Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers.
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20-2049

CONSTRUCTION PERMIT APPLICATION

C20-002533

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

I. IDENTIFICATION

1. Proposed Work Site at: 395 Brick Blvd Brick
2. Name of Owner in Fee: Drum Point Plaza LLC
   Tel. 732-920-2224 e-mail _____
   Address 249 Brick Blvd Brick (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: WT Mechanical LLC. Tel. 732-903-7344
   Address 112 Orion Dr. e-mail walt@wtmechanical.com
   Brick NJ 08724
   License No. OR, if new home, Builder Reg. No. 12334/11532 Exp. Date 06/30/2021/22
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Walter Tulecki
   Tel. 732-903-7344 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 180.-		
2. Electrical	180.-		
3. Plumbing	200.-		
4. Fire Protection	250.-		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	80.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 890.-		

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 ____

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work HVAC ☐ 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					08/19/20	KH			
☐ Electrical					8/19/20	CS			
☐ Plumbing		7/31/20			8-19-20	NS			
☐ Fire Protection					8/19/20	LS			
☐ Elevator									
TOTAL COST	$0								

Pasquale Pizza

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/15/2020
Control Number C-20-002533
Permit Number 20-2049
Permit Issue Date 09/01/2020
Certificate Number 20-2049

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-2224

Contractor WT MECHANICAL

Address 112 ORION DRIVE BRICK NJ 08724

Telephone: (732) 232-4593 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC - - PASQUALE PIZZA ...REPLACE (2) PACKAGE R.T.U.'s

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:

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/15/2020

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

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.

(X) Check if contractor.

Agent Name Walter E Tulecki Jr.

Address 112 Orion Dr.

Brick, NJ 08724

Telephone 732-903-7344

Signature _____

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

Pasquale Pizza

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/1/2020
Control #
Date Issued
Permit # 20-2049

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

Block 547.01 Lot 15 Qualification Code
Work Site Location 395 Brick BLVD

Owner in Fee: Drum Point Plaza LLC
Tel. 732-920-2224 e-mail
Address 249 Brick BLVD
street municipality zip code
Contractor: WT Mechanical Tel. 732 903-7364
Address 112 Orion Dr. e-mail Walt@WTmechanical.com
Brick
Contractor License No. 1532 Exp. Date 6-30-22
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 13,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 8-19-20 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-19-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-8-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	9-11-20	9-21-20	10-7-20	

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:
Print name here: Walter Tarbert
[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install new Packaging units

QTY.	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other Packaging units	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

COMMERCIAL

Pasquale Pizza

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/1/2020

Date Issued / Permit # 20-2049

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 395 Brick Blvd Pizza Parlor

Owner in Fee: Drum Point Plaza LLC.

Tel. 732-920-2224 e-mail

Address 249 Brick Blvd Brick

Contractor: WT Mechanical (street / municipality) Tel. 732-9077344 (zip code)

Address 112 Orion Dr. e-mail

Contractor License No. or Builder Registration No. 1532 Exp. Date 6-30-22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	08/19/20	RGK
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 08/19/20
Approved by: RGK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 09/11/20
Approved by: RGK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9-11-20	JS
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 100.
3. Total (1+ 2) $ 0

U.C.C. F110 (rev. 11/09)
Internet version

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.

Sign here: Walter Tylicki

Print name here: Walter Tylicki

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reconnect Ductwork on Package units
Weight of old 574
Weight of new 574
COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[✓] Other Ductwork
[ ] Demolition

FEE (Office Use Only)
$

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Pasquale Pizza

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/1/2020
Control #
Date Issued
Permit # 20-2049

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

Block 547.01 Lot 15 Qualification Code
Work Site Location 395 Brick Blvd

Owner in Fee: Drum Point Plaza LLC
Tel. (732) 920-2224 e-mail
Address 249 Brick Blvd Brick

Contractor: Houlis Electric (street / municipality / zip code) Tel. (732) 773-5277
Address 41 Bay Bridge Dr e-mail
Brick NJ 08724
Contractor License No. 15655 Exp. Date 3/31/21
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 140846408 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date 8/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9-13-2020
Approved by: VW
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-11-2020
Approved by: VW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/11/2020	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: Dean Houlis
[✓] Licensed Elec. Contractor [ ] Certif'd Lan[illegible] Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Disconnect/Reconnect 2 Packaged units

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Recommt 5 ton Packag	

COMMERCIAL

1 UNIT INSTALLED

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Posaverde #1229

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 9/1/2020

Date Issued Permit # 20-2049

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

Block 547.01 Lot 15 Qualification Code _____

Work Site Location 395 Brick BLVD

Owner in Fee: Drum Point Plaza LLC

Tel. (732) 920-2224 e-mail _____

Address 249 Brick BLVD Brick
street municipality zip code

Contractor: WT Mechanical Tel. (732) 903-7349

Address 112 Orion Dr. e-mail _____
Brick

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

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: Roof

Total Cost of Fire Protection Work $ 100.00

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 sign/Contractor sign and seal here: _____

Print name here: Walter Tulecki

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 2 package HVAC Units

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] 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 _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other _____		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9/17/20

Approved by: RD

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] COO [✓] CA

Date: 9/11/20

Approved by: RD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			9-11-20	RA
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9-11-20	RA
Other				

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: 877-531-2333

CONSTRUCTION PERMIT

Date Issued 8/1/2020
Control # C-20-002533
Permit # 20-2406

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ

Owner in Fee: DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-2224

Contractor: WT MECHANICAL
Address: 112 ORION DRIVE BRICK NJ 08724

Telephone: (732) 232-4593
Lic. No. or Bldrs. Reg. No. 19HC00153200 36BI01233400
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HVAC - PASQUALE PIZZA ...REPLACE (2) PACKAGE R.T.U.'s

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 $14,200

D. Howard Jr. 8/20/20
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$200
Fire Protection	$250
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$26
CO Fee	
Other	$0
Total	$776
Check No.	
Cash	$0
Credit	$0
Collected By	M. Fagan

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

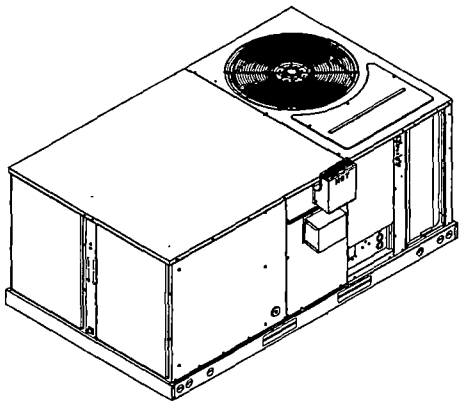
If you do not understand any of this information, please ask.

2-RKNN 13 Seer 5 ton 100K BTU 240/3PH/40 AMP

INSTALLATION INSTRUCTIONS

Package Gas Electric Featuring Industry Standard R-410A Refrigerant ~~R-410A~~

RKNN 13 SEER (3-5 TONS) SERIES
RKPN 14 SEER (3-5 TONS) SERIES
RKQN 15 SEER (3-5 TONS) SERIES



ENERGY STAR
(14 & 15 SEER ONLY)

AHRI CERTIFIED

c UL us LISTED

Accredited by the RvA — ISO 9001:2008 Certificate Number: 30164

⚠ RECOGNIZE THIS SYMBOL AS AN INDICATION OF IMPORTANT SAFETY INFORMATION!

⚠WARNING

IF THE INFORMATION IN THESE INSTRUCTIONS IS NOT FOLLOWED EXACTLY, A FIRE OR EXPLOSION MAY RESULT, CAUSING PROPERTY DAMAGE, PERSONAL INJURY OR DEATH.

⚠WARNING

THESE INSTRUCTIONS ARE INTENDED AS AN AID TO QUALIFIED SERVICE PERSONNEL FOR PROPER INSTALLATION, ADJUSTMENT AND OPERATION OF THIS UNIT. READ THESE INSTRUCTIONS THOROUGHLY BEFORE ATTEMPTING INSTALLATION OR OPERATION. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN IMPROPER INSTALLATION, ADJUSTMENT, SERVICE OR MAINTENANCE, POSSIBLY RESULTING IN FIRE, ELECTRICAL SHOCK, CARBON MONOXIDE POISONING, EXPLOSION, PROPERTY DAMAGE, PERSONAL INJURY OR DEATH.

⚠WARNING

PROPOSITION 65 WARNING: THIS PRODUCT CONTAINS CHEMICALS KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER, BIRTH DEFECTS OR OTHER REPRODUCTIVE HARM.

⚠WARNING

— Do not store or use gasoline or other flammable vapors and liquids, or other combustible materials in the vicinity of this or any other appliance.

— WHAT TO DO IF YOU SMELL GAS
- Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.
- Do not return to your home until authorized by the gas supplier or fire department.

— DO NOT RELY ON SMELL ALONE TO DETECT LEAKS. DUE TO VARIOUS FACTORS, YOU MAY NOT BE ABLE TO SMELL FUEL GASES.
- U.L. recognized fuel gas and CO detectors are recommended in all applications, and their installation should be in accordance with the manufacturer's recommendations and/or local laws, rules, regulations, or customs.

— Improper installation, adjustment, alteration, service or maintenance can cause injury, property damage or death. Refer to this manual. Installation and service must be performed by a qualified installer, service agency or the gas supplier. In the commonwealth of Massachusetts, installation must be performed by a licensed plumber or gas fitter for appropriate fuel.

DO NOT DESTROY THIS MANUAL. PLEASE READ CAREFULLY AND KEEP IN A SAFE PLACE FOR FUTURE REFERENCE BY A SERVICEMAN.

92-23577-129-05
SUPERSEDES 92-23577-129-04

GENERAL DATA - RKNN MODELS
NOMINAL SIZES 3-5 TONS [10.6-17.6 kW]

Model RKNN - Series	A060YL13	A060YM13
Cooling Performance[1]		
Gross Cooling Capacity Btu [kW]	60,000 [17.58]	60,000 [17.58]
EER/SEER[2]	11.00/13	11.00/13
Nominal CFM/AHRI Rated CFM [L/s]	2000/1850 [944/873]	2000/1850 [944/873]
AHRI Net Cooling Capacity Btu [kW]	58,000 [17.00]	58,000 [17.00]
Net Sensible Capacity Btu [kW]	41,500 [12.16]	41,500 [12.16]
Net Latent Capacity Btu [kW]	16,500 [4.84]	16,500 [4.84]
Net System Power kW	4.9	4.9
Heating Performance (Gas)[4]		
Heating Input Btu [kW]	135,000 [39.55]	135,000 [39.55]
Heating Output Btu [kW]	109,400 [32.05]	109,400 [32.05]
Temperature Rise Range °F [°C]	40-70 [22.2-38.9]	40-70 [22.2-38.9]
AFUE %	81	81
Steady State Efficiency (%)	82	82
No. Burners	6	6
No. Stages	1	1
Gas Connection Pipe Size in. [mm]	0.5 [12.7]	0.5 [12.7]
Compressor		
No/Type	1/Scroll	1/Scroll
Outdoor Sound Rating (dB)[5]	83	83
Outdoor Coil - Fin Type	Louvered	Louvered
Tube Type	MicroChannel	MicroChannel
MicroChannel Depth in. [mm]	0.7 [18]	0.7 [18]
Face Area sq. ft. [sq. m]	16.4 [1.52]	16.4 [1.52]
Rows / FPI [FPcm]	1 / 23 [9]	1 / 23 [9]
Indoor Coil - Fin Type	Louvered	Louvered
Tube Type	MicroChannel	MicroChannel
MicroChannel in. [mm]	1.3 [32]	1.3 [32]
Face Area sq. ft. [sq. m]	4.8 [0.45]	4.8 [0.45]
Rows / FPI [FPcm]	1 / 20 [8]	1 / 20 [8]
Refrigerant Control	TX Valves	TX Valves
Drain Connection No./Size in. [mm]	1/0.75 [19.05]	1/0.75 [19.05]
Outdoor Fan - Type	Propeller	Propeller
No. Used/Diameter in. [mm]	1/24 [609.6]	1/24 [609.6]
Drive Type/No. Speeds	Direct/1	Direct/1
CFM [L/s]	3930 [1855]	3930 [1855]
No. Motors/HP	1 at 1/3 HP	1 at 1/3 HP
Motor RPM	1075	1075
Indoor Fan - Type	FC Centrifugal	FC Centrifugal
No. Used/Diameter in. [mm]	1/10x10 [254x254]	1/10x10 [254x254]
Drive Type	Belt (Adjustable)	Belt (Adjustable)
No. Speeds	Single	Single
No. Motors	1	1
Motor HP	3/4	1
Motor RPM	1725	1725
Motor Frame Size	56	56
Filter - Type	Disposable	Disposable
Furnished	Yes	Yes
(NO.) Size Recommended in. [mm x mm x mm]	(1)1x16x25 [25x406x635] (1)1x16x25 [25x406x635]	(1)1x16x25 [25x406x635] (1)1x16x25 [25x406x635]
Refrigerant Charge Oz. [g]	63 [1786]	63 [1786]
Weights		
Net Weight lbs. [kg]	557 [253]	562 [255]
Ship Weight lbs. [kg]	564 [256]	569 [258]

NOTES:
1. Cooling Performance is rated at 95° F ambient, 80° F entering dry bulb, 67° F entering wet bulb. Gross capacity does not include the effect of fan motor heat. AHRI capacity is net and includes the effect of fan motor heat. Units are suitable for operation to ±20% of nominal cfm. Units are certified in accordance with the Unitary Air Conditioner Equipment certification program, which is based on AHRI Standard 210/240 or 360.
2. EER and/or SEER are rated at AHRI conditions and in accordance with DOE test procedures.
3. Heating Performance limit settings and rating data were established and approved under laboratory test conditions using American National Standard Institute standards. Ratings shown are for elevations up to 2000 feet. For elevations above 2000 feet, ratings should be reduced at the rate of 4% for each 1000 feet above sea level.
4. Outdoor Sound Rating shown is tested in accordance with AHRI Standard 270.