT24-81	48J27
☐ Outdoor Air Damper Kit (Manual)	OAD24-81	45J21
☐ Outdoor Air Damper Kit (Automatic)	OAD24M-81	45J22
☐ Timed-Off Control Kit	LB-50709BA	32F21
◆ ☐ Cold Weather Kit	TC24-330	65C03
☐ LPG/propane Kit (1 stage)	LB-65829A	45J23
◆ ☐ LPG/propane Kit (2 stage)	LB-65825A	45J24
◆ ☐ High Altitude Kit	LB-65878A	49J48
☐ Low Ambient Kit (CHA/GCS) (down to 30°F (-1.1°C))	LB-57113BC	24H77
☐ Low Ambient Kit (CHP/GHP) (down to 30°F (-1.1°C))	LB-57113BM	27J00

Electric Heat Model No.	Voltage	Catalog No.
☐ ECH24-7	208/230v-60hz-3ph	45J31
☐ ECH24-7	460v-60hz-3ph	45J37
☐ ECH24-7	575v-60hz-3ph	45J43
☐ ECH24-10	208/230v-60hz-3ph	45J32
☐ ECH24-10	460v-60hz-3ph	45J38
☐ ECH24-10	575v-60hz-3ph	45J44
☐ ECH24-15	208/230v-60hz-3ph	45J33
☐ ECH24-15	460v-60hz-3ph	45J39
☐ ECH24-15	575v-60hz-3ph	45J45
☐ ECH24-20	208/230v-60hz-3ph	45J34
☐ ECH24-20	460v-60hz-3ph	45J40
☐ ECH24-20	575v-60hz-3ph	45J46
☐ ECH24-25	208/230v-60hz-3ph	45J35
☐ ECH24-25	460v-60hz-3ph	45J41
☐ ECH24-25	575v-60hz-3ph	45J47
☐ ECH24-30	208/230v-60hz-3ph	45J36
☐ ECH24-30	460v-60hz-3ph	45J42
☐ ECH24-30	575v-60hz-3ph	45J48

◆ The maple leaf symbol denotes Canadian only usage where applicable

NOTE — Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice.

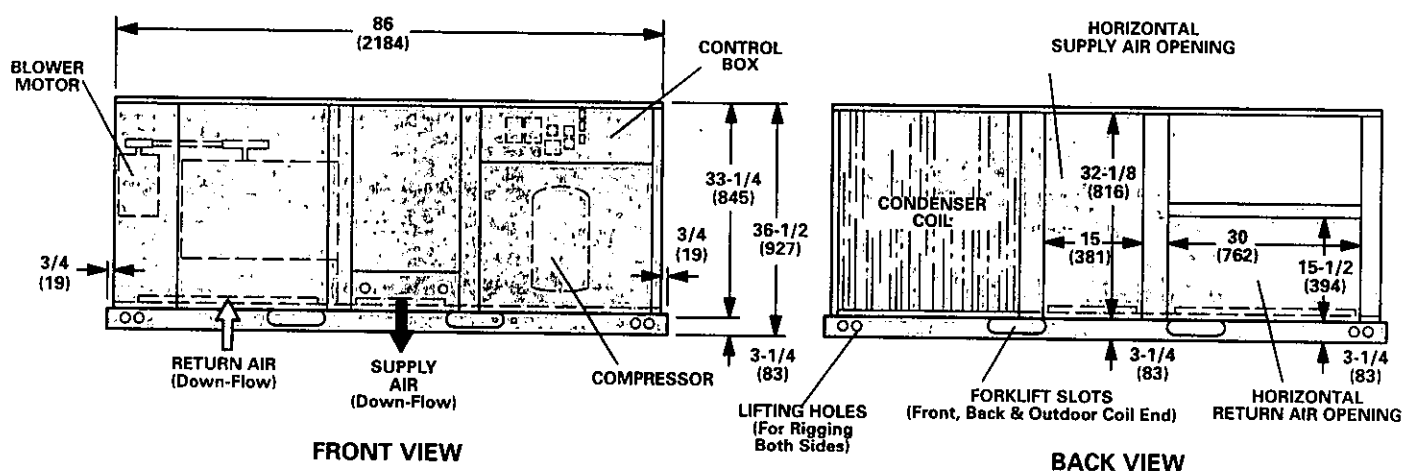
©1994 Lennox Industries Inc.

SPECIFICATIONS — 5 TON (17.6 kW)

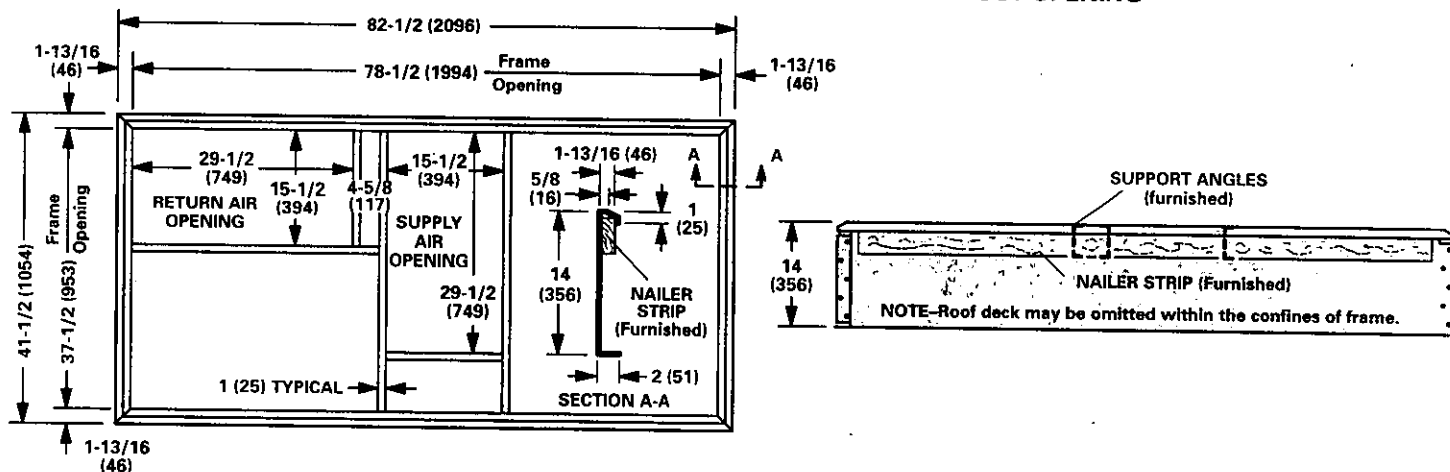
	SEER	Capacity — Btuh (kW)		Air Volume Range cfm (L/s)	Voltage 3ph-60hz	Net Weight lbs. (kg)
		Cooling	Heating			
CHA24-653	10.0	58,000 (17.0)	----	1600 – 3000 (755 – 1415)	208/230v/460v/575v	677 (307)
CHP24D-653	10.0	59,000 (17.3)	58,000 (17.0)	1405 – 2820 (665 – 1330)	208/230v/460v/575v	685 (311)
GHP24D-653-95/130	10.0	59,000 (17.3)	95,000/130,000 (27.8/38.1)	1405 – 2820 (665 – 1330)	208/230v/460v/575v	730 (331)
GCS24-653-78	10.0	58,000 (17.0)	78,000 (22.9)	1600 – 3000 (755 – 1415)	208/230v/460v/575v	711 (323)
GCS24-653-130	10.0	58,000 (17.0)	130,000 (38.1)	1600 – 3000 (755 – 1415)	208/230v/460v/575v	736 (334)
GCS24-653-95/130	10.0	58,000 (17.0)	95,000/130,000 (27.8/38.1)	1600 – 3000 (755 – 1415)	575v	736 (334)

DIMENSIONS — inches (mm)

CHA24-653, CHP24D-653, GHP24D-653 AND GCS24-653



RMF24-81 ROOF MOUNTING FRAME WITH DOUBLE DUCT OPENING



STANDARD FEATURES

- Hinged Filter Access
- Hinged Control Box Cover
- Convertible Discharge
- 1.5 hp (1120W) Blower Motor
- Crankcase Heater
- Tubular Heat Exchanger (GCS/GHP24)
- 2 in. (51 mm) Pleated Filters



LENNOX®

"THE CUTTING DEN"
 BRICK, N.Y.
 DESIGNED BY JENNIFER GREENGLASS
 FEB. 1983
 FLOOR PLAN & ELECTRICAL LAYOUT
 1/4" = 1' 0"

