

BLOCK 547.01 LOT 15 QUALIFICATION CODE ADDRESS (SITE)

PERMIT NO. 12-1724


# CONSTRUCTION PERMIT APPLICATION

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

C12-001754

**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 MARRISON FLENCH & ASSOC Contact CRIG HARKER  
 Address 809 SW "A" STREET BRENTONVILLE NJ  
 Tel. 479 273 780 FAX: 479 273 9436

6. Responsible Person in Charge once Work has Begun CHARLES NEWBURY  
 Tel. 732 865 1901 FAX: 732 918 922 6867

## V. FEE SUMMARY (for office use only)

|                                   |    | Update       | Update     |
|-----------------------------------|----|--------------|------------|
| 1. Building                       | \$ | <u>1,584</u> |            |
| 2. Electrical                     |    | <u>505</u>   |            |
| 3. Plumbing                       |    | <u>630</u>   |            |
| 4. Fire Protection                |    | <u>65</u>    |            |
| 5. Elevator Devices               |    |              |            |
| 6. Subtotal                       |    |              |            |
| 7. Less 20% for State Plan Review | \$ |              |            |
| 8. Subtotal                       | \$ | <u>213</u>   | <u>42</u>  |
| 9. State Permit Surcharge Fee     |    |              |            |
| 10. Subtotal                      | \$ |              |            |
| 11. Cert. of Occupancy            |    |              |            |
| 12. Other                         |    |              |            |
| 13. TOTAL                         | \$ | <u>2417</u>  | <u>672</u> |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_ ft.

2. Height of Structure \_\_\_\_\_ sq. 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)

- ☐ Building
- ☐ Electrical
- ☒ Plumbing
- ☐ Fire Protection
- ☐ Elevator

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date  | Approval Date  | Re-viewer | Resubmission Approval | Dates Rejection | Re-viewer |
|-----------|----------------|------------|-----------------|----------------|-----------|-----------------------|-----------------|-----------|
|           |                |            |                 | <u>6-12-12</u> | <u>JS</u> |                       |                 |           |
|           |                |            | <u>06-12-12</u> | <u>6-21-12</u> | <u>JS</u> |                       | <u>6-14-12</u>  | <u>JS</u> |
|           |                |            |                 |                |           |                       |                 |           |
|           |                |            |                 |                |           |                       |                 |           |

TOTAL COST \$0

## 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. ☐ LP Gas Tanks
12. ☐ Fire Alarm

## 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 \_\_\_\_\_

# **CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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

☒ Check if contractor.

Agent Name CELLE A CONSTRUCTION, CHARLES NEWBURY

Address 1026 OLD CORLIES AVE  
NEPTUNE, NJ 07753

Telephone 732 918 8181 / 732 865 1901

Signature [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<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

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

| Name of Code & Edition | Name of Code & Edition   | Other |
|------------------------|--------------------------|-------|
| Building               | Energy                   |       |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No          |              |               |              |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No          |              |               |              |
| <input type="checkbox"/> Confirmed Certificate of Occupancy   | No          |              |               |              |
| <input type="checkbox"/> Certificate of Compliance            | No          |              |               |              |
| <input type="checkbox"/> Certificate of Occupancy             | No          |              |               |              |
| <input type="checkbox"/> Certificate of Approval              | No          |              |               |              |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No          |              |               |              |



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 [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<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   | _____ |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> 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.

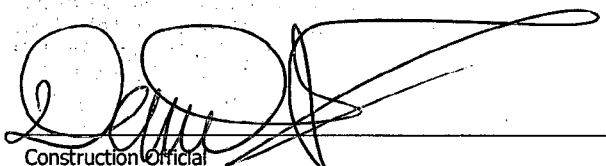
- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (    years); see file

☐ **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



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

Date Printed: 8/21/2012

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

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

Page 1



# PERMIT UPDATE

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

12-1734+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier \_\_\_\_\_  
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Contractor HARRISON FRENCH ARCHITECTURE  
Address 809 SW A STREET #201 BENTONVILLE NJ 72712-  
Owner in Fee DRUM POINT PLAZA LLC  
249 BRICK BLVD BRICK NJ 08723 Telephone: (479) 273-7780  
Telephone: (732) 477-6363 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 construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$25,000

[Signature]  
Construction Official

6-22-12  
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## 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.        | <u>39692</u> |
| Cash             | \$0          |
| Credit           | \$0          |
| Collected By     |              |

## REQUIRED INSPECTIONS

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

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

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

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

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

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

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

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



# 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 Contractor HARRISON FRENCH ARCHITECTURE  
Address 809 SW A STREET #201 BENTONVILLE NJ 72712-  
Owner in Fee DRUM POINT PLAZA LLC  
249 BRICK BLVD BRICK NJ 08723 Telephone: (479) 273-7780  
Telephone: (732) 477-6363 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:

TENANT FIT UP 7-11

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$125,000

Construction Official

Date

6-12-12

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## 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.        | <u>39692</u> |
| Cash             | \$0          |
| Credit           | \$0          |
| Collected By     |              |

50  
2467

## REQUIRED INSPECTIONS

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

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

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

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

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

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

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

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

email 7-11  
CO

Cnewbury@circleAconstruction.  
com

1 WHITE - INSPECTION

## REQUIRED

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

The owner or other responsible person in charge of work must notify this agency within 24 hours of the start of work. Requests for inspections must be made at least 24 hours prior to the time the inspection is requested. The work must not proceed in a major phase until the inspection approval is granted.

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

1. The bottom of footing trenches before placement of footings, except that in 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 prior to the rough electric inspection. The framing inspection shall take place after the rough electric inspection 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 and mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than the above, shall be made at the discretion of the inspector.

☐ Required special inspections. The applicant by accepting the permit will be responsible for the cost of such inspections.

☒ A final inspection is required for each applicable subcode area before a final certificate of occupancy is issued. Inspections include the installation of all interior and exterior finish materials, equipment, electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; and verification of compliance with the Barrier Free Accessibility, if applicable; and verification of compliance with the Barrier Free Accessibility, if applicable.

☒ 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  
Cuppo dot  
Aug. 2nd



① 02.08.12 PA

① ROUGH EXCHANGING WATER  
MANS + VENT THROUGH  
ROOF - WILL INSPECT ON  
OPEN CEILING

7/27/12 - mtd

① 3" VENT THRU ROOF - OK

② WATER MAINS NOT READY - OLD SLIDE

③ NEW GAS DRAWING REQUESTED

ADDINE 60,000 TO INSTANT 1" 4"

TWO - ROOF TOP UNITS (B.T.U'S?)

8/16/12 - mtd

① - NO NEW GAS DRAWING? ←

8/13/12 - mtd

① - NEW GAS DRAWING DOES NOT MEET CODE !!

NEW WATER STATES TABLE W2.4.1 - TOTAL LOADS

OF RUN 150' - 298,000 B.T.U'S MAX ON 1" IS 119,000.

8/13/12 - mtd - DOMINIO FURNISH OR PROVIDE GAS PIPE

2-1/2" - 5.0  
2-1/2" - 2.0  
3 BAY - 1.5  
2 BACK - 3.5  
MOP - 3.0

15.0

3/4" - OK



HARRISON FRENCH  
& ASSOCIATES, LTD

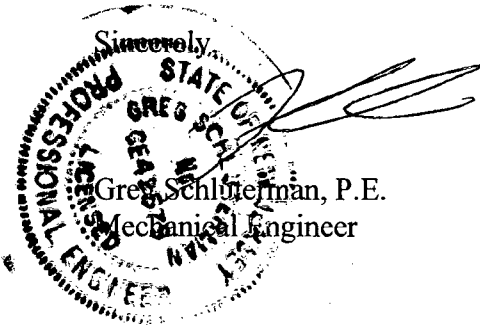
Date: August 8<sup>th</sup>, 2012

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

To Whom It May Concern,

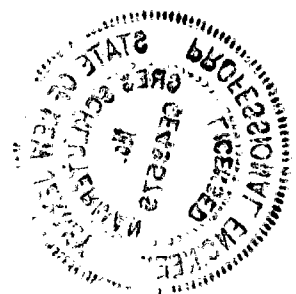
According to section 402.4.1, Low-pressure gas equation, in the 2009 IFGC a 1" gas line would be sufficient for 298 CFH with a total developed pipe length of 150 feet. The existing 1" gas line for this project is approved by HFA.

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



NOT APPROVED

8/13/12





HARRISON FRENKEL  
& ASSOCIATES, INC.

**NARRATIVE**

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,

A handwritten signature in black ink, reading 'J. Ryan Finkus'.

J. Ryan Finkus  
Mechanical Designer



# ELECTRICAL SUBCODE



*Deming of Contractor on Day*

12-1724

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

Block 54709 Lot 15 Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: Deming Plaza 11C

Tel. (734) 4997 e-mail \_\_\_\_\_

Address BICKLAND BICKLANDS 067023 Zip code \_\_\_\_\_

Contractor: Lowes Electric 11C Municipality \_\_\_\_\_ Tel. (732) 542-4446

Address Lincoln e-mail \_\_\_\_\_

Contractor License No. 155022 Exp. Date 6/15/15

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

Federal Emp. ID No. \_\_\_\_\_ FAX: (732) 542-4447

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                                | INSPECTIONS                                       | Dates (Month/Day)                |
|--------------------------------------------|---------------------------------------------------|----------------------------------|
| [ ] No Plans Required                      | Type: _____                                       | Failure Failure Approval Initial |
| [ ] Partial -Understand Utilities Approved | Rough _____                                       |                                  |
| Date: _____                                | Barrier-Free _____                                |                                  |
| [ ] Electric Plans Approved                | Trench _____                                      |                                  |
| Date: _____                                | Temp. Serv. _____                                 |                                  |
| Joint Plan Review Required:                | Constr. Serv. _____                               |                                  |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.   | TCO _____                                         |                                  |
| SUBCODE APPROVAL for PERMIT                | Other _____                                       |                                  |
| Date: _____                                | Service _____                                     |                                  |
| Approved by: _____                         | Final _____                                       |                                  |
|                                            | Barrier-Free _____                                |                                  |
| SUBCODE APPROVAL for CERTIFICATE           | Temp. Cut-in-Card Date Issued _____               |                                  |
| [ ] CO [ ] CA                              | Final Cut-in-Card Date Issued _____               |                                  |
| Date: <u>6/14/12</u>                       | Annual Pool Inspection _____                      |                                  |
| Approved by: <u>SS</u>                     | 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: Deming

Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

Interior Remodel Existing Space

QTY

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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

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

|        |                                 |
|--------|---------------------------------|
|        | Storage Pool/Spa/Hot Tub        |
|        | KW Elec. Range/Receptacle       |
| 1      | 7400 KW Oven/Surface Unit       |
| 1      | 900 KW Elec. Water Heater       |
|        | KW Elec. Dryer/Receptacle       |
|        | KW Dishwasher                   |
|        | HP Garbage Disposal             |
| 1      | KW Central A/C Unit             |
| 1      | HP/KW Space Heater/Air Handler  |
|        | KW Baseboard Heat               |
|        | HP Motors 1/+ HP                |
|        | KW Transformer/Generator        |
| 1/4000 | AMP Service 2/3550              |
| 4      | AMP Subpanels 2/1000            |
|        | AMP Motor Control Center        |
| X      | AMP Kw Elec. Sign/Outline Light |

Alarm Devices/E.A.C. Panel

Panel 

1



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 547.01 Lot 15 Qualification Code 7-11  
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 Fax ( 732 ) 477-6363

Contractor Red Joe Inc 609-548-0714

Address 335-399 Brick Boulevard

Tel ( 609 ) 548-0714 Fax ( 609 ) 548-0714

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

Fire Alarm Contractor No.                     

Federal Emp. No.                     

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed M Fire Alarm System: 1 New or 1 Existing

Consist. Class: Present 5B Proposed 5B Location of Panel:                     

Heating System: 1 New or 1 Existing 1 HVAC Fire Suppression/Standpipe System:                     

Type: 1 Gas 1 Oil 1 Electric 1 Solar 1 New or 1 Existing

Location:                      Location of Main Control Valve:                     

Fuel Storage Tank:                      Capacity                     

Fuel Type: 1 Flammable or 1 Combustible

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

Approved by: [Signature]

SUBCODE APPROVAL

1 CO 1 GCO 1 GCA

Date: 6/11/08

Approved by: [Signature]

### INSPECTIONS

Type:                      Failure                      Approval                      Initial                     

Alarm System                     

Suppression Sys.                     

Standpipe                     

Fire Pump                     

Pre-Eng. System                     

Mechanical                     

Smoke Control                     

TCO                     

Flam/Combust Tanks                     

Fireplace Venting                     

Final                     

Other                     

## C. CERTIFICATION IN LIEU OF OATH

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

☐ Certified Contractor ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

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                     

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110V Interconnected

☐ CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., lamps, low/high air)

Signaling Devices (i.e., horns/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<sub>2</sub> Suppression

Foam Suppression

FM200 Suppression

Other                     

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances 1 Gas or 1 Oil

Fireplace Venting/Metal Chimney

Other Split System, air devices, ductwork, controls & ASSCO. work

Date Received 6-25-12

Control #                     

Date Issued 12-17-24

Permit #                     

Administrative Surcharge \$                     

Minimum Fee \$                     

State Permit Surcharge Fee \$                     

TOTAL FEE \$



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 547.01 Lot 15 Qualification Code 15  
Work Site Location 335-339 BRICK BLVD

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. (302) 477-6363 e-mail

Address 335 BRICK BLVD, BRICK NJ 08723

Contractor: SUPREME HVAC Municipality BRICK Tel. (800) 822-5140

Address 257 WHELAN 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 Fire Alarm System: ☐ New or ☐ Existing

Constr. Class: Present SB Proposed SB Location of Panel:

Heating System: ☒ New ☒ Existing ☒ HVAC Fire Suppression/Standpipe System:

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

Location:  Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: ☐ Flammable or ☐ Combustible Capacity

Total Cost of Fire Protection Work \$ 34,000.

## INSPECTIONS

Dates (Month/Day)

Failure Failure Approval Initial

Type: Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that the undersigned 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: REUSE TWO EXISTING STON

RTU'S & ADDING ONE NEW 3 TON

SPLIT SYSTEM, ASSOC DUCT WORK, DEVICES &

Water Supply Source CONTROLS

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, 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<sub>2</sub> Suppression

Foam Suppression

FM200 Suppression

Other

Date Received 6-25-12

Control # 12-1724

Date Issued

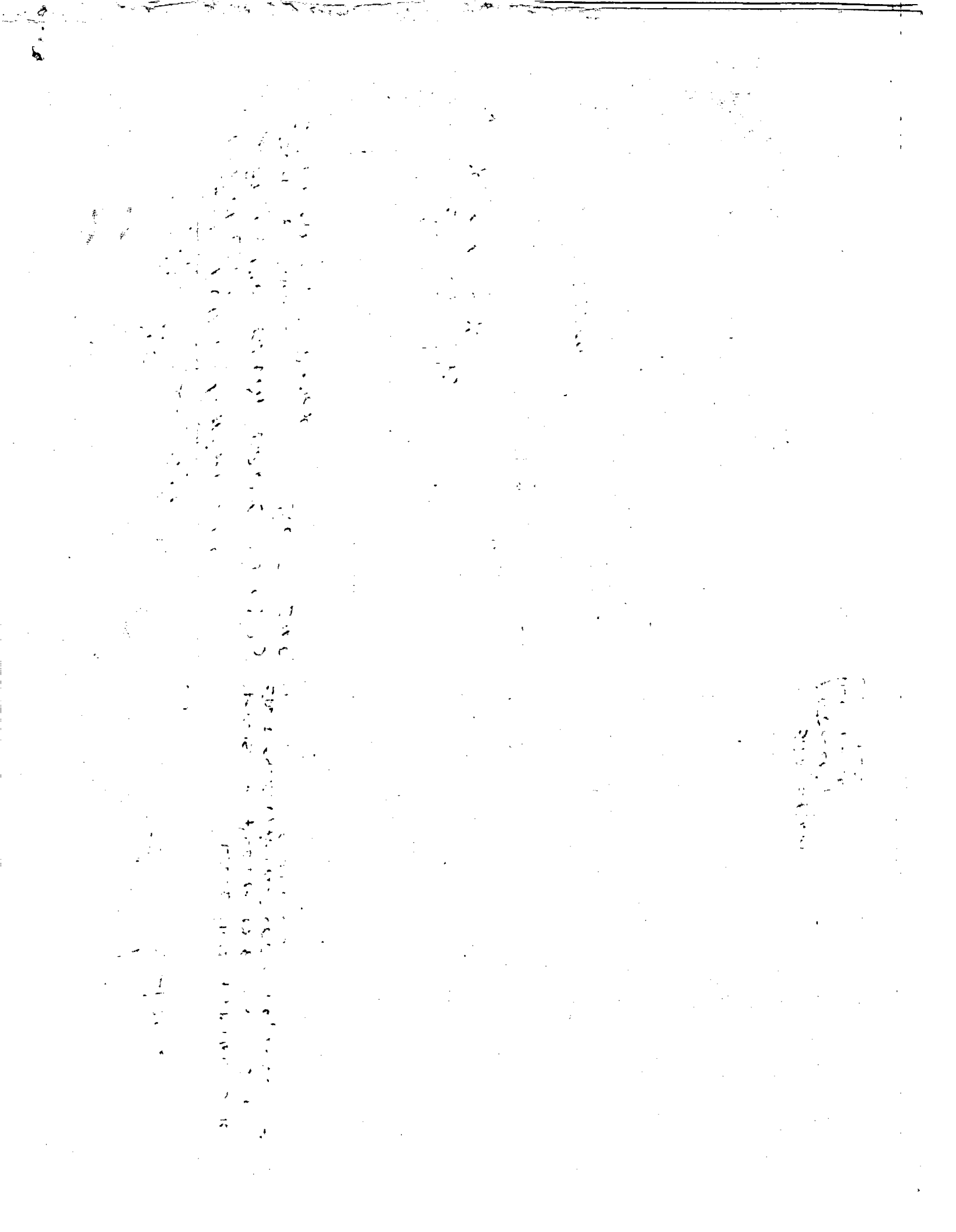
Permit #

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



13-1445



**BUILDING  
SUBCODE  
TECHNICAL SECTION**

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

Block 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. of Bldgs. Reg. No.

Federal Emp. No. 71-0832443

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date    | Initial | INSPECTIONS  | Dates (Month/Day)                |
|--------------------------------------------------------------------------------------------------------------------------------|---------|---------|--------------|----------------------------------|
|                                                                                                                                |         |         | Type:        | Failure Failure Approval Initial |
| <input type="checkbox"/> No Plans Required                                                                                     |         |         | Footings     |                                  |
| <input checked="" type="checkbox"/> All                                                                                        | 5-22-12 | JL      | Foundation   |                                  |
| <input type="checkbox"/> Footing                                                                                               |         |         | Slab         |                                  |
| <input type="checkbox"/> Foundation                                                                                            |         |         | Frame        |                                  |
| <input type="checkbox"/> Other                                                                                                 |         |         | Barrier-Free |                                  |
| Joint Plan Review Required:                                                                                                    |         |         | Insulation   |                                  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |         |         | Finishes     |                                  |
| SUBCODE APPROVAL                                                                                                               |         |         | Energy       |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CPO <input type="checkbox"/> JCA                                          |         |         | Mechanical   |                                  |
| Date: 8/14/12                                                                                                                  |         |         | TCO          |                                  |
| Approved by: [Signature]                                                                                                       |         |         | Other        |                                  |
|                                                                                                                                |         |         | Final        |                                  |
|                                                                                                                                |         |         | Barrier-Free |                                  |

**B. BUILDING CHARACTERISTICS**

Use Group Present B Proposed M

Const. 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. \$ 74,000.00
2. Alteration \$ 54,000
3. Total (1 + 2) \$ 128,000



Date Received  
Date Issued  
Control #  
Permit #

6-25-12  
12-1724

**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 [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

**TYPE OF WORK:**

- ☐ New Building
- ☐ Addition
- ☒ Alteration
  - ☐ Roofing
  - ☐ Siding
  - ☐ Fence
  - ☐ Sign
  - ☐ 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. 3/08)

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



# BUILDING SUBCODE TECHNICAL SECTION



Change of Contractors

Date Received  
Control #  
Date Issued  
Permit #

6-25-12  
12-1724

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

Block 347.01 Lot 15 Qualification Code 335-339  
Work Site Location BRICK NJ 08723

Owner in Fee: DEUM POINT PLAZA, LLC

Tel. (732) 477 0343 e-mail   
Address BRICK, BLVD, BRICK NJ 08723

Contractor ARC A. CONSTRUCTION Tel. (732) 918 8181  
Address 1024 OLD CORLIES AVE NEW BRIDGE NJ

Contractor License No. or Builder Registration No.  Exp. Date   
Federal Employee No.  FAX: (  )

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date    | Initial | INSPECTIONS | Dates (Month/Day) | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|---------|---------|-------------|-------------------|---------|
| Type:                                                                                                                          | Failure | Failure | Approval    |                   |         |
| <input type="checkbox"/> No Plans Required                                                                                     |         |         |             |                   |         |
| <input type="checkbox"/> All                                                                                                   |         |         |             |                   |         |
| <input type="checkbox"/> Footing                                                                                               |         |         |             |                   |         |
| <input type="checkbox"/> Foundation                                                                                            |         |         |             |                   |         |
| <input type="checkbox"/> Frame                                                                                                 |         |         |             |                   |         |
| <input type="checkbox"/> Other                                                                                                 |         |         |             |                   |         |
| Joint Plan Review Required:                                                                                                    |         |         |             |                   |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |         |         |             |                   |         |
| SUBCODE APPROVAL                                                                                                               |         |         |             |                   |         |
| <input type="checkbox"/> CO <input type="checkbox"/> GCO <input type="checkbox"/> CA                                           |         |         |             |                   |         |
| Date: <u>8/14/12</u>                                                                                                           |         |         |             |                   |         |
| Approved by: <u>[Signature]</u>                                                                                                |         |         |             |                   |         |
| TCO <u>CHANDLER</u>                                                                                                            |         |         |             |                   |         |
| Barrier-Free                                                                                                                   |         |         |             |                   |         |

## B. BUILDING CHARACTERISTICS

| Use Group                 | Present      | Proposed  | Est. Cost of Bldg. Work:      |
|---------------------------|--------------|-----------|-------------------------------|
| Constr. Class             | <u>SB</u>    | <u>SB</u> | 1. New Bldg. \$ <u>54,000</u> |
| No. of Stories            | <u>19'3"</u> |           | 2. Rehabilitation \$ <u></u>  |
| Height of Structure       | <u>3,235</u> |           | 3. Total (1+2) \$ <u></u>     |
| Area - Largest Floor      |              |           |                               |
| New Bldg. Area/All Floors |              |           |                               |
| Volume of New Structure   |              |           |                               |
| Total Land Area Disturbed |              |           |                               |

## 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 [Signature]

## D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK                                                            |
|--------------------------------------------------------------------------------|
| INTERIOR REMODEL OF<br>EXISTING SPACE WITH<br>NEW OF 7-11<br>CONVENIENCE STORE |
| DUM POINT PLAZA                                                                |

## TYPE OF WORK:

|                                                             |
|-------------------------------------------------------------|
| <input type="checkbox"/> New Building                       |
| <input type="checkbox"/> Addition                           |
| <input type="checkbox"/> Rehabilitation                     |
| <input type="checkbox"/> Roofing                            |
| <input type="checkbox"/> Siding                             |
| <input type="checkbox"/> Fence                              |
| <input type="checkbox"/> Sign                               |
| <input type="checkbox"/> Pool                               |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8    |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5:17       |
| <input checked="" type="checkbox"/> Other <u>ALTERATION</u> |
| <input type="checkbox"/> Demolition                         |

## FEE (Office Use Only)

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

19



2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100  
 102 104 106 108 110 112 114 116 118 120 122 124 126 128 130 132 134 136 138 140 142 144 146 148 150 152 154 156 158 160 162 164 166 168 170 172 174 176 178 180 182 184 186 188 190 192 194 196 198 200  
 202 204 206 208 210 212 214 216 218 220 222 224 226 228 230 232 234 236 238 240 242 244 246 248 250 252 254 256 258 260 262 264 266 268 270 272 274 276 278 280 282 284 286 288 290 292 294 296 298 300  
 302 304 306 308 310 312 314 316 318 320 322 324 326 328 330 332 334 336 338 340 342 344 346 348 350 352 354 356 358 360 362 364 366 368 370 372 374 376 378 380 382 384 386 388 390 392 394 396 398 400  
 402 404 406 408 410 412 414 416 418 420 422 424 426 428 430 432 434 436 438 440 442 444 446 448 450 452 454 456 458 460 462 464 466 468 470 472 474 476 478 480 482 484 486 488 490 492 494 496 498 500  
 502 504 506 508 510 512 514 516 518 520 522 524 526 528 530 532 534 536 538 540 542 544 546 548 550 552 554 556 558 560 562 564 566 568 570 572 574 576 578 580 582 584 586 588 590 592 594 596 598 600  
 602 604 606 608 610 612 614 616 618 620 622 624 626 628 630 632 634 636 638 640 642 644 646 648 650 652 654 656 658 660 662 664 666 668 670 672 674 676 678 680 682 684 686 688 690 692 694 696 698 700  
 702 704 706 708 710 712 714 716 718 720 722 724 726 728 730 732 734 736 738 740 742 744 746 748 750 752 754 756 758 760 762 764 766 768 770 772 774 776 778 780 782 784 786 788 790 792 794 796 798 800  
 802 804 806 808 810 812 814 816 818 820 822 824 826 828 830 832 834 836 838 840 842 844 846 848 850 852 854 856 858 860 862 864 866 868 870 872 874 876 878 880 882 884 886 888 890 892 894 896 898 900  
 902 904 906 908 910 912 914 916 918 920 922 924 926 928 930 932 934 936 938 940 942 944 946 948 950 952 954 956 958 960 962 964 966 968 970 972 974 976 978 980 982 984 986 988 990 992 994 996 998 1000  
 1002 1004 1006 1008 1010 1012 1014 1016 1018 1020 1022 1024 1026 1028 1030 1032 1034 1036 1038 1040 1042 1044 1046 1048 1050 1052 1054 1056 1058 1060 1062 1064 1066 1068 1070 1072 1074 1076 1078 1080 1082 1084 1086 1088 1090 1092 1094 1096 1098 1100  
 1102 1104 1106 1108 1110 1112 1114 1116 1118 1120 1122 1124 1126 1128 1130 1132 1134 1136 1138 1140 1142 1144 1146 1148 1150 1152 1154 1156 1158 1160 1162 1164 1166 1168 1170 1172 1174 1176 1178 1180 1182 1184 1186 1188 1190 1192 1194 1196 1198 1200  
 1202 1204 1206 1208 1210 1212 1214 1216 1218 1220 1222 1224 1226 1228 1230 1232 1234 1236 1238 1240 1242 1244 1246 1248 1250 1252 1254 1256 1258 1260 1262 1264 1266 1268 1270 1272 1274 1276 1278 1280 1282 1284 1286 1288 1290 1292 1294 1296 1298 1300  
 1302 1304 1306 1308 1310 1312 1314 1316 1318 1320 1322 1324 1326 1328 1330 1332 1334 1336 1338 1340 1342 1344 1346 1348 1350 1352 1354 1356 1358 1360 1362 1364 1366 1368 1370 1372 1374 1376 1378 1380 1382 1384 1386 1388 1390 1392 1394 1396 1398 1400  
 1402 1404 1406 1408 1410 1412 1414 1416 1418 1420 1422 1424 1426 1428 1430 1432 1434 1436 1438 1440 1442 1444 1446 1448 1450 1452 1454 1456 1458 1460 1462 1464 1466 1468 1470 1472 1474 1476 1478 1480 1482 1484 1486 1488 1490 1492 1494 1496 1498 1500  
 1502 1504 1506 1508 1510 1512 1514 1516 1518 1520 1522 1524 1526 1528 1530 1532 1534 1536 1538 1540 1542 1544 1546 1548 1550 1552 1554 1556 1558 1560 1562 1564 1566 1568 1570 1572 1574 1576 1578 1580 1582 1584 1586 1588 1590 1592 1594 1596 1598 1600  
 1602 1604 1606 1608 1610 1612 1614 1616 1618 1620 1622 1624 1626 1628 1630 1632 1634 1636 1638 1640 1642 1644 1646 1648 1650 1652 1654 1656 1658 1660 1662 1664 1666 1668 1670 1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692 1694 1696 1698 1700  
 1702 1704 1706 1708 1710 1712 1714 1716 1718 1720 1722 1724 1726 1728 1730 1732 1734 1736 1738 1740 1742 1744 1746 1748 1750 1752 1754 1756 1758 1760 1762 1764 1766 1768 1770 1772 1774 1776 1778 1780 1782 1784 1786 1788 1790 1792 1794 1796 1798 1800  
 1802 1804 1806 1808 1810 1812 1814 1816 1818 1820 1822 1824 1826 1828 1

[illegible]

100

100

[illegible]

1000

1990



**HARRISON FRENCH**  
**& ASSOCIATES, LTD**

**Teresa Clark**

*Permitting Manager*

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

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



# ELECTRICAL SUBCODE TECHNICAL SECTION



*Copy of Certificate only*

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

1. REMODEL EASTSIDE SPACE

QTY SIZE

92 Lighting Fixtures

25 Receptacles

8 Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

### TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

12.1724

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

Block 34701 Lot 15 Qualification Code

Work Site Location

Owner in Fee: DuPont Plaza 11C

Tel: 732 999 1111 e-mail

Address Bickel Road Bickel Road 11C US90A5 ZIP CODE

Contractor: Lowes Electric 11C Lowes Electric 11C 542-4446 ZIP CODE

Address Lowes Electric 11C Lowes Electric 11C 542-4446 ZIP CODE

Contractor License No. 1550A2 Exp. Date 6/15/2015

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

Federal Emp. ID No. 932 FAX: 542-4447

Use Group Present Proposed

[ ] Pole/Pad # 1 [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Under-slab Utilities Approved

Date: 2/1/2015 Approved by: [Signature]

[ ] Electric Plans Approved

Date: 2/1/2015 Approved by: [Signature]

Joint Plan Review Required:

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

SUBCODE APPROVAL FOR PERMIT

Date: 2/1/2015 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 2/1/2015 Approved by: [Signature]

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification



# ELECTRICAL SUBCODE TECHNICAL SECTION



*Copy of Certificate of Control*

## C. CERTIFICATION IN LIEU OF OATH

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

Print name here: James J. DeMidd

Licensed Elec. Contractor ( ) Certified Apprentice/Irrigation Contr ( ) Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

IRrigation System

ESTIMATE \$1200

Est 9-11

QTY

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

Owner in Fee: DeMidd Plaza 11C  
Tel: 732 499 1111 e-mail: ARIEL@US99AS  
Address: 4365 E. 11C 11C Municipality: Union, NJ e-mail: ARIEL@US99AS  
Contractor: ARIEL@US99AS Tel: (732) 542-4446 Zip code: 07080  
Address: 4365 E. 11C 11C e-mail: ARIEL@US99AS  
Contractor License No. 15502 Exp. Date 6/15/15  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): None  
Federal Emp. ID No. 15502 FAX: (732) 542-4447

## B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed  
☐ Pole/Pad # 1 ☐ Temporary ☐ Other Utility Co.  
Building Occupied as Utility Co.  
Est. Cost of Elec. Work \$ 1200

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                  | INSPECTIONS                   | Dates (Month/Day) |         |          |         |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|---------|----------|---------|
|                                                                                                                              | Type:                         | Failure           | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required                                                                                   | Rough                         |                   |         |          |         |
| <input type="checkbox"/> Partial -Under-slab Utilities Approved                                                              | Barrier-Free                  |                   |         |          |         |
| Date: <u>12/1/10</u> Approved by: <u>ARIEL</u>                                                                               | Trench                        |                   |         |          |         |
| <input type="checkbox"/> Electric Plans Approved                                                                             | Temp. Serv.                   |                   |         |          |         |
| Date: <u>12/1/10</u> Approved by: <u>ARIEL</u>                                                                               | Constr. Serv.                 |                   |         |          |         |
| Joint Plan Review Required:                                                                                                  | TCO                           |                   |         |          |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Other                         |                   |         |          |         |
| SUBCODE APPROVAL FOR PERMIT                                                                                                  | Service                       |                   |         |          |         |
| Date: <u>12/1/10</u>                                                                                                         | Final                         |                   |         |          |         |
| Approved by: <u>ARIEL</u>                                                                                                    | Barrier-Free                  |                   |         |          |         |
| SUBCODE APPROVAL FOR CERTIFICATE                                                                                             | Temp. Cut-in-Card Date Issued |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                         | Final Cut-in-Card Date Issued |                   |         |          |         |
| Date: <u>12/1/10</u>                                                                                                         | Annual Pool Inspection        |                   |         |          |         |
| Approved by: <u>ARIEL</u>                                                                                                    | Date of Grounding and Bonding |                   |         |          |         |

| POOL PERMIT WITH UW LIGHTS     | POOL PERMIT WITH UW LIGHTS     |
|--------------------------------|--------------------------------|
| Pool Permit/With UW Lights     | Pool Permit/With UW Lights     |
| Storable Pool/Spa/Hot Tub      | Storable Pool/Spa/Hot Tub      |
| KV Elec. Range/Receptacle      | KV Elec. Range/Receptacle      |
| KV Oven/Surface Unit           | KV Oven/Surface Unit           |
| KV Elec. Water Heater          | KV Elec. Water Heater          |
| KV Elec. Dryer/Receptacle      | KV Elec. Dryer/Receptacle      |
| KV Dishwasher                  | KV Dishwasher                  |
| HP Garbage Disposal            | HP Garbage Disposal            |
| KV Central A/C Unit            | KV Central A/C Unit            |
| HP/KV Space Heater/Air Handler | HP/KV Space Heater/Air Handler |
| KV Baseboard Heat              | KV Baseboard Heat              |
| HP Motors 1/4 HP               | HP Motors 1/4 HP               |
| KV Transformer/Generator       | KV Transformer/Generator       |
| AMP Service                    | AMP Service                    |
| AMP Subpanels                  | AMP Subpanels                  |
| AMP Motor Control Center       | AMP Motor Control Center       |
| KV Elec. Sign/Outline Light    | KV Elec. Sign/Outline Light    |

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 347101 Lot 13 Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner In Fee: BRADY WAZH LLC

Tel. ( 908 ) 4991 e-mail \_\_\_\_\_

Address 10000 11th St 05047 zip code \_\_\_\_\_

Contractor: Electric 11th St 05047 Tel. ( 908 ) 4991 e-mail \_\_\_\_\_

Address 11th St 05047 zip code \_\_\_\_\_

Contractor License No. 15555 Exp. Date 6/15

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( 908 ) 594-4447

## 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                               | INSPECTIONS                   | Dates (Month/Day)                |
|-------------------------------------------|-------------------------------|----------------------------------|
| [ ] No Plans Required                     | Type:                         | Failure Failure Approval Initial |
| [ ] Partial -Underslab Utilities Approved | Rough                         |                                  |
| Date: _____ Approved by: _____            | Barrier-Free                  |                                  |
| [ ] Electric Plans Approved               | Trench                        |                                  |
| Date: _____ Approved by: _____            | Temp. Serv.                   |                                  |
| Joint Plan Review Required:               | Const. Serv.                  |                                  |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.  | TCO                           |                                  |
| SUBCODE APPROVAL for PERMIT               | Other                         |                                  |
| Date: _____                               | Service                       |                                  |
| Barrier-Free                              | Final                         |                                  |
| Approved by: _____                        | Barrier-Free                  |                                  |
| SUBCODE APPROVAL for CERTIFICATE          | Temp. Cut-In-Card Date Issued |                                  |
| [ ] CO [ ] CCO [ ] CA                     | Final Cut-In-Card Date Issued |                                  |
| Date: _____                               | Annual Pool Inspection        |                                  |
| Approved by: _____                        | Date of Grounding and Bonding |                                  |
| Certification                             |                               |                                  |

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner of record and am authorized to make this application and performing the work listed on this application. Applicant sign/Contractor sign and seal here:

Print name here: \_\_\_\_\_

Licensed Elec. Contractor ( ) Notified Landscape Irrigation Contr ( ) Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: \_\_\_\_\_

SIZE: \_\_\_\_\_

ITEMS: \_\_\_\_\_

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/With UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

**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

Check Number 39692

Cash \$0.00

Check \$50.00

Charge \$0.00

Total Paid \$50.00

06/25/12 11:34AM 0015585713  
X02 SERV.002

#04173

ZPA

CHECK

\$50.00

\$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



DATE \_\_\_\_\_

**JOB CONDITION / COMMENTS**



DATE \_\_\_\_\_

**JOB CONDITION / COMMENTS**



# BUILDING SUBCODE TECHNICAL SECTION



Change of Contractor

Date Received  
Control #  
Date Issued  
Permit #

16-25-12  
12-17-24  
12-17-24

## 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 111

Work Site Location BRICK NJ 08123

Owner In Fee: DEWM POINT PLAZA, LLC

Tel. (732) 477 1034 e-mail \_\_\_\_\_

Address 335-339 BRICK BLVD

Contractor BRICK A. CONSTRUCTION Tel. (732) 915 8181

Address 1024 OLD COBLENZ AVE SMITH ALBANY NJ

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

Federal Employee No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS          | Failure | Failure | Approval | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------------|---------|---------|----------|---------|
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | Type:                |         |         |          |         |
| <input type="checkbox"/> All                                                                                                   |      |         | Footings             |         |         |          |         |
| <input type="checkbox"/> Footing                                                                                               |      |         | Footings Bonding     |         |         |          |         |
| <input type="checkbox"/> Foundation                                                                                            |      |         | Foundation           |         |         |          |         |
| <input type="checkbox"/> Frame                                                                                                 |      |         | Slab                 |         |         |          |         |
| <input type="checkbox"/> Other                                                                                                 |      |         | Frame                |         |         |          |         |
| Joint Plan Review Required:                                                                                                    |      |         | Truss Sys./Bracing   |         |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | Barrier-Free         |         |         |          |         |
| SUBCODE APPROVAL                                                                                                               |      |         | Insulation           |         |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         | Finishes -Base Layer |         |         |          |         |
|                                                                                                                                |      |         | Finishes -Final      |         |         |          |         |
|                                                                                                                                |      |         | Energy               |         |         |          |         |
|                                                                                                                                |      |         | Mechanical           |         |         |          |         |
|                                                                                                                                |      |         | TCO                  |         |         |          |         |
|                                                                                                                                |      |         | Other                |         |         |          |         |
|                                                                                                                                |      |         | Final                |         |         |          |         |
|                                                                                                                                |      |         | Barrier-Free         |         |         |          |         |

## B. BUILDING CHARACTERISTICS

Use Group Present B Proposed M

Constr. Class Present SB Proposed SB

No. of Stories 1

Height of Structure 19'3" Ft.

Area - Largest Floor 3235 Sq. Ft.

New Bldg. Area/All Floors 3235 Sq. Ft.

Volume of New Structure 3235 Cu. Ft.

Total Land Area Disturbed 3235 Sq. Ft.

## Est. Cost of Bldg. Work:

1. New Bldg. \$ 54,000

2. Rehabilitation \$ 54,000

3. Total (1+2) \$ 108,000

## 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.

Signature [Signature]

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

## TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other ALTERATION
- ☐ Demolition

## FEE (Office Use Only)

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

DATE \_\_\_\_\_

**JOB CONDITION / COMMENTS**



[illegible]

RECEIVING CLERK KP **ZONING PERMIT APPLICATION** PERMIT # 28-12-00595  
DATE REC'D 5/31/12 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 # 732 417 6363 EMAIL: DEGEORGEDEV@AOL.COM

2. NAME OF APPLICANT: 7-ELEVEN INC. C/O LEAD LEASE  
APPLICANT ADDRESS: 49 CAMBRIDGE RD  
REDWINSTER NJ 07921  
PHONE # 908 - 719 9480 EMAIL: KAY.AQUINO@LEADLEASE.COM

3. RESPONSIBLE PERSON FOR WORK: GIANFRANCO SARRIDO  
PHONE # 201 870 9583 FAX # N/A USE E-MAIL  
GIANFRANCO.SARRIDO@LEADLEASE.COM  
4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY  
FEE SUMMARY:

APPLICATION FEE: \$ 50.00  
OTHER: \$ —  
TOTAL: \$ —

REQUIRED BY APPLICANT

RESIDENTIAL: —  
COMMERCIAL: ✓  
EXISTING USE: LEADLEASE POOL & SPA  
PROPOSED USE: 24-HR CONVENIENCE 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 / SET-OUT FOR 7-ELEVEN CONVENIENCE STORE

ZONING REVIEW: 0-21-12 DATE REVIEWED: — DATE DENIED: — DATE APPROVED: 0-21-12 INTLS: SC2d (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

# LAND USE

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. 354-2WW-86; 9-13-1986 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XXX-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 |                  |                  |                                  | Stories                 | Eaves (feet) | Ridge (feet) |                                                              |                                       |
|       | 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 (feet) |                                  |                         |              |              |                                                              |                                       |
|       |                    |              |              |                    |              |              |                             |                        |                            |                    |                  |                  |                                  |                         |              |              |                                                              |                                       |
| R-R   | 40,000             | 150          | 150          | 40,000             | 150          | 150          | 50                          | 25                     |                            | 50                 | 25               | 25               | 25                               | -                       | 25           |              | -                                                            |                                       |
| RR-2  |                    |              |              |                    |              |              |                             |                        |                            |                    |                  |                  |                                  |                         |              |              |                                                              |                                       |
| RR-3  |                    |              |              |                    |              |              |                             |                        |                            |                    |                  |                  |                                  |                         |              |              |                                                              |                                       |
| R-20  | 20,000             | 100          | 125          | 25,000             | 100          | 125          | 40                          | 15                     | -                          | 40                 | 10               | 10               | 10                               | -                       | 25           | 35           | 38.5                                                         |                                       |
| R-15  | 15,000             | 100          | 115          | 17,250             | 100          | 115          | 35                          | 12                     | -                          | 35                 | 10               | 10               | 10                               | -                       | 25           | 35           | 38.5                                                         |                                       |
| R-10  | 10,000             | 90           | 100          | 10,500             | 100          | 100          | 30                          | 6                      | 20                         | 20                 | 5                | 5                | 5                                | -                       | 25           | 35           | 38.5                                                         |                                       |
| R-7.5 | 7,500              | 75           | 90           | 9,000              | 75           | 90           | 25                          | 6                      | 15                         | 15                 | 5                | 5                | 5                                | -                       | 25           | 35           | 38.5                                                         |                                       |
| R-5   | 5,000              | 50           | 75           | 6,000              | 50           | 75           | 20                          | 5                      | 12                         | 15                 | 5                | 5                | 5                                | -                       | 25           | 35           | 38.5                                                         |                                       |
| O-P   | 15,000             | 100          | 150          | 15,000             | 100          | 150          | 50                          | 10                     | -                          | 50                 | 20               | 50               | 50                               | 2                       | -            | 35           | 38.5                                                         |                                       |
| B-1   | 10,000             | 100          | 90           | 12,500             | 100          | 125          | 30                          | 10                     | -                          | 20                 | 10               | 20               | 20                               | 2                       | -            | 35           | 38.5                                                         |                                       |
| B-2   | 20,000             | 125          | 125          | 20,000             | 125          | 125          | 50                          | 10                     | -                          | 50                 | 10               | 50               | 50                               | 2                       | -            | 35           | 38.5                                                         |                                       |
| B-3   | 2 acres            | 200          | 200          | 2 acres            | 200          | 200          | 75                          | 30                     | -                          | 50                 | 20               | 50               | 50                               | -                       | -            | 35           | 38.5                                                         |                                       |
| B-4   | 5 acres            | 300          | 300          | -                  | -            | -            | 100                         | 50(150)                | -                          | 100(150)           | 20               | 50               | 50                               | 3                       | -            | 35           | 38.5                                                         |                                       |
| M-1   | 5 acres            | 300          | 300          | 5 acres            | 300          | 300          | 100                         | 50                     | -                          | 150                | 75               | 150              | 150                              | -                       | -            | 35           | 38.5                                                         |                                       |
| R-M   | 25 acres           | 350          | 200          | -                  | -            | -            | 50                          | 50                     | -                          | 30                 | 30               | 30               | 30                               | -                       | 25           | 35           | 38.5                                                         |                                       |
| O-P-T | 40,000             | 150          | 150          | 40,000             | 150          | 150          | 50                          | 20                     | -                          | 50                 | 20               | 50               | 50                               | 2                       | -            | 35           | 38.5                                                         |                                       |
| H-S   |                    |              |              |                    |              |              |                             |                        |                            |                    |                  |                  |                                  | -                       | -            | -            | 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.

Attachment 5:1

FOR REFERENCE ONLY

OFFICE USE ONLY

[illegible][illegible]



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: **335-399 BRICK BLVD.**  
Location: **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 Kinney  
Sean Kinney, Zoning Officer

Michael P. Fowler  
Michael P. Fowler, Township Planner

05/21/2012

Date

5/21/12  
Date

**OF BRICK**

| FURNACE UNIT SCHEDULE |              |               |      |           |                 |               |  |                 |     |      |        |
|-----------------------|--------------|---------------|------|-----------|-----------------|---------------|--|-----------------|-----|------|--------|
| MARK                  | MANUFACTURER | MODEL         | CFM  | OSA (CFM) | E.S.P. (IN. WC) | HEATING INPUT |  | ELECTRICAL DATA |     |      |        |
|                       |              |               |      |           |                 | (MBH)         |  | V/PH            | MCA | MOCP | WEIGHT |
| FL-1                  | CARRIER      | 59S5A08E-7-14 | 1200 | 125       | 0.5             |               |  | 1201            | 9.1 | 15   | 150    |

NOTES (ALL UNITS):

- NO SUBSTITUTIONS ALLOWED.
- PROVIDE FILTER BOX AND FILTER WITH EACH UNIT.
- AUXILIARY DRAIN PAN WITH OVERFLOW SENSOR TO BE PROVIDED AND INSTALLED BY CONTRACTOR.
- PROVIDE WITH CONCENTRIC VENT KIT.
- SMOKE DETECTORS TO BE PROVIDED AND INSTALLED BY CONTRACTOR AS REQUIRED BY LOCAL CODE.
- EMERGENCY SERVICE POINTS DURING TYPICAL LOGIC (832) 341-1898 FOR BUILDING MANAGEMENT SYSTEM CONTROLS.
- FOR ADDITIONAL INFORMATION, CONTACT THE CONTRACTOR, FOR ADDITIONAL INFORMATION CONTACT NATIONAL ACCOUNT REPRESENTATIVE (TONY WALTON) (315) 432-8566.

| CONDENSING UNIT SCHEDULE |              |                  |       |    |                 |     |      |      |     |
|--------------------------|--------------|------------------|-------|----|-----------------|-----|------|------|-----|
|                          |              | COOLING CAPACITY |       |    | ELECTRICAL DATA |     |      |      |     |
|                          |              | NOMINAL          | TOTAL |    | SEER            | MCA |      | MOCP |     |
|                          |              | TONS             |       |    |                 |     |      |      |     |
| MARK                     | MANUFACTURER | MODEL            |       |    |                 |     |      |      |     |
| CU-1                     | CARRIER      | 24AB8336         | 3     | 60 | 26.6            | 13  | 12.5 | 20   | 145 |

NOTES (ALL UNITS):  
A. NO SUBSTITUTES ALLOWED.  
B. PROVIDE WITH LOW AMBIENT CONTROLS.  
C. REFERRIGATION LINE SETS ARE TO BE PROVIDED AND INSTALLED BY THE CONTRACTOR.  
D. PROVIDED BY SEVEN 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 |
| C01                 | SUPPLY  | METAL*WIRE   | 5700S-6 AL | ALUMINUM LAY-IN SUPPLY DIFFUSER ROUND NECK FOR                        | 24 X 24   | LAY-IN     |
| C02                 | SUPPLY  | METAL*WIRE   | 5700S-1 AL | ALUMINUM SURFACE MOUNT SUPPLY DIFFUSER ROUND NECK FOR DUCT CONNECTION | 12 X 12   | SURFACE    |
| R01                 | RETURN  | METAL*WIRE   | CCS-6      | ALUMINUM SURFACE MOUNT GRILLE ROUND NECK FOR DUCT CONNECTION          | 24 X 24   | LAY-IN     |
|                     |         |              |            |                                                                       |           | NOTES      |
|                     |         |              |            |                                                                       |           | A, B, C    |
|                     |         |              |            |                                                                       |           | A, B, C    |
|                     |         |              |            |                                                                       |           | 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:

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

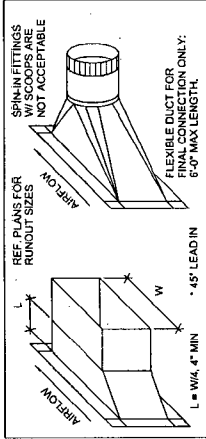
| EXHAUST FAN SCHEDULE |              |         |     |                 |       |       |              |
|----------------------|--------------|---------|-----|-----------------|-------|-------|--------------|
| MARK                 | MANUFACTURER | MODEL   | CFM | E.S.P. (IN. WC) | V/Ph  | WATTS | CONTROL      |
| EF-1                 | GREENHECK    | SP-8150 | 100 | 0.5             | 120/1 | 129   | LIGHT SWITCH |

NOTES:

- A. PROVIDE GRAVITY BACKCRAFT 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 LITERSKY (214) 350-6871 EXT. 140 WITH BARTOS INDUSTRIES.

| OSA CALCULATIONS                                                                        |                         |                                 |                   |                   |                    |
|-----------------------------------------------------------------------------------------|-------------------------|---------------------------------|-------------------|-------------------|--------------------|
| CLASSIFICATION                                                                          | AREA<br>FT <sup>2</sup> | CFM PER<br>AREA FT <sup>2</sup> | PEOPLE<br>PERSONS | CFM PER<br>PERSON | OUTSIDE<br>AIR CFM |
| SUPERMARKET                                                                             | 324.5                   | 0.06                            | 26                | 7.5               | 390                |
| $V_d = R_p \cdot P \cdot A_p \cdot \Delta t$<br>$7.5 = 26 \cdot 0.06 \cdot 324.5 = 500$ |                         |                                 |                   | TOTAL REQUIRED:   | 390                |
|                                                                                         |                         |                                 |                   | TOTAL SUPPLIED:   | 325                |

| AIR BALANCE SCHEDULE |                    |                    |
|----------------------|--------------------|--------------------|
| MARK                 | OUTSIDE<br>AIR CFM | EXHAUST<br>AIR CFM |
| RTU-1                | 200                |                    |
| RTU-2                | 200                |                    |
| FLU-1                | 125                |                    |
| EF-1                 |                    | 200                |
| TOTAL                | 525                | 200                |



2 N.T.S. BRANCH DUCT FITTING

| KEYNOTES - MECHANICAL |                                                                                                                                                                               |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15.101                | NEW EFF. - REFER TO SCHEDULE. CONNECT TO EXISTING EXHAUST DUCT. IF NONE EXIST, ROUTE EXHAUST THROUGH ROOF WITH ROOF CURB.                                                     |
| 15.102                | CONDENSER ON ROOF FOR SLPURPSE MACHINE. MOUNT SECURELY ON NEOPRENE PAD.                                                                                                       |
| 15.108                | REMAINING YORK (019VA-0600) 5 TON TONU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPAIR OR REPLACE AS NEEDED. BALANCE SUPPLY, AIR TO 2000 CFM AND OSA TO 200 CFM. |
| 15.109                | EXISTING TRAF (5C2000) 3 TON TONU TO REMAIN. CLEAN AND REFURBISH TO LIKE NEW CONDITION. REPAIR OR REPLACE 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 NOTÉS

1. NOTES APPLY TO ALL MECHANICAL SHEETS.
2. EACH CONTRACTOR IS RESPONSIBLE FOR HAVING 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. PROVIDE ALL LOCAL, STATE AND FEDERAL 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. PROVIDE FLEXIBLE DUCTWORK WHEN PERMITTED FOR TIGHT CONNECTION. MAX LENGTH OF 6'-6".
8. FURNISH AND INSTALL VOLUME/BALANCE DAMPERS AT EACH BRANCH TAKE OFF. PROVIDE DAMPERS WITH A MINIMUM 4:37 WAVE 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 AIR FLOWS.
11. INSTALL VTTPS AND EXHAUST FANS A MINIMUM OF 10 FT. FROM OUTSIDE AIR INTAKE.

| MECHANICAL SYMBOLS |                                                |
|--------------------|------------------------------------------------|
|                    | RECTANGULAR DUCT 16\"                          |
|                    | 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 |
|                    | DIFFUSER OR GRILLE TYPE & CFM                  |
|                    | THERMOSTAT                                     |
|                    | CO2 SENSOR                                     |
|                    | HUMIDISTAT                                     |

FOR REVIEW/REFERENCE ONLY

NOT FOR CONSTRUCTION

## MECHANICAL PLAN

$$\underline{1/4^{\circ} = 1^{\circ}0'}$$

MECHANICAL FLOOR PLAN

N.T.S.

# M1.0



11



# 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

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

## TOWNSHIP RELEASED FOR PERMIT

Building Subcode \_\_\_\_\_  
Plumbing Subcode \_\_\_\_\_  
Fire Subcode \_\_\_\_\_  
Electrical Subcode \_\_\_\_\_  
Plan Reviewer \_\_\_\_\_  
Plans Released \_\_\_\_\_  
Construction Official \_\_\_\_\_

## TOWNSHIP OF BRICK

### RELEASED FOR PERMIT

### INITIAL

### DATE

Building Subcode \_\_\_\_\_ *JL* *5-22-12*  
Plumbing Subcode \_\_\_\_\_  
Fire Subcode \_\_\_\_\_  
Electrical Subcode \_\_\_\_\_  
Plan Reviewer \_\_\_\_\_  
Plans Released \_\_\_\_\_  
Construction Official \_\_\_\_\_

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.

According to Mechanical Drawing M1.0, most roof top units will be installed on the roof of the subject space with the exception of the furnace FU-1. The furnace FU-1 shall be hung from the roof.

We have evaluated the existing roof as regard to its ability to safely support weights of new units. Please find attached herewith is a copy of current Mechanical drawing M1.0 showing proposed locations of the roof top units.

In light of above; if the new roof top units are installed as proposed on Mechanical drawing M1.0; in our opinion the existing roof structure should support the units without compromising its structural integrity.

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

leib700 antipantano?

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. The first of these is the fact that the Commission has not yet received any information from the Government of the Republic of the Congo regarding the situation in the country.

[illegible]

1. The first group of people who are affected by the disease are those who are in the early stages of the disease.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

\_\_\_\_\_

[illegible]

| FURNACE UNIT SCHEDULE |              |              |      |           |                 |                     |                 |     |      |
|-----------------------|--------------|--------------|------|-----------|-----------------|---------------------|-----------------|-----|------|
| MARK                  | MANUFACTURER | MODEL        | CFM  | OSA (CFM) | E.S.P. (IN. WC) | HEATING INPUT (MBH) | ELECTRICAL DATA |     |      |
|                       |              |              |      |           |                 |                     | VIPH            | MCA | MOCP |
| FL-1                  | CARRIER      | 98SP408BT-14 | 1200 | 125       | 0.5             | 80                  | 1201            | 9.1 | 15   |
| WEIGHT 155            |              |              |      |           |                 |                     |                 |     |      |

NOTES (ALL UNITS):  
A. NO SUBSTITUTES ALLOWED.  
B. PROVIDE GRAVITY BACKDRIFT DAMPER.  
C. PROVIDE SPRING VIBRATION ISOLATORS FOR HANGER ROD SUPPORTS.  
D. TO BE PROVIDED BY ELEVEN AND INSTALLED BY CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6877 EXT. 140 WITH BARTOS INDUSTRIES.  
E. INFORMATION CONTACT CHAD LITERSKY (214) 350-6877 EXT. 140 WITH BARTOS INDUSTRIES.

OF BRICK  
INITIAL  
DATE

| CONDENSING UNIT SCHEDULE |              |          |                 |       |      |      |      |      |        |
|--------------------------|--------------|----------|-----------------|-------|------|------|------|------|--------|
| COOLING CAPACITY         |              |          | ELECTRICAL DATA |       |      |      |      |      |        |
| MARK                     | MANUFACTURER | MODEL    | NOMINAL TONS    | TOTAL | SEER | VIPH | MCA  | MOCP | WEIGHT |
| CD-1                     | CARRIER      | 24AB3356 | 3               | 80    | 13   | 2093 | 14.5 | 20   | 145    |
| WEIGHT 145               |              |          |                 |       |      |      |      |      |        |

NOTES (ALL UNITS):  
A. NO SUBSTITUTES ALLOWED.  
B. PROVIDE GRAVITY BACKDRIFT DAMPER.  
C. PROVIDE SPRING VIBRATION ISOLATORS FOR HANGER ROD SUPPORTS.  
D. TO BE PROVIDED BY ELEVEN AND INSTALLED BY CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6877 EXT. 140 WITH BARTOS INDUSTRIES.  
E. INFORMATION CONTACT CHAD LITERSKY (214) 350-6877 EXT. 140 WITH BARTOS INDUSTRIES.

| AIR DEVICE SCHEDULE |         |              |           |                                        |           |         |            |  |  |
|---------------------|---------|--------------|-----------|----------------------------------------|-----------|---------|------------|--|--|
| MARK                | SERVICE | MANUFACTURER | MODEL     | STYLE                                  | FACE SIZE | TYPE    | NOTES      |  |  |
| CD1                 | SUPPLY  | METAL-AIRE   | 5700-6 AL | ALUMINUM SURFACE MOUNT                 | 24 X 24   | LAY-IN  | A, B, C    |  |  |
| CD2                 | SUPPLY  | METAL-AIRE   | 5700-1 AL | ALUMINUM SURFACE MOUNT                 | 12 X 12   | SURFACE | A, B, C    |  |  |
| RG1                 | RETURN  | METAL-AIRE   | CC2-S     | GRILLE, ROUND NECK FOR DUCT CONNECTION | 24 X 24   | LAY-IN  | A, B, C, D |  |  |

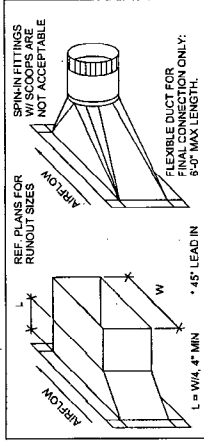
| EXHAUST FAN SCHEDULE |              |         |     |                 |      |       |              |
|----------------------|--------------|---------|-----|-----------------|------|-------|--------------|
| MARK                 | MANUFACTURER | MODEL   | CFM | E.S.P. (IN. WC) | V/PH | WATTS | CONTROL      |
| EF-1                 | GREENHECK    | SP-6150 | 100 | 0.5             | 1201 | 129   | LIGHT SWITCH |

NOTES:  
A. PROVIDE GRAVITY BACKDRIFT DAMPER.  
B. PROVIDE SPRING VIBRATION ISOLATORS FOR HANGER ROD SUPPORTS.  
C. TO BE PROVIDED BY ELEVEN AND INSTALLED BY CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6877 EXT. 140 WITH BARTOS INDUSTRIES.

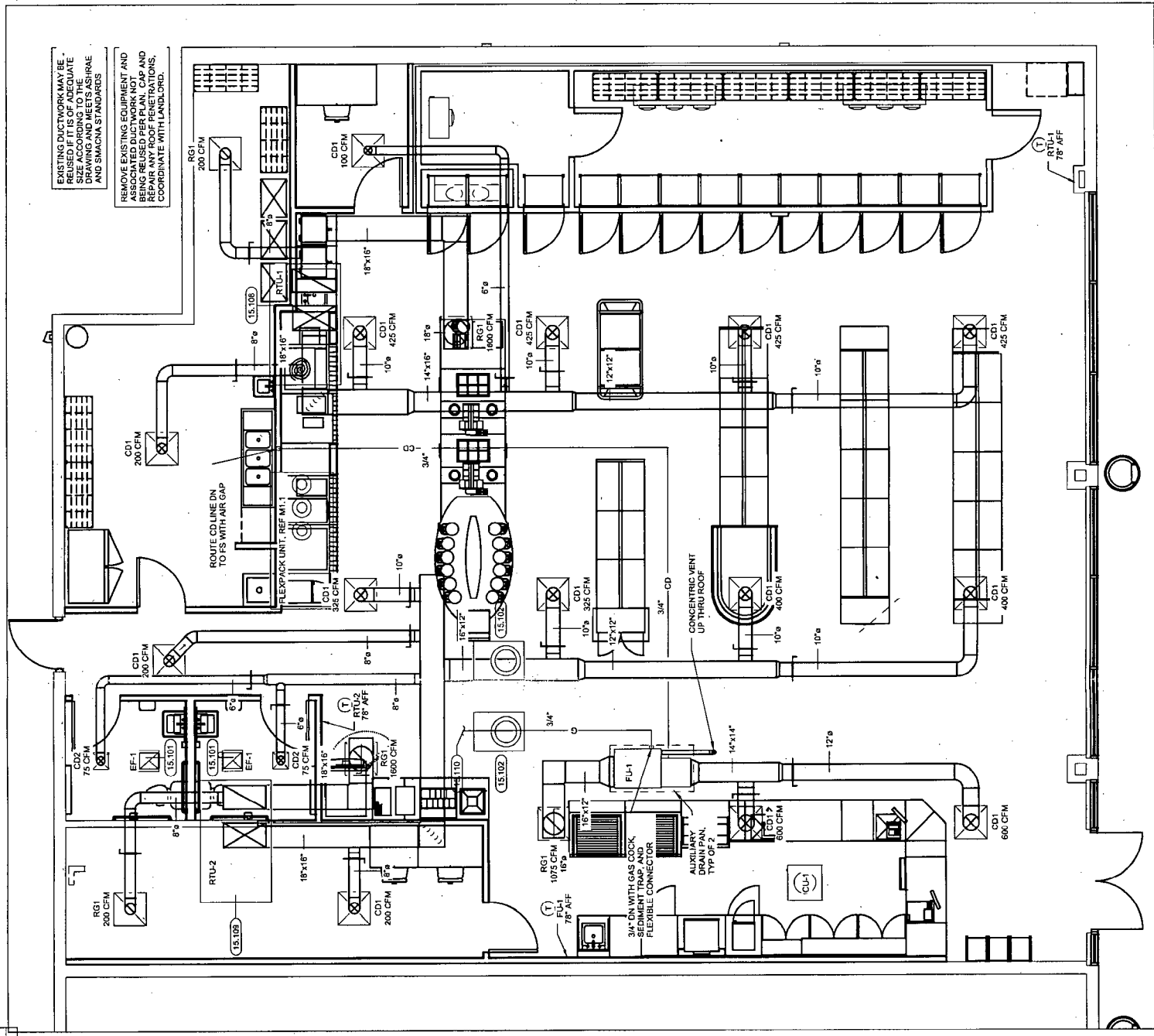
1. ALL DIFFUSERS ARE 4-WAY THROW UNLESS NOTED OTHERWISE.  
2. ALL DIFFUSERS SHALL BE PROVIDED BY ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERSKY (214) 350-6877 EXT. 140 WITH BARTOS INDUSTRIES.

| OSA CALCULATIONS |          |                |                   |                 |
|------------------|----------|----------------|-------------------|-----------------|
| CLASSIFICATION   | AREA FT2 | CFM PER PERSON | PEOPLE PER PERSON | OUTSIDE AIR CFM |
| SUPERMARKET      | 3245     | 0.06           | 7.5               | 390             |
| TOTAL REQUIRED:  |          |                |                   | 390             |
| TOTAL SUPPLIED:  |          |                |                   | 390             |

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



2 BRANCH DUCT FITTING  
N.T.S.



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

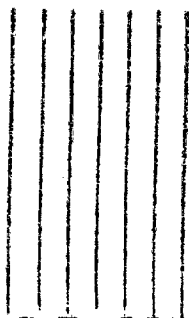
| KEYNOTES - MECHANICAL |                                                                                                                                                                |  |  |  |  |  |  |  |  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 15.101                | NEW EF-1, REFER TO SCHEDULE, CONNECT TO EXISTING EXHAUST DUCT THROUGH ROOF WITH ROOF CAP.                                                                      |  |  |  |  |  |  |  |  |
| 15.102                | CONDENSER ON ROOF FOR SLURPEE MACHINE. MOUNT SECURELY ON NEOPRENE PAD.                                                                                         |  |  |  |  |  |  |  |  |
| 15.108                | EXISTING TRANE (S05060) 1 TON RTU TO REMAIN. CLEAN AND REPAIR. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND RETURN AIR TO 2000 CFM. |  |  |  |  |  |  |  |  |
| 15.109                | EXISTING TRANE (S05060) 1 TON RTU TO REMAIN. CLEAN AND REPAIR. REPLACE BELTS AND FILTERS AS NEEDED. BALANCE SUPPLY AIR TO 2000 CFM AND RETURN AIR TO 2000 CFM. |  |  |  |  |  |  |  |  |
| 15.110                | CONNECT TO EXISTING GAS SERVICE. PROVIDE GAS REGULATOR AND REGULATE TO 7" W.C.                                                                                 |  |  |  |  |  |  |  |  |

HVAC NOTES

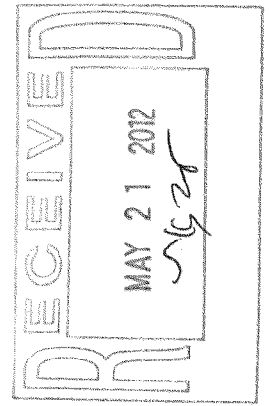
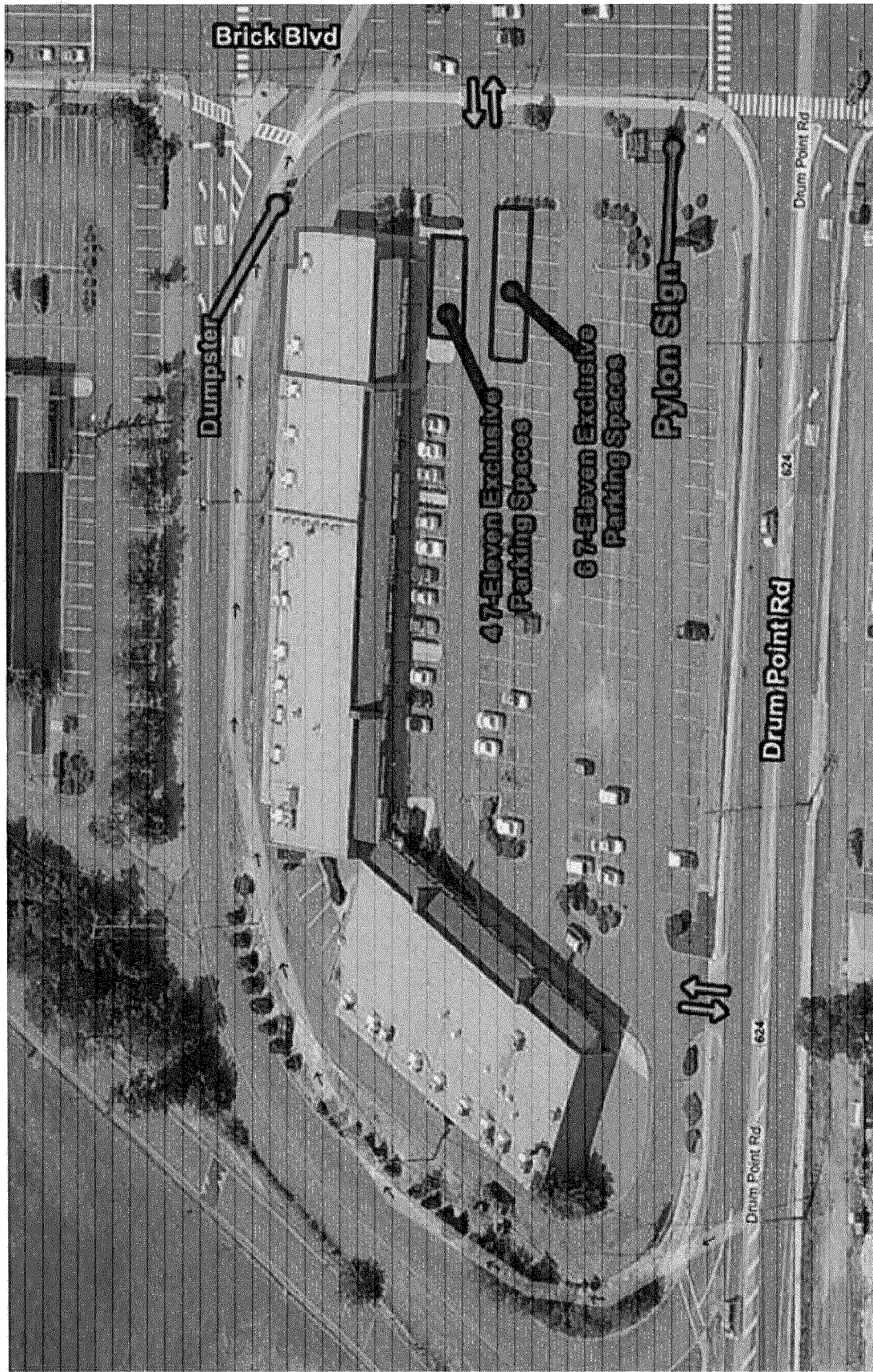
- NOTES APPLY TO ALL MECHANICAL SHEETS.
- EACH CONTRACTOR IS RESPONSIBLE FOR HAVING SPECIFICATIONS AS THEY RELATE TO THIS WORK. NO ADDITIONAL COMPENSATION SHALL BE ALLOWED DUE TO LACK OF THIS KNOWLEDGE.
- PROVIDE ALL MATERIALS FOR A COMPLETE INSTALLATION IN ALL RESPECTS READY FOR INTENDED USE. ALL MATERIALS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

| MECHANICAL SYMBOLS |                                                |
|--------------------|------------------------------------------------|
| 18" x 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 |
| ⌢                  | DIFFUSER OR GRILLE TYPE & CFM                  |
| ⌢                  | THERMOSTAT                                     |
| ⌢                  | CO2 SENSOR                                     |
| ⌢                  | HUMIDISTAT                                     |

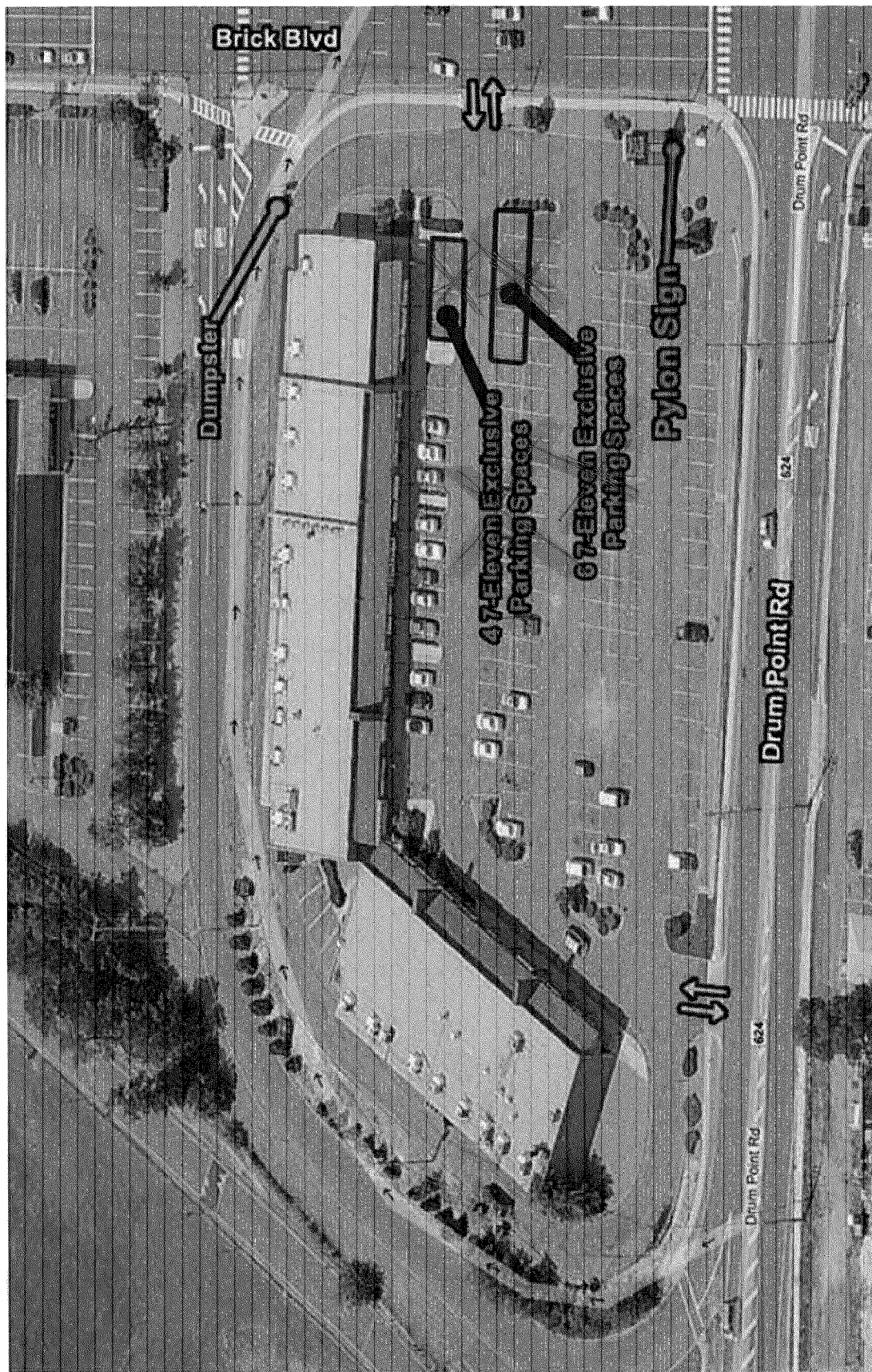
FOR REVIEW/REFERENCE ONLY  
NOT FOR CONSTRUCTION



PRINTED BY  
CHENCK







RECEIVED  
MAY 21 2012  
*SGZ*



# 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

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

## TOWNSHIP RELEASED FOR PERMIT

Building Subcode \_\_\_\_\_  
Plumbing Subcode \_\_\_\_\_  
Fire Subcode \_\_\_\_\_  
Electrical Subcode \_\_\_\_\_  
Plan Reviewer \_\_\_\_\_  
Plans Released \_\_\_\_\_  
Construction Official \_\_\_\_\_

| TOWNSHIP OF BRICK     |                       |
|-----------------------|-----------------------|
| RELEASED FOR PERMIT   | INITIAL      DATE     |
| Building Subcode      | _____ JH      5-22-12 |
| Plumbing Subcode      | _____                 |
| Fire Subcode          | _____                 |
| Electrical Subcode    | _____                 |
| Plan Reviewer         | _____                 |
| Plans Released        | _____                 |
| Construction Official | _____                 |

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.

According to Mechanical Drawing M1.0, most roof top units will be installed on the roof of the subject space with the exception of the furnace FU-1. The furnace FU-1 shall be hung from the roof.

We have evaluated the existing roof as regard to its ability to safely support weights of new units. Please find attached herewith is a copy of current Mechanical drawing M1.0 showing proposed locations of the roof top units.

In light of above; if the new roof top units are installed as proposed on Mechanical drawing M1.0; in our opinion the existing roof structure should support the units without compromising its structural integrity.

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

Plans Released  
John R. Votaw  
Director of Subrods  
Fire Subrods  
FBI - New York

RECEIVED FOR PERMIT  
JAN 11 1964  
TOWNSHIP OF BLACK  
LIVE

Construction Official \_\_\_\_\_  
Plans Released \_\_\_\_\_  
Plan Reviewer \_\_\_\_\_  
Electrical Subcode \_\_\_\_\_  
Fire Subcode \_\_\_\_\_  
Plumbing Subcode \_\_\_\_\_  
Building Subcode \_\_\_\_\_

1. The Commission has received information from the Government of the Republic of the Philippines that the Philippine National Police (PNP) has been conducting a series of operations to combat the activities of the Communist Party of the Philippines (CPP) and its armed wing, the New People's Army (NPA). The Commission is aware of the fact that the PNP has been successful in capturing several high-ranking officials of the CPP and NPA, and in destroying their bases and infrastructure. The Commission is pleased to note that the PNP has been able to maintain a high level of vigilance and has been able to prevent the CPP and NPA from carrying out their activities in the Philippines.

10-10-1964

10. The following information is being furnished to you for your information only. It is not intended to be used for any other purpose.

[illegible]

100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098

100-370400-1000

0157-0001/92/0000-0000\$05.00/0

# 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 #: (302) 477 6363

FAX #: (410) 273 9436

3. PRINCIPAL CONTRACTOR: HARRISON TRENCH & ASSOCIATES

ADDRESS: 809 S.W. 1<sup>st</sup> STREET #201 PHONE #: (410) 273 7780

FAX #: (410) 273 9436

4. ARCHITECT OR ENGINEER: Harrison Trench Associates

ADDRESS: 809 S.W. 1<sup>st</sup> ST #201 PHONE: # (410) 273 7780

5. RESPONSIBLE PERSON FOR WORK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: ( ) FAX #: ( ) E-MAIL: \_\_\_\_\_

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☐ OTHER \_\_\_\_\_

LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

## ENGINEERING REVIEW:

DATE RECEIVED: \_\_\_\_\_ DATE REJECTED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

## FEE SUMMARY:

APPLICATION FEE: \$ \_\_\_\_\_

REVIEW FEE: \$ \_\_\_\_\_

INSPECTION FEE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

BOND(S): \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

## SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: \_\_\_\_\_

DRAINAGE EASEMENTS: \_\_\_\_\_

UTILITY EASEMENTS: \_\_\_\_\_

CONSERVATION EASEMENTS: \_\_\_\_\_

FEMA REQUIREMENTS: \_\_\_\_\_

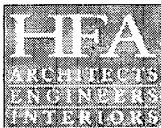
D.E.P. PERMITS: \_\_\_\_\_

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_





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





**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

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.

According to Mechanical Drawing M1.0, most roof top units will be installed on the roof of the subject space with the exception of the furnace FU-1. The furnace FU-1 shall be hung from the roof.

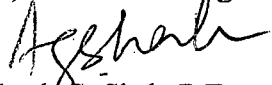
We have evaluated the existing roof as regard to its ability to safely support weights of new units. Please find attached herewith is a copy of current Mechanical drawing M1.0 showing proposed locations of the roof top units.

In light of above; if the new roof top units are installed as proposed on Mechanical drawing M1.0; in our opinion the existing roof structure should support the units without compromising its structural integrity.

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



**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

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.

According to Mechanical Drawing M1.0, most roof top units will be installed on the roof of the subject space with the exception of the furnace FU-1. The furnace FU-1 shall be hung from the roof.

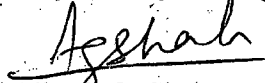
We have evaluated the existing roof as regard to its ability to safely support weights of new units. Please find attached herewith is a copy of current Mechanical drawing M1.0 showing proposed locations of the roof top units.

In light of above; if the new roof top units are installed as proposed on Mechanical drawing M1.0; in our opinion the existing roof structure should support the units without compromising its structural integrity.

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

RECEIVED

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944



**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

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.

According to Mechanical Drawing M1.0, most roof top units will be installed on the roof of the subject space with the exception of the furnace FU-1. The furnace FU-1 shall be hung from the roof.

We have evaluated the existing roof as regard to its ability to safely support weights of new units. Please find attached herewith is a copy of current Mechanical drawing M1.0 showing proposed locations of the roof top units.

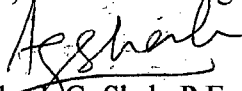
In light of above; if the new roof top units are installed as proposed on Mechanical drawing M1.0; in our opinion the existing roof structure should support the units without compromising its structural integrity.

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

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/00 BY 60322

EXCEPT WHERE SHOWN OTHERWISE

THIS DOCUMENT CONTAINS  
NO OTHER INFORMATION  
EXCEPT WHERE SHOWN OTHERWISE  
DATE 10/10/00 BY 60322

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/00 BY 60322

EXCEPT WHERE SHOWN OTHERWISE

THIS DOCUMENT CONTAINS  
NO OTHER INFORMATION  
EXCEPT WHERE SHOWN OTHERWISE  
DATE 10/10/00 BY 60322

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/00 BY 60322

EXCEPT WHERE SHOWN OTHERWISE

THIS DOCUMENT CONTAINS  
NO OTHER INFORMATION  
EXCEPT WHERE SHOWN OTHERWISE  
DATE 10/10/00 BY 60322

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/00 BY 60322



# **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

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.

According to Mechanical Drawing M1.0, most roof top units will be installed on the roof of the subject space with the exception of the furnace FU-1. The furnace FU-1 shall be hung from the roof.

We have evaluated the existing roof as regard to its ability to safely support weights of new units. Please find attached herewith is a copy of current Mechanical drawing M1.0 showing proposed locations of the roof top units.

In light of above; if the new roof top units are installed as proposed on Mechanical drawing M1.0; in our opinion the existing roof structure should support the units without compromising its structural integrity.

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

# UNITED STATES OF AMERICA

IN SENATE  
January 10, 1902

REPORT

OF THE  
COMMISSIONER OF THE  
GENERAL LAND OFFICE  
IN RESPONSE TO A  
RESOLUTION PASSED BY THE  
SENATE, MAY 15, 1899,  
RELATIVE TO THE  
LANDS BELONGING TO THE  
UNITED STATES

WASHINGTON: GOVERNMENT PRINTING OFFICE: 1902.

THE LANDS BELONGING TO THE UNITED STATES  
AND THE LANDS BELONGING TO THE SEVERAL STATES  
AND TERRITORIES OF THE UNITED STATES  
AND THE LANDS BELONGING TO THE SEVERAL STATES  
AND TERRITORIES OF THE UNITED STATES

AND THE LANDS BELONGING TO THE SEVERAL STATES  
AND TERRITORIES OF THE UNITED STATES

AND THE LANDS BELONGING TO THE SEVERAL STATES  
AND TERRITORIES OF THE UNITED STATES

AND THE LANDS BELONGING TO THE SEVERAL STATES  
AND TERRITORIES OF THE UNITED STATES

BY  
J. M. SMITH

| FURNACE UNIT SCHEDULE |              |                |      |           |                 |                     |                 |     |      |
|-----------------------|--------------|----------------|------|-----------|-----------------|---------------------|-----------------|-----|------|
| MARK                  | MANUFACTURER | MODEL          | CFM  | OSA (CFM) | E.S.P. (IN. WC) | HEATING INPUT (MBH) | ELECTRICAL DATA |     |      |
|                       |              |                |      |           |                 |                     | V/PH            | MCA | MCCP |
| FLU1                  | CARRIER      | 58SP34A0061714 | 1200 | 125       | 0.5             | 60                  | 120V            | 9.1 | 15   |

NOTES (ALL UNITS):  
A. NO SUBSTITUTES ALLOWED.  
B. PROVIDE FILTER BOX AND FILTER WITH EACH UNIT.  
C. PROVIDE WITH CONCENTRIC VENT KIT - 3/8" DIA. TO BE PROVIDED AND INSTALLED BY CONTRACTOR.  
D. PROVIDE WITH CONCENTRIC VENT KIT - 3/8" DIA. TO BE PROVIDED AND INSTALLED BY CONTRACTOR.  
E. SMOKE DETECTORS TO BE PROVIDED AND INSTALLED BY CONTRACTOR AS REQUIRED BY LOCAL CODE.  
F. PROVIDE WITH CONCENTRIC VENT KIT - 3/8" DIA. TO BE PROVIDED AND INSTALLED BY CONTRACTOR.  
G. CONTACT FURNACE GASKET WITH AUTOMATED LOGIC (B3) 347-1896 FOR BUILDING MANAGEMENT SYSTEM CONTROLS.  
H. PROVIDED BY 7 ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT NATIONAL ACCOUNT REPRESENTATIVE TONY WALTON (319) 432-6586.

| CONDENSING UNIT SCHEDULE |              |          |              |                        |      |      |      |      |        |
|--------------------------|--------------|----------|--------------|------------------------|------|------|------|------|--------|
| MARK                     | MANUFACTURER | MODEL    | NOMINAL TONS | COOLING CAPACITY (MBH) | SEER | V/PH | MCA  | MCCP | WEIGHT |
| CD1                      | CARRIER      | 24ABR338 | 3            | 60                     | 26.5 | 13   | 208V | 14.5 | 20     |

NOTES (ALL UNITS):  
A. NO SUBSTITUTES ALLOWED.  
B. PROVIDE WITH LOW AMBIENT CONTROLS.  
C. PROVIDE WITH CONCENTRIC VENT KIT - 3/8" DIA. TO BE PROVIDED AND INSTALLED BY CONTRACTOR.  
D. PROVIDED BY 7 ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT NATIONAL ACCOUNT REPRESENTATIVE TONY WALTON (319) 432-6586.

| AIR DEVICE SCHEDULE |         |              |           |                                        |           |            |            |  |  |
|---------------------|---------|--------------|-----------|----------------------------------------|-----------|------------|------------|--|--|
| MARK                | SERVICE | MANUFACTURER | MODEL     | STYLE                                  | FACE SIZE | FRAME TYPE | NOTES      |  |  |
| CD1                 | SUPPLY  | METALWARE    | 5700-6 AL | ALUMINUM LAYEN SUPPLY DIFFUSER         | 24 X 24   | LV-N       | A, B, C    |  |  |
| CD2                 | SUPPLY  | METALWARE    | 5700-1 AL | ALUMINUM SURFACE MOUNT SUPPLY DIFFUSER | 12 X 12   | SURFACE    | A, B, C    |  |  |
| RG1                 | RETURN  | METALWARE    | CGS-6     | NEED FOR DUCT CONNECTION GRILLE        | 24 X 24   | LV-N       | A, B, C, D |  |  |

GENERAL INFORMATION (ALL DEVICES):  
1. ALL DIFFUSERS ARE 4-WAY THROUGH UNLESS NOTED OTHERWISE.  
2. ADDITIONAL INFORMATION CONTACT CHAD LITERKEY (214) 359-4871 EXT. 140 WITH BARTOS INDUSTRIES.

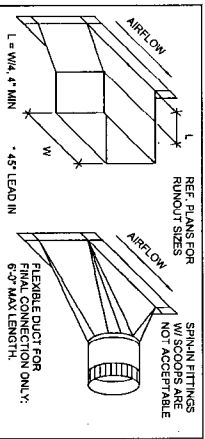
NOTES:  
A. PROVIDE GRAVITY BACKDRAFT DAMPER.  
B. PROVIDE GRAVITY BACKDRAFT DAMPER FOR HANGERS ROD SUPPORTS.  
C. TO BE PROVIDED BY 7 ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERKEY (214) 359-4871 EXT. 140 WITH BARTOS INDUSTRIES.

| EXHAUST FAN SCHEDULE |              |          |     |                 |      |       |              |  |  |
|----------------------|--------------|----------|-----|-----------------|------|-------|--------------|--|--|
| MARK                 | MANUFACTURER | MODEL    | CFM | E.S.P. (IN. WC) | V/PH | WATTS | CONTROL      |  |  |
| EF-1                 | GREENHECK    | SP-8-120 | 100 | 0.5             | 120V | 129   | LIGHT SWITCH |  |  |

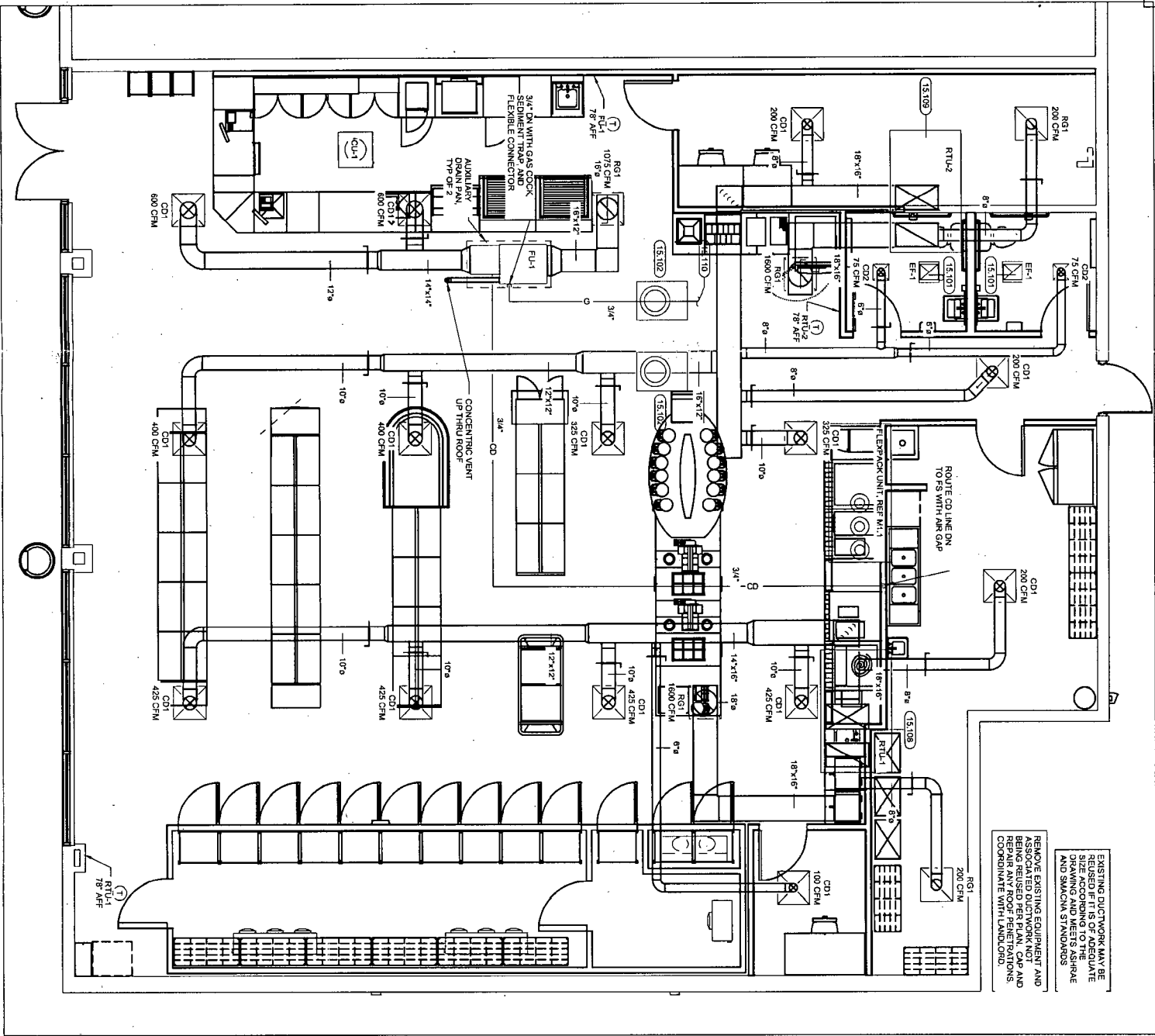
NOTES:  
A. PROVIDE GRAVITY BACKDRAFT DAMPER.  
B. PROVIDE GRAVITY BACKDRAFT DAMPER FOR HANGERS ROD SUPPORTS.  
C. TO BE PROVIDED BY 7 ELEVEN AND INSTALLED BY THE CONTRACTOR. FOR ADDITIONAL INFORMATION CONTACT CHAD LITERKEY (214) 359-4871 EXT. 140 WITH BARTOS INDUSTRIES.

| OSA CALCULATIONS |          |             |                   |                |                     |
|------------------|----------|-------------|-------------------|----------------|---------------------|
| CLASSIFICATION   | AREA FT2 | CFM PER FT2 | PEOPLE PER PERSON | CFM PER PERSON | OUTSIDE AIR CFM     |
| SUPERMARKET      | 3245     | 0.06        | 26                | 7.5            | 390                 |
|                  |          |             |                   |                | TOTAL REQUIRED: 390 |
|                  |          |             |                   |                | TOTAL SUPPLIED: 525 |

| AIR BALANCE SCHEDULE |                 |                 |  |
|----------------------|-----------------|-----------------|--|
| MARK                 | OUTSIDE AIR CFM | EXHAUST AIR CFM |  |
| RTU1                 | 200             |                 |  |
| RTU2                 | 200             |                 |  |
| FLU1                 | 125             |                 |  |
| EF-1                 |                 | 200             |  |
| TOTAL                | 525             | 200             |  |



## 2 BRANCH DUCT FITTING



## 1 MECHANICAL FLOOR PLAN

| KEYNOTES - MECHANICAL |                                                                                                                                            |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 15.101                | NEW EF-1, REFER TO SCHEDULE, CONNECT TO EXISTING EXHAUST DUCT. IF NONE EXIST, ROUTE NEW 6" EXHAUST THROUGH ROOF WITH ROOF FLASHING.        |
| 15.102                | CONDENSER ON ROOF - FOR SURFACE MOUNT, MOUNT SECURELY ON ROOF SURFACE.                                                                     |
| 15.106                | EXISTING YORK (OXYA-100) 3 TON RTU TO REMAIN. PROVIDE 1" AIR FLOW INDICATOR. PROVIDE 1" AIR FLOW INDICATOR. PROVIDE 1" AIR FLOW INDICATOR. |
| 15.109                | EXISTING YORK (OXYA-100) 3 TON RTU TO REMAIN. PROVIDE 1" AIR FLOW INDICATOR. PROVIDE 1" AIR FLOW INDICATOR. PROVIDE 1" AIR FLOW INDICATOR. |
| 15.110                | CONNECT TO EXISTING GAS SERVICE. PROVIDE GAS REGULATOR AND REGULATE TO 7" W.C.                                                             |

### HVAC NOTES

- NOTES APPLY TO ALL MECHANICAL SHEETS.
- EACH CONTRACTOR IS RESPONSIBLE FOR HAVING THOROUGH KNOWLEDGE OF ALL DRAWINGS AND NO ADDITIONAL COMPENSATION SHALL BE ALLOWED DUE TO LACK OF THIS KNOWLEDGE.
- PROVIDE ALL MATERIALS FOR A COMPLETE INSTALLATION IN ALL RESPECTS READY FOR INTENDED USE AND IN STRICT ACCORDANCE WITH STATE AND LOCAL CODES AND REGULATIONS.
- SPRINKLER HEAD AND LIGHTING FIXTURE LOCATIONS COORDINATE WITH ELECTRICAL CONTRACTOR AND FIRE PROTECTION CONTRACTOR.
- DUCTWORK IDENTIFICATION AND INSTALLATION TO ADHERE TO GOVERNING CODES.
- DUCT SIZES INDICATED ARE INSIDE CLEAR DIMENSIONS. IF DUCT LINKS ARE REQUIRED, INCREASE DUCT SIZE TO MAINTAIN ORIGINAL INSIDE DIMENSIONS.
- TYPICAL BRANCH DUCT FITTING DETAIL IS APPLICABLE THROUGHOUT. FLEXIBLE DUCTWORK IS NOT PERMITTED FOR TIGHT CONNECTION. MAX LENGTH IS 15 FT.
- FURNISH AND INSTALL VOLUME BALANCE DAMPERS AT MINIMUM 4" AWAY FROM DIFFUSERS. PROVIDE ACCESS AS REQUIRED.
- ALL CHANGING DIFFUSERS ARE 4-WAY PATTERN UNLESS SHOWN OTHERWISE.
- PROVIDE A COMPLETE TEST AND BALANCE FOR HVAC SYSTEM. AIR BALANCE SHALL BE WITHIN 5% OF SCHEDULED AIRFLOWS.
- INSTALL VTRS AND EXHAUST FANS A MINIMUM OF 10 FT FROM OUTSIDE AIR INTAKE.

### MECHANICAL SYMBOLS

|       |                                                |
|-------|------------------------------------------------|
| 18x12 | RECTANGULAR AIR 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 |
| ⋈     | DIFFUSER OR GRILLE TYPE & CFM                  |
| ⋈     | CD 400 CFM                                     |
| ⋈     | RTU1                                           |
| ⋈     | CO2 SENSOR                                     |
| ⋈     | HUMIDISTAT                                     |

STIPULATION FOR REUSE  
THIS DRAWING HAS BEEN PREPARED BY THE ARCHITECT FOR THE PROJECT AND IS NOT TO BE REUSED FOR ANY OTHER PROJECT WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT.

7-ELEVEN  
375 BRICK BLVD.  
BRICK, NJ 08723

JOB NUMBER: 12-12-00699

SHEET NO.: 35694  
DOCUMENT DATE: 4/15/12  
CHECKED BY: J-F  
DRAWN BY: J-F

FOR REVIEW/REFERENCE ONLY  
NOT FOR CONSTRUCTION

MECHANICAL PLAN

SHEET: M1.0





HARRISON PUGH  
ASSOCIATES, INC.

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.

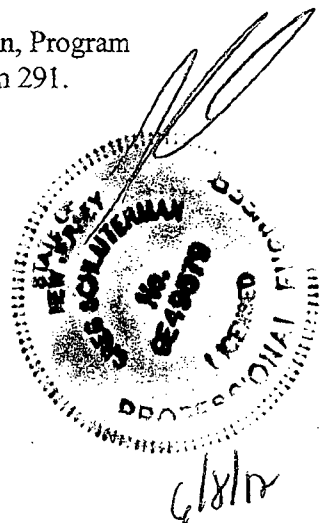
**Comment #2:** Plumbing technical card to be signed & sealed by n.j. licensed plumbing contractor.

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



---

**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](mailto:teresa.clark@hfa-ae.com)  
[www.hfa-ae.com](http://www.hfa-ae.com)

 cid:image002.jpg@01C8CC69.FC7445D0

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

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and / or privileged material. Use, disclosure, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful. If you received this in error, please contact the sender and destroy any copies of this document.

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, Subcode Official

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

6/11/12  
Resubmit



# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 547.01 Lot 15 Qualification Code

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

Owner In Fee Drumm Point Plaza 249 Brick Boulevard Brick, NJ 08723

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

Joint Plan Review Required:

Building Electric

Fire Elevator

Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

CO CCO CA

Date:

Approved by:

TCO

## INSPECTIONS

Type: Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Dates (Month/Day)

Failure

Failure

Approval

Initial

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

NO. 2

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greaselap

Sewer Connection

Water Service Connection

Stacks

Other condensate drains

Other water filtration system

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$

Date Received  
Control #

Date Issued  
Permit #

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.

C. CERTIFICATION IN LIEU OF OATH

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130  
(rev. 01/04)

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



HARRISON FRENCH  
& ASSOCIATES, LTD

June 14, 2012

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

JUN 20 2012

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

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

JUN 14 2012

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:

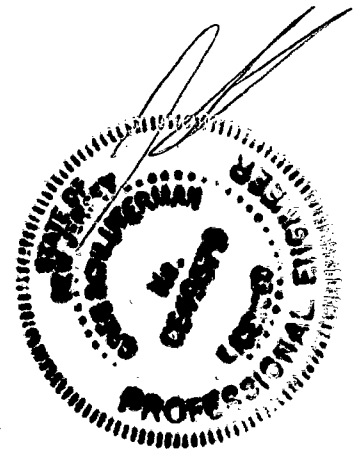
**Comment #1: Sanitizing compartment of the 3-bay sink cannot discharge through a grease trap NSPC 6.2.9.**

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.

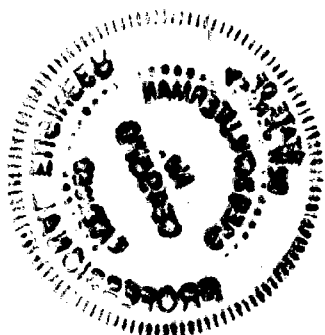
Sincerely,

Andrew Finnegan  
Mechanical Designer



JUN 13 2012

27 20



JUN 5 8 50 AM



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

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

## 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 & santized 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,

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 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, 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 section 9.1.5 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

## Subcode Official Review

Date: Tuesday, June 12, 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: Monday, June 11, 2012

6/11  
6/12  
6/12/12  
Pat is rejected telumer  
faced 6/12/12 mg

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

**Subcode Official Review**

Date: Tuesday, June 12, 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: Monday, June 11, 2012

*6/11  
6/12  
6/12/12  
Pat is rejected telephone*

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 - grease plan!*



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

*faxed 6/14/12 mjs*

## 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 mjs*

Dear DRUM POINT PLAZA LLC,

The following comments were made during the Plan Review process:

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

Sincerely,

Robert Wennlund, Subcode Official