BLOCK 347.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-1724

CONSTRUCTION PERMIT APPLICATION

C12-001754

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

I. IDENTIFICATION

1. Proposed Work Site at: 335-339 BRICK BLVD, BRICK NJ 08723
2. Name of Owner in Fee: DRUM POINT PLAZA, LLC
   Tel. 732 477 6343 e-mail _____
   Address 335 339 BRICK BLVD, BRICK NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: CIRCLE A CONSTRUCTION Tel. 732 918 8181
   Address 1026 OLD CORLIES AVE e-mail _____
   NEPTUNE NJ 07753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer HARRISON FRENCH & ASSOC Contact CRAIG HACKER
   Address 809 SW "A" STREET email BRENTONVILLE AR
   Tel. 479 273 7780 FAX: 479 273 9436
6. Responsible Person in Charge once Work has Begun CHARLES NEWBURY
   Tel. 732 865 1901 FAX: 732 922 6867

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1,584	✓	
2. Electrical	505	✓	
3. Plumbing		630	✓
4. Fire Protection	105	✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	213	42	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 2419	672	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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									
☐ Electrical					6-12-12	JS			
☑ Plumbing				06.12.12	6-21-12	JS		6-14-12	JS
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(Y) Check if contractor.

Agent Name CELLA A CONSTRUCTION, CHARLES NEWBURY

Address 1026 OLD CORLIES AVE
NEPTUNE, NJ 07753

Telephone 732 918 8181 / 732 865 1901

Signature _____

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

OFFICE DATE RECEIVED: _____

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									
☐ 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 DATE RECEIVED: ______

BLOCK 547.01 LOT 15 QUALIFICATION CODE ______ ADDRESS (SITE) 335-399 Brick Blvd PERMIT NO. ______

CONSTRUCTION PERMIT APPLICATION

C12-001754

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

I. IDENTIFICATION

1. Propsed Work Site at: 335-399 BRICK BOULEVARD
2. Name of Owner in Fee: DRUM POINT PLAZA LLC Tel. (732) 477 6363
   Address 249 BRICK BOULEVARD (street) BRICK NJ (municipality) 08723 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: HARRISON FRENCH + ASSOCIATES Tel. (479) 2737780
   Address 809 S.W. "A" Street Suite 201 Bentonville AR 72712
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 71-0832443 FAX: ( ) ______
5. Architect or Engineer Lawrence C. LOTT Tel. ( ) ______
   Address 809 S.W. "A" Street #201 Bentonville AR 72712
6. Responsible Person in Charge of Work Harrison ~~French Associates~~
   Tel. (479) 2737780 FAX (479) 2739436

laura.Muller@hfa-ae.com. Email

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1584.–		
2.	Electrical	505.–		
3.	Plumbing	630.–		
4.	Fire Protection	105.–		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review	255.–		
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy	50		
12.	Other			
13.	TOTAL	$ 3089.–		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ______
2. Height of Structure ______ ft.
3. Area — Largest Floor ______ sq. ft.
4. New Building Area ______ sq. ft.
5. Volume of New Structure ______ cu. ft.
6. Construction Classification ______
7. Total Land Area Disturbed ______ sq. ft.
8. Flood Hazard Zone ______
9. Base Flood Elevation ______ ft.
10. Wetlands yes ______ no ______
11. Max. Live Load ______
12. Max. Occupancy Load ______

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		KD	5/8/12		5-22-12	JL			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					5/23/12	OB			
6. ☐ Plumbing				5-24-12		S			
7. ☐ Electrical				5/22/12 JS					
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	ENG	ND	5/22/12	EXEMPT					
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No. of dwelling units:
Before Construction ______
After Construction ______
Net Gain or Loss ______

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C-F100-1 (rev. 3/96)

Due 7-11

5402

7-11

IMPORTANT
A.H.B.T. - EXEMPT

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor

* Agent Name Laura Muller

Address 226 Beach 137 Street

Rockaway Pk. New York 11694

Telephone (718) 514 3747

Signature

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

OFFICE DATE RECEIVED: _____

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									
☐ 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. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/21/2012
Control Number C-12-001754
Permit Number 12-1724
Permit Issue Date 6/25/2012
Certificate Number 12-1724

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: 7324776363

Contractor CIRCLE A. CONSTRUCTION

Address 1024 OLD CORLIES AVE NEPTUNE NJ 07753

Telephone: 7329188181 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP 7-11

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: $50.00
Check Number: 39692
Collected By: Mary Jane Rinaldi

Date Printed: 8/21/2012 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/21/2012
Control Number C-12-001754
Permit Number 12-1724
Permit Issue Date 6/25/2012
Certificate Number 12-1724

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: 7324776363

Contractor CIRCLE A. CONSTRUCTION

Address 1024 OLD CORLIES AVE NEPTUNE NJ 07753

Telephone: 7329188181 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP 7-11

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: $50.00
Check Number: 39692
Collected By: Mary Jane Rinaldi

Date Printed: 8/21/2012 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 6-25-12
Control # C-12-001754+A
Permit # +A
12-1724+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

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

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

Telephone: (732) 477-6363

Contractor: HARRISON FRENCH ARCHITECTURE
Address: 809 SW A STREET #201 BENTONVILLE NJ 72712-

Telephone: (479) 273-7780
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS 7-11

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 $25,000

Construction Official

6-22-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$630
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$42
CO Fee	
Other	$0
Total	$672
Check No.	39692
Cash	$0
Credit	$0
Collected By	

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.

#1724
PLUMBING $630.00
CHECK $672.00

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

CONSTRUCTION PERMIT

Date Issued 6-25-12
Control # C-12-001754
Permit # 12-1754

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

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

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

Telephone: (732) 477-6363

Contractor: HARRISON FRENCH ARCHITECTURE
Address: 809 SW A STREET #201 BENTONVILLE NJ 72712-

Telephone: (479) 273-7780
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP 7-11

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 $125,000

Construction Official

6-27-12
Date

PAYMENTS (Office Use Only)

Building	$1,584
Electrical	$505
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$213
CO Fee	$50.00
Other	$0
Total	$2,417
Check No.	39692
Cash	$0
Credit	$0
Collected By	

50
2467

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.

email 9-11
CO

Cnewbury@circleaconstruction.com

equiv (rev 8/03)

1 WHITE - INSPECTO

REQUIRED

Construction work must be inspected in accordance with the State Uniform Construc
out such periodic inspections during the progress of work as are necessary to insure
Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency wh
Requests for inspections must be made at least 24 hours prior to the time the inspe
days of the time for which they are requested. The work must not proceed in a man
approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as

1. The bottom of footing trenches before placement of footings, except that i
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
plumbing. The framing inspection shall take place after the rough electric
ventilation and /or air conditioning duct system. The insulation inspection
prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing
mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other th
producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be

☑ A final inspection is required for each applicable subcode area before a fi
inspections include the installation of all interior and exterior finish materi
equipment; electrical wiring, devices and fixtures; plumbing pipes, trim an
Barrier Free accessibility, if applicable; and verification of compliance wit

☑ A complete copy of released plans must be kept on the job site.

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

845-1901 547.01/15

email co

CY box

expose

CWD box

Aug. 2nd

C-12-001754+A

Date Received / Control # 12-1724+A

Date Issued / Permit # 6-25-12

PLUMBING SUBCODE
TECHNICAL SECTION

JIM

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 335-339 BRICK BLVD
BRICK, NJ 08723

Owner in Fee: DRUM POINT PLAZA LLC

Tel. (732) 477 6343 e-mail

Address 335 ~~339~~ BRICK BLVD, BRICK NJ 08723
street municipality zip code

Contractor: CRAMER & SONS Tel. (551) 206 6851

Address 52 POLYPHEMA LANE, PARAMUS NJ e-mail

Contractor License No. 7809 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed M

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 75,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 6-21-12

Approved by: JJ

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 8-21-12

Approved by: JJ

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab			02-12-12	PA
Rough			02-18-12	PA
Water				
Sewer				
Fixtures				
~~Gas Equipment~~	8/13/12			
Gas Piping	7/27/12	8/6/12	8/16/12	MM
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
ABOVE CEILING			8/6/12	MM
FINAL			8/16/12	MM

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.

James Cramer
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR REMODEL OF EXISTING SPACE INTO A 7-11 STORE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
5	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
5	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks Cond Line HO (refrigeration)	
	Other Water Filtration System	
1	Other A/C Condensate HO	

COMMERCIAL

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

U.C.C. F130 (rev. 10/06)
Reorder from OCS Printing
609-390-1400

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

@ 8:12 PM

① ROUGH EXCLUDING WATER MAINS + VENT THROUGH ROOF - WILL INSPECT ON OPEN CEILING

7/27/12 - mA

② - 8" VENT THRU ROOF - OK

② - WATER MAINS NOT READY - OK 8/6/12

③ - NEW GAS DRAWING REQUIRED ADDING 60,000 TO EXISTING 1". W/ TWO - ROOF TOP UNITS (B.T.U.S ?)

8/6/12 - mA

① - NO NEW GAS DRAWING ?

8/13/12 - mA

① - NEW GAS DRAWING DOES NOT MEET CODE !!

NEW CAPITAL STATES TABLE 402.4.1 - TOTAL LENGTH OF RUN 150' - 298000 B.T.U'S MAX ON 1" IS 119,000.

8/13/12 - mA - PLUMBING FINAL OK PENDING GAS PIPE

2 - W/C - 5.0
2 - LAV - 2.0
3 BAY - 1.5
2 SINK - 3.5
MOP - 3.0
15.0

1"

3/4" - OK

HARRISON FRENCH & ASSOCIATES, LTD
HFA ARCHITECTS ENGINEERS INTERIORS

Date: August 8th, 2012

RE: 7-Eleven: TI
Store #: 35894
375 Brick Blvd.
Brick, NJ 08723

To Whom It May Concern,

According to section 402.4.1, Low-pressure gas equation, in the 2009 IFGC a 1" gas line would be sufficient for 298 CFH with a total developed pipe length of 150 feet. The existing 1" gas line for this project is approved by HFA.

For additional MEP information or questions please call Greg Schluterman, Program Manager, Mechanical Engineer, at 479-273-7780 extension 291.

Sincerely,

Greg Schluterman, P.E.
Mechanical Engineer

NOT APPROVED
8/13/12

809 Southwest A Street, Suite 201 Bentonville, Arkansas 72712 Phone 479.273.7780 Fax 888.520.9685


STATE OF
REGISTERED
PROFESSIONAL ENGINEER

August 8, 2012
Delta-5, PR-5

Project: 7-Eleven
375 Brick Blvd.
Brick, NJ 08723

Job No.: 12-12-00099
Date: 08/08/2012

Please find the revisions below in response to the code official requirements.

Mechanical Revisions:

A. Revised the gas riser diagram to meet the inspector's requirements, reference detail 3 on sheet M1.0

End of PR#5

For additional MEP information or questions please call Greg Schluterman, Program Manager, Mechanical Engineer, PE, LEED-AP at 479-273-7780 extension 291.

Sincerely,

J. Ryan Finkus
Mechanical Designer

Change of Contractor Only

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 12-1724

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

Block 547.01 Lot 15 Qualification Code ______

Work Site Location ______

Owner in Fee: Drumpt PLAZA LLC
Tel. (732) 477 e-mail ______
Address Brick BLVD (street) Brick NJ (municipality) 08723 (zip code)

Contractor: Lowes Electric LLC Tel. (732) 842-4426
Address 236 Lupland Dr e-mail ______
Lincroft NJ

Contractor License No. J 5802 Exp. Date Oct 2015

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

Federal Emp. ID No. ______ FAX: (732) 842-4427

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ______ Approved by: ______
[ ] Electric Plans Approved
Date: ______ Approved by: ______
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/14/12
Approved by: JJ

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free	Walls		7-18-12	DD
Trench	Above ceiling		7-31-12	DD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final			8-13-12	DD
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: [signature]

Print name here: DAN LOWE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Interior REMODEL Existing Space B-7-11

QTY	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
75		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
10		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	7Kw	KW Oven/Surface Unit	
1	9Kw	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service 2/225	
		AMP Subpanels 2/100	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Drum Pt Plaza

6/13/12 New Contractor

Date Received 6-25-12
Control #
Date Issued
Permit # 12-1724

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 335-339 BRICK BLVD
BRICK NJ 08723

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. 732 477 6363 e-mail

Address 275 BRICK BLVD. BRICK NJ 08723
street municipality zip code

Contractor: SIBCO ELECTRIC Tel. 973 670 4208

Address 8 FAIRVIEW DR e-mail
NORTH CALDWELL NJ 07006

Contractor License No. 11502 Exp. Date

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

Federal Emp. ID No. 22-3377592 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed M

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 35,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date Approved by

[✓] Electric Plans Approved
Date 6/13/12 Approved by JS

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

SUBCODE APPROVAL for PERMIT
Date 6/12/12
Approved by JS

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench	UNDERSLAB		9-12-12	JS
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: Rick Sibilia

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INTERIOR REMODEL EXISTING SPACE TO 7-11

QTY.	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
75		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
10		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	7KW	KW Oven/Surface Unit	
1	9KW	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3 TON	KW Central A/C Unit	
1	60 MBH	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1/400A		AMP Service 2/225A	
4		AMP Subpanels 2/100A	
X		AMP Motor Control Center	
~~X~~	~~2KW~~	KW Elec. Sign/Outline Light	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6-25-12
Control #
Date Issued 12-1724
Permit #

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

Block 547.01 Lot 15 Qualification Code 7-11 Emergency
Work Site Location 335-399 Brick Boulevard
Brick, NJ 08723
Owner in Fee Drum Point Plaza, LLC
Address 249 Brick Boulevard
Brick, NJ 08723
Tel (732) 477-6363
Contractor
Address Joe Nagy 609-548-0714
Tel ( ) FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

See new contractor attached

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present B Proposed M
Constr. Class: Present 5B Proposed 5B
Heating System: [x] New OR [x] Existing [x] HVAC
Type: [x] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*
Total Cost of Fire Protection Work $ 36,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 7-23-12
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/31/08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/22/08	
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's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Reusing two existing 5 ton RTUs and adding one new 3 Ton split system, associated ductwork, air devices, & controls
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 HVAC		
Fired Appliances [✓] Gas or [ ] Oil	1	100
Fireplace Venting/Metal Chimney		
Other Split System, air devices, ductwork, controls & assco. work		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6-25-12
Control # 12-1724
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 547.01 Lot 15 Qualification Code ____

Work Site Location 335-339 BRICK BLVD
BRICK, NJ 08723

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. (732) 477 6363 e-mail ____

Address 335-339 BRICK BLVD, BRICK NJ 08723
street municipality zip code

Contractor: SUPREME HVAC Tel. (800) 582 5140

Address 257 WAGNER ST, MIDDLESEX e-mail ____

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 B Proposed M

Constr. Class: Present 5B Proposed 5B

Heating System: [X] New OR [X] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 34,000.

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

C. CERTIFICATION IN LIEU OF ~~OATH~~

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REUSE TWO EXISTING 5 TON RTU'S & ADDING ONE NEW 3 TON SPLIT SYSTEM, ASSOC DUCT WORK, DEVICES & CONTROLS

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other SPLIT SYSTEM AIR DEVICES, DUCT WORK CONTROLS		

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] 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 ____				

12-1495

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-25-12
Date Issued
Control #
Permit # 12-1724

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

Block 547.01 Lot 15
Work Site Location 335-399 Brick Boulevard
Brick, NJ 08723
Owner in Fee Drum Point Plaza, LLC
Address 249 Brick Boulevard
Brick, NJ 08723
Tele. (732) 477-6363
Contractor Harrison French & Associates
Address 809 S.W. "A" Street, Suite 201
Bentonville, AR 72712
Tele. (479) 273-7780 Fax (479) 273-9436
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 71-0832443

7/11 See new Certificate attached

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior remodel of existing space with infill of a 7-Eleven convenience store.

Ductwork for HVAC
7-11 STORE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	5-22-12	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/14/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8-13-12	G.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed M
Constr. Class Present 5B Proposed 5B
No. of Stories 1
Height of Structure 19'-2" Ft.
Area — Largest Floor 3,235 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ ~~74,000.00~~ 54,000
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[x] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F110
(rev. 3/96)

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

Change of Contractor

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-25-12
Control # 12-1724

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 547.01 Lot 15 Qualification Code

Work Site Location 335-339 BRICK BLVD
BRICK NJ 08723

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. (732) 477 6343 e-mail

Address 335 ~~339~~ BRICK, BLVD. BRICK NJ 08723
street municipality zip code

Contractor CIRCLE A. CONSTRUCTION Tel. (732) 918 8181

Address 1024 OLD CORLIES AVE ~~E-mail~~ NEPTUNE NJ

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

Federal Employee No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8/14/12
Approved by: ~~AA~~

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			7-16-12	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
~~Other~~ CEILING			8-3-12	G.P.
Final			8-13-12	G.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed M
Constr. Class Present 5B Proposed 5B
No. of Stories 1
Height of Structure 19'2" Ft.
Area – Largest Floor 3,235 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 54,000
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR REMODEL OF EXISTING SPACE WITH INFILL OF 7-11 CONVENIENCE STORE

DRUM POINT PLAZA

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 05/05)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

HFA
ARCHITECTS
ENGINEERS
INTERIORS

HARRISON FRENCH
& ASSOCIATES, LTD

Teresa Clark
Permitting Manager

479.273.7780 ext 265
f 888.520.9685
teresa.clark@hfa-ae.com

809 S.W. A St., Suite 201
Bentonville, AR 72712
www.hfa-ae.com

Change of Contractor Only

12-1724

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 547.01 Lot 15 Qualification Code ______

Work Site Location ______

Owner in Fee: Drumpt Plaza LLC

Tel. (732) 477 e-mail ______

Address Brickblvd Brick NJ 08723 (street, municipality, zip code)

Contractor: Lowes Electric LLC Tel. (732) 842-4426

Address 236 Gasland Dr e-mail ______

Lincroft NJ

Contractor License No. 15802 Exp. Date Oct 2015

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

Federal Emp. ID No. ______ FAX: (732) 842-4427

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: ______

Approved by: ______

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: [signature]

Print name here: [signature]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Interior Remodel Existing Space For 7-11

QTY	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
75		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
10		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	9Kw	KW Oven/Surface Unit	
1	9Kw	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service 2/225	
		AMP Subpanels 2/100	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

Change of Contractor 8-6-?

12-1734

ELECTRICAL 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 547.01 Lot 15 Qualification Code ______

Work Site Location ______

Owner in Fee: Drumpt Plaza LLC

Tel. (732) 4771 e-mail ______

Address Brickblvd (street) Brick NJ (municipality) 08723 (zip code)

Contractor: Lowes Electric LLC Tel. (732) 542-4426

Address 231 [illegible] Dr e-mail ______
Lincroft NJ

Contractor License No. 15842 Exp. Date Oct 2015

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

Federal Emp. ID No. ______ FAX: (732) 542-4427

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: ______ Approved by: ______

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] 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
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 ______

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: [signature]

Print name here: [signature]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Interior Remodel Existing Store

C.O. 7-11

QTY	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
75		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
12		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	[illegible]	KW Oven/Surface Unit	
1	[illegible]	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service 2/225	
		AMP Subpanels 2/100	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Change of Contractor 8/14

12-1724

ELECTRICAL 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 547.01 Lot 15 Qualification Code ____

Work Site Location ____

Owner in Fee: [illegible] PLAZA LLC

Tel. ( ) [illegible] e-mail ____

Address [illegible] street / municipality / zip code

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

Address [illegible] e-mail ____

Contractor License No. [illegible] Exp. Date [illegible]

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. 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: [signature]

Print name here: [illegible]

[✓] Licensed Elec. Contractor [ ] Cert'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: [illegible] REMODEL [illegible] 6-7-11

QTY.	SIZE	ITEMS	FEE (Office Use Only)
92		Lighting Fixtures	
35		Receptacles	
9		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
10		Emergency & Exit Lights	
12		Communications Points	
12		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
	[illegible]	KW Oven/Surface Unit	
1		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service [illegible]	
		AMP Subpanels [illegible]	
		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:____ Approved by: ____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] 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
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 ____

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

Receipt

Payment Date 6/25/2012
Transaction # PMT-12-04173
Receipt #

Issued To Harrison French Assoc.

Description 7-11 Store - 335-399 Brick Blvd.

Date Printed	6/25/2012	Cash	$0.00
Check Number	39692	Check	$50.00
		Charge	$0.00
		Total Paid	$50.00

06/25/12 11:34AM 00155BW5713
#02 SERV.02
#04173
ZP9 $50.00
CHEK $50.00

HARRISON FRENCH & ASSOCIATES, LTD.

39692

Vendor ID:

Name: Township of Brick
Check Date: 06/22/12
Check Amount: 3,139.00

MEMO:
Permitting Fee
12-12-00099, #1031149

C-12-01754+A

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1724+A

Date Issued / Permit # 6-25-12

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 335-339 BRICK BLVD BRICK, NJ 08723

Owner in Fee: DRUM POINT PLAZA LLC

Tel. (732) 477 6363 e-mail

Address 375 ~~339~~ BRICK BLVD, BRICK NJ 08723

Contractor: CRAMER & SONS (street / municipality) Tel. (551) 2066851 (zip code)

Address 52 FORSYTHIA LANE, PARAMUS NJ e-mail

Contractor License No. 7809 Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed M

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 25,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 6-21-12

Approved by:

SUBCODE APPROVAL

[ ] 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				

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.

James Cramer

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INTERIOR REMODEL OF EXISTING SPACE INTO A 7-11 STORE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
2	Bath Tub	
	Lavatory	
5	Shower	
3	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
5	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks Condensate Line (refrigeration)	
	Other Water Filtration System	
1	Other A/C Condensate	

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

DATE	JOB CONDITION / COMMENTS

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4-25-12
Control # 4-27-12
Date Issued
Permit # T2-1724

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 335-339 BRICK BLVD
BRICK, NJ 08723

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. (732) 477 6363 e-mail

Address 335-339 BRICK BLVD, BRICK NJ 08723
street municipality zip code

Contractor: SUPREME HVAC Tel. (800) 582 5160

Address 257 WAGNER ST, MIDDLESEX e-mail

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 B Proposed M

Constr. Class: Present 5B Proposed 5B

Heating System: [X] New OR [X] Existing [X] HVAC

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

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 36,000.

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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REUSE TWO EXISTING 5 TON RTU'S & ADDING ONE NEW 3 TON SPLIT SYSTEM, ASSOC DUCT WORK, DEVICES & CONTROLS

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other SPLIT SYSTEM AIR DEVICES, DUCT WORK CONTROLS		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] 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				

DATE	JOB CONDITION / COMMENTS

Change of Contractor

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-25-12
Control # 12-1724
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 547.01 Lot 15 Qualification Code 1,11

Work Site Location 335-339 BRICK BLVD
BRICK NJ 08723

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. (732) 477 6363 e-mail

Address 335 BRICK BLVD. BRICK NJ 08723
street municipality zip code

Contractor CIRCLE A CONSTRUCTION Tel. (732) 918 8181

Address 1024 OLD CORLIES AVE e-mail NEPTUNE NJ

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

Federal Employee No. _____ FAX: ( ) _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR REMODEL OF EXISTING SPACE WITH INFILL OF 7-11 CONVENIENCE STORE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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 B	Proposed M
Constr. Class	Present 5B	Proposed 5B
No. of Stories	1	
Height of Structure	19'2" Ft.	
Area – Largest Floor	3,235 Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 54,000
3. Total (1+ 2) $

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 05/05)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

DATE	JOB CONDITION / COMMENTS

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-25-12
Control #
Date Issued
Permit # 12-1724

6/19/12 New Contractor

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 335-339 BRICK BLVD BRICK NJ 08723 7-11

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. 732 477 4343 e-mail

Address 335-341 BRICK BLVD. BRICK NJ 08723 (street / municipality / zip code)

Contractor: SIBCO ELECTRIC Tel. 973 670 4228

Address 8 FAIRVIEW DR NORTH CALDWELL NJ 07006 e-mail

Contractor License No. 11502 Exp. Date

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

Federal Emp. ID No. 22-3377592 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed M

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 35,000

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 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				

Dates (Month/Day)

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: [signature]

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INTERIOR REMODEL EXISTING SPACE TO 7-11

QTY	SIZE	ITEMS	FEE (Office Use Only)
70		Lighting Fixtures	
75		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
16		Emergency & Exit Lights	
10		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	7KW	KW Oven/Surface Unit	
1	9KW	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3 TON	KW Central A/C Unit	
1	60MBH	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1/400A		AMP Service 2/225A	
4		AMP Subpanels 2/100A	
		AMP Motor Control Center	
X	[illegible]	KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09) White = Applicant Copy Canary = Office Copy Index = Inspector Copy Reorder from Mariano Press (732) 247-6828

DATE	JOB CONDITION / COMMENTS

RECEIVING CLERK KD
DATE REC'D 5/31/12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-00575
DATE ISSUED 6-25-12

BLOCK: 547.01 LOT: 15 QUALIFIER: — SITE ADDRESS: 335-399 BRICK BLVD.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: DRUM POINT PLAZA LLC
   COMPLETE ADDRESS: 249 BRICK BLVD.
   BRICK NJ 08723
   PHONE # 732 477 6363 EMAIL: PEGEORGEDEY@AOL.COM

2. NAME OF APPLICANT: 7-ELEVEN INC. C/O LEND LEASE
   APPLICANT ADDRESS: 49 CAMBRIDGE RD
   BEDMINSTER NJ 07921
   PHONE # 908-719 9480 EMAIL: RAY.AQUINO@LENDLEASE.COM

3. RESPONSIBLE PERSON FOR WORK: GIANFRANCO SARRIDO
   PHONE# 201 870 9583 FAX# N/A USE E-MAIL
   GIANFRANCO.SARRIDO@LENDLEASE.COM

4. SIGNATURE OF APPLICANT: Raymond Quino

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: PARADISE POOL & SPA
PROPOSED USE 24-HR CONVENICE STORE

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE

HEIGHT: (*APPLICABLE)

OTHER

DESCRIPTION: INTERIOR ALTERATION/FIT-OUT FOR 7-ELEVEN CONVENIENCE STORE

ZONING REVIEW:
DATE REVIEWED: 7-21-12 DATE DENIED: — DATE APPROVED: 7-21-12 INTLS: SCD

(SEE BACK PAGE)

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: _____ LOT: _____ QUALIFIER: _____ SITE ADDRESS: _____

IDENTIFICATION:

1. NAME OF OWNER IN FEE: _____
   COMPLETE ADDRESS: _____
   _____
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: _____
   APPLICANT ADDRESS: _____
   _____
   PHONE # _____ EMAIL: _____

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

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: _____
EXISTING USE: _____
PROPOSED USE _____

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

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

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

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of plot plan containing:**

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

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

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

Choose which is applicable for submission

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

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

01/2010

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

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

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

NOTES:

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

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00487
Application Date: 05/21/2012
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **335-399 BRICK BLVD.**
Drum Point Plaza
Brick Township, NJ 08723

Block: **547.01**
Lot: **15**
Qualifier:
Zone: **B-2**

Owner: **DRUM POINT PLAZA LLC**
Address: **249 BRICK BLVD**
BRICK, NJ 08723

Applicant: **Gianfranco Sarrido; 7-Eleven, Inc.**
Address: **49 Cambridge Road**
Bedminster, NJ 07921

Application Approved Date: 05/21/2012

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

Use is: Convenience Store –7-Eleven store.
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up for a new business, a 7-Eleven store, to replace the Paradise Pool & Spa store.

An additional zoning permit is required for any sign and 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 — 05/21/2012 Date

Michael P. Fowler, Township Planner — **Date** 5/21/12

FURNACE UNIT SCHEDULE										
							ELECTRICAL DATA			
MARK	MANUFACTURER	MODEL	CFM	OSA (CFM)	E.S.P. (IN. WC)	HEATING INPUT (MBh)	V/PH	MCA	MOCP	WEIGHT
FU-1	CARRIER	59SP5A060E17-14	1200	125	0.5	60	120/1	9.1	15	150

NOTES (ALL UNITS):
A. NO SUBSTITUTES ALLOWED.
B. PROVIDE FILTER BOX AND FILTER WITH EACH UNIT.
C. AUXILIARY DRAIN PAN WITH OVERFLOW SENSOR TO BE PROVIDED AND INSTALLED BY CONTRACTOR.
D. PROVIDE WITH CONCENTRIC VENT KIT.
E. SMOKE DETECTORS TO BE PROVIDED AND INTALLED BY CONTRACTOR AS REQUIRED BY LOCAL CODE.
F. TEMPERATURE SET POINTS DURING OCCUPIED HOURS; HEATING MODE: 66°F - COOLING MODE: 75°F.
G. CONTACT HECTOR GARCIA WITH AUTOMATED LOGIC (832) 347-1809 FOR BUILDING MANAGEMENT SYSTEM CONTROLS.
H. PROVIDED BY 7-ELEVEN AND INSTALLED BY THE CONTRACTOR, FOR ADDITIONAL INFORMATION CONTACT NATIONAL ACCOUNT REPRESENTATIVE TONY WALLON (315) 432-6506.

CONDENSING UNIT SCHEDULE										
				COOLING CAPACITY (MBH)			ELECTRICAL DATA			
MARK	MANUFACTURER	MODEL	NOMINAL TONS	TOTAL	SENSIBLE	SEER	V/PH	MCA	MOCP	WEIGHT
CU-1	CARRIER	24AB8336	3	60	26.6	13	208/3	14.5	20	145

NOTES (ALL UNITS):
A. NO SUBSTITUTES ALLOWED.
B. PROVIDE WITH LOW AMBIENT CONTROLS.
C. REFRIGERATION LINE SETS ARE TO BE PROVIDED AND INSTALLED BY THE CONTRACTOR.
D. PROVIDED BY 7-ELEVEN AND INSTALLED BY THE CONTRACTOR, FOR ADDITIONAL INFORMATION CONTACT NATIONAL ACCOUNT REPRESENTATIVE TONY WALLON (315) 432-6506.

AIR DEVICE SCHEDULE							
MARK	SERVICE	MANUFACTURER	MODEL	STYLE	FACE SIZE	FRAME TYPE	NOTES
CD1	SUPPLY	METAL*AIRE	5700-6 AL	ALUMINUM LAY-IN SUPPLY DIFFUSER, ROUND NECK FOR DUCT CONNECTION	24 X 24	LAY-IN	A, B, C
CD2	SUPPLY	METAL*AIRE	5700-1 AL	ALUMINUM SURFACE MOUNT SUPPLY DIFFUSER, ROUND NECK FOR DUCT CONNECTION	12 X 12	SURFACE	A, B, C
RG1	RETURN	METAL*AIRE	CC5-6	ALUMINUM LAY-IN RETURN GRILLE, ROUND NECK FOR DUCT CONNECTION	24 X 24	LAY-IN	A, B, C, D

GENERAL INFORMATION (ALL DEVICES):
1. ALL DIFFUSERS ARE 4-WAY THROW UNLESS NOTED OTHERWISE.
2. ALL AIR DEVICES SHALL BE PROVIDED BY 7-ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

NOTES:
A. DIFFUSER NECK SIZE SHALL BE SAME AS BRANCH DUCT SIZE UNLESS NOTED OTHERWISE.
B. DAMPER AT TAKEOFF TO DEVICE.
C. STANDARD OFF-WHITE FINISH.
D. PROVIDE NECK FOR DUCT CONNECTION.

EXHAUST FAN SCHEDULE							
MARK	MANUFACTURER	MODEL	CFM	E.S.P. (IN. WC)	V/Ph	WATTS	CONTROL
EF-1	GREENHECK	SP-B150	100	0.5	120/1	129	LIGHT SWITCH

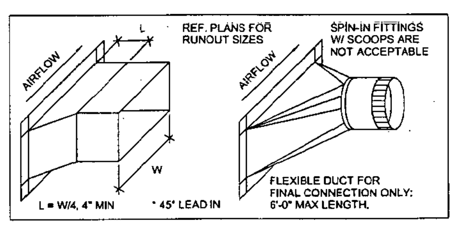
NOTES:
A. PROVIDE GRAVITY BACKDRAFT DAMPER.
B. PROVIDE SPRING VIBRATION ISOLATORS FOR HANGER ROD SUPPORTS.
C. TO BE PROVIDED BY 7-ELEVEN AND INSTALLED BY CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERKSY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

OSA CALCULATIONS					
CLASSIFICATION	AREA FT2	CFM PER AREA FT2	PEOPLE PERSONS	CFM PER PERSON	OUTSIDE AIR CFM
SUPERMARKET	3245	0.06	26	7.5	390

$V_{bz}=R_pP_z+R_aA_z$
7.5*26+0.06*3245=390

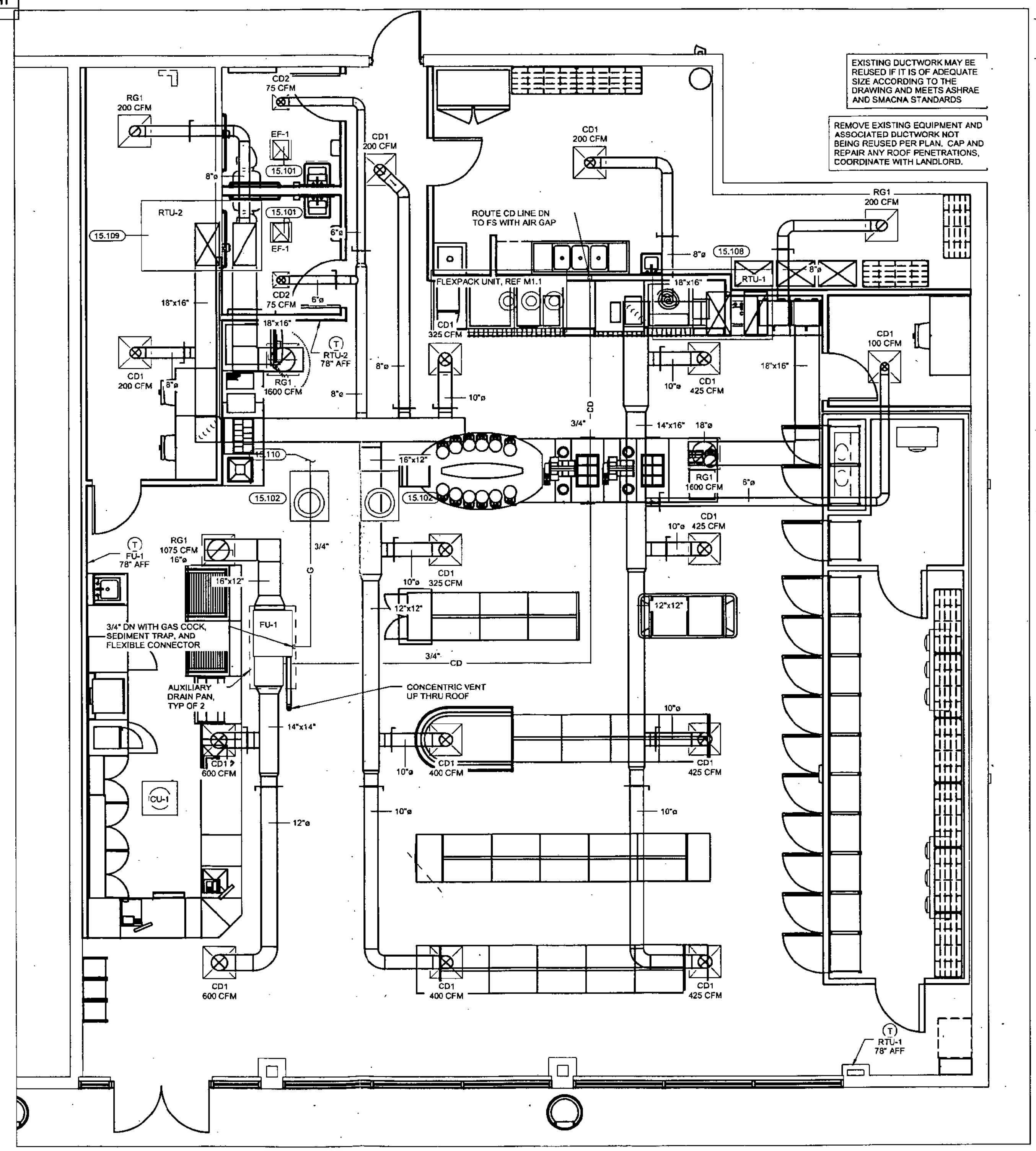
TOTAL REQUIRED: 390
TOTAL SUPPLIED: 525

AIR BALANCE SCHEDULE		
MARK	OUTSIDE AIR CFM	EXHAUST AIR CFM
RTU-1	200	
RTU-2	200	
FU-1	125	
EF-1		200
TOTAL	525	200



2 BRANCH DUCT FITTING
N.T.S.

OF BRICK
INITIAL DATE



1 MECHANICAL FLOOR PLAN
1/4" = 1'-0"

KEYNOTES - MECHANICAL	
15.101	NEW EF-1, REFER TO SCHEDULE. CONNECT TO EXISTING EXHAUST DUCT. IF NONE EXIST, ROUTE NEW 6"ø EXHAUST UP THRU ROOF WITH ROOF CAP.
15.102	CONDENSER ON ROOF FOR SLURPEE MACHINE. MOUNT SECURELY ON NEOPRENE PAD.
15.108	EXISTING YORK (DBYA-T060) 5 TON RTU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND OSA TO 200 CFM.
15.109	EXISTING TRANE (YSC060) 5 TON RTU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND OSA TO 200 CFM.
15.110	CONNECT TO EXISTING GAS SERVICE. PROVIDE GAS REGULATOR AND REGULATE TO 7" W.C.

HVAC NOTES

1. NOTES APPLY TO ALL MECHANICAL SHEETS.

2. EACH CONTRACTOR IS RESPONSIBLE FOR HAVING THOROUGH KNOWLEDGE OF ALL DRAWINGS AND SPECIFICATIONS AS THEY RELATE TO THIS WORK. NO ADDITIONAL COMPENSATION SHALL BE ALLOWED DUE TO LACK OF THIS KNOWLEDGE.

3. PROVIDE ALL MATERIALS FOR A COMPLETE INSTALLATION IN ALL RESPECTS READY FOR INTENDED USE AND IN STRICT ACCORDANCE WITH STATE AND LOCAL CODES AND MANUFACTURER'S RECOMMENDATIONS.

4. SPRINKLER HEAD AND LIGHTING FIXTURE LOCATIONS TAKE PRECEDENCE OVER DIFFUSER LOCATIONS. COORDINATE WITH ELECTRICAL CONTRACTOR AND FIRE PROTECTION CONTRACTOR.

5. DUCTWORK IDENTIFICATION AND INSTALLATION TO ADHERE TO GOVERNING CODES.

6. DUCT SIZES INDICATED ARE INSIDE CLEAR DIMENSIONS. IF DUCT LINING IS REQUIRED, INCREASE DUCT SIZE TO MAINTAIN ORIGINAL INSIDE DIMENSIONS.

7. TYPICAL BRANCH DUCT FITTING DETAIL IS APPLICABLE THROUGHOUT. FLEXIBLE DUCTWORK IS ONLY PERMITTED FOR FINAL CONNECTION - MAX LENGTH OF 6'-0".

8. FURNISH AND INSTALL VOLUME/BALANCE DAMPERS AT ALL BRANCH DUCTS TO DIFFUSERS. LOCATE DAMPERS A MINIMUM 4'-0" AWAY FROM DIFFUSERS. PROVIDE ACCESS AS REQUIRED.

9. ALL CEILING DIFFUSERS ARE 4-WAY PATTERN UNLESS SHOWN OTHERWISE.

10. PROVIDE A COMPLETE TEST AND BALANCE FOR HVAC SYSTEM. AIR BALANCE SHALL BE WITHIN 5% OF SCHEDULED AIRFLOWS.

11. INSTALL VTR'S AND EXHAUST FANS A MINIMUM OF 10 FT FROM OUTSIDE AIR INTAKE.

MECHANICAL SYMBOLS	
18/12	RECTANGULAR DUCT 18" WIDE BY 12" DEEP
12"	12" DIAMETER ROUND DUCT
	SUPPLY DUCT IN SECTION
	RETURN OR EXHAUST DUCT IN SECTION
	ELBOW WITH TURNING VANES
	TEE WITH TURNING VANES
	ROUND (OR OVAL) ELBOW
	SUPPLY AIR DIFFUSER WITH ROUND SUPPLY DUCT
	RETURN OR EXHAUST AIR DIFFUSER WITH ROUND DUCT
CD 400 CFM	DIFFUSER OR GRILLE TYPE & CFM
(T) RTU-1	THERMOSTAT
(C)	CO2 SENSOR
(H)	HUMIDISTAT

HARRISON FRENCH & ASSOCIATES, LTD
809 S.W. A Street, Suite 201
Bentonville, Arkansas 72712
t 479.273.7780
f 479.273.9436
www.hfa-ae.com

7-ELEVEN
375 BRICK BLVD.
BRICK, NJ 08723

JOB NUMBER: 12-12-00099

ISSUE BLOCK

STORE NO.:	35894
DOCUMENT DATE:	4/25/12
CHECKED BY:	JFJ
DRAWN BY:	JRF

FOR REVIEW/REFERENCE ONLY
NOT FOR CONSTRUCTION

MECHANICAL PLAN

SHEET: M1.0

AGS CONSULTING, LLC.

A CONSULTING STRUCTURAL ENGINEERING FIRM

TOWNSHIP
RELEASED FOR PERMIT
Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

April 30, 2012

Harrison French & Associates, Ltd
809 S.W. A Street, Suite 201
Bentonville, Arkansas 72712

Attention: Mr. Craig Hacker, AIA

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode JL 5-22-12
Plumbing Subcode _____
Fire Subcode _____
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Plan Reviewer _____
Plans Released _____
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Re: Roof Structure evaluation for
Installation of new Roof Top Units at
Proposed 7-Eleven Space located at
335-399 Brick Boulevard,
Brick, New Jersey
AGS Project # 12051

Dear Craig,

Please be advised that we; in receipt of set of shell drawings dated 04-25-2012 and proposed Mechanical drawing M1.0 dated 04-25-2012 showing the roof top equipment lay-out; have reviewed the following in regard to subject matter captioned above.

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Further, The Mechanical contractor, in no case, shall cut the existing pre-fabricated wood trusses in order to run new or modify existing duct work.

Please do not hesitate to contact this office; in case should you have any question or concern.

Very truly yours,
For, AGS Consulting, LLC.

Alkesh G. Shah, P.E.
Principal
NJ P.E. # 047447

8 AUSTIN AVENUE • WOODBRIDGE TWP • NJ • 08830 • PHONE 732-734-1445 • FAX 732-832-2730

FURNACE UNIT SCHEDULE											
MARK	MANUFACTURER	MODEL	CFM	OSA (CFM)	E.S.P. (IN. WC)	HEATING INPUT (MBh)	ELECTRICAL DATA V/PH	ELECTRICAL DATA MCA	ELECTRICAL DATA MOCP	WEIGHT
FU-1	CARRIER	59SP5A060E17-14	1200	125	0.5	60	120/1	9.1	15	150

NOTES (ALL UNITS):
A. NO SUBSTITUTES ALLOWED.
B. PROVIDE FILTER BOX AND FILTER WITH EACH UNIT.
C. AUXILIARY DRAIN PAN WITH OVERFLOW SENSOR TO BE PROVIDED AND INSTALLED BY CONTRACTOR.
D. PROVIDE WITH CONCENTRIC VENT KIT.
E. SMOKE DETECTORS TO BE PROVIDED AND INTALLED BY CONTRACTOR AS REQUIRED BY LOCAL CODE.
F. TEMPERATURE SET POINTS DURING OCCUPIED HOURS; HEATING MODE: 66°F - COOLING MODE: 75°F.
G. CONTACT HECTOR GARCIA WITH AUTOMATED LOGIC (832) 347-1809 FOR BUILDING MANAGEMENT SYSTEM CONTROLS.
H. PROVIDED BY 7-ELEVEN AND INSTALLED BY THE CONTRACTOR, FOR ADDITIONAL INFORMATION CONTACT NATIONAL ACCOUNT REPRESENTATIVE TONY WALLON (315) 432-6506.

CONDENSING UNIT SCHEDULE										
MARK	MANUFACTURER	MODEL	NOMINAL TONS	COOLING CAPACITY (MBH) TOTAL	COOLING CAPACITY (MBH) SENSIBLE	SEER	ELECTRICAL DATA V/PH	ELECTRICAL DATA MCA	ELECTRICAL DATA MOCP	WEIGHT
CU-1	CARRIER	24ABB336	3	60	26.6	13	208/3	14.5	20	145

NOTES (ALL UNITS):
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AIR DEVICE SCHEDULE							
MARK	SERVICE	MANUFACTURER	MODEL	STYLE	FACE SIZE	FRAME TYPE	NOTES
CD1	SUPPLY	METAL*AIRE	5700-6 AL	ALUMINUM LAY-IN SUPPLY DIFFUSER, ROUND NECK FOR DUCT CONNECTION	24 X 24	LAY-IN	A, B, C
CD2	SUPPLY	METAL*AIRE	5700-1 AL	ALUMINUM SURFACE MOUNT SUPPLY DIFFUSER, ROUND NECK FOR DUCT CONNECTION	12 X 12	SURFACE	A, B, C
RG1	RETURN	METAL*AIRE	CC5-6	ALUMINUM LAY-IN RETURN GRILLE, ROUND NECK FOR DUCT CONNECTION	24 X 24	LAY-IN	A, B, C, D

GENERAL INFORMATION (ALL DEVICES):
1. ALL DIFFUSERS ARE 4-WAY THROW UNLESS NOTED OTHERWISE.
2. ALL AIR DEVICES SHALL BE PROVIDED BY 7-ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

NOTES:
A. DIFFUSER NECK SIZE SHALL BE SAME AS BRANCH DUCT SIZE UNLESS NOTED OTHERWISE.
B. DAMPER AT TAKEOFF TO DEVICE.
C. STANDARD OFF-WHITE FINISH.
D. PROVIDE NECK FOR DUCT CONNECTION.

EXHAUST FAN SCHEDULE							
MARK	MANUFACTURER	MODEL	CFM	E.S.P. (IN. WC)	V/Ph	WATTS	CONTROL
EF-1	GREENHECK	SP-B150	100	0.5	120/1	129	LIGHT SWITCH

NOTES:
A. PROVIDE GRAVITY BACKDRAFT DAMPER.
B. PROVIDE SPRING VIBRATION ISOLATORS FOR HANGER ROD SUPPORTS.
C. TO BE PROVIDED BY 7-ELEVEN AND INSTALLED BY CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERKSY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

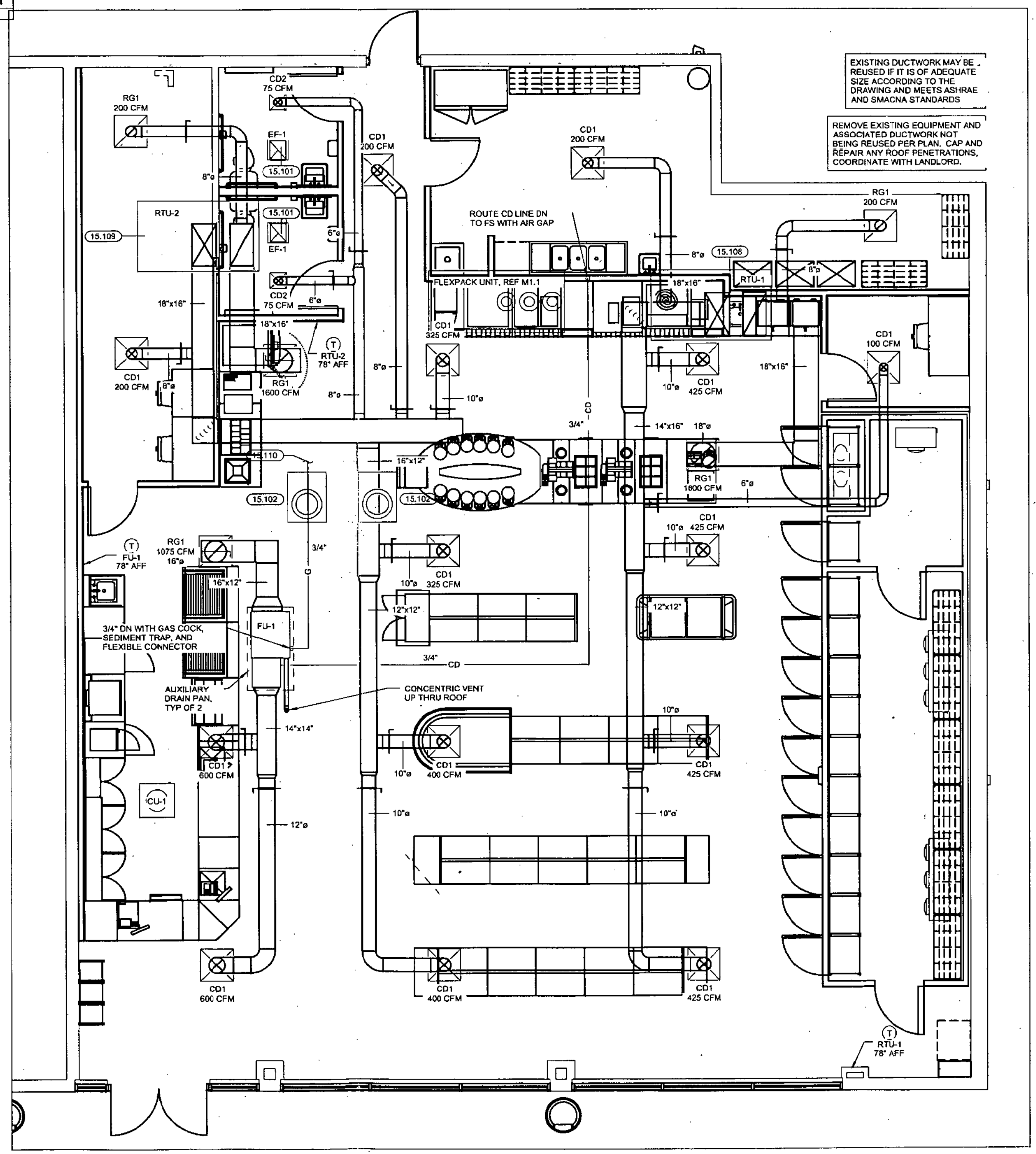
OSA CALCULATIONS					
CLASSIFICATION	AREA FT2	CFM PER AREA FT2	PEOPLE PERSONS	CFM PER PERSON	OUTSIDE AIR CFM
SUPERMARKET	3245	0.06	26	7.5	390

$V_{bz} = R_p P_z + R_a A_z$
7.5*26+0.06*3245=390

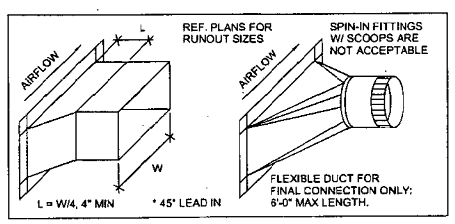
TOTAL REQUIRED: 390
TOTAL SUPPLIED: 525

AIR BALANCE SCHEDULE		
MARK	OUTSIDE AIR CFM	EXHAUST AIR CFM
RTU-1	200	
RTU-2	200	
FU-1	125	
EF-1		200
TOTAL	525	200

OF BRICK
INITIAL DATE



1 MECHANICAL FLOOR PLAN
1/4" = 1'-0"



2 BRANCH DUCT FITTING
N.T.S.

KEYNOTES - MECHANICAL	
15.101	NEW EF-1, REFER TO SCHEDULE. CONNECT TO EXISTING EXHAUST DUCT. IF NONE EXIST, ROUTE NEW 6"ø EXHAUST UP THRU ROOF WITH ROOF CAP.
15.102	CONDENSER ON ROOF FOR SLURPEE MACHINE. MOUNT SECURELY ON NEOPRENE PAD.
15.108	EXISTING YORK (DBYA-T060) 5 TON RTU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND OSA TO 200 CFM.
15.109	EXISTING TRANE (YSC060) 5 TON RTU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND OSA TO 200 CFM.
15.110	CONNECT TO EXISTING GAS SERVICE. PROVIDE GAS REGULATOR AND REGULATE TO 7" W.C.

HVAC NOTES

1. NOTES APPLY TO ALL MECHANICAL SHEETS.
2. EACH CONTRACTOR IS RESPONSIBLE FOR HAVING THOROUGH KNOWLEDGE OF ALL DRAWINGS AND SPECIFICATIONS AS THEY RELATE TO THIS WORK. NO ADDITIONAL COMPENSATION SHALL BE ALLOWED DUE TO LACK OF THIS KNOWLEDGE.
3. PROVIDE ALL MATERIALS FOR A COMPLETE INSTALLATION IN ALL RESPECTS READY FOR INTENDED USE AND IN STRICT ACCORDANCE WITH STATE AND LOCAL CODES AND MANUFACTURER'S RECOMMENDATIONS.
4. SPRINKLER HEAD AND LIGHTING FIXTURE LOCATIONS TAKE PRECEDENCE OVER DIFFUSER LOCATIONS. COORDINATE WITH ELECTRICAL CONTRACTOR AND FIRE PROTECTION CONTRACTOR.
5. DUCTWORK IDENTIFICATION AND INSTALLATION TO ADHERE TO GOVERNING CODES.
6. DUCT SIZES INDICATED ARE INSIDE CLEAR DIMENSIONS. IF DUCT LINING IS REQUIRED, INCREASE DUCT SIZE TO MAINTAIN ORIGINAL INSIDE DIMENSIONS.
7. TYPICAL BRANCH DUCT FITTING DETAIL IS APPLICABLE THROUGHOUT. FLEXIBLE DUCTWORK IS ONLY PERMITTED FOR FINAL CONNECTION - MAX LENGTH OF 6'-0".
8. FURNISH AND INSTALL VOLUME/BALANCE DAMPERS AT ALL BRANCH DUCTS TO DIFFUSERS. LOCATE DAMPERS A MINIMUM 4'-0" AWAY FROM DIFFUSERS. PROVIDE ACCESS AS REQUIRED.
9. ALL CEILING DIFFUSERS ARE 4-WAY PATTERN UNLESS SHOWN OTHERWISE.
10. PROVIDE A COMPLETE TEST AND BALANCE FOR HVAC SYSTEM. AIR BALANCE SHALL BE WITHIN 5% OF SCHEDULED AIRFLOWS.
11. INSTALL VTR'S AND EXHAUST FANS A MINIMUM OF 10 FT FROM OUTSIDE AIR INTAKE.

MECHANICAL SYMBOLS

18/12	RECTANGULAR DUCT 18" WIDE BY 12" DEEP
12"	12" DIAMETER ROUND DUCT
	SUPPLY DUCT IN SECTION
	RETURN OR EXHAUST DUCT IN SECTION
	ELBOW WITH TURNING VANES
	TEE WITH TURNING VANES
	ROUND (OR OVAL) ELBOW
	SUPPLY AIR DIFFUSER WITH ROUND SUPPLY DUCT
	RETURN OR EXHAUST AIR DIFFUSER WITH ROUND DUCT
CD 400 CFM	DIFFUSER OR GRILLE TYPE & CFM
T RTU-1	THERMOSTAT
C	CO2 SENSOR
H	HUMIDISTAT

HARRISON FRENCH & ASSOCIATES, LTD
809 S.W. A Street, Suite 201
Bentonville, Arkansas 72712
t 479.273.7780
f 479.273.9436
www.hfa-ae.com

STIPULATION FOR REUSE

7-ELEVEN
375 BRICK BLVD.
BRICK, NJ 08723
JOB NUMBER: 12-12-00099

ISSUE BLOCK

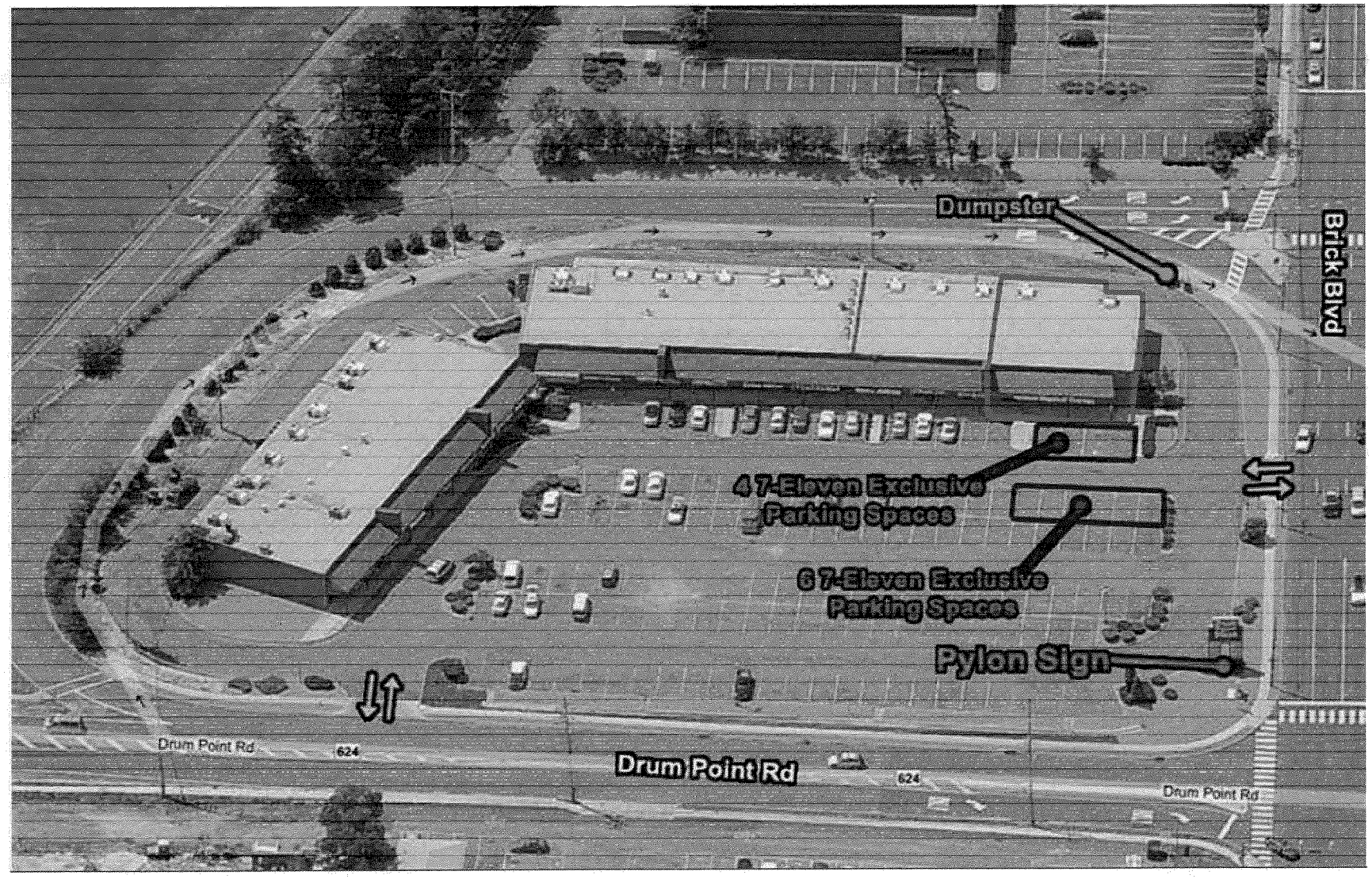
STORE NO.:	35894
DOCUMENT DATE:	4/25/12
CHECKED BY:	JFJ
DRAWN BY:	JRF

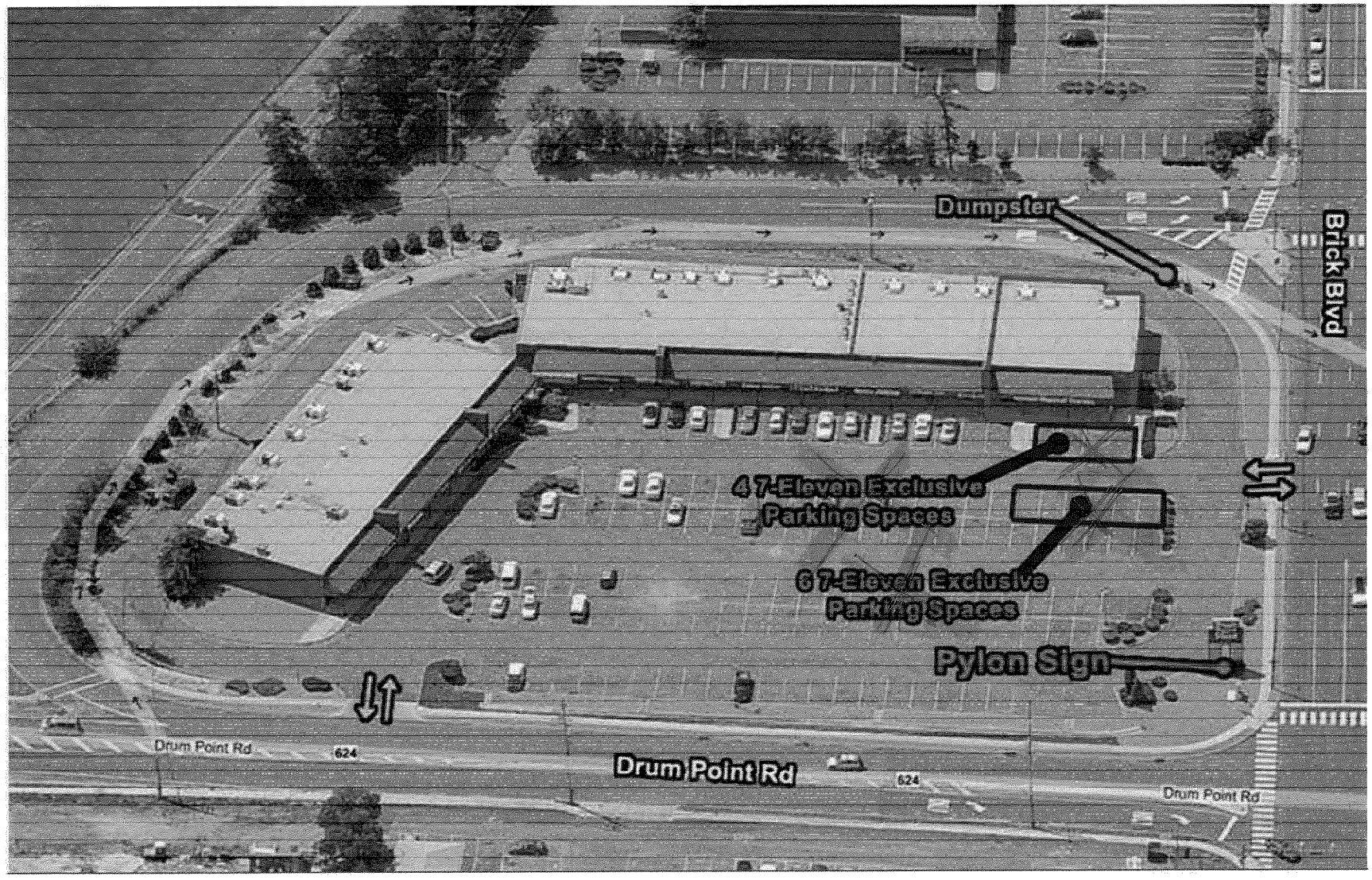
FOR REVIEW/REFERENCE ONLY
NOT FOR CONSTRUCTION

MECHANICAL PLAN

SHEET: M1.0

CITIZEN
INITIAL DATE





AGS CONSULTING, LLC.

A CONSULTING STRUCTURAL ENGINEERING FIRM

TOWNSHIP
RELEASED FOR PERMIT
Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

April 30, 2012

Harrison French & Associates, Ltd
809 S.W. A Street, Suite 201
Bentonville, Arkansas 72712

Attention: Mr. Craig Hacker, AIA

TOWNSHIP OF BRICK
RELEASED FOR PERMIT **INITIAL** **DATE**
Building Subcode JL 5-22-12
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
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Installation of new Roof Top Units at
Proposed 7-Eleven Space located at
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AGS Project # 12051

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Alkesh G. Shah, P.E.
Principal
NJ P.E. # 047447

8 AUSTIN AVENUE • WOODBRIDGE TWP • NJ • 08830 • PHONE 732-734-1445 • FAX 732-832-2730

Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

TOWNSHIP OF PENNS GROVE

APPLIED FOR PERMIT ISSUED

Building Subcode _____
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.01 LOT: 15 ADDRESS: 335-399 BRICK BLVD.

IDENTIFICATION:

1. WORK SITE ADDRESS: 335-399 BRICK BLVD
2. NAME OF OWNER IN FEE: Drum Point Plaza
   ADDRESS: 249 BRICK BLVD PHONE #: (732) 477 6363
   FAX #: (HA) 273 9436
3. PRINCIPAL CONTRACTOR: HARRISON FRENCH & ASSOCIATES
   ADDRESS: 809 S.W. "A" STREET #201 PHONE #: (HA) 273 7780
   FAX #: (479) 273 9436
4. ARCHITECT OR ENGINEER: HARRISON FRENCH ASSOCIATES
   ADDRESS: 809 S.W. "A" ST #201 PHONE: # (479) 273 7780
5. RESPONSIBLE PERSON FOR WORK: _____
   ADDRESS: _____

PHONE #: (___) _____ FAX #: (___) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

HFA ARCHITECTS ENGINEERS INTERIORS

HARRISON FRENCH & ASSOCIATES, LTD

JUN 10 2012

June 8, 2012

Robert Wennlund, Subcode Official
401 Chambersbridge Road
Brick, NJ 08723

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 Brick Blvd.
Permit Number: Control Number: C-12-001754
Last Submit Date: Tuesday, May 22, 2012
Brick, NJ 08723

In response to the comments dated 5/29/12, please find the following response:

Comment #1: Sheet P1.0 & P2.0 only wash of 3-bay sink is to go thru grease interceptor. Rinse & sanitized water to discharge indirectly to floor sink n.s.p.c 2009 9.1.5 exceptions 1,2,3.

Response: The grease interceptor is properly sized to allow for all three bays. Per conversation with Mark, Plumbing Inspector, as long as the grease interceptor is properly sized, then all three bays can go through the grease interceptor. Per NSPC 9.1.5, only one bay is required to go through the grease interceptor, but all three bays are allowed to go through it.

Comment #2: Plumbing technical card to be signed & sealed by n.j. licensed plumbing contractor.

Response: Acknowledged.

For additional MEP information or questions please call Greg Schluterman, Program Manager, Mechanical Engineer, PE, LEED-AP at 479-273-7780 extension 291.

Sincerely,

Andrew Finnegan
Mechanical Designer

6/8/12

809 Southwest A Street, Suite 201 Bentonville, Arkansas 72712 Phone 479.273.7780 Fax 888.520.9685

AGS CONSULTING, LLC.

A CONSULTING STRUCTURAL ENGINEERING FIRM

April 30, 2012

Harrison French & Associates, Ltd
809 S.W. A Street, Suite 201
Bentonville, Arkansas 72712

Attention: Mr. Craig Hacker, AIA

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Installation of new Roof Top Units at
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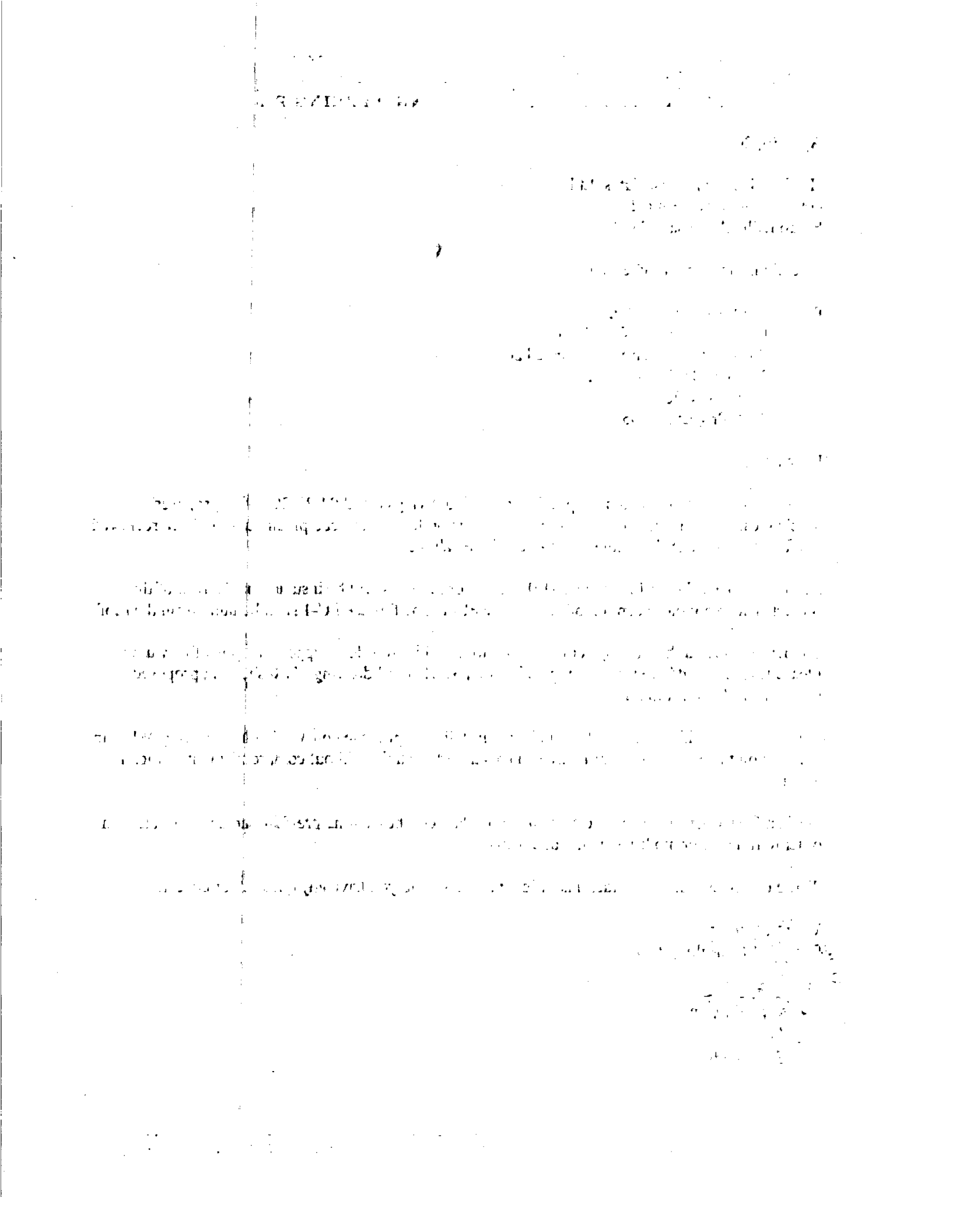

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MARK	MANUFACTURER	MODEL	NOMINAL TONS	COOLING CAPACITY (MBH)		SEER	ELECTRICAL DATA			WEIGHT
				TOTAL	SENSIBLE		V/PH	MCA	MOCP	
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2. ALL AIR DEVICES SHALL BE PROVIDED BY 7-ELEVEN AND INSTALLED BY THE CONTRACTOR, FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

NOTES:
A. DIFFUSER NECK SIZE SHALL BE SAME AS BRANCH DUCT SIZE UNLESS NOTED OTHERWISE.
B. DAMPER AT TAKEOFF TO DEVICE.
C. STANDARD OFF-WHITE FINISH.
D. PROVIDE NECK FOR DUCT CONNECTION.

EXHAUST FAN SCHEDULE

MARK	MANUFACTURER	MODEL	CFM	E.S.P. (IN. WC)	V/Ph	WATTS	CONTROL
EF-1	GREENHECK	SP-B150	100	0.5	120/1	129	LIGHT SWITCH

NOTES:
A. PROVIDE GRAVITY BACKDRAFT DAMPER.
B. PROVIDE SPRING VIBRATION ISOLATORS FOR HANGER ROD SUPPORTS.
C. TO BE PROVIDED BY 7-ELEVEN AND INSTALLED BY CONTRACTOR, FOR ADDITIONAL INFORMATION CONTACT CHAD LITERKSY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

OSA CALCULATIONS

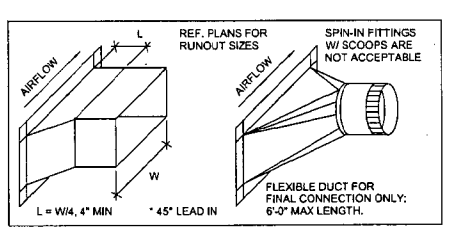
CLASSIFICATION	AREA FT2	CFM PER AREA FT2	PEOPLE PERSONS	CFM PER PERSON	OUTSIDE AIR CFM
SUPERMARKET	3245	0.06	26	7.5	390

$V_{bz} = R_p P_z + R_a A_z$
7.5*26+0.06*3245=390

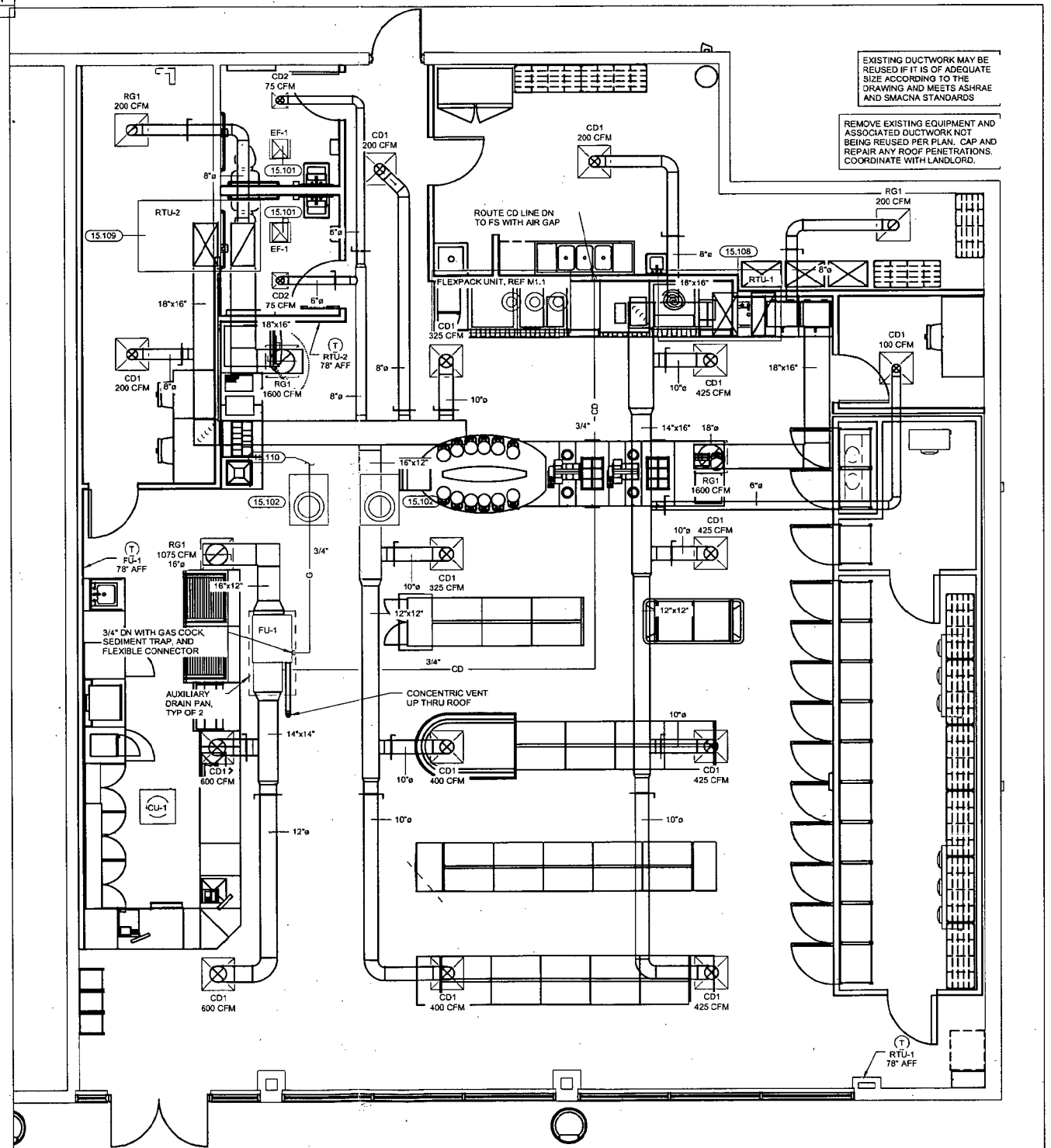
TOTAL REQUIRED: 390
TOTAL SUPPLIED: 525

AIR BALANCE SCHEDULE

MARK	OUTSIDE AIR CFM	EXHAUST AIR CFM
RTU-1	200	
RTU-2	200	
FU-1	125	
EF-1		200
TOTAL	525	200



2 BRANCH DUCT FITTING
N.T.S.



1 MECHANICAL FLOOR PLAN
1/4" = 1'-0"

KEYNOTES - MECHANICAL

15.101	NEW EF-1. REFER TO SCHEDULE. CONNECT TO EXISTING EXHAUST DUCT. IF NONE EXIST, ROUTE NEW 6"ø EXHAUST UP THRU ROOF WITH ROOF CAP.
15.102	CONDENSER ON ROOF FOR SLURPEE MACHINE. MOUNT SECURELY ON NEOPRENE PAD.
15.108	EXISTING YORK (DBYA-T060) 5 TON RTU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND OSA TO 200 CFM.
15.109	EXISTING TRANE (YSC060) 5 TON RTU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND OSA TO 200 CFM.
15.110	CONNECT TO EXISTING GAS SERVICE. PROVIDE GAS REGULATOR AND REGULATE TO 7" W.C.

HVAC NOTES

1. NOTES APPLY TO ALL MECHANICAL SHEETS.

2. EACH CONTRACTOR IS RESPONSIBLE FOR HAVING THOROUGH KNOWLEDGE OF ALL DRAWINGS AND SPECIFICATIONS AS THEY RELATE TO THIS WORK. NO ADDITIONAL COMPENSATION SHALL BE ALLOWED DUE TO LACK OF THIS KNOWLEDGE.

3. PROVIDE ALL MATERIALS FOR A COMPLETE INSTALLATION IN ALL RESPECTS READY FOR INTENDED USE AND IN STRICT ACCORDANCE WITH STATE AND LOCAL CODES AND MANUFACTURER'S RECOMMENDATIONS.

4. SPRINKLER HEAD AND LIGHTING FIXTURE LOCATIONS TAKE PRECEDENCE OVER DIFFUSER LOCATIONS. COORDINATE WITH ELECTRICAL CONTRACTOR AND FIRE PROTECTION CONTRACTOR.

5. DUCTWORK IDENTIFICATION AND INSTALLATION TO ADHERE TO GOVERNING CODES.

6. DUCT SIZES INDICATED ARE INSIDE CLEAR DIMENSIONS. IF DUCT LINING IS REQUIRED, INCREASE DUCT SIZE TO MAINTAIN ORIGINAL INSIDE DIMENSIONS.

7. TYPICAL BRANCH DUCT FITTING DETAIL IS APPLICABLE THROUGHOUT. FLEXIBLE DUCTWORK IS ONLY PERMITTED FOR FINAL CONNECTION - MAX LENGTH OF 6'-0".

8. FURNISH AND INSTALL VOLUME/BALANCE DAMPERS AT ALL BRANCH DUCTS TO DIFFUSERS. LOCATE DAMPERS A MINIMUM 4'-0" AWAY FROM DIFFUSERS. PROVIDE ACCESS AS REQUIRED.

9. ALL CEILING DIFFUSERS ARE 4-WAY PATTERN UNLESS SHOWN OTHERWISE.

10. PROVIDE A COMPLETE TEST AND BALANCE FOR HVAC SYSTEM. AIR BALANCE SHALL BE WITHIN 5% OF SCHEDULED AIRFLOWS.

11. INSTALL VTR'S AND EXHAUST FANS A MINIMUM OF 10 FT FROM OUTSIDE AIR INTAKE.

MECHANICAL SYMBOLS

18/12	RECTANGULAR DUCT 18" WIDE BY 12" DEEP
12"	12" DIAMETER ROUND DUCT
	SUPPLY DUCT IN SECTION
	RETURN OR EXHAUST DUCT IN SECTION
	ELBOW WITH TURNING VANES
	TEE WITH TURNING VANES
	ROUND (OR OVAL) ELBOW
	SUPPLY AIR DIFFUSER WITH ROUND SUPPLY DUCT
	RETURN OR EXHAUST AIR DIFFUSER WITH ROUND DUCT
CD 400 CFM	DIFFUSER OR GRILLE TYPE & CFM
T RTU-1	THERMOSTAT
C	CO2 SENSOR
H	HUMIDISTAT

HARRISON FRENCH & ASSOCIATES, LTD
809 S.W. A Street, Suite 201
Bentonville, Arkansas 72712
t 479.273.7780
f 479.273.9436
www.hfa-ae.com

STIPULATION FOR REUSE

7-ELEVEN
375 BRICK BLVD.
BRICK, NJ 08723

JOB NUMBER: 12-12-00099

ISSUE BLOCK

STORE NO.:	35894
DOCUMENT DATE:	4/25/12
CHECKED BY:	JFJ
DRAWN BY:	JRF

FOR REVIEW/REFERENCE ONLY
NOT FOR CONSTRUCTION

MECHANICAL PLAN

SHEET:
M1.0

HARRISON PRESCOTT ASSOCIATES, LTD

June 8, 2012

Robert Wennlund, Subcode Official
401 Chambersbridge Road
Brick, NJ 08723

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 Brick Blvd.
Permit Number: Control Number: C-12-001754
Last Submit Date: Tuesday, May 22, 2012
Brick, NJ 08723

In response to the comments dated 5/29/12, please find the following response:

Comment #1: Sheet P1.0 & P2.0 only wash of 3-bay sink is to go thru grease interceptor. Rinse & sanitized water to discharge indirectly to floor sink n.s.p.c 2009 9.1.5 exceptions 1,2,3.

Response: The grease interceptor is properly sized to allow for all three bays. Per conversation with Mark, Plumbing Inspector, as long as the grease interceptor is properly sized, then all three bays can go through the grease interceptor. Per NSPC 9.1.5, only one bay is required to go through the grease interceptor, but all three bays are allowed to go through it.

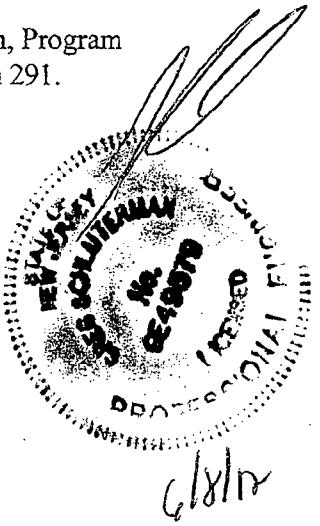
Comment #2: Plumbing technical card to be signed & sealed by n.j. licensed plumbing contractor.

Response: Acknowledged.

For additional MEP information or questions please call Greg Schluterman, Program Manager, Mechanical Engineer, PE, LEED-AP at 479-273-7780 extension 291.

Sincerely,

Andrew Finnegan
Mechanical Designer



6/8/12

From: Teresa Clark
Sent: Friday, June 08, 2012 2:06 PM
To: LuAnn Garrett
Cc: Andrew Finnegan; Craig Hacker; Bradley West; Anna Jones
Subject: 35894 Brick, NJ 12-12-00099 Plumbing comment response

Brick Township
401 Chambersbridge Road
Brick NJ 08723
ATTN: ROBERT WENNLUND
Subcode Official

FAX: 732-262-2941

Thank you VERY much!

Teresa Clark
Permitting Manager

Accelerating Growth through Alignment, Efficiency and Innovation.

t 479.273.7780 ext. 265
f 888.520.9685
teresa.clark@hfa-ae.com
www.hfa-ae.com

cid:image002.jpg@01C8CC69.FC7445D0

809 S.W. A Street, Suite 201 Bentonville, Arkansas 72712

5/29/12 Fax 479-273-9436

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

Subcode Official Review

Date: Tuesday, May 22, 2012

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Electrical Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-12-001754
Last Submit Date: Tuesday, May 22, 2012

Dear DRUM POINT PLAZA LLC,
Your request is hereby denied based upon the following infractions.

need electrical contractor to sign and seal permit

Sincerely,

Geoffrey Stahl

Geoffrey Stahl, Subcode Official

6/8/12
Waiting for
Elec. Cont to
Sign

6/11/12
Resubmit

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 547.01 Lot 15 Qualification Code _____

Work Site Location 335-399 Brick Blvd
Brick, NJ 08723

Owner in Fee Drum Point Plaza

Address 249 Brick Boulevard
Brick, NJ 08723

Tel (732) 477-6363

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed M

Building Sewer Size 4" Public Sewer X Private Septic _____

Water Service Size 1" Public Water X Private Well _____

Est. Cost of Plumbing Work $ 25,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] 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				

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's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
5	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping HVAC	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
5	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
1	Other condensate drains	
	Other water filtration system	

1 AC condensate

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

HARRISON FRENCH
& ASSOCIATES, LTD

June 14, 2012

JUN 20 2012

Robert Wennlund, Subcode Official
401 Chambersbridge Road
Brick, NJ 08723

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 Brick Blvd.
Permit Number: Control Number: C-12-001754
Last Submit Date: Monday, June 14, 2012
Brick, NJ 08723

In response to the comment dated 6/14/12, please find the following response:

Comment #1: Revised plans do not meet code section 9.1.5 exceptions #1, #2, #3 for piping of 3-bay sink and grease interceptor.

Response: Only the wash compartment will be routed to the grease interceptor. The rinse and sanitizing compartments will be routed to a floor sink and then to the sanitary sewer system. Reference revised sheets P1.0 and P2.0.

For additional MEP information or questions please call Greg Schluterman, Program Manager, Mechanical Engineer, PE, LEED-AP at 479-273-7780 extension 291.

Sincerely,

Jason Jech
Mechanical Designer

HARRISON FRENCH
& ASSOCIATES, LTD

June 12, 2012

JUN 14 2012

Paul Auth, Subcode Official
401 Chambersbridge Road
Brick, NJ 08723

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 Brick Blvd.
Permit Number: Control Number: C-12-001754
Last Submit Date: Monday, June 11, 2012
Brick, NJ 08723

In response to the comment dated 6/12/12, please find the following response:

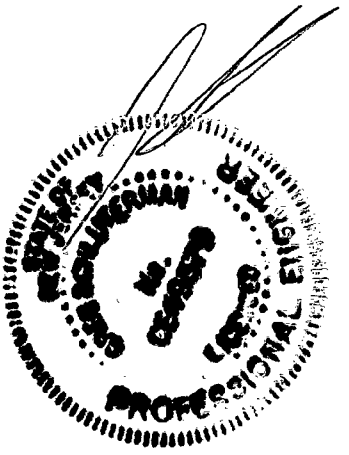
Comment #1: Sanitizing compartment of the 3-bay sink cannot discharge through a grease trap NSPC 6.2.9.

Response: Sanitizing compartment will be routed indirectly to a floor sink and then to the sanitary sewer system. Reference revised sheet P1.0.

For additional MEP information or questions please call Greg Schluterman, Program Manager, Mechanical Engineer, PE, LEED-AP at 479-273-7780 extension 291.

Sincerely,

Andrew Finnegan
Mechanical Designer



JUN 13 2012

809 Southwest A Street, Suite 201 Bentonville, Arkansas 72712 Phone 479.273.7780 Fax 888.520.9685

JUN 2 8 2012

5/29/12-fax 479-273-9436

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

Subcode Official Review

Date: Thursday, May 24, 2012

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-12-001754
Last Submit Date: Tuesday, May 22, 2012

Dear DRUM POINT PLAZA LLC,

The following comments were made during the Plan Review process:

#1-Sheet P1.0 & P2.0 only wash of 3-bay sink is to go thru grease interseptor.Rinse & santizied water to discharge indirectly to floor sink n.s.p.c. 2009 9.1.5 exceptions 1,2,3

#2-Plumbing technical card to be signed & sealed by n.j. licensed plumbing contractor. OK 06.12.12 PA

Sincerely,

RW Wennlund

Robert Wennlund, Subcode Official

6/11/12
Resubmit

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

TRANSMISSION OK

JOB NO.	0270
DESTINATION ADDRESS	914792739436
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/29 13:09
USAGE T	00'26
PGS.	2
RESULT	OK

5/29/12 Jax 479-273-9436

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

Subcode Official Review

Date: Tuesday, May 22, 2012

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Electrical Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-12-001754
Last Submit Date: Tuesday, May 22, 2012

Dear DRUM POINT PLAZA LLC,
Your request is hereby denied based upon the following infractions.

need electrical contractor to sign and seal permit

Sincerely,

Geoffrey Stahl

Geoffrey Stahl, Subcode Official

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

TRANSMISSION OK

JOB NO.	0510
DESTINATION ADDRESS	97329226867
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/14 10:40
USAGE T	00'17
PGS.	1
RESULT	OK

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

Subcode Official Review

Date: Thursday, June 14, 2012

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: +A Control Number: C-12-001754+A
Last Submit Date: Thursday, June 14, 2012

Dear DRUM POINT PLAZA LLC,

The following comments were made during the Plan Review process:

Revised plans do not meet code sectsion9.1.5 exceptions #1;#2;#3 for piping of 3-bay sink and grease interseptor

Sincerely,

Robert Wennlund, Subcode Official

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

6/11
6/12

Subcode Official Review

Date: Tuesday, June 12, 2012

6/12/12
Put in rejected tolerance
faxed 6/12/12 mb

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-12-001754
Last Submit Date: Monday, June 11, 2012

Dear DRUM POINT PLAZA LLC,
Your request is hereby denied based upon the following infractions.
1- sanitizing compartment of the 3- bay sink can not discharge through a grease trap NSPC 6.2.9

Sincerely,

Paul Auth , Subcode Official

when approved - give plan!

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

TRANSMISSION OK

JOB NO.	0463
DESTINATION ADDRESS	97329226867
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/12 10:04
USAGE T	00'18
PGS.	1
RESULT	OK

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

6/11
6/12

Subcode Official Review

Date: Tuesday, June 12, 2012

6/12/12
Put in rejected telecom

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-12-001754
Last Submit Date: Monday, June 11, 2012

Dear DRUM POINT PLAZA LLC,
Your request is hereby denied based upon the following infractions.
1- sanitizing compartment of the 3- bay sink can not discharge through a grease trap NSPC 6.2.9

Sincerely,

Paul Auth , Subcode Official

When approved - give plan!

faxed 6/14/12 mp

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

Subcode Official Review

Date: Thursday, June 14, 2012

To: 249 BRICK BLVD BRICK, NJ 08723 CC:

RE: Plumbing Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: +A Control Number: C-12-001754+A
Last Submit Date: Thursday, June 14, 2012

resubmit 6/20/12 mp

Dear DRUM POINT PLAZA LLC,

The following comments were made during the Plan Review process:

Revised plans do not meet code sectsion9.1.5 exceptions #1;#2;#3 for piping of 3-bay sink and grease interseptor

Sincerely,

Robert Wennlund, Subcode Official