BLOCK 827.02 LOT 21.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1631 Route 88 PERMIT NO. 12-1395

CONSTRUCTION PERMIT APPLICATION

C 12-001149

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

I. IDENTIFICATION

1. Proposed Work Site at: 1635 RT. 88 Brick, N.J. 08723
2. Name of Owner in Fee: Dr Paul GALANTE
   Tel. (732) 718-3994 e-mail _____
   Address 1635 Rt 88 Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ODB Builders Tel. (732) 462-8686
   Address 919 Rt 33 UNIT 4B e-mail _____
   Freehold, NJ 07728
   License No. OR, if new home, Builder Reg. No. 67712 Exp. Date ✓
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (732) 761-0980
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 222.00 ✓		
2. Electrical	130 ✓		
3. Plumbing	45 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	24		
10. Subtotal	$		
11. Cert. of Occupancy	✓		
12. Other			
13. TOTAL	$ 481		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		1
2. Height of Structure	ft.	15
3. Area — Largest Floor	sq. ft.	1250
4. New Building Area	sq. ft.	—
5. Volume of New Structure	cu. ft.	—
6. Max. Live Load		50 PSF
X 7. Max. Occupancy Load		13
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

Tenant Fit up

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				4/18/12			5/3/12	5.1.12	NA
☑ Electrical	2,400.00			4-19-12 JS					
☑ Plumbing	5,000.00			4/27/12					
☐ Fire Protection									
☐ Elevator		Eng Exempt			5/1/12	ECC			
TOTAL COST	7,400.00								

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: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed 5B

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name Chris Dean

Address 919 RT33 UNIT 48 Freehold NJ. 07728

Telephone (732) 462-8686

Signature Chris Dean

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

OFFICE DATE RECEIVED: 4-10-12 SLP

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	SLC	4/10/12							ZA-12-00320
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
4/6/12	Need property map - label units - zoning	KD

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/12/2012
Control Number C-12-001149
Permit Number 12-1395
Permit Issue Date 5/24/2012
Certificate Number 12-1395

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1631 ROUTE 88 Brick Township, NJ Block: 827 Lot: 21 Qual:

Owner in Fee: 1631 ROUTE 88 W LLC

Owner Address: PO BOX 4485 BRICK NJ 08723

Telephone: 7327183994

Contractor Q D B Builders

Address 919 Route 33 Freehold NJ 07738

Telephone: 7324628686 Fax: 7327610980

License Number or Builders Registration Number: 67712 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 50 Maximum Occupancy Load: 13

Description of Work/Use: TENANT FIT UP Dentist Office

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:

Date Printed: 7/17/2012

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

failed buildings
6/19/13

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/18/2012
Control Number C-12-001149
Permit Number 12-1395
Permit Issue Date 5/24/2012
Certificate Number 12-1395

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1631 ROUTE 88 Brick Township, NJ Block: 827 Lot: 21 Qual:

Owner in Fee: 1631 ROUTE 88 W LLC

Owner Address: PO BOX 4485 BRICK NJ 08723

Telephone: (732) 718-3994

Contractor Q D B Builders

Address 919 Route 33 Freehold NJ 07738

Telephone: (732) 462-8686 Fax: (732) 761-0980

License Number or Builders Registration Number: 67712 Federal Emp. 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: TENANT FIT UP Dentist Office

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: 6/22/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 6/22/2012
Conditions to be met:

SIGNED OFF ON BUILDING SUBCODES

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/18/2012

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

Called 5/24/12

CONSTRUCTION PERMIT

Date Issued 5-24-12
Control # C-12-001149
Permit # 15-1395

IDENTIFICATION Block: 827 Lot: 21 Qualifier
Work Site Location: 1631 ROUTE 88 Brick Township, NJ
Owner in Fee 1631 ROUTE 88 W LLC
PO BOX 4485 BRICK NJ 08723
Telephone: (732) 718-3994

Contractor Q D B Builders
Address 919 Route 33 Freehold NJ 07738
Telephone: (732) 462-8686
Lic. No. or Bldrs. Reg. No. 67712
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:
TENANT FIT UP - Dentist office

Note: If constuction 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 $14,301

Construction Official

5-24-12
Date

PAYMENTS (Office Use Only)

Building	$222
Electrical	$60
Plumbing	$130
Fire Protection	$45
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$24
CO Fee	
Other	$0
Total	$481
Check No.	
Cash	$0
Credit	$0
Collected By	

450
531

U.C.C. F170
equiv (rev 8/03)
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".

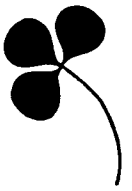
- [x] A complete copy of released plans must be kept on the job site.

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

Mr. Newman indicate to Mr: Berkowitz that there is no problem and permits. Should go right thru.

Chris –
732 - 718-3994

An Irish  Blessing



Don't walk in front of me.
I may not follow.
Don't walk behind me.
I may not lead.
Walk beside me
And just be my friend.

Dentist

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 13
LIVE LOAD 50 P. S. F.
FIRE GRADING 5B HOURS
USE GROUP B

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1395

Date Issued / Permit # 5-24-12

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

Block 827 Lot 21.01 Qualification Code

Work Site Location 1634 Rt 88 Brick N.J. 08723

Owner in Fee: Dr. Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 919 Rt 33 UNIT 48 Freehold NJ.
street municipality zip code

Contractor: QD Builders Tel. (732) 462-8686

Address 919 Rt 33 UNIT 48 e-mail

Freehold NJ. 07728

Contractor License No. or Builder Registration No. 67712 Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] ~~Interior~~	5/3/12	KA

Joint Plan Review Required

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 7-12-12

Approved by: KA / JT

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	*6/14/12 KA		7/11/12	KA
~~Barrier Free~~	*7/2/12 KA			

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 $ 7400.00
3. Total (1+ 2) $

*See Attached

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

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: Chris Dean

Print name here: Chris Dean

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant FIT UP

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
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

7/2/12 KV - Final Reg
1) Arch letter NG

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION _____ PERMIT # 12-1395

ISSUED TO _____ BLOCK _____ LOT _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction: _____

1) Remove Exit signs at Dr. Private Office (leave lights)
2) Front door lock must be push button lock
3) Architect or Engineer to certify lights attached to ceiling

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

_____

DATE _____ BY _____
INSPECTOR

White - Original Yellow - Field Copy

FELDMAN & FELDMAN ARCHITECTS, PC
36 LELAND ROAD • COLTS NECK, NEW JERSEY 07722
212 SECOND STREET • SUITE 302A • LAKEWOOD, NEW JERSEY 08701
732-761-8182 • feld2arch@aol.com • www.feldman2architects.com

TO: Bricktown Building Department

FROM: David H. Feldman, RA, AIA

DATE: April 24, 2012

RE: 1631 Route 88 W LLC
Lot: 21 Block: 827
Bricktown, New Jersey

Project: 07146

Please be advised with regards to the above referenced project that the ceiling lights installed in the exam room are structurally sound.

If you have any questions pursuant to this matter, please do not hesitate to contact out office. Thank you.

Sincerely,
FELDMAN & FELDMAN ARCHITECTS, PC

David H. Feldman, RA, AIA
DHF/sh

Letter Not Appvd
Too Vague
7/2/12

FELDMAN & FELDMAN ARCHITECTS, PC
36 LELAND ROAD • COLTS NECK, NEW JERSEY 07722
212 SECOND STREET • SUITE 302A • LAKEWOOD, NEW JERSEY 08701
732-761-8182 • feld2arch@aol.com • www.feldman2architects.com

TO: Bricktown Building Department

FROM: David H. Feldman, RA, AIA

DATE: July 9, 2012

RE: 1631 Route 88 W LLC
Lot: 21 Block: 827
Bricktown, New Jersey

Project: 07146

Permit # 12-1395

Please be advised with regards to the above referenced project that the roof trusses are structurally adequate to support all medical exam room lighting fixtures. In addition upon inspection I find that the installation of exam room fixtures to be adequately supported.

If you have any questions pursuant to this matter, please do not hesitate to contact out office. Thank you.

Sincerely,
FELDMAN & FELDMAN ARCHITECTS, PC

David H. Feldman, RA, AIA
DHF/sh

Hand Delivered

7/9/12 W
Letter Appvd -
Hard Copy to Follow

FELDMAN & FELDMAN ARCHITECTS, PC
36 LELAND ROAD • COLTS NECK, NEW JERSEY 07722
212 SECOND STREET • SUITE 302A • LAKEWOOD, NEW JERSEY 08701
732-761-8182 • feld2arch@aol.com • www.feldman2architects.com

TO: Bricktown Building Department

FROM: David H. Feldman, RA, AIA

DATE: July 9, 2012

RE: 1631 Route 88 W LLC
Lot: 21 Block: 827
Bricktown, New Jersey

Project: 07146

Please be advised with regards to the above referenced project that the roof trusses are structurally adequate to support all medical exam room lighting fixtures. In addition upon inspection I find that the installation of exam room fixtures to be adequately supported.

If you have any questions pursuant to this matter, please do not hesitate to contact out office. Thank you.

Sincerely,
FELDMAN & FELDMAN ARCHITECTS, PC

David H. Feldman, RA, AIA
DHF/sh

Lou-

848-992-6601

TCO
5 Days
Bldg

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12-1395
Control #

Date Issued 5-24-12
Permit #

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

Block 827 Lot 21.02 Qualification Code

Work Site Location 1637 Rt 88 Brick N.J. 08723

Owner in Fee: Dr. Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 919 Rt 33 UNIT 48 Freehold NJ
street municipality

Contractor: QD Builders Tel. (732) 462-8686
zip code

Address 919 Rt 33 UNIT 48 e-mail

Freehold NJ. 07728

Contractor License No. or Builder Registration No. 67712 Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	5/3/12	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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 $ 7400.00
3. Total (1+ 2) $

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

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: Chris Ilean

Print name here: Chris Ilean

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up

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
[ ] Demolition

FEE (Office Use Only)
$

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/12/15
Control #
Date Issued 5/4/15
Permit #

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

Block 827 Lot 21.01 Qualification Code

Work Site Location 1C 34 Rt 9E Brick N.J. 08723

Owner in Fee: Dr. Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 919 Rt 33 UNIT 4E Freehold NJ

Contractor: QD Builders (street) (municipality) Tel. (732) 462-9656 (zip code)

Address 919 Rt 33 UNIT 4E e-mail

Freehold NJ 07728

Contractor License No. or Builder Registration No. 67712 Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior	1/15	KM

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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 $ 74,000.00
3. Total (1+ 2) $

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

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: Chris Hess

Print name here: Chris Hess

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up

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
[ ] Demolition

FEE (Office Use Only)
$ 1,000.00

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1395
Control #

Date Issued 5-24-12
Permit #

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

Block 827 Lot 21.01 Qualification Code

Work Site Location 1635 RT 88 Brick NJ 08723

Owner in Fee: Dr Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 1635 Rt. 88 Brick NJ. 08723
street municipality

Contractor: Q D B Builders Tel. (732) 462-8686
zip code

Address 919 Rt 33 UNIT 48 e-mail
Freehold NJ. 07728

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:

Total Cost of Fire Protection Work $

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: 5-21-12 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-31-12

Approved by: KR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date: 6-19-12

Approved by: KR

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Chris Dean

Print name here: Chris Dean [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		6
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1395

Date Issued / Permit # 5-24-12

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

Block 827.08 Lot 21-24 2101 Qualification Code

Work Site Location 1635 R+88 Brick NJ.

Owner in Fee: Dr. Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 1635 R+88 Brick NJ.

Contractor: (street) Fazzino Plumbing (municipality) Hazlet Tel. (732) 928 1137 (zip code)

Address 508 Third Ave e-mail

Toms River NJ 08757

Contractor License No. 12048 Exp. Date

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

Federal Emp. ID No. 22-3208743 FAX: (732) 928 1137

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 $ 5,000.00

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: Scott Fazzino

Print name here: Scott Fazzino

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Dentest (opp chairs)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	
1	Sink Relocation	
	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	
X	Other Indirect Waste (vacuum)	

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:

[X] Plumbing Plans Approved

Date: 05-23-12 Approved by: PA

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-24-12

Approved by: JD

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 6-19-12

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			05-29-12	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6/5/12	

1-manifold (upstairs) 3 lines - med - gas outlets

1 - VAC system (3 outlets)

3 - comp. air outlets

Eastern Medical Gas Services, Inc.

P.O. Box 179 Lederach, PA 19450 # (610) 287-8111 * FAX 610-287-4187

Corporate Office-Carlsbad, California

(FIELD REPORT)

DATE: 6-15-12	JOB #: 061512-01
TECHNICIAN: Dennis Fitzgerald	
LOCATION: office Bld	
START TIME: 12:00	FINISH TIME: 2:00
ANNUAL:	
REMODEL	
NEW CONSTRUCTION: New Oxygen/Nitrous	

TO: Fazzino Plumbing + Heating

RE: Shore Points Oral Surgery

1631 Route 88 west Suite B

Brick, NJ. 08724

The Following was Noted:

Testing, Preventative Maintenance Testing, and Certification of Testing of the Medical Gas Piping Systems were performed (* in accordance with) & meet requirements of NFPA, CGA, JACHO, and C.A.C. Title 22/24, except problem areas noted below.

FINAL REPORT MAY LIST AREAS, NOT CRITICAL TO THIS CERTIFICATION, WHICH WARRANT SERVICES.

Retesting Required After Correction Completed.

NFPA 99 (93): (4-5.1.3.9) (4-5.1.3.8) (4-5.1.3.8 d & e) (5-4.2.1)

NFPA 99 (96): (4-3.4.1.3(i)) (4-3.4.1.3(h)) (4-3.4.1.3(5&6))

MEDICAL GAS SYSTEM	PURITY *	TEST RESULTS PURITY	PRESSURE *	TEST RESULTS PRESSURE	FLOWRATE *	TEST RESULTS FLOWRATE	TEMP *	TEST RESULTS TEMP
OXYGEN	99%+	99%	50-55 PSIG	52	<3.5> SCFM	3.5	64-81 Deg. F	72°
NITROUS OXIDE	99%+	99%	50-55 PSIG	53	<3.5> SCFM	3.5	64-81 Deg. F	71°
MEDICAL AIR	19.5% to 23.5%	N	50-55 PSIG	N	<3.5> SCFM	N	64-81 Deg. F	N
NITROGEN	Less <1% 02 99% N2		>160 PSIG		<5.0> SCFM		64-81 Deg. F	
VACUUM	N/A	N/A	> -12 IN Hg		<3.0> SCFM		N/A	N/A
EVAC	N/A	N/A	> -12 IN Hg		<3.0> SCFM		N/A	N/A

COMPONENTS TESTED: Outlets: 9-202-2 D.O. Shutoff Valves: 0 Alarm Panels: 1

Bulk Supply: 1 Prints & Specs: OK Riser Valves: NA 02 Low Pressure Supply: 52 psi

Critical Problems / Immediate Action Required (Results:) Tested Oxygen, Nitrous Oxide + MAC in Rooms # 1, 2 + 3 (Temporary Cabling Used) System's Passed Accoeding To NFPA 99 Code 3. System is Suitable For patient use.

Customer Signature-Corrective work is Completed / Required: Pat Tyzzo Fazzino Plumbing & Heating

Technician Signature: Dennis Fitzgerald 6-15-12

Revised C. L. Giesler, May 1, 1996 (Form 154) White-Customer Copy Yellow-Facility/Contractor Copy Pink- WMGS, Inc Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1395
Control #
Date Issued 5-24-12
Permit #

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

Block 827.08 Lot 21-3 Qualification Code

Work Site Location 1635 Rt 88 Brick NJ.

Owner in Fee: Dr Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 919 RT 33 UNIT 4B Freehold NJ, 07728
street municipality zip code

Contractor: DREW ELECTRIC SERVICE Tel. (732) 740 7945

Address 358 GRANGE RIVER e-mail
TOMS RIVER NJ 08755

Contractor License No. 5897 Exp. Date

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

Federal Emp. ID No. 611555562 FAX: (223) 818-0359

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as OFFICE Utility Co. JCPL

Est. Cost of Elec. Work $ 1900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date 4-19-12 Approved by: JJ

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-19-12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-19-12
Approved by: JJ

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	6-5-12		6-5-12	JJ
Barrier-Free				

Temp. Cut-in-Card Date Issued NR

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: Drew Girlincione

Print name here: DREW GIRLINCIONE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

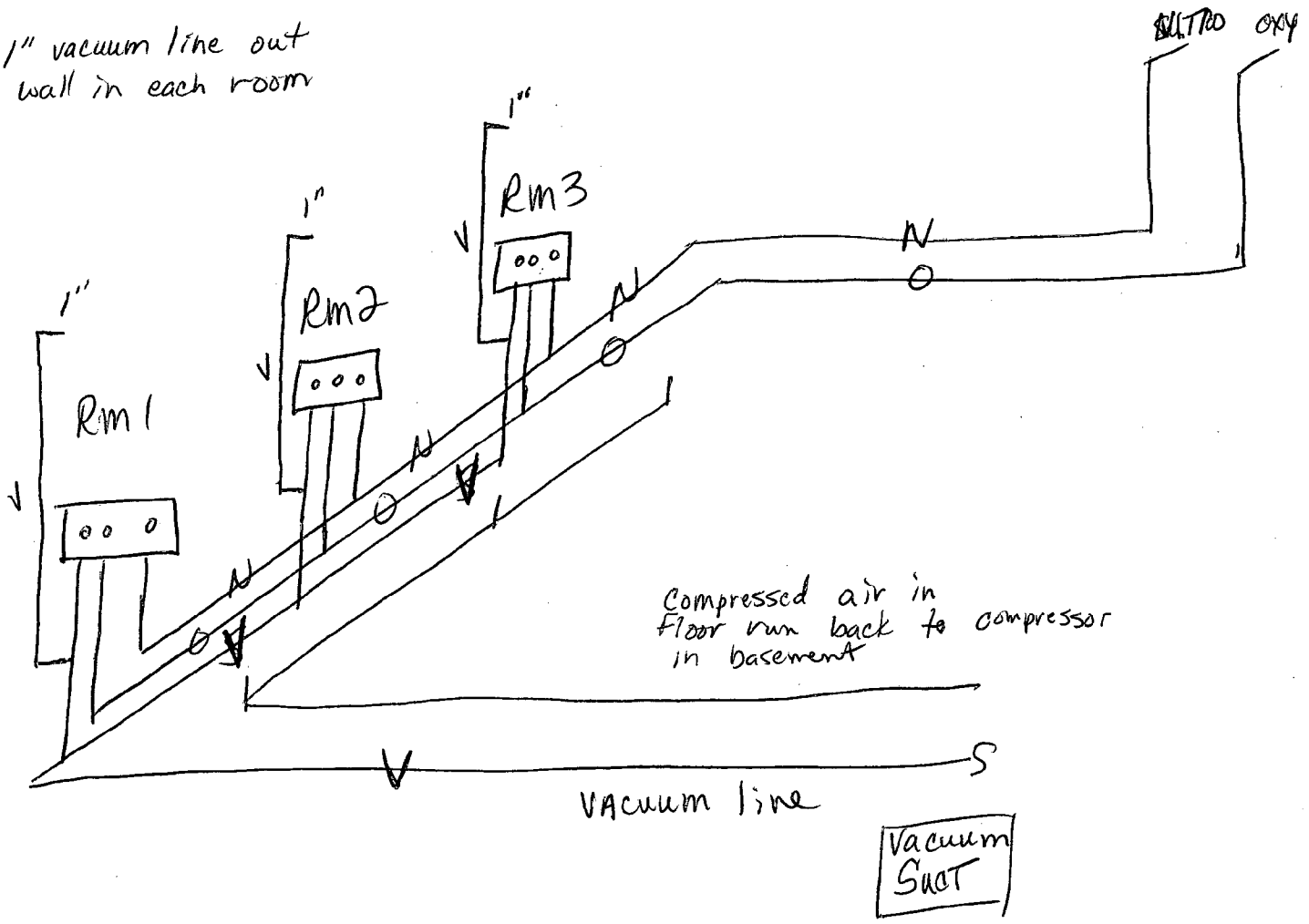
QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW 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	
2	1	(HP) Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

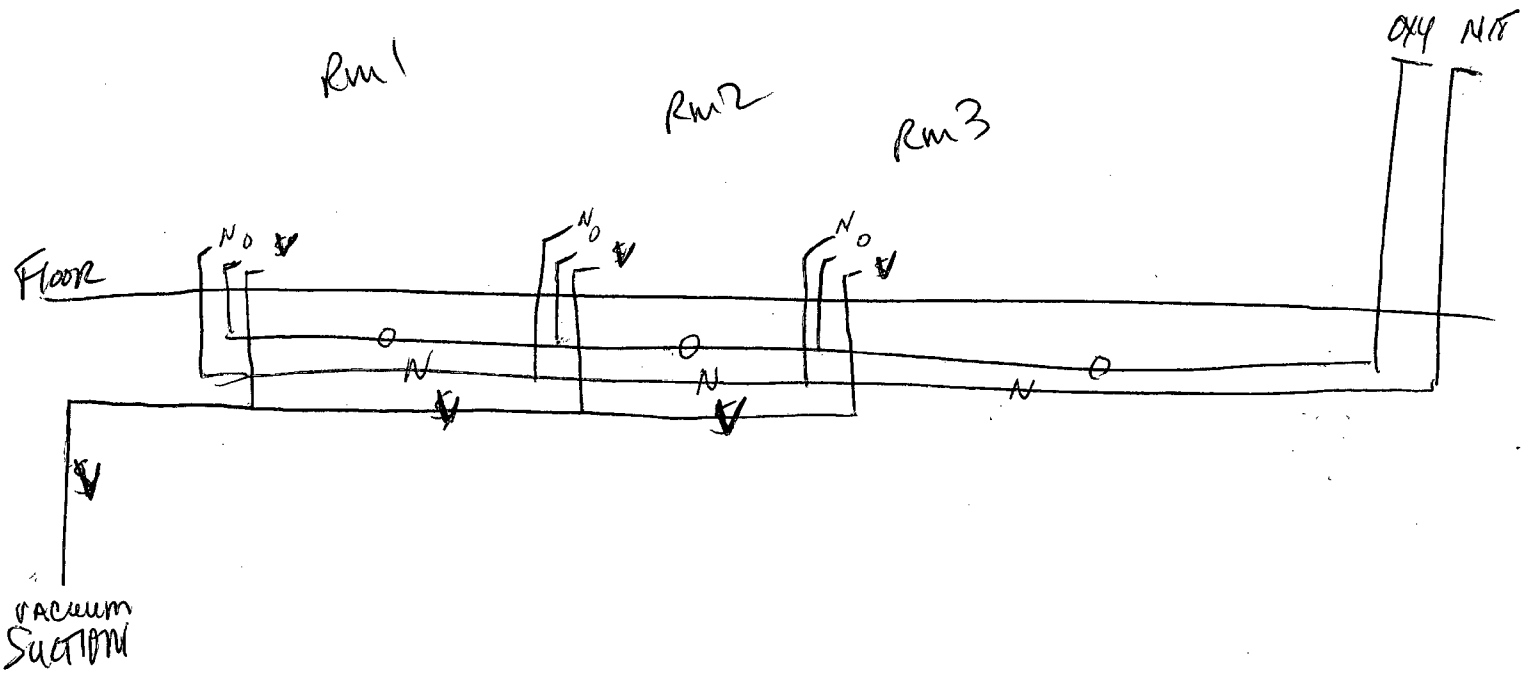
COMMERCIAL

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

1" vacuum line out wall in each room





Basement

Fazzaro Plumbing + Heating
808 3rd Ave
Toms River NJ 08757
Lic # 12098

5/8/18

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date	5/24/2012
Transaction #	PMT-12-03303
Receipt #	

Issued To Dr. Galante

Description: Tenant Fit Up - Dentist Office
1631 Route 88

Date Printed: 5/24/2012

Check Number: 4916

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

05/24/12 2:49PM 0015584942
X#02 SERV.002
#03303
ZPA $50.00
CHECK $50.00

QUALITY DENTAL BUILDERS INC.

BRICK TOWNSHIP

5/24/2012

4916

531.00

Wachovia Checking GALANTE

531.00

5/18/12- fax- 732-761-0980

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Friday, May 18, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Thursday, May 17, 2012

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.
REF: rivision plans issued 05-17-12

1- plumbing riser drawing doesn"t reflect the fixture drain for the vacumn pump
2- the floor plan drawing doesn't reflect the equipment room for the vacumn pump, air compressor and med gas equipment

Sincerely,

Paul Auth , Subcode Official

RECEIVING CLERK _____
DATE REC'D 4-10-12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-0320
DATE ISSUED 5-24-12

BLOCK: 827.18 LOT: 21.01 QUALIFIER: — SITE ADDRESS: 1631 Route 88

IDENTIFICATION: Unit 24

1. NAME OF OWNER IN FEE: MSB Development Corp.
COMPLETE ADDRESS: P.O. Box 4485 Brick, NJ 08723
PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Dr. Colante
APPLICANT ADDRESS: 1635 RT. 88 Brick NJ. 08723
PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: _____
PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: X Chris Rean

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: vacant
PROPOSED USE dentist

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit Up - new building Dentist office

ZONING REVIEW:
DATE REVIEWED: 4-10-12 DATE DENIED: — DATE APPROVED: 4-10-12 INTLS: JS20

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00320
Application Date: 04/10/2012
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1631 ROUTE 88**
Unit No. 24
Brick Township, NJ 08724

Block: **827**
Lot: **21**
Qualifier:
Zone: **B-1**

Owner: **MSB Development Corporation**
Address: **PO BOX 4485**
BRICK, NJ 08723

Applicant: **Dr. Paul Galante**
Address: **1635 Route 88**
Brick, NJ 08724

Application Approved Date: 04/10/2012

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

Use is: Medical Offices --Dr. Paul Galante offices.
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alteration for a tenant fit-up for a new business for medical offices.

An additional zoning permit is required for any sign or for any other additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 04/10/2012 Date

Michael P. Fowler, Township Planner — **Date** 4/11/12

21.01

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12-13-95
Control #
Date Issued 5-24-12
Permit #

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

Block 827.18 Lot 21 - 58.2247 Qualification Code ____

Work Site Location 1635 R+88 Brick NJ,

Owner in Fee: Dr Paul GALONTE

Tel. (732) 718-3941 e-mail ____

Address 919 RT 33 UNIT 48 Freehold NJ, 07728
street municipality zip code

Contractor: DREW ELECTRIC SERVICE Tel. (732) 240 7945

Address 358 GRANDG RIVER e-mail ____
TOMS RIVER NJ 08755

Contractor License No. 5997 Exp. Date ____

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

Federal Emp. ID No. 611555562 FAX: (723) 818-0359

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as OFFICE Utility Co. JCPL

Est. Cost of Elec. Work $ 1,900.00

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: Drew Carlincione

Print name here: DREW CARLINCIONE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
5		Receptacles	
3		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	
2	1	(HP) Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		____	

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: ____

[✓] Electric Plans Approved
Date: 4-17-12 Approved by: JS

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-19-12
Approved by: JF

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

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

Block [illegible] Lot [illegible] Qualification Code _____

Work Site Location 163 [illegible]

Owner in Fee: [illegible]

Tel. (732) [illegible] e-mail _____

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. (732) [illegible]

Address _____ e-mail _____

Contractor License No. [illegible] Exp. Date _____

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

Federal Emp. ID No. [illegible] FAX: (732) [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as [illegible] Utility Co. [illegible]

Est. Cost of Elec. Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[✓] Electric Plans Approved
Date: [illegible] Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
[illegible]		Lighting Fixtures	
[illegible]		Receptacles	
[illegible]		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	
2	1	HP Motors 1/+ HP	
____	____	KW Transformer/Generator	
____	____	AMP Service	
____	____	AMP Subpanels	
____	____	AMP Motor Control Center	
____	____	KW Elec. Sign/Outline Light	
____	____	_____	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12-1395

Date Issued / Permit # 5-24-16

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

Block 827 Lot 21.04 Qualification Code

Work Site Location 1635 Rte 88 Brick NJ 08723

Owner in Fee: Dr Paul GALANTO

Tel. (732) 718-3994 e-mail

Address 1635 Rt 88 Brick NJ 08723
street municipality zip code

Contractor: Q D B Builders Tel. (732) 462-8686

Address 919 Rt 33 Unit 18 e-mail

Freehold NJ 07728

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:

Total Cost of Fire Protection Work $

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:

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: 5-24-16

Approved by: KR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Chris Dean

Print name here: Chris Dean

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		60
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10-1545

Date Issued / Permit # 5414

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

Block 827 Lot 21.04 Qualification Code

Work Site Location 1635 Rte 88 Brick NJ 08723

Owner in Fee: Dr Raul Gaeta

Tel. (732) 719-3991 e-mail

Address 1635 Rt 88 Brick NJ 08723
street municipality zip code

Contractor: Q D B Builders Tel. (732) 462-8686

Address 919 Rt 33 Unit 11F e-mail

Freehold NJ 07728

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:

Total Cost of Fire Protection Work $

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:

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:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System			1	
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Chris Dunn

Print name here: Chris Dunn

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

DESCRIPTION OF WORK:

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		
Fireplace Venting/Metal Chimney		
Other		
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1395

Date Issued / Permit # 5-24-12

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

Block 627.08 Lot 21-~~24~~ 21.01 Qualification Code

Work Site Location 1638 R 1.88 Brick NJ

Owner in Fee: Dr. Paul GALANTE

Tel. (732) 718-3994 e-mail

Address 1635 R+88 Brick NJ.

Contractor: (street) Fazzino Plumbing Heating (municipality) Tel. (732) 928 1137 (zip code)

Address 808 Third Ave e-mail

Toms River NJ 08757

Contractor License No. 12048 Exp. Date

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

Federal Emp. ID No. 22-3708743 FAX: (732) 928 1137

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 $ $10,000.00

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: Scott Fazzino

Print name here: Scott Fazzino

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Dentist (opp chairs)

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	
1	Sink Recreation	
	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	
X	Other Indirect Waste (vacuum) outlets	
	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:

[X] Plumbing Plans Approved

Date: 05.23.12 Approved by: IPA

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-24-12

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

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				

1-manifold (upstairs) 3 Lines - Med. Gas Outlets

1 - VAC System (3 OUTLETS)

3 - Comp. air outlets

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block ____ Lot ____ Qualification Code ____

Work Site Location ____

Owner in Fee: ____

Tel. ( ) ____ e-mail ____

Address ____ (street, municipality, zip code)

Contractor: ____ Tel. ( ) ____

Address ____ e-mail ____

Contractor License No. ____ Exp. Date ____

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

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 $ ____

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: ____

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	
1	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	
X	Other	

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: ____
[X] Plumbing Plans Approved
Date 05.23.12 Approved by: PA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ____
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

1 - manifold (upstairs) ... 1 - VAC ... (3 OUTLETS)

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0139
DESTINATION ADDRESS	97327610980
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/18 14:28
USAGE T	00'20
PGS.	1
RESULT	OK

5/18/12 - fax - 732-761-0980

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Friday, May 18, 2012

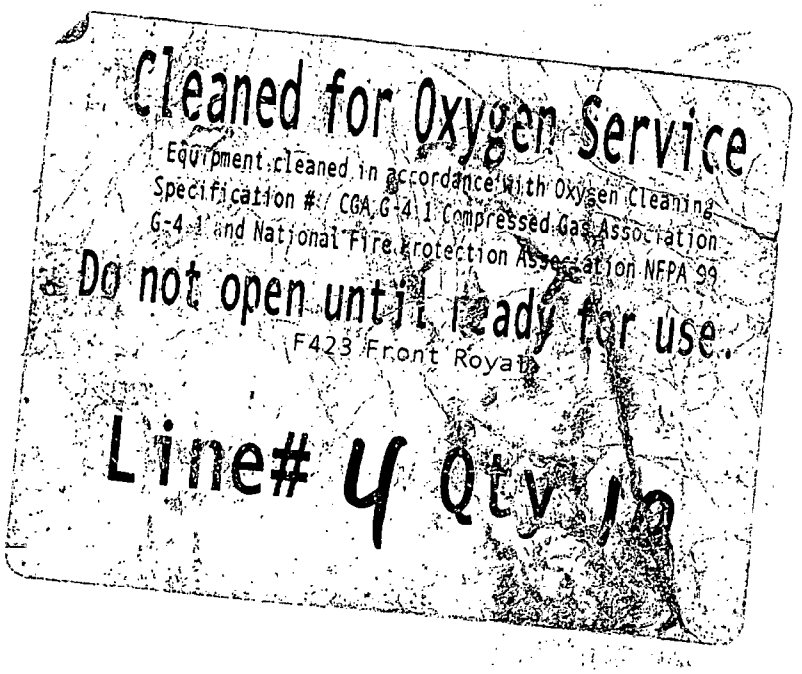
To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Thursday, May 17, 2012

Dear 1631 ROUTE 88 W LLC,
Your request is hereby denied based upon the following infractions.
REF: rivision plans issued 05-17-12
1- plumbing riser drawing doesn"t reflect the fixture drain for the vacumn pump
2- the floor plan drawing doesn't reflect the equipment room for the vacumn pump, air compressor and med gas equipment

Sincerely,

Paul Auth , Subcode Official



1/2 copper (L)
cleaned and capped

CHRIS 732-718-3994

INSPECTION • TESTING • CERTIFICATION

By this certificate it is declared that

Peter Fazzaro

has qualified as a

Medical Gas Installer/Brazer

who has successfully fulfilled the conditions of eligibility in accordance with procedures formulated and approved by the National ITC Corporation Examination Board.

In Witness Whereof, the undersigned have affixed their signatures

Reference Standards:
ASSE 6010 Installer
NFPA 99-2005 Edition

William R. Martin
CHAIRMAN

SECRETARY

Certification #: 12361943
Issued: 11/12/2010
Valid Until: 11/12/2013

DCI
INTERNATIONAL

DCI International • 305 N Springbrook Road • PO Box 228 • Newberg, OR 97132-0228 • 1-800-624-2793

Installation Instructions for the Alternative #4102 Manual Control for Two Handpieces

The following items are contained in this package:

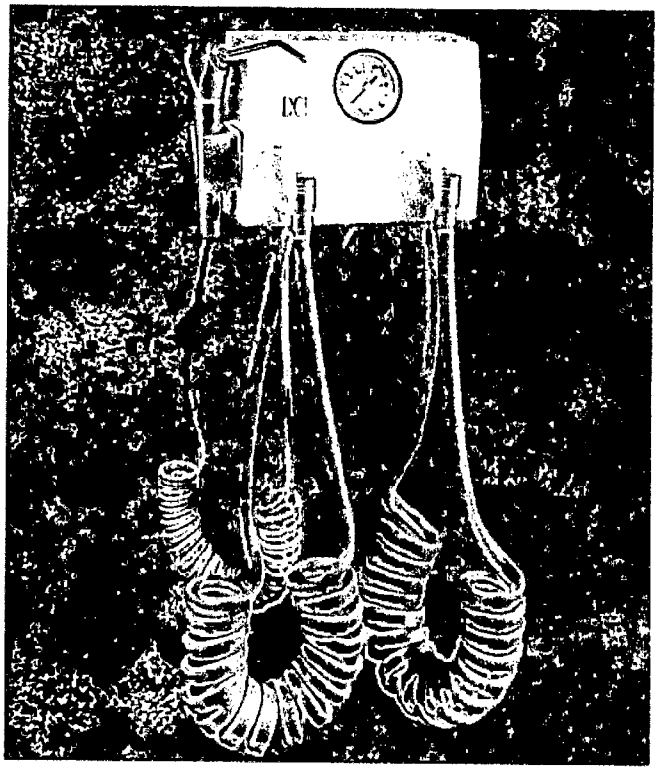
- One DCI II control unit with handpiece tubings and umbilical installed.
- One economy foot control
- One standard syringe
- One syringe repair kit
- One 3/32" hex key.
- One 5/64" hex key.

You will need the following additional tools to install the #4102:

- 1/4" and 1/8" sleeve tool, DCI #8060
- Screwdriver or other appropriate hand tool for wall fasteners.

Installation Instructions

1. Use a 5/64" hex key to remove the front cover of the control unit. There are three screws, one on the top, and one on each side.
2. To wall mount, choose a mounting surface that will support the weight of the unit. There are two pre-drilled mounting holes in the back chassis assembly. Using appropriate fasteners, mount the back chassis assembly utilizing the pre-drilled holes.
3. Route the 1/2" umbilical into the utility center. Make the tubing connections as follows:
   - 1/8" red to regulated water (40 psi).
   - 1/4" gray to regulated air.
4. Open the manual shut-off valves in the utility center. Adjust regulated air to 80 psi and regulated water to 40 psi. When adjusting for a lower pressure, make the adjustment, and then press the syringe button to relieve the pressure to get an accurate pressure reading.



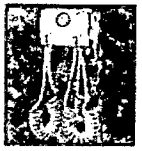
5. All of the controls are located on the underside of the control unit.

   • The handpiece water coolant on/off toggle valve is located in the front left.

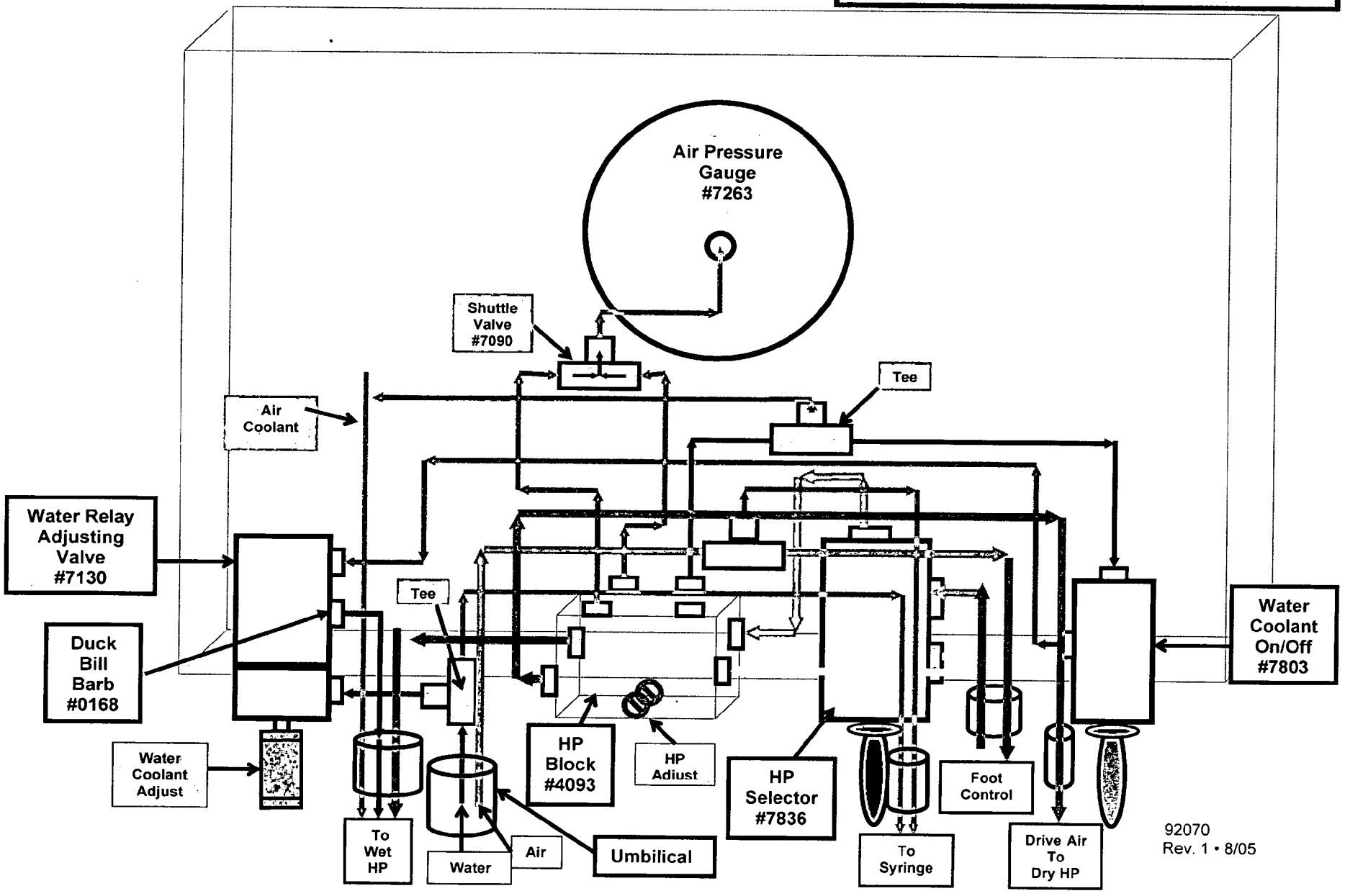
   • The handpiece water coolant flow control valve is located in the front right.

   • The handpiece selector toggle is located in the center. The toggle position indicates the active handpiece, left for handpiece #1 and right for handpiece #2.

   • Handpiece pressure adjustment screws are located in the center rear, behind the handpiece selector valve. Using the 3/32" hex key adjust handpiece pressures. The front adjusting screw is for handpiece #2 and the rear adjusting screw is for handpiece #1. Handpiece pressures should be adjusted in accordance with the manufacturer's recommendation.



DCI International
DCI II
#4102
2 Handpiece Manual
1 Wet and 1 Dry



92070
Rev. 1 • 8/05

DCI International • 305 N Springbrook Road • PO Box 228 • Newberg, OR 97132-0228 • 1-800-624-2793

Operating Instructions for the Alternative #4102 Manual Control for Two Handpieces

Operation and Features

Controls

The *handpiece selector toggle* controls which handpiece is active. The toggle position (left or right) indicates the active handpiece. It is located on the underside of the control unit, in the center.

The *water coolant on/off toggle* turns the air signal on or off to the water coolant flow control/relay valve for handpiece #2. It is located on the underside of the control unit, in the left front.

The *water coolant flow control/relay knob* controls water to handpiece #2. It is located on the underside of the control unit, in the right front.

The *drive air pressure gauge* indicates the operating pressure of the selected handpiece. It is located on the front top center of the control unit cover.

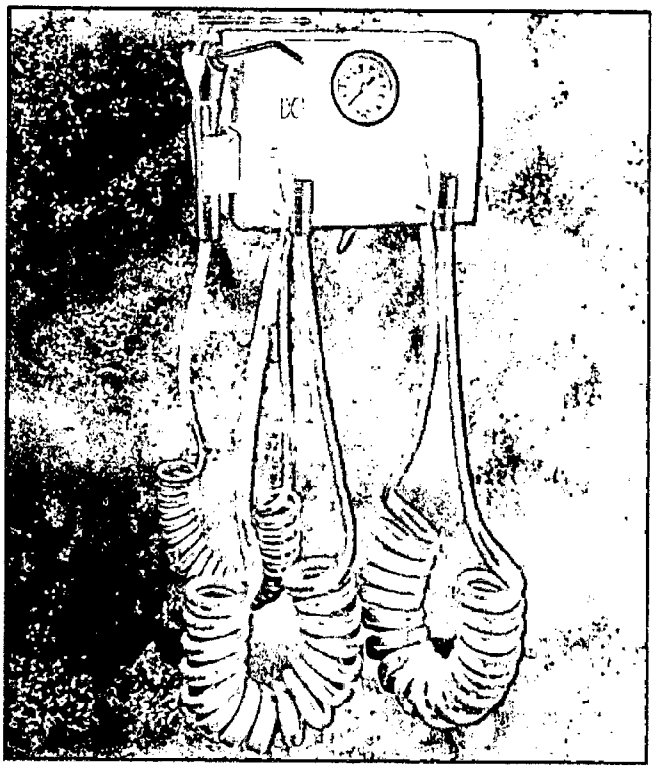
The *drive air adjustment screws* are located on the underside of tor toggle. Handpiece drive air pressures should be adjusted to the handpiece manufacturer's recommendation. *See the section on adjustments.*

Syringe

The #4102 comes with a standard syringe. The syringe is packaged in a shipping envelope, with operating instructions and a repair kit attached. The syringe goes in the holder on the far-left side of the instrument holder bar.

Foot Control

The foot control is a economy style. Handpiece speed is controlled with the foot control disc. Varying pressure on the foot control disc controls speed. Air coolant is also provide when you step on the foot control disc.



Cleaning and Maintenance

Do not use powdered cleansers, scouring pads, or abrasive scrubbers on any of the finished metal surfaces in this unit, i.e. the syringe or the foot control disc. Sodium Hypochloride will also damage these surfaces.

Control Head

The control head can be cleaned with most commonly available surface disinfectants. Do not use any Sodium Hypochloride solutions, or any cleansers containing alcohol. These may cause paint and finish discoloration.

Dental Unit Water Line Maintenance

The Center for Disease Control and the American Dental Association can provide recommendations on when to flush your system, for how long, and what to use.

Adjustments

Note: All of the following adjustments should be made with a bur in the handpiece. Running a handpiece without a bur can damage the handpiece.

Handpiece Drive Air Pressure

Refer to the manufacturer's literature to determine the recommended drive air operating pressure for your handpieces.

You will need a 3/32" hex key to make these adjustments. Install a bur in the handpiece to be tested.

With the handpiece selector toggle select the handpiece you want to adjust. Place the water coolant on/off toggle in the off position. Step on the foot control disc until the handpiece is running at maximum speed.

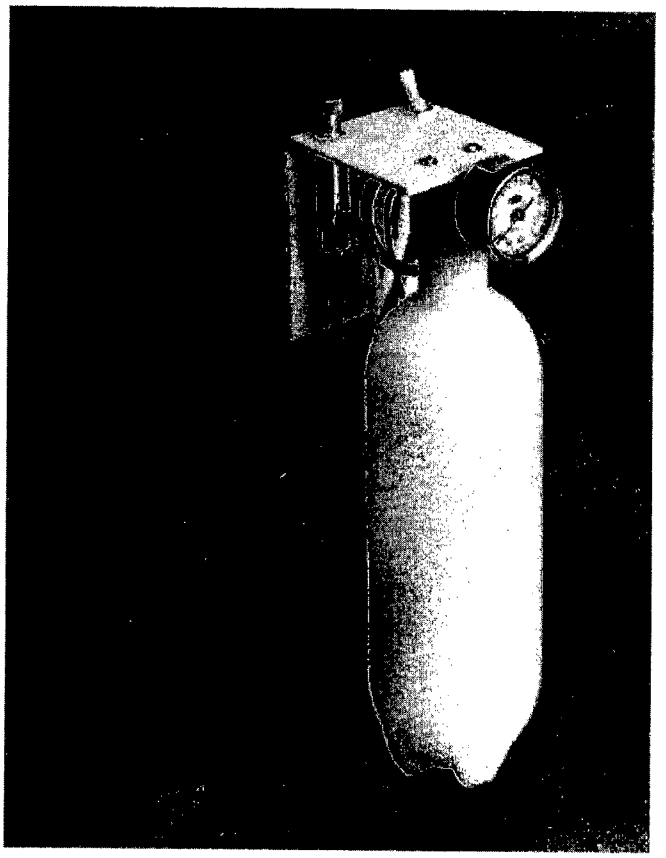
Handpiece pressure adjustment screws are located in the rear center, behind the handpiece selector valve. Using the 3/32" ball driver adjust handpiece pressures. The front adjusting screw is for handpiece #2 and the rear adjusting screw is for handpiece #1. Turn the adjustment screw counter-clockwise until the pressure gauge reads a little more than the recommended operating pressure. Then turn the screw until the pressure gauge indicates the recommended operating pressure. Repeat this step for the remaining handpiece.

Water Coolant Flow Control

Place the water coolant on/off toggle in the on position. Install a bur in the handpiece to be tested. Press on the foot control disc until the handpiece is running at half operating speed. Adjust the water coolant flow control knob for handpiece #2 until a fine spray is present around the bur. Very little water coolant is required to attain the appropriate spray

DCI International • 305 N Springbrook Road • PO Box 228 • Newberg, OR 97132-0228 • 1-800-624-2793

Installation Instructions Economy Self-Contained Water Systems #8144 and #8145



Installation

A. Remove the water system from packaging and inspect.

B. For Wall Mounting, select a location, keeping in mind that the system must be accessible for easy bottle replacement and servicing.

C. For Post Mounting use a 2" post mount DCI #8137.

D. Connect the Gray 1/4" line to an air source. Pressure should be between 40 PSI and 120 PSI.

E. Connect the Red 1/4" line to the Dental Units water supply line.

Normal Operation

A. Install the bottle with water or the solution you choose.

B. Place Master Toggle located on the top right rear of bracket in On position (to rear).

C. Check pressure gauge on front to assure that pressure reads 40 PSI, (Factory set at 40 PSI). If pressure needs to be adjusted, use regulator located on the top left rear of the bracket. Clockwise to increase pressure and counterclockwise to decrease pressure.

*** CAUTION: Pressure should not exceed 60 PSI ***

Changing Bottle

A. Place Master Toggle located on the top right rear of bracket in Off position (to front).

B. Remove empty bottle.

C. Replace with a filled bottle.

D. Place Master Toggle located on the top right rear of bracket in On position (to rear).

Surface Cleaning

A. The water system should be wiped down with a mild detergent solution.

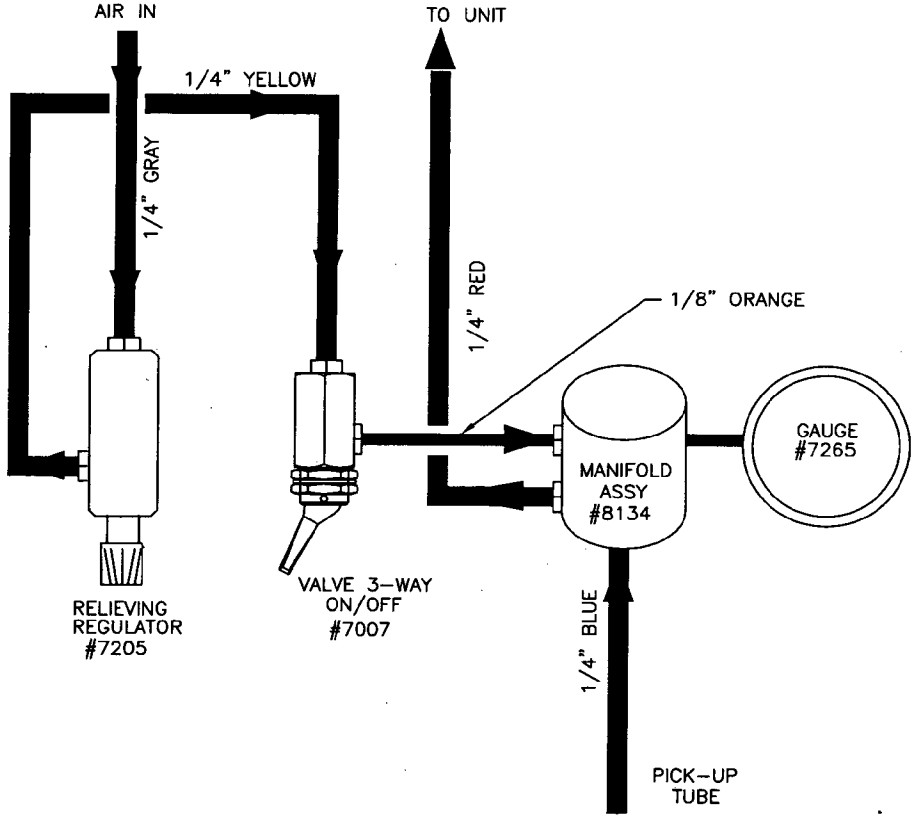
B. Harsh detergents or chemicals should not be used.

91686 • Rev. D1 • 2/11

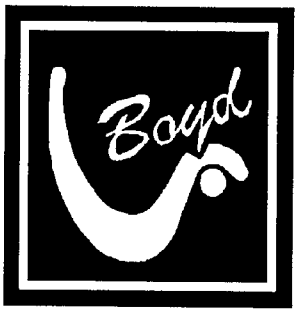
PART NO.	SHEET	REV.	CONFIDENTIAL INFORMATION: Information contained in this document is proprietary to DCI International. Unauthorized duplication or distribution is strictly prohibited.
91725	1	A2	

REVISIONS

REV.	ECO NO.	DESCRIPTION	BY	APPROVED	DATE
–	1994	INITIAL RELEASE	VMN		1/17/00
A2	5462	4 DIGITS WERE 5 DIGITS	CB		2/9/11



UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES. TOLERANCES ARE: .X ±.02 .XX ±.010 .XXX ±.005 X/X ±1/32 ANGULAR ±1° 63	DCI INTERNATIONAL NEWBERG – OREGON	APPV.	DATE
		DRAWN VMN	1/17/00
	TITLE SCHEMATIC #8144 & #8145	CHECKED	
		DESIGN	
MATERIAL	PART NO. 91725		REV. A2
FINISH	SIZE B SCALE NONE	SHEET 1 OF 1	



Boyd Industries, Inc.
12900 44th Street North
Clearwater, Florida 33762
800-255-2693 * 727-561-9292
FAX: 727-561-9393 SALES
FAX: 727-561-0137 SERVICE

Visit our WEB Site at
www.boydindustries.com

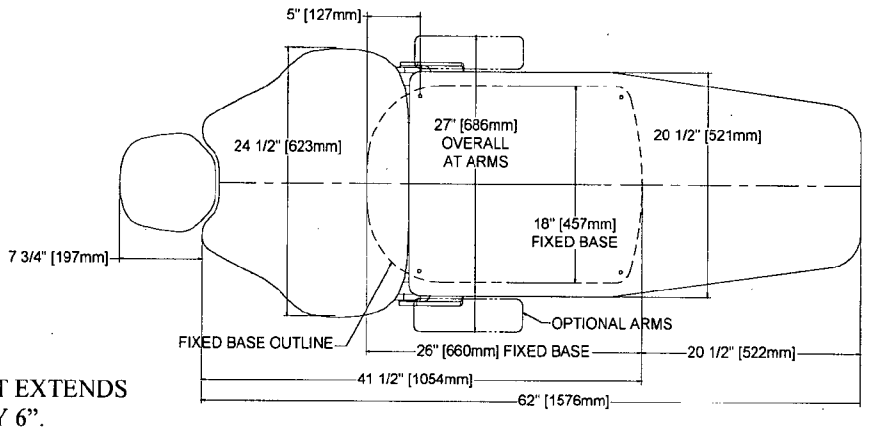
GENERAL PRODUCT INFORMATION

CHASSIS	WELDED STEEL WITH POWDER COATED FINISH
UPHOLSTERY	STANDARD UPHOLSTERY IS VINYL; UPGRADES ARE AVAILABLE
MOVEMENTS	LC BASE: VERTICAL COLUMN LIFT - 7.88" (200mm) BACK: ELECTRIC ACTUATOR
NET WEIGHT	CHAIR WITH LIFT BASE: 230lbs (105kg) CHAIR WITH FIXED BASE: 155lbs (70kg)
ELECTRICAL	24V D.C. LOW VOLTAGE MOTORS MICROPROCESSOR CONTROLLED CHAIR OPERATES AT 24V D/C
POWER SUPPLY	115VAC 60HZ 10A OR 230VAC 50HZ 7A CHECK SERIAL TAG ON UNDERSIDE FRONT OF SEAT FOR REQUIRED VOLTAGE
PROTECTION ELECTRICAL SHOCK	CLASS : I TYPE: B
LIQUID PROTECTION	DRIP PROOF: IPX I
OPERATION MODE	INTERMITTENT DUTY: M3000LC, M3010LC, E3010LC 5% 3 MINUTES ON- 60 MINUTES OFF M3000FB, M3010FB, M300X 10% 6 MINUTES ON- 60 MINUTES OFF
WEIGHT CAPACITY	500lbs (228kg) SUBJECT TO NORMAL WEIGHT DISTRIBUTION NOTE: DO NOT SIT ON BACK, ARMS OR TOE SECTION. BACK, ARM AND TOE SECTIONS ARE NOT DESIGNED TO SUPPORT FULL WEIGHT OF PATIENT. DO NOT LIFT CHAIR USING BACK, ARMS OR TOE SECTION.

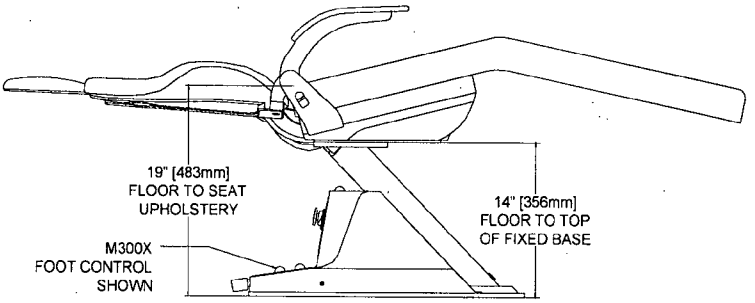
M3000/M3010/M300X ACCESSORIES ARE AVAILABLE FROM BOYD INDUSTRIES,

SEE SALES / ACCESSORY CATALOG FOR APPROVED ACCESSORIES.
VOIR LES VENTES/CATALOGUE ACCESSOIRE POUR LES ACCESSOIRES APPROUVÉS.
NOTE: INSTALLATION OF UNAPPROVED ACCESSORIES WILL VOID WARRANTY AND MAY RENDER CHAIR UNSAFE.
NOTE : L'INSTALLATION DES ACCESSOIRES UNAPPROVED VIDERA LA GARANTIE ET PEUT RENDEZ LA CHAISE PEU SÛRE.

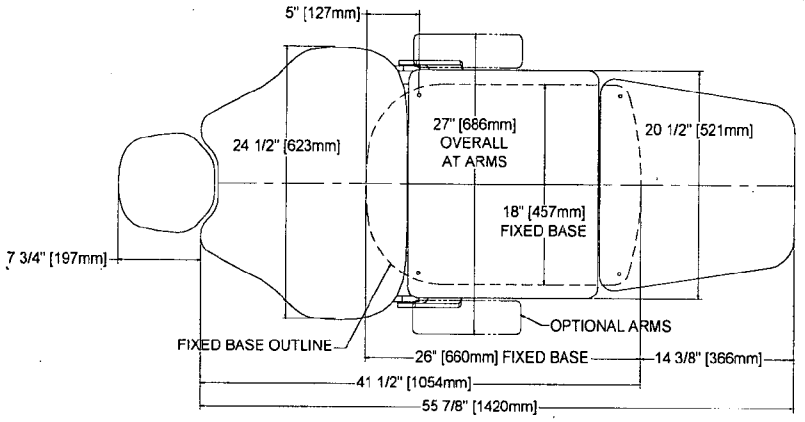
PRODUCT SPECIFICATIONS
M3000FB/M3000FB/M300X

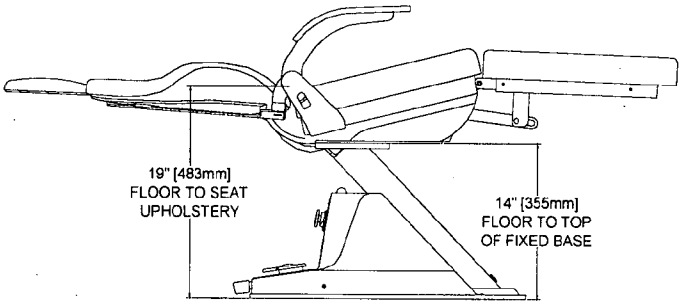


NOTE: HEADREST EXTENDS APPROXIMATELY 6".

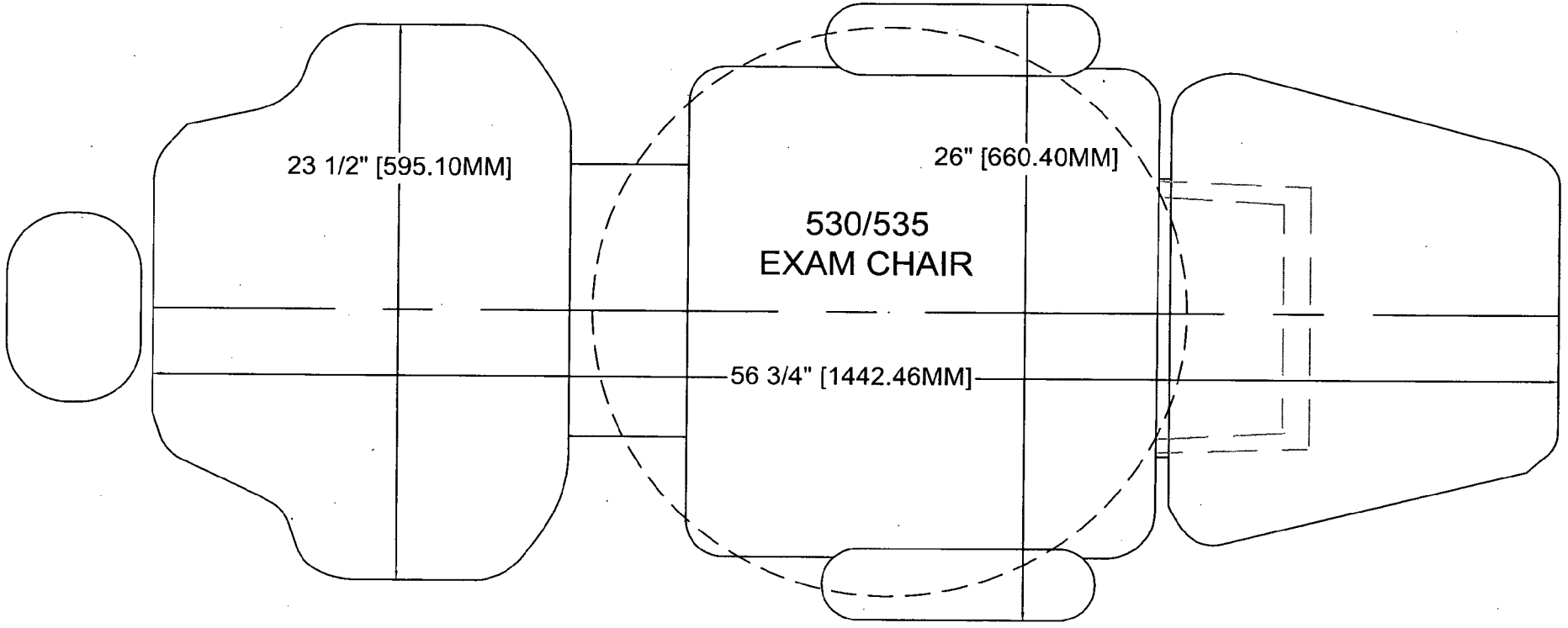


M3000FB, M300X SPECIFICATIONS





M3010FB SPECIFICATIONS



CHAIR PART NUMBERS
100-5307, 100-5308, 100-5357 & 100-5358

THIS TEMPLATE IS TO BE USED ONLY AS A GUIDE. BOYD INDUSTRIES ACCEPTS NO RESPONSIBILITY IN THE ACTUAL PLACEMENT OF UTILITIES, CHAIRS, OR CABINETS

TOLERANCES
UNLESS OTHERWISE SPECIFIED ARE AS FOLLOWS:
.00 = ± .01
.000 = ± .005
FRACT. = ± 1/32
ANGLES = ± .5°

TEMPLATE: FULL SIZE FLOOR - 530/535 EXAM CHAIR

Boyd Industries Inc
12900 44TH Street North
Clearwater, Florida 33762

R | R-4499 | R-4499 | C

SCALE 1 = 1 | 6/3/02 | SHEET 1 OF 1

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Master Plumbers

HAS CERTIFIED

Peter J. Fazzaro
612 Oakleaf Street
Jackson NJ 08527

FOR PRACTICE IN NEW JERSEY AS A(N): Medical Gas Piping Installer

03/29/2011 TO 05/31/2013
VALID

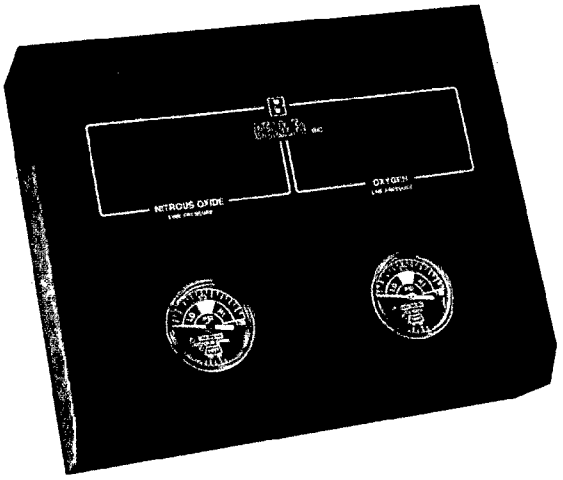
Signature of Licensee/Registrant/Certificate Holder

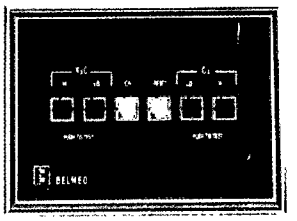
36PI00039600
LICENSE/REGISTRATION/CERTIFICATION #

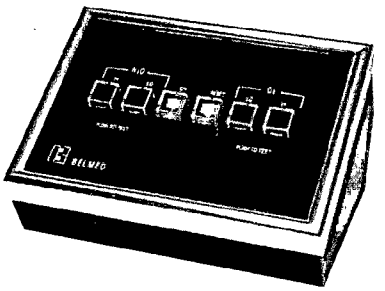
ACTING DIRECTOR

BELMED INC.

NITROUS OXIDE / OXYGEN MANIFOLD SYSTEMS







MANIFOLD

Smartly styled case conceals and protects controls. Provides an attractive instrument appearance to manifold.

Fixed piping may be concealed in wall at manifold site for greater protection and better appearance. Piping may also be installed in conventional exposed manner.

NFPA pressure test may be accomplished with manifold installed to insure the complete system is fully tested to NFPA criteria.

Manifold attaches to fixed piping with medical DISS connectors. Manifold can be easily disconnected for any future testing or service.

Large 2" diameter gauges provide excellent readability and are color coded for easy gas identification.

Gauge dials incorporate "LO", "SAFE", and "HI" pressure ranges to help simplify manifold operation. A "TEST" range is also provided to accomplish NFPA testing.

Manifold is available in any cylinder combination within code limits. Readily accepts add-on DISS check valves for future expansion.

Manifold measures about 11 1/2 x 9 1/4 x 3 and attaches to wall with just three screws.

ALARM

Incorporates solid-state electronic circuitry for long life and dependable service.

Individual HI and LO pressure indicators for each gas provide instant identification of any abnormal pressure condition. Indicators are color coded for O_2 and N_2O.

A circuit test is provided to determine alarm system is operational.

The reset switch silences alarm while corrective action is taken and resets automatically when a normal condition is restored.

On/off switch allows system to be turned off when not in use.

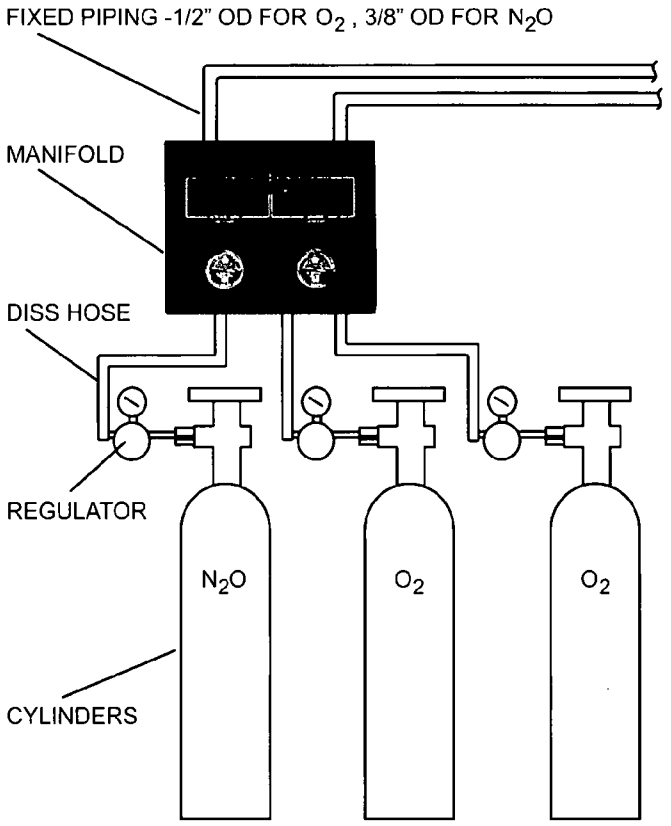
All switches are conveniently relampable from front panel. A spare lamp is located within the reset switch housing. Lamps are rated at 50,000 hours of use.

Available for either recessed wall or desk style installation. Front panels are glossy black with chrome edging.

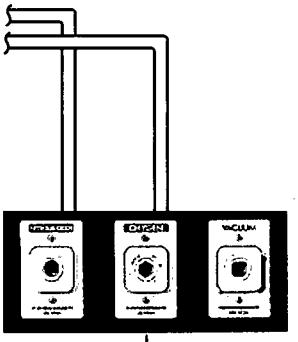
Alarm unit is designed for ease of installation and operates on 12V DC current. Unit measures about 5" wide x 7" long and 4" deep for desk model.

BELMED MANIFOLD SYSTEMS MEET NFPA CODES (NFPA 99 - LEVEL 3 SYSTEMS)

TYPICAL MANIFOLD SYSTEM SCHEMATIC

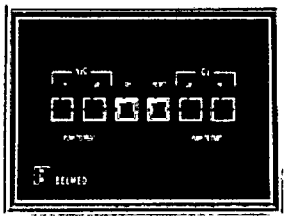


MANIFOLD / CYLINDER ROOM

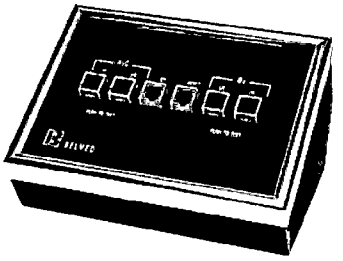


OUTLET STATION(S)

OPERATORY AREA(S)

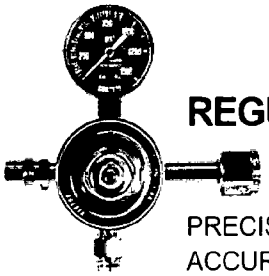


WALL ALARM



DESK ALARM

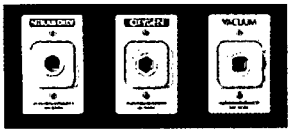
MONITORING AREA



REGULATORS

PRECISION ENGINEERED TO PROVIDE ACCURATE, DEPENDABLE SERVICE. LARGE 2", COLOR-CODED GUAGES

OUTLET STATIONS



AVAILABLE IN DISS AND QUICK CONNECT VERSIONS FOR EXPOSED OR CONCEALED PIPING - O2, N20, VAC, N2, AIR-SINGLE, DOUBLE, AND TRIPLE GANG.

HOSE ASSEMBLIES

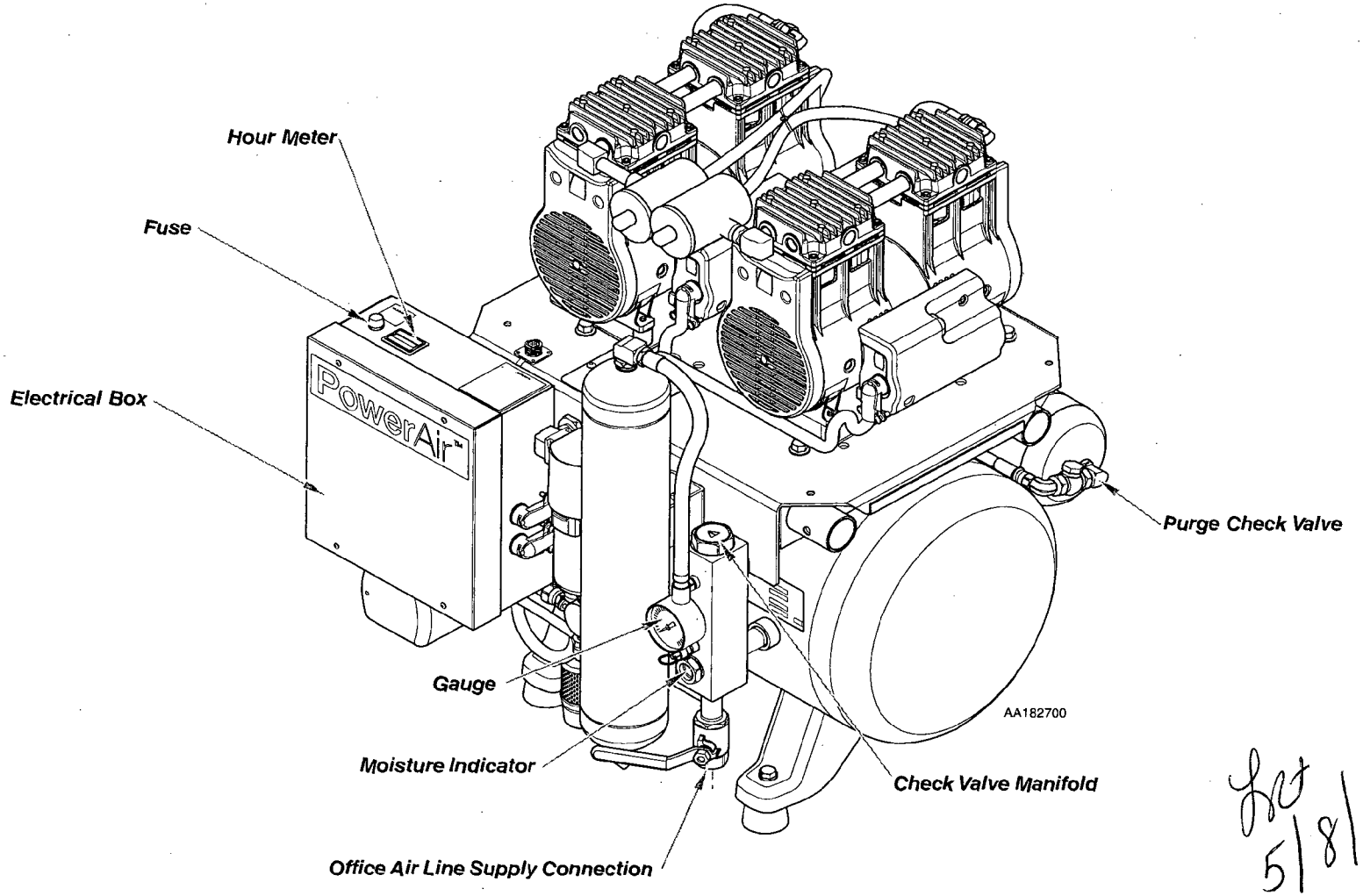
FURNISHED AS REQUIRED. AVAILABLE IN DISS AND QUICK CONNECT STYLES FOR ALL MEDICAL GASSES - ANY LENGTH UP TO CODE LIMITS

DEALER:

5/8/12

BELMED INC.
887 Delta Rd • Red Lion, PA 17356
(717) 246-5500 • Fax: (717) 246-7586
E-Mail: bmi@belmedinc.com
Web Site: www.belmedinc.com

Compressor Main Component Locations



5/8/12

P22 Model Shown
Components Shown are Typical on all PowerAir™ Compressor Models

Compressor Site Requirements

Electrical

Supply	Models								
	CL21	CL22	CL32	CL52	P21	P22	P32	P52	P72
Voltage	115	208-230	208-230	208-230	115	208-230	208-230	208-230	208-230
Single Phase	60 Hz								
Disconnect Switch Box - Fused - User Supplied - Box(es) must be located within 3 ft. of compressor	20 Amps	20 Amps	20 Amps	30 Amps	20 Amps	20 Amps	20 Amps	30 Amps	40 Amps

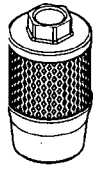
Plumbing

Fresh Air Intake Line	
Type	PVC
Line Sizing	1" Minimum (Provided by Contractor)
Compressor Connections	1" MPT or 1" PVC Slip Connectors
Drain	
Type	Poly Tube (Provided with Install Kit)
Delivery Line	
Main Trunk Line	3/8" to 3/4" Copper, as site layout dictates. Terminate in mechanical room with 1/2" FPT. Flex hose provided for service connection. Trunk line to slope 1/4" / 10ft toward source compressor.
Operatory Branch Lines	3/8" to 3/4" Copper - Same size as trunk line. Terminate 1/2" or 5/8" FPT at Operatory junction box location.

Environmental

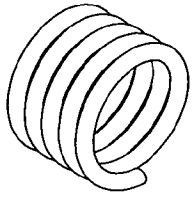
Equipment Room Ambient Temperature - Operational	40° - 104° Fahrenheit / 4° - 40° Celsius

Installation Kit Provided with Compressors



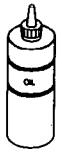
Exhaust Silencer

Indicator for Coalescing Filter



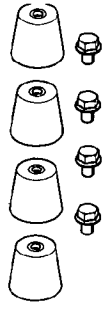
Fresh Air Intake Hose Length - 10'

Elbow for Operatory Line Connection



Oil

Feet with Hardware



Operatory Air Line Length - 6'

AA189300

Before you Install...

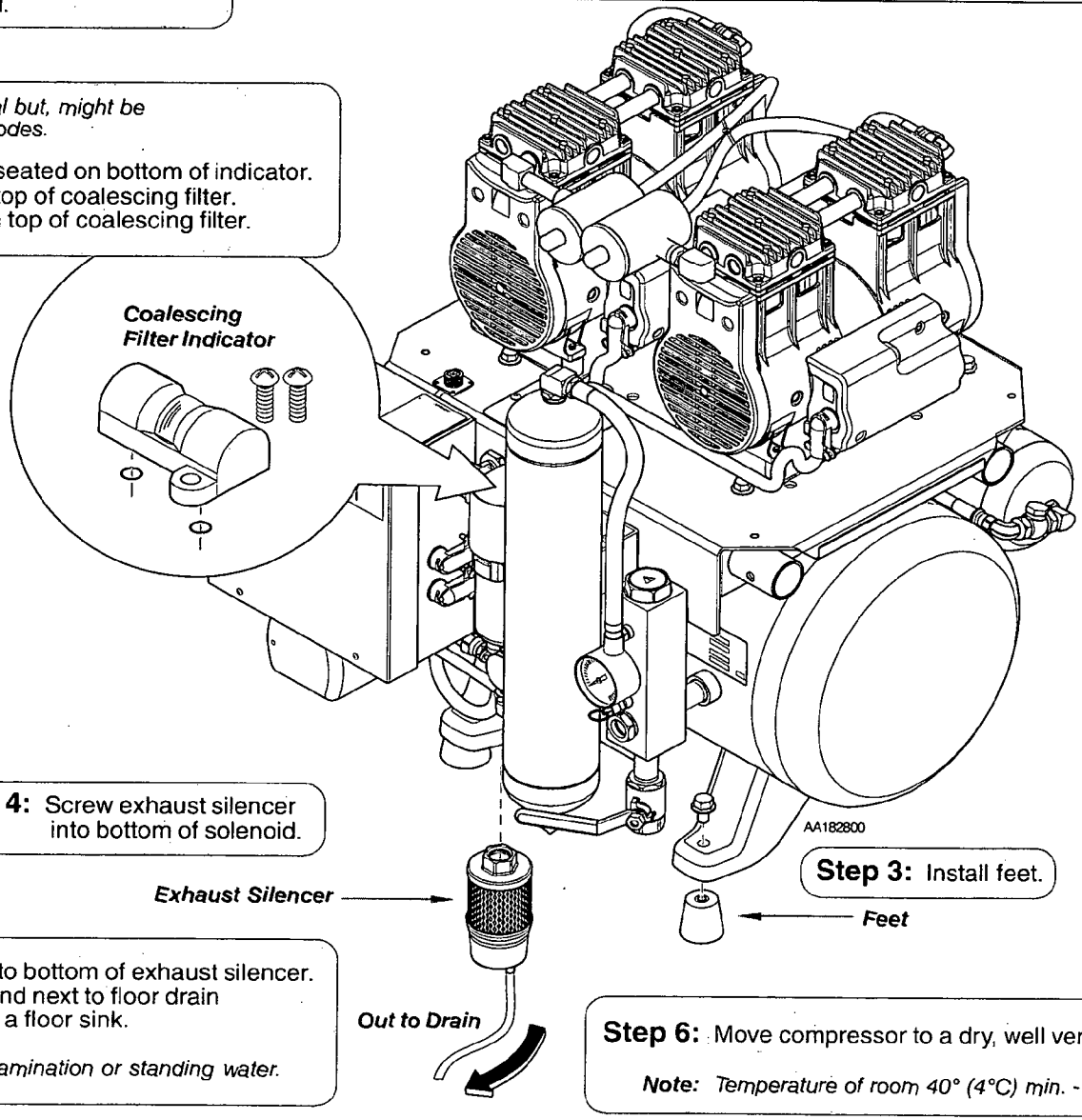
Equipment Alert

Compressor system must be installed in an air conditioned and or ventilated room to ensure operational ambient temperature of 40° to 104° Fahrenheit (4° - 40° Celsius). A 6" clearance is required on the rear and one side to allow air flow around the unit. Failure to do so could cause premature loss of system performance and void warranty.

Step 1: Remove compressor and accessories from shipping skid.

Note: *This step is optional but, might be required by local codes.*

Step 2: Verify o-rings are seated on bottom of indicator. Remove plate on top of coalescing filter. Install indicator on top of coalescing filter.



Step 3: Install feet.

Step 4: Screw exhaust silencer into bottom of solenoid.

Step 5: Connect poly tube to bottom of exhaust silencer. Position opposite end next to floor drain or over the edge of a floor sink.

Note: *Do not place in contamination or standing water.*

Step 6: Move compressor to a dry, well ventilated area on a solid, level surface.

Note: *Temperature of room 40° (4°C) min. - 100° (38°) max.*

QDB Quality Dental Builders
919 Highway 33
Unit 48
Freehold, NJ 07728

732-462-6213
732-761-0980 (fax)

Brick Township
401 Chambersbridge Road
Brick, NJ 08723

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 Route 88
Permit # C-12-001149

To Whom It May Concern,

There is no back flow protection needed because the doctor uses water bottles pressurized by air.
There is no street water needed.

Sincerely,
Christopher L. Dean
President
QDB, Inc.

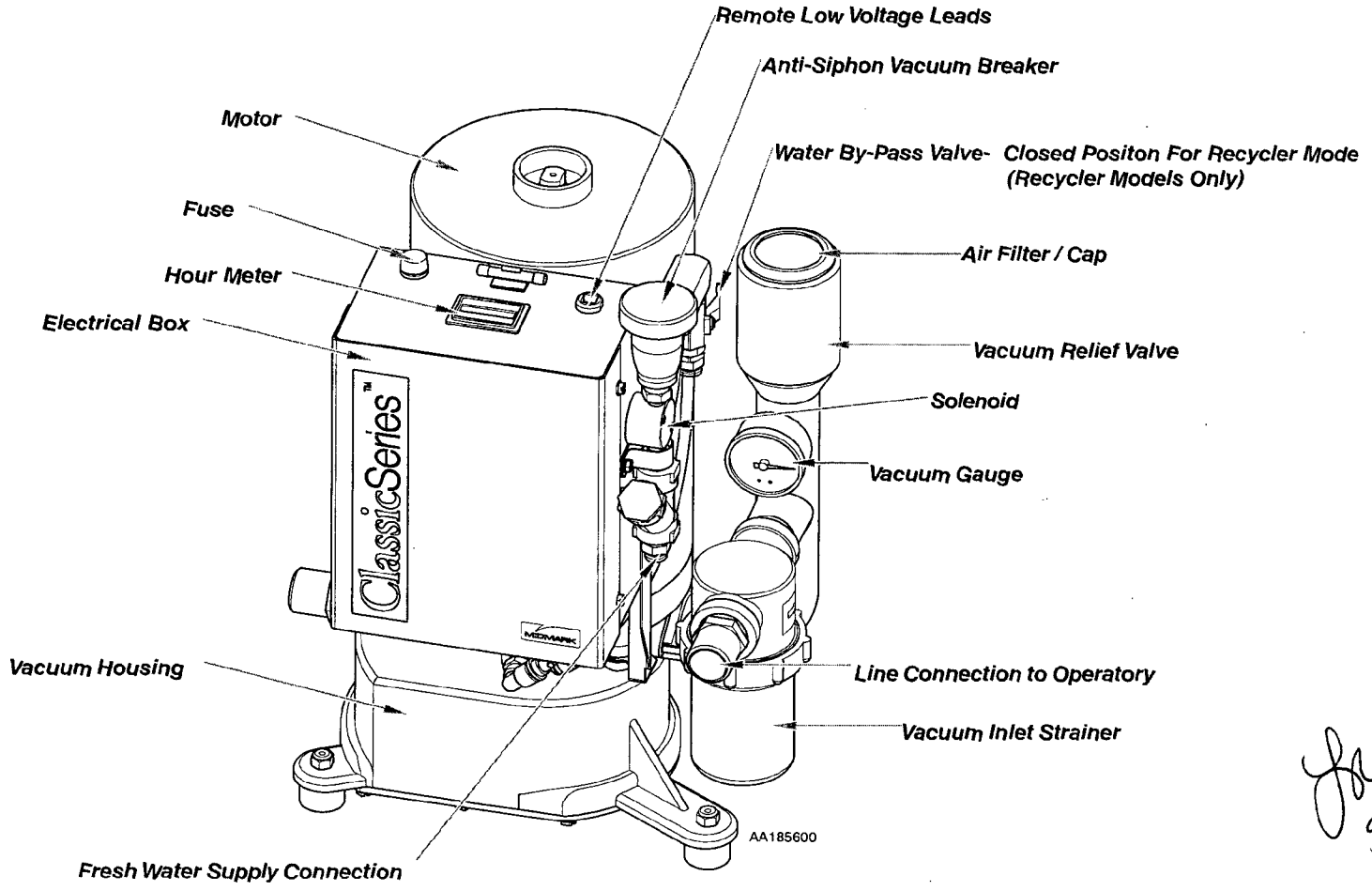
MIDMARK®

ClassicSeries® Dental Vacuum Installation

Applies to Models:
Single Non-Recycler Models
CV3, CV5
Twin Non-Recycler Models
CV6, CV10
Single Recycler Models
CV3R, CV5R
Twin Recycler Models
CV6R, CV10R

Equipment Alert

Wet-Ring Vacuum system must be installed per local plumbing and electrical codes.
Allow Wet-Ring Vacuum system to reach room temperature before installing.
Refer to "Site Requirements" and "Site Layout" in this manual for site restrictions and piping layout.
Do not turn water by-pass valve. The valve is factory set for recycler mode in CLOSED postion.
(Refer to ClassicSeries® Service Manual on www.Documark.com for more information)



5/8/12

Single Recycler Model Shown

Wet-Ring Vacuum Site Requirements

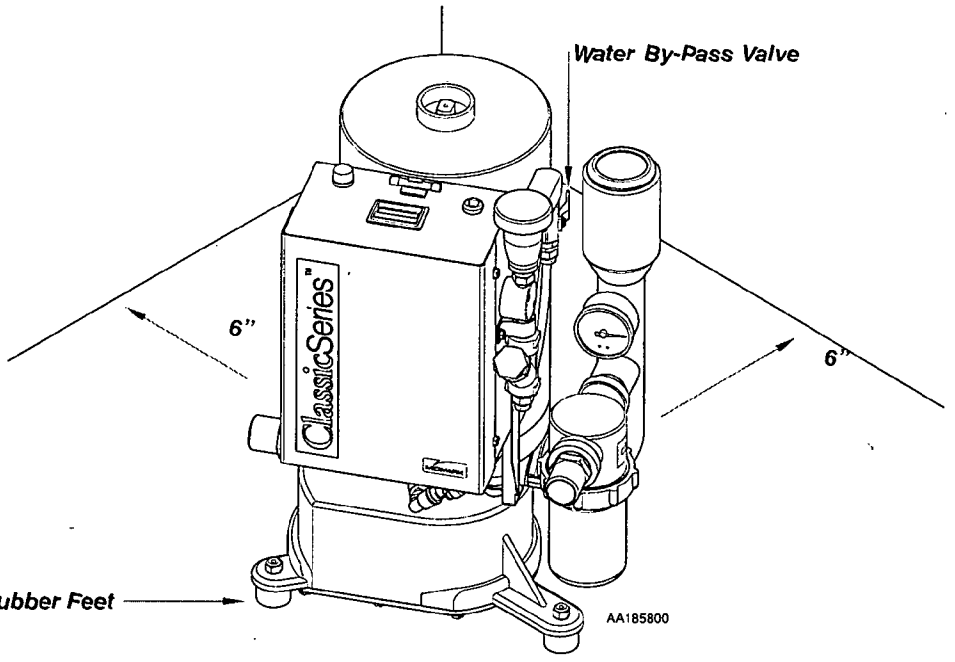
Equipment Alert
Harmful odors, vapor contaminants and nitrous oxide gasses are vented out the top of the separator, while liquid waste flows out of the lower drain and into a "P"-Trap or floor sink. **Verify all local codes before installing.**

	Models							
Electrical	***Single Models***				***Twin Models***			
Supply	**CV3**	**CV3R**	**CV5**	**CV5R**	**CV6**	**CV6R**	**CV10**	**CV10R**
Voltage	115 or 208-230	115 or 208-230	208-230	208-230	115 or 208-230 (Each Pump)	115 or 208-230 (Each Pump)	208-230 (Each Pump)	208-230 (Each Pump)
Phase	Single Phase, 50 / 60 Hz							
Wire Size to Control Panel	18 / 3 Jacketed Bell Wire							
Branch Circuit Breaker Size	20 AMP Minimum							
Product Electrical Ratings								
115 VAC 50/60 HZ	15.0 AMPS	15.0 AMPS			15.0 AMPS	15.0 AMPS		
208/230 VAC 50/60 HZ	8.2 AMPS	8.2 AMPS	13.1 AMPS	13.1 AMPS	8.2 AMPS	8.2 AMPS	13.1 AMPS	13.1 AMPS
Plumbing								
Intake (Suction Line)								
Type	PVC							
Line Sizing	1" Hose with 3/4" NPT Connection				1 1/2" Hose with 1 1/4" NPT Connection			
Water Source								
Type	Poly Tubing							
Line Sizing	1/2" NPT x 1/4"				1/2" NPT x 3/8"			
Pressure Range	20-120 psi / 1.4-8.3 bar							
Water Temperature Range	35-80° F / 2-12° C							
Separator	Small				Large			
Vent Size	2"							
Inlet Hose	3/4" NPT				1 1/4" NPT			
Drain Hose	3/4" NPT				1" NPT			
Platform Drain Hose								
Type	N/A				Clear Vinyl			
Size	N/A				3/8" OD			
Exhaust								
Type	PVC							
Line Sizing	1" Hose with 3/4" NPT Connection				1 1/2" Hose with 1 1/4" NPT Connection			
Environmental								
Equipment Room Ambient Temperature - Operational	40° - 104° Fahrenheit / 4° - 40° Celsius							

Before you Install...

Pre-Install steps..

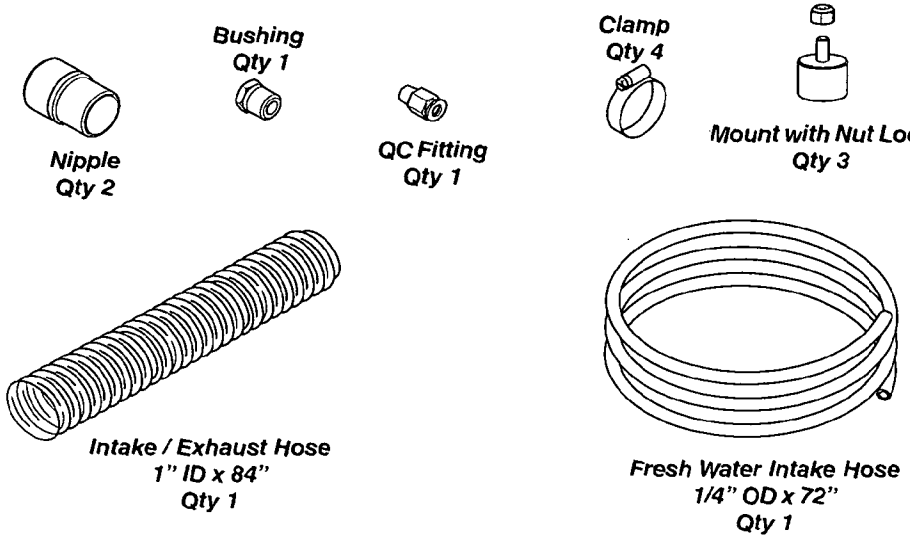
A. Remove vacuum(s) from shipping platform.
B. Move vacuum to a dry, well ventilated area on a solid, level surface.
C. Verify all sides of Vac Unit are not obstructed.
D. Unpack installation kit.
E. Install rubber feet. (Single Pump Models Only)
F. Verify water by-pass valve is in recycler positon, CLOSED.



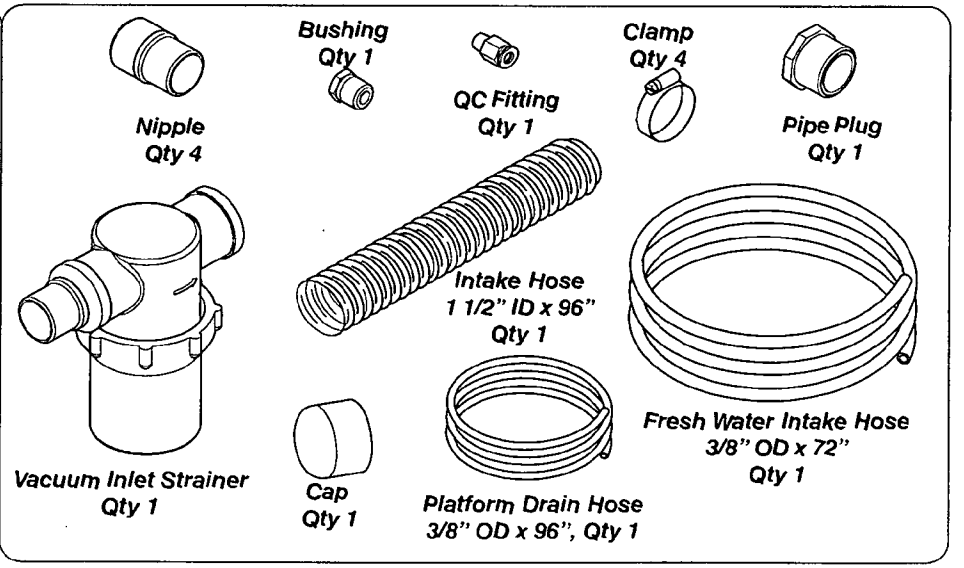
Single Recycler Model Shown

Install Kits

Single Models



Twin Models



Installation

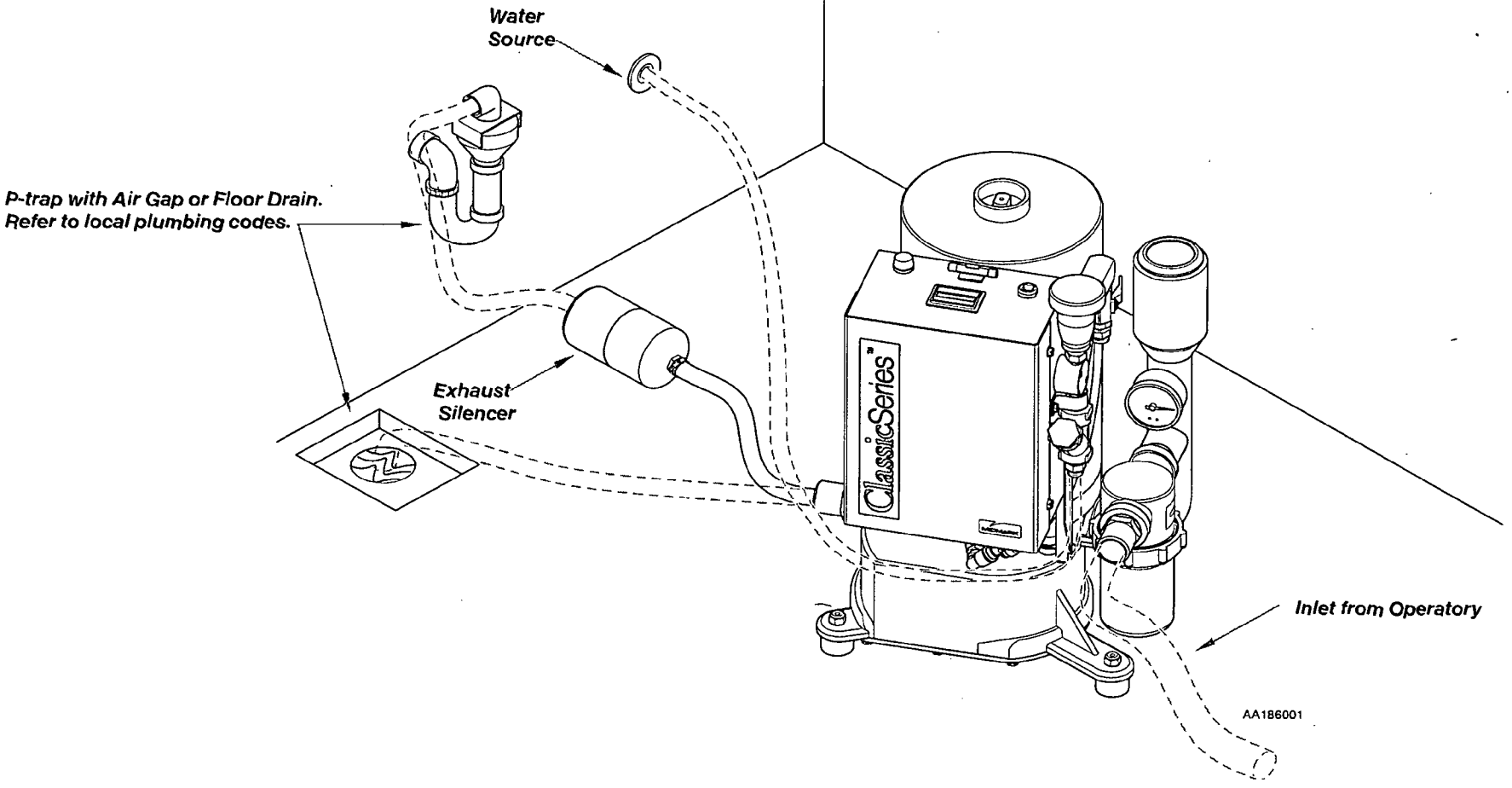
Plumbing Connections - Single Models without Air/Water Separator

Single Model Plumbing...

A. Install exhaust silencer into 1" exhaust hose from vacuum to P-trap if applicable.
If not using an exhaust silencer....
B. Install 1" exhaust hose from vacuum to P-trap or floor drain.
C. Connect 1/4" poly tube from vacuum to water supply.
D. Connect 3/4" NPT fitting and hose clamp to vacuum line from operatory.

Note

Exhaust silencer installation is an optional for the Wet-Ring Vacuums. Wet-Ring Vacuums are operational without exhaust silencer.



Installation
Electrical Connections - Supply Box and Remote Panel

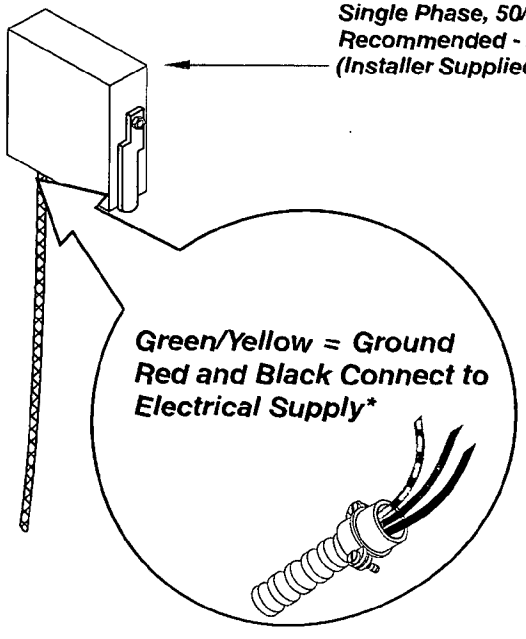
Electrical Connections...
A. Connect conduit cable(s) to user supplied electrical box(s).
B. Connect remote panel wires to Low Voltage Control wires if applicable.

Note: All vacuum systems are to be installed according to local electrical codes.
Never operate the equipment without complete and proper grounding.
Refer to Specification Sheet for Electrical Ratings, located in this manual.

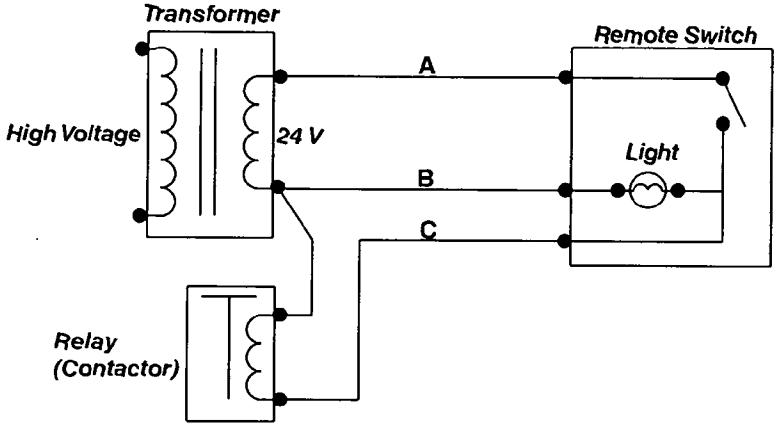
Supply Box

*1 1/4 HP Models
115 Volt Source
OR
208-230 Volt Source
Single Phase, 50/60 Hz
Recommended - 20 Amp Fuse Disconnect Box
(Installer Supplied)

*2 HP Models
208-230 Volt Source
Single Phase, 50/60 Hz
Recommended - 20 Amp Fuse Disconnect Box
(Installer Supplied)



Remote Panel



Control Panel Reference Cross Wiring			
Brand	Wire		
	A	B (Light)	C
Midmark	Blue	White	Red
Air Techniques	Yellow	Brown	Orange
DentalEZ	Black	Brown	Yellow
Apollo	Blue	White	Red
Matrx	Red	Blue	White

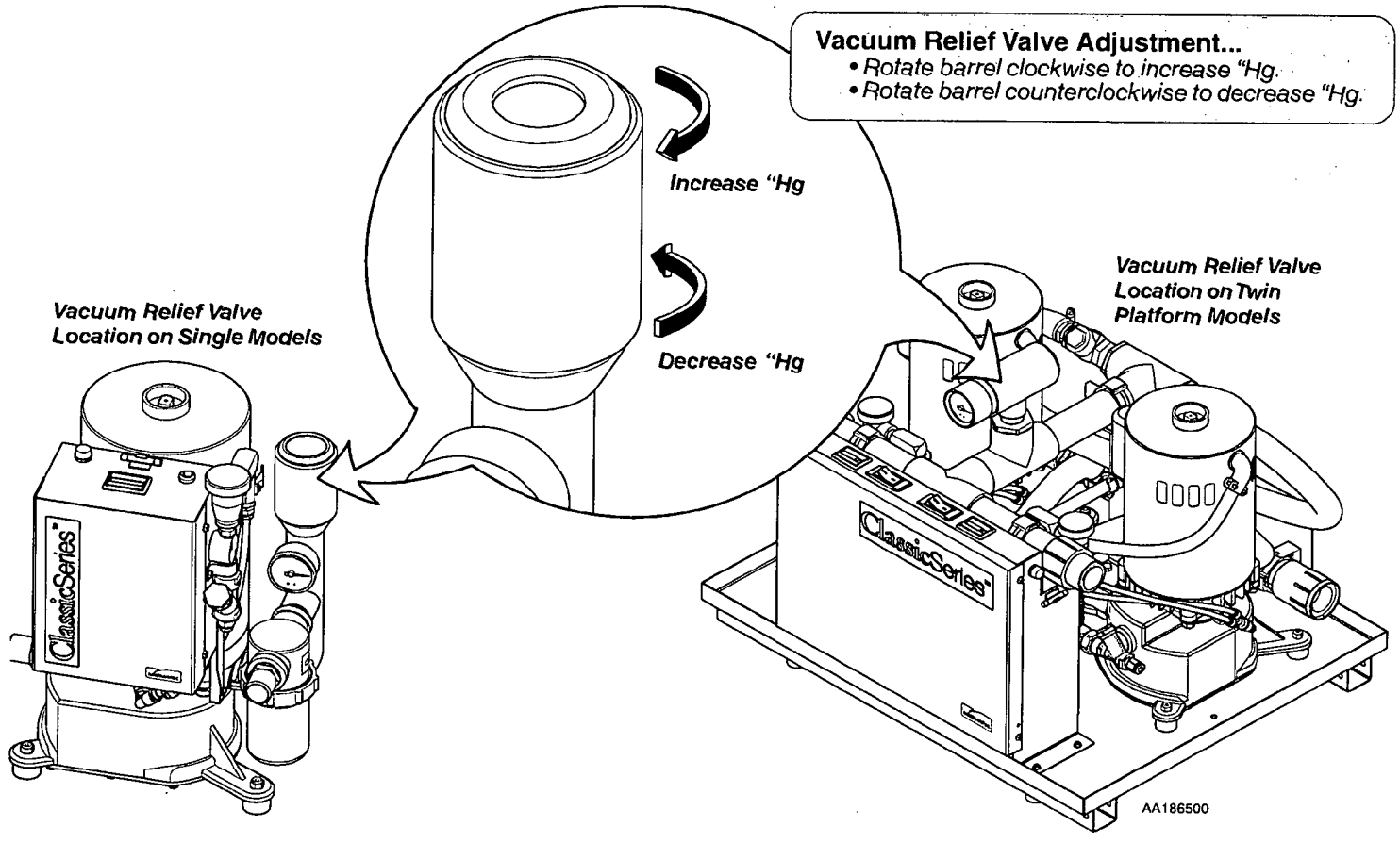
Installation
Check & Test

Equipment Alert
Perform Checks before operation.
Turn only one vacuum on at a time while checking. Operating vacuum without full pressure water supply will result in serious seal damage.

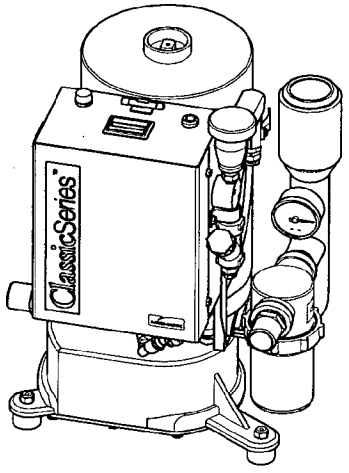
Initial Start-up Checks, Verify...
A. All water supply valves are "OPEN"
B. Exhaust hoses have water flowing through each pump and no leaks are present.
C. Check vacuum gauge to ensure it reads 10 "Hg.

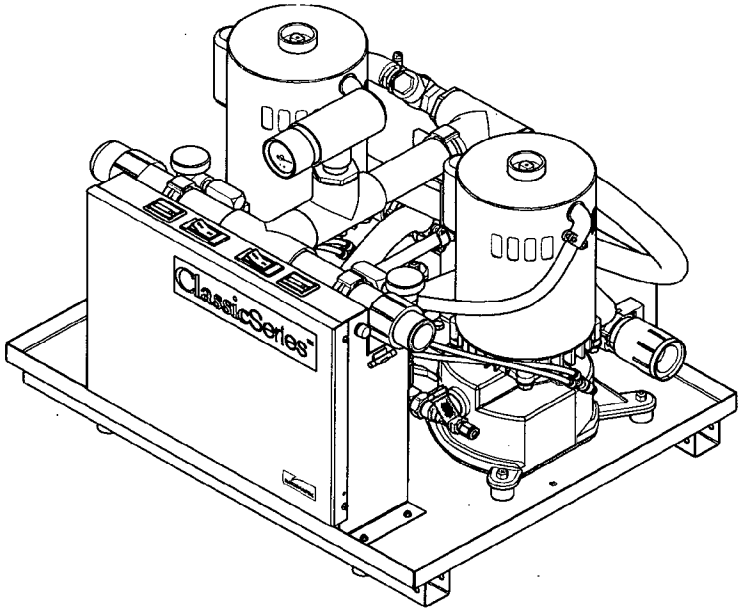
Note: If necessary perform Vacuum Relief Valve adjustment as shown below.

Vacuum Relief Valve Adjustment...
- *Rotate barrel clockwise to increase "Hg.*
- *Rotate barrel counterclockwise to decrease "Hg.*



Specification Sheet
ClassicSeries® Wet-Ring Vacuums





AA186600

Vacuum Model	Max. Users	Width (IN.)	Depth (IN.)	Height (IN.)	Weight (LBS.)	Total HP	Voltage (50/60 Hertz)	Breaker Size per Pump (Amps)	Inlet Connection Size (IN.)	Drain Connection Size (IN.)	Fresh Water Connection Size (FNPT)
CV3	3	12"	13"	15"	54	1 1/4	115 / 208-230	20	1"	1"	1/2"
CV3R	3	12"	13"	15"	56	1 1/4	115 / 208-230	20	1"	1"	1/2"
CV5	5	12"	13"	17"	63	2	208-230	20	1"	1"	1/2"
CV5R	5	12"	13"	17"	65	2	208-230	20	1"	1"	1/2"
CV6	6	25 1/2"	20"	18 1/2"	134	2 1/2	115 / 208-230	20	1 1/4"	1 1/4"	1/2"
CV6R	6	25 1/2"	20"	18 1/2"	134	2 1/2	115 / 208-230	20	1 1/4"	1 1/4"	1/2"
CV10	10	25 1/2"	20"	18 1/2"	154	4	208-230	20	1 1/4"	1 1/4"	1/2"
CV10R	10	25 1/2"	20"	18 1/2"	154	4	208-230	20	1 1/4"	1 1/4"	1/2"

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Wednesday, May 16, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Friday, May 11, 2012

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.

1- new plans not sealed DONE
2- plumbing riser doesn' reflect the vacumn pump drain and the floor drain is not vented
3- plumbing application section "D" not filled out indicating the dental chairs, number of med gas, oxygen, vacumn outlets and the vacumn pump drain & floor drain
4- floor plan doesn't reflect a sink in the 3rd room where med gas is shown.
5- floor plan doesn't reflect the equipement room for the vacu pump, air compressor and med gas equipement
6- submit the spec's on the dental chair

[redacted]

Sincerely,

Paul Auth , Subcode Official

#1 SEALED

#2 THERE IS NO FLOOR DRAIN THE PUMP IS LOCATED IN BASEMENT

#3 PLUMBER FILLED OUT

#4 DONE BY ARTH

#5 LOCATIONS SHOWN ON ARTH PRINT

#6 SUBMITTED BY EQUIP DEALER

NOTE: DETAILS IS A ORAL SURGERY CENTER THEY USE STERILE WATER FROM BATTLE SYSTEM FOR WATER TO SURGERY DRILL

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Wednesday, May 16, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Friday, May 11, 2012

RESUBMIT CR
SUBCODES Plumbing
DATES 5-17-12

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.

1- new plans not sealed
2- plumbing riser doesn' reflect the vacumn pump drain and the floor drain is not vented
3- plumbing application section "D" not filled out indicating the dental chairs, number of med gas, oxygen, vacumn outlets and the vacumn pump drain & floor drain
4- floor plan doesn't reflect a sink in the 3rd room where med gas is shown.
5- floor plan doesn't reflect the equipement room for the vacumn pump, air compressor and med gas equipement
6- submit the spec's on the dental chair

Anthony -
732-740-7483

Sincerely,

Paul Auth , Subcode Official

Hand Given to Contractor DAW

5/9/12-Jay 732-761-0980

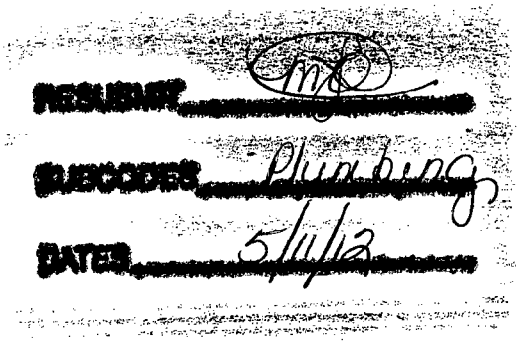
Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Tuesday, May 08, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Tuesday, May 08, 2012



Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.

1- pluimbing application doesn't reflect the floor drain and vacumn system drain
2- riser drawing doesn't reflect the floor drain
3- medical gas drawings doesn't reflect pipe sizes and the type of piping to be installed
4- all drawings to be submitted by the design professional
5- are the plumbing fixtures on the plan existing because the are not indicated on the riser diagram?

Sincerely,

Paul Auth , Subcode Official

TUES

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Friday, April 27, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Friday, April 20, 2012

LETTER

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.1-state use group 2- need complete drawings for med-gas, vacuum, water and drainage. 3- What type of backflow protection? [chairs and main water supply] 4- Occupancy load? 5- special design plumbing systems appendix E. also chapter 14.3-14.12.1

LETTER

Sincerely,

Mark Hibbard, Subcode Official

✓ #1 SEE ATTACHED LETTER

✓ #4 SEE ATTACHED LETTER

✓ #2 PLUMBER

#3 NO BACK FLOW PREVENTION REQUIRED USE OF BOTTLED WATER BOTTLES USED IN ROOMS. cp

✓ #5 PLUMBER

5/8/12 - Resubmit - HH

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0002
DESTINATION ADDRESS	97327610980
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/09 10:31
USAGE T	00'23
PGS.	1
RESULT	OK

5/9/12 - fax 732-761-0980

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Tuesday, May 08, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Tuesday, May 08, 2012

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.

1- pluimbing application doesn't reflect the floor drain and vacumn system drain
2- riser drawing doesn't reflect the floor drain
3- medical gas drawings doesn't reflect pipe sizes and the type of piping to be installed
4- all drawings to be submitted by the design professional
5- are the plumbing fixtures on the plan existing because the are not indicated on the riser diagram?

Sincerely,

\

Paul Auth , Subcode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Tuesday, May 01, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Monday, April 30, 2012

Dear 1631 ROUTE 88 W LLC,

The following comments were made during the Plan Review process:

Provide 2 sets of plans prepared and sealed by a n.j. licensed design professional.

Provide details of all work to be performed to include a cross section of construction with sizes,dimensions,specifications, materials to be used ect....

Provide room uses, emergency lighting,exit lighting, egress provisions, ada provisions ect.....

Sincerely,

John Gerrity, Subcode Official

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Thursday, April 12, 2012

Date: Wednesday, April 18, 2012

Dear 1631 ROUTE 88 W LLC,
Your request is hereby denied based upon the following infractions.

Not enough information for review.

The list below is not limited and additional information may be needed.

Indicate prior tennant and use. "Vacant" is not permitted for submision
Show existing floor plan
Indicate scope of work
Building construction classification
Occupancy loads
Cross section of wall
Etc.....

Sincerely,

Michael Vecchio, Subcode Official

This is a new Building
Was never occupied per
DN.

RESUBMIT_____

SUBCODES B & F

DATES 4/24/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Friday, April 20, 2012

4/23/12 gave copies to Bldg for Fire & Bldg — ICB

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Fire Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Friday, April 20, 2012

Dear 1631 ROUTE 88 W LLC,
Your request is hereby denied based upon the following infractions.

Need demo plan

Need Occupancy load

Need building construction classification

Sincerely,

Ron Piszar, Subcode Official

This is new Building was never O C cupied !!! per D/A

RESUBMIT_____

SUBCODES B & F

DATES 4/24/12

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

5/3/12 - Copy given to Contractor by MJ

Subcode Official Review

Date: Friday, April 27, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Friday, April 20, 2012

See arch. letter

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions. 1-state use group 2- need complete drawings for med-gas, vacuum, water and drainage. 3- ~~What type of backflow protection~~? [chairs and main water supply] 4- Occupancy load? 5- special design plumbing systems appendix E. also chapter 14.3-14.12.1

using water bottles

Sincerely,

Mark Hibbard, Subcode Official

5/9/12 - fax 732-701-0980

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Tuesday, May 08, 2012

To: PO BOX 4485 BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-12-001149
Last Submit Date: Tuesday, May 08, 2012

Dear 1631 ROUTE 88 W LLC,

Your request is hereby denied based upon the following infractions.

1- pluimbing application doesn't reflect the floor drain and vacumn system drain — ON ALTA DRAWING.
2- riser drawing doesn't reflect the floor drain — YARDS BASEMENTS NOT REQUIRED
3- medical gas drawings doesn't reflect pipe sizes and the type of piping to be installed — ON ALTA DRAWING
4- all drawings to be submitted by the design professional — ALONG W/ ALTA
5- are the plumbing fixtures on the plan existing because the are not indicated on the riser diagram? — EXISTING IN ALL OPERATORIES, STAFF ROOM & BATHS

Sincerely,

Paul Auth , Subcode Official

FELDMAN & FELDMAN ARCHITECTS, PC
36 LELAND ROAD • COLTS NECK, NEW JERSEY 07722
212 SECOND STREET • SUITE 302A • LAKEWOOD, NEW JERSEY 08701
732-761-8182 • feld2arch@aol.com • www.feldman2architects.com

APR 24 2012

TO: Bricktown Building Department

FROM: David H. Feldman, RA, AIA

DATE: April 24, 2012

RE: 1631 Route 88 W LLC
Lot: 21 Block: 827
Bricktown, New Jersey

Project: 07146

Control #: C-12-001149

Please be advised with regards to the above referenced project that the building construction classification is 5-B. In addition the occupancy load for the space in question is 13.

If you have any questions pursuant to this matter, please do not hesitate to contact out office. Thank you.

Sincerely,
FELDMAN & FELDMAN ARCHITECTS, PC

David H. Feldman, RA, AIA
DHF/sh