BLOCK 701 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) 106 CHAMBERSBRIDGE RD PERMIT NO. 04-0391

Called 3/5

CONSTRUCTION PERMIT APPLICATION

C70-80

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

I. IDENTIFICATION

1. Propsed Work Site at: 106 CHAMBERSBRIDGE RD BRICK
2. Name of Owner in Fee: D'AMBROSIO ASSOC Tel. (732) 528-6366
   Address 240 HWY 34 MANASQUAN NJ 08736
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: KIRK DEVELOPMENT Tel. (908) 232-7601
   Address 1948 FARMINGDALE ROAD SPRING LAKE NJ 07762
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 68-0505866 FAX: (908) 232-4957
5. Architect or Engineer WILLIAM HOCHHAUSEN Tel. (973) 779-1180
   Address 1051 BLOOMFIELD AVE CLIFTON, NJ 07012
6. Responsible Person in Charge of Work JOHN WIZEL
   Tel. (908) 232-7601 FAX (908) 232-4957

COMMERCIAL Inter, Alter

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2398	35	35
2.	Electrical	45		
3.	Plumbing	80	35	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1.29		1
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 2720	70	36

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	4,500	1/23			2-02	[illegible]	6/10/04		
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration	60,000	[illegible]							
5.	☐ Fire Protection									
6.	☒ Plumbing	7,000				2-504	[illegible]	8/13/04		
7.	☒ Electrical	21,000				2-404	[illegible]	12-1-04		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	3,000	CW	2/2/04		2/2/04	[illegible]			
	TOTAL COSTS	95,500								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR-B 10678509

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 KMK DEVELOPMENT

Address 1948 FAIRMINGDALE RD

SCOTCH PLAINS NJ 07076

Telephone ([redacted]) 908-232-7601

X Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

Constituent Contact Report

Date	Comments	Initials

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/13/2007
Control Number
Permit Number 04-0391
Permit Issue Date 02/12/2004
Certificate Number 04-0391

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 106 CHAMBERSBRIDGE RD ALTERATION , NJ Block: 701 Lot: 8.01 Qual:

Owner in Fee: D'AMBROSIO ASSOCIATES

Owner Address: 2410 RT 34 MANASQUAN NJ 08736-

Telephone: 732/528-6366

Contractor D'AMBROSIO ASSOCIATES

Address 2410 RT 34 MANASQUAN NJ 08736-

Telephone: 732/528-6366 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used:

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/13/2007

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/12/2004
Control #
Permit # 04-0391

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 701 Lot 8.01 Qual

Work Site Location 106 CHAMBERSBRIDGE RD
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Telephone (732)528-6366

Contractor KMK DEVELOPMENT
Address 1940 FARRINGTON RD
SCOTCH PLAINS, NJ 07076-
Telephone (908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR RENOVATION TO DINING ROOM.
BATHROOM EXPANSION & RENOVATION

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 * 109,500

D F Neuman Jr
Construction Official

02/12/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	2,398
Electrical	45
Plumbing	115
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	147
Cert. of Occupancy	0
Other	15-ZP
Total	2,705 2720
Check No.	498
Cash	
Collected By	JB

02/12/04 1:34PM 000000#6900
XX06 SERV.006

#040391	
BUILDING	$2398.00
ELECTRIC	$45.00
PLUMBING	$115.00
DCA	$147.00
ZPA	$15.00
CHECK	$2720.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/23/2004
Control #
Permit # 04-0391+B
Permit Issued 02/12/2004

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 701 Lot 8.01 Qual

Work Site Location 106 CHAMBERSBRIDGE RD
HANDDRYERS
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Telephone (732)528-6366

Contractor CORBIN ELECTRICL SERVICES INC
Address 699 TENNENT RD
MANALAPN, NJ
Telephone (732)536-0444
Lic. No. or Bldrs. Reg. No. 64194
Federal Emp. No. 22-3121404

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HANDDRYERS

Estimated Cost of Work $ 1,000

D. Numan MK
Construction Official

04/23/2004
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	999
Cash	
Collected By	MJR

04/23/04 10:57AM 000000#8615
XX02 SERV.002

#0391	
ELECTRIC	$35.00
DCA	$1.00
CHECK	$36.00

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 03/11/2004
Control #
Permit # 04-0391+A
Permit Issued 02/12/2004

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 701 Lot 8.01 Qual

Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Telephone (732)528-6366

Contractor KMK DEVELOPMENT
Address 1940 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Telephone (908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PLAN REVISION FOR MACDONALDS

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	
Cash	X
Collected By	NJR

03/11/04 10:20AM 000000#7460
XX02 SERV.002
#0391
BUILDING $35.00
PLUMBING $35.00
XXXTOTAL $70.00
CASH $70.00
CHANGE $0.00
03/11/04 10:20AM 000000#7460 XX02
XXXTOTAL $70.00

Estimated Cost of Work $ 200

D. Murray 03/11/2004

Construction Official Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued 2/12/04
Control # C70-80
Permit # 04-0391

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD McDONALD'S
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor KMK DEVELOPMENT (P) 732-283-8060
Address 1948 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601 Fax ( )
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 68-0505066

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR RENOVATION TO DINING ROOM.
BATHROOM EXPANSION & RENOVATION
All work must comply with CABO ANSI & IBC codes

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-4-04	FMV
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-10-04
Approved By: FMV

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation/ 4' KNEE WALL			4/8/04	JK
Slab				
Frame WOMEN'S RM			02/25/04	KEK
~~BarrierFree~~ MEN'S RM			03/16/04	KEK
Insulation				
Finishes 3/23/04 own.				
Energy				
Mechanical				
TCO				
Other			6/10/04	FMV
Final WOMEN'S RM			03/10/04	KEK
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed A-2	
Constr. Class	Present	Proposed	
No. of Stories	0		
Height of Structure	0	Ft.	
Area Largest Floor	0	Sq. Ft.	
New Bldg. Area/All Floors	0	Sq. Ft.	
Volume of New Structure	0	Cu. Ft.	
Total Land Area Disturbed	0	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 95,500
3. Total (1+2) $ 95,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,398
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 2,398
DCA State Permit Fee	$ 129

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/2004
Date Issued ~~01/01/1954~~
Control # 3-11-04
Permit # 04-0391+A

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor KMK DEVELOPMENT
Address 1948 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

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

COMMERCIAL

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

PLAN REVISION FOR MACDONALDS

A Per Bernie Reilly

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	2-23-04	EW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 31
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/2004
Date Issued ~~01/01/1954~~
Control # 3-11-04
Permit # 04-0391+A

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor KMK DEVELOPMENT
Address 1948 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

PLAN REVISION FOR MACDONALDS

at Pea Beach Realty

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	2-23-04	EG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 31
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/200
Date Issued ~~01/01/195~~
Control # 3-11-0
Permit # 04-0391+A

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor KMK DEVELOPMENT
Address 1948 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

PLAN REVISION FOR MACDONALDS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	2-23-01	EP
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 31
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued 2/12/04
Control # C70-80
Permit # 04-0391

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor KMK DEVELOPMENT
Address 1948 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR RENOVATION TO DINING ROOM.
BATHROOM EXPANSION & RENOVATION
All work must comply with CABO ANSI & IBC codes

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-4-04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 95,500
3. Total (1+2) $ 95,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,398
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 2,398
DCA State Permit Fee	$ 129

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued 2/12/04
Control # C70-80
Permit # 04-0391

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor KMK DEVELOPMENT
Address 1948 FARMINGTON RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 68-0505066

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR RENOVATION TO DINING ROOM.
BATHROOM EXPANSION & RENOVATION

All work must comply with CABO ANSI & IBC codes

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2/4/04	FMJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-2
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 95,500
3. Total (1+2) $ 95,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,398
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 2,398
DCA State Permit Fee	$ 129

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

UPDATE
PERMIT # 04-0391 +b

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-23-04
Control #
Permit # 04-0391 +b

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

Block 701 Lot 8.01
Work Site Location 106 CHAMBERS BRIDGE RD
BRICK
Owner in Fee/Occupant D'AMBROSIO Mc D'S
Address

Tele. ( )
Contractor CORBIN ELECTRICAL SERVICES, INC.
Address 699 TENNENT ROAD MANALAPAN, NJ 07726-3127
(732) 536 0444
Tele. ( ) Fax (FAX (732) 536 8547
Lic. No. 6419A
Federal Emp. No. 22-3121404

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 — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/15/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/10/07
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other	OVER			
Service	11/21/07			
Final	6/10/04		12/10/07	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

6-6-07 Homeowner did not know work location

11/21/07 SEE ATTACHED RE NO PLANS ON JOB

UPDATE
PERMIT # 04-0398 x 1b

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-23-04
Control #
Permit # 04-0391 +1b

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

Block WARM 701 Lot WARM 8 01
Work Site Location 106 CHAMBERS BRIDGE RD
BRICK
Owner in Fee/Occupant D'AMBROSIO Mc D'S
Address

Tele. ( )
Contractor CORBIN ELECTRICAL SERVICES, INC.
Address 600 TENNENT ROAD MANALAPAN, NJ 07726-3107
(732) 536 0444
Tele. ( ) Fax ( ) FAX (732) 536 8547
Lic. No. 6419A
Federal Emp. No. 22-3121404

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 — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/15/04
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[V] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

UPDATE
PERMIT # 04-0391-1B

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-23-04
Control #
Permit # 04-0391-1B

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

Block 701 Lot 8.01
Work Site Location 106 CHAMBERS BRIDGE RD
BRICK
Owner in Fee/Occupant D'AMBROSIO, D. Mc D'S
Address

Tele. ( )
Contractor CORBIN ELECTRICAL SERVICES, INC.
Address 699 TENNENT ROAD
MANALAPAN, NJ 07726-3127
(732) 536 0444
Tele. ( ) Fax (FAX (732) 536 8547
Lic. No. 6419A
Federal Emp. No. 22-3121404

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 Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/15/04
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-12-04
Control #
Permit # 04-0391

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

Block 701 Lot 5.01
Work Site Location 1106 LITAMBEASBRIDGE ROAD MC
BRICK NJ
Owner in Fee/Occupant JEWISH ASSOC.
Address 2410 HWY 34 MANASQUAN NJ 08736
Tele. (732) 528-6366 on site Security
Contractor COREIN ELECTRICAL SERVICES, INC.
Address 699 TENNENT ROAD MANALAPAN, NJ 07726-3127
Tele. ( ) Fax ((732) 536 0444 FAX (732) 536 8547
Lic. No. 6419
Federal Emp. No. 22-3121404

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 Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 2-4-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough			3 2-24-04	TO
Temp. Serv.				
Constr. Serv.				
TCO				
Other		OWNER		
Service		11 2-6-04		
Final		6-10-04	12-10-04	TO

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
50		Lighting Fixtures	
10		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
6		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	
		.....	
		.....	

OVER

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

U.C.C. F120 (rev. 3/98)

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

2-24-04 BATH ROOM ROUGH, 2 FIXTURES, HAND DRYER
UP DATE BATH ROOM HAND DRYER

3-11-04 BATHROOM - FINAL OK NO STICKER, UPDATE
HAND DRYER,
2ND BATH ROOM NOT READY FOR ROUGH-INSPECTION

3-15-04 ROUGH WIRING PASSED 2ND BATH ROOM

3-25-04 TEMP ON BATH ROOM UP DATE NEEDED ON HAND DRYERS

6-10-04 WORK LOCATION MANAGER DID NOT KNOW WORK LOCATED

11/24/07 ⑪ FAXED ATTACHED REPORT TO EC.
MAILED
② EC TO FILE FOR RE-INSTATEMENT
③ " " CALL EARL TECH FOR INSPECTION
④ " " MEET ON JOB WITH ABBOUD'S
PLANS FOR FINAL + PROVIDE ACCESS
TO ALL EQUIPMENT. PP

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-12-04
Control #
Permit # 04-0391

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

Block 701 Lot 8.01
Work Site Location 106 CHAMBERSBRIDGE ROAD
BRICK NJ
Owner in Fee/Occupant D'AMBROSIO ASSOC.
Address 2410 Hwy 34 MANASQUAN NJ 08736

Tele. (732) 528 - 6366
Contractor
Address

CORBIN
ELECTRICAL SERVICES, INC.
699 TENNENT ROAD
MANALAPAN, NJ 07726-3107
FAX (732) 536-8547

Tele. ( ) Fax ( ) (732) 536-0444
Lic. No. 6419
Federal Emp. No. 22-3121404

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 — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 2/10/04
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
50		Lighting Fixtures	
10		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
18		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	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/98)

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/2004
Date Issued ~~01/01/1954~~
Control # 3-11-04
Permit # 04-0391+A

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor THE J V PLUMBING CO INC
Address 1948 FARMINGDALE RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2693006

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2/26/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type #	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other PLAN REVISE	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

IJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/2004
Date Issued ~~01/01/1954~~
Control #
Permit # 04-0391+A

3-11-04

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor THE J V PLUMBING CO INC
Address 1948 FARMINGDALE RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2693006

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] ~~Fire~~ [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8/26/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other PLAN REVISE	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 0

U.C.C. F130 (rev. 3/96)

UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued 2/12/04
Control # C70-80
Permit # 04-0391

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor THE J V PLUMBING CO INC
Address 1948 FARMINGDALE RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2693006

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size 2" [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-5-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
3	Lavatory	30
0	Shower	0
1	Floor Drain	10
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 115 00
	DCA State Permit Fee	$ 9

U.C.C. F130 (rev. 3/96)

UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued 2/12/04
Control # C70-80
Permit # 04-0391

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor THE J V PLUMBING CO INC
Address 1948 FARMINGDALE RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2693006

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size 2" [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2/5/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
3	Lavatory	30
0	Shower	0
1	Floor Drain	10
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	25
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 115 80
DCA State Permit Fee $ 9

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

IJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/19/2004
Date Issued ~~01/01/1954~~
Control #
Permit # 04-0391+A

3-11-04

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

Block 701 Lot 8.01 Qual

Work Site Location 106 CHAMBERSBRIDGE RD
PLUMBING/BUILDING

COMMERCIAL

Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor THE J V PLUMBING CO INC
Address 1948 FARMINGDALE RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2693006

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb Plans Approved
Date: 2/26/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO Final			3/23/04	

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other PLAN REVISE	35
	Other	0

Cash

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 0

U.C.C. P130 (rev. 3/96)

UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued 2/12/04
Control # C70-80
Permit # 04-0391

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

Block 701 Lot 8.01 Qual
Work Site Location 106 CHAMBERSBRIDGE RD
ALTERATION
Owner in Fee D'AMBROSIO ASSOCIATES
Address 2410 RT 34
MANASQUAN, NJ 08736-
Tele.(732)528-6366
Contractor THE J V PLUMBING CO INC
Address 1948 FARMINGDALE RD
SCOTCH PLAINS, NJ 07076-
Tele.(908)232-7601
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2693006

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size 2" [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-5-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 8-10-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initials
Slab			2/20/04	
Rough			2-24-04	
Water				
Sewer				
Fixtures	3-10-04		3/23/04	
Gas Equip.				
Gas Piping				
Solar				
TCO				
Final	6/10/04		8/30/04	
	7/22/04			

Men room 3-16-04
3/26/04

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
3	Lavatory	30
0	Shower	0
1	Floor Drain	10
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	115 ~~80~~
DCA State Permit Fee	$	9

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/23/2004
Date Issued
Control # C70-80
Permit #

2/20/04

① UP-DATE FOR FLOOR DRAIN

3-10-04 Metered self closing faucet

7.6.2

3/26/04

SLAB - FOR FLOOR SINKS OK

3/23/04

MAN'S ROOM FINAL

6/10/04

① 10.5.8 - CARBONATED BEVERAGE DISPENSER - BACK FLOW

980

7-23-04

McDonalds

UPDATED DATE 04-0391
INITIALED BY
FOR

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 100 Chambers Bridge
Block: 701 Lot: 8.01
Owner's Name: D'AMBROSIO ASSOC
Owner's Mailing Address: 240 Rte 34 Manasquan 08736
Phone: (732) 528-6366

BUILDING

Contractor: Tank Dr.
Address:
Phone#:
Lis #
Federal Emp # or SSN 680505066

Technical Data

Description of Work: Plan revision

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $ -0-

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.

Signature:
Please Print Name

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	HP
Garbage Disposal	KW
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	
Motors 1+ HP	KW
Transformer/Generator	AMP
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	KW
Sign/Outline Light	
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: -0-

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.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: JW Plex
Address: 1046 FARMINGDALE S. P. NJ
Phone #:
Lis #:
Federal Emp # or SSN 22-2693006

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work -0-

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.

Signature:

Please Print Name:

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	

Gas/ Oil Fired Appliances:

Gas Stove	
Gas Dryer	
Furnace (Gas or Oil)	
Gas Fireplace	
Gas Logs	
Total Appliances	
Wood Burning Stove	
Wood Fireplace	
Other:	

Estimated Cost of Fire Work

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.

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 106 CHAMBERSBRIDGE ROAD BRICK
Block: 701 Lot: 8.01
Owner's Name: D'AMBROSIO ASSOCIATES
Owner's Mailing Address: 2410 HWY 34 MANASQUAN NJ 08736
Phone: (732) 528-6366

BUILDING

Contractor: KMK DEVELOPMENT
Address: 1948 FARMINGDALE RD
~~Address~~ SCOTCH PLAINS NJ 07076
Phone#: 908-232-7601
Lis #
Federal Emp # or SSN 68-0505066

Technical Data

Description of Work:
INTERIOR RENOVATION TO DINING ROOM. BATHROOM EXPANSION + RENOVATION

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: X Proposed: _____
No of Stories: 1
Height of Structure: 20'
Area of the largest floor: 5002
Area of New Structure: NA
Volume of New Structure: NA
Total Land Disturbed: NA

Cost of Alteration: $ 95,500.00
Cost of New Building: $ —
Cost of Site Work $ —

Total Cost of New Building Work: $ 95,500.00

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.

Signature: John Welch
Please Print Name JOHN WELCH

ELECTRICAL

Contractor: SEE ATTACHED
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: THE J.V. PLUMBING CO. INC.
Address: 1948 FRAMINGDALE RD
SOUTH PLAINS NJ 07076
Phone #: 908-232-2601
Lis #: 7553
Federal Emp # or SSN 22-2693006

2 Re-locate / 2 new

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	3
Urinals/Bidets	1
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	3
Shower	
Floor Drain (SOAK SYSTEM)	1
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 7,000.00

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.

Signature: [signature]

Please Print Name: JOHN WELCH

CONTRACTOR'S SEAL

FIRE

Contractor: KARK DEVELOPMENT
Address: 1948 FRAMINGDALE RD
SOUTH PLAINS NJ 07076
Phone #: 908-232-2601
Lis #:
Federal Emp # or SSN 68-0505060

Technical Data

Description of Work: NONE -

Heating Type: X Gas ___ Oil ___ Electric ___ Solar
Heating System is ___ New X Existing
Location of Furnace/Boiler: ROOF
Water Supply Source CITY
Method of Valve Supervision
Local Alarm Supervision N/A
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___ capacity ___ fuel
Combustible Storage Tanks ___ capacity ___ fuel
LPG Storage Tanks ___ capacity ___ fuel

Item	Quantity
Wet Sprinkler Heads	N/A
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	N/A
Total	
Stand Pipes	
Kitchen Hood Exhaust System	N/A

Pre-Engineered Systems:

CO2 Suppression	
Halon Suppression	
Foam Suppression	N/A
Dry Chemical	
Wet Chemical	

Gas/ Oil Fired Appliances:

Gas Stove	EXISTING - (3)
Gas Dryer	
Furnace (Gas or Oil)	(3) ROOFTOP - EXISTING
Gas Fireplace	
Gas Logs	N/A
Total Appliances	

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work 0

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.

Signature: [signature]

Print Name: JOHN WELCH

Township of Brick
Zoning Permit

Approved: Friday, January 30, 2004 **Number:** 62

Block 701 **Lot** 8.01 **Zone:** B-3, Highway Dev.

Property Address: 106 Chambers Bridge Road

Applicant: John Welch; KMK Development

Property Owner D'Ambrosio Associates

Existing Use: McDonald's restaurant.

Proposed Use: McDonald's restaurant.

Proposed Construction: Interior renovations.

Conditions:

Interior work only.
An additional zoning permit is required for any sign or any other additional work.
All nonpermitted signs, banners and flags must be removed from the property.
The street address number must be displayed on the pylon sign and/or the building.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JAN 29 2004

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 701 LOT 8.01 QUALIFIER _____

PROPERTY ADDRESS 106 CITRONELLE BRIDGE RD BRICK

PERSONAL NAME OF APPLICANT JOHN WELCH

BUSINESS NAME OF APPLICANT KMK DEVELOPMENT

MAILING ADDRESS OF APPLICANT 1948 BRUNSWICK RD SCOTCH PLAINS NJ 07076

PROPERTY OWNER'S FULL NAME D'AMBROSIO ASSOCIATES

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) MC DONALD'S RESTAURANT

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) EXTERIOR RENOVATION

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☒ All information completed above
☒ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 1/22/04

Reviewed by Zoning Office _____ Date 1/30/4 (X) Approved ( ) Denied

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 1/22/04

Block: 701 Lot: 8.01

Property Address: 106 CHAMBERSBRIDGE ROAD BRICK

I, JOHN WELCH (name) of 1948 FARMINGDALE RD SCOTCH PLAINS NJ 07076 (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 2/2/04 Signed:

Rejected on: Signed:

Comments: Interior Only

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 106 CHAMBERS BRIDGE RD BRICK

Block: 701 Lot: 8.01

Contractor: KMK Development

Contractor's Address: 1948 KINGSDALE RD SCOTCH PLAINS NJ 07076

Type of Construction (minor, new home): Interior Renovation

Type of Debris (shingles, siding, wood, etc.): Sheetrock, ceiling tile, wallpaper - SR

Party responsible for removal: KMK Development

Dumpster size: 30yd

Destination of debris: Ocean County Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

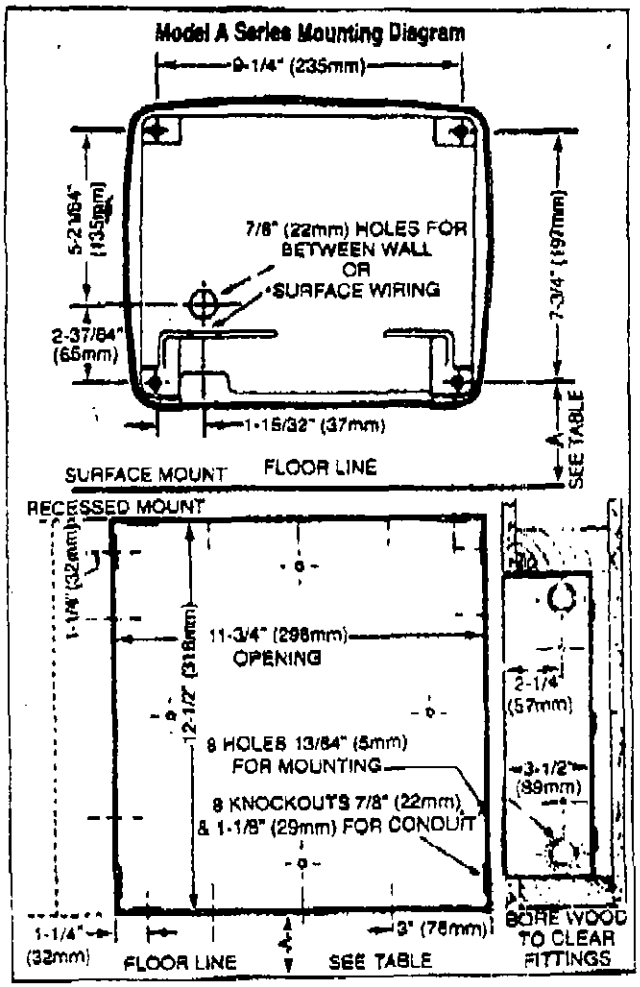
Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

1/22/04
Date

John Welch
Print Name

SPECIFICATIONS



Electrical Characteristics

Surface Models			Electrical Characteristics (all units 60 HZ AC)[1]			Recessed Models	
Revolving Nozzle	Fixed Nozzle	Drying Cycle	Volts	AMPs	Watts	Revolving Nozzle	Fixed Nozzle
A	A5	30 Sec	115	20	2300	RA	RA5
A1	A51	40 Sec	115	20	2300	RA1	RA51
A2	A52	40 Sec	115	15	1725	RA2	RA52
A3	A53	30 Sec	208	11	2300	RA3	RA53
A4	A54	30 Sec	230	10	2300	RA4	RA54
A48	A548	30 Sec	230	10	2300	RA48	RA548
A7	A57	30 Sec	277	8.5	2350	RA7	RA57

1. Complete line of 50-HZ units available

	Outer Dimensions:	Weight:
Surface Versions:	11 3/8"W x 9 5/8"H x 6 5/8" D 289mm x 244mm x 168mm	29 LBS
Recessed Versions:	13 1/8"W x 13 7/8"H x 3 1/2" D 333mm x 352mm x 89mm	35 LBS

Available colors: PWHC - White; 462 - Chestnut; 429C - Platinum; 455C - Chamois; 468C - Beige; 120C - French Yellow; 290C - Cornflower Blue; 201C - Chianti; PBLKC - Ebony; 287C - Royal Blue; 330C - Hunter Green

Printed in USA on recycled paper.

Materials
- Cover construction of 1/4" cast iron maximum durability and vandal resistance
- Exposed areas are porcelain enameled for durability
- Two tamper-resistant screws lock cover securely to base
- Internal parts are plated with corrosion-resistant material
- Tamper resistant air intake openings of stainless steel

Mechanism
- Motor is universal type 1/10 HP, 7500 RPM at rated load with resilient mountings and sealed, permanently lubricated ball bearings for durability and rapid drying
- Dynamically balanced blower wheel for vibration-free running
- Heating element mounted at air exit for maximum heating efficiency
- Durable, mechanical, cam-style timer operates dryer for prescribed period

Performance
- Delivers certified maximum air velocity of 7300 lineal feet per minute (LFM) for quick drying

Warranty
- 10 year limited parts warranty protects original owner against defects in materials and workmanship

Safety Features
- Fuse protected motor
- Thermostatically controlled heating element

PLANNING GUIDE

Quantity Estimate

Average traffic washroom	-	1 dryer per 2 washbasins
Heavy traffic washroom	-	1 dryer per washbasin
54" Bradley sink	-	4 dryers per sink

Dryer Placement

Hand dryers should be placed at least 2 feet apart, near but not over the washbasin. In congested areas dryer should be placed to create a traffic flow from washbasin to dryer to exit.

Dryer Installation

Hand dryers require a dedicated circuit and must be properly grounded. GFI Circuit protection is recommended. One side of dryer should be mounted to stud.

Specification Guide

Hand dryers shall be manufactured by World Dryer to include a 1/4" thick cast iron cover. Cover to be finished with porcelain enamel. Motor shall be of the universal type, 1/10 HP at 7500 RPM. Dryer shall deliver 7300 linear feet of air per minute (LFM). Dryers shall be activated by means of a push button control device. Timer shall be mechanical, cam-operated type. Recessed units will include a 16-gauge steel wall-mounting box. Hand dryer shall be listed under re-examination service of Underwriters' Laboratories, Inc., and approved by the Canadian Standards Association.

Table A - Recommended Mounting Height (Distance from floor)

	Surface	Recessed
Men	46"(1168 mm)	42" (1067 mm)
Women	44"(1118 mm)	40" (1016 mm)
Children, ages 3-7	32" (812 mm)	28" (711 mm)
Children, ages 8-10	36" (914 mm)	32" (813 mm)
Children, ages 11-13	40"(1016 mm)	36" (914 mm)
Children, ages 14-17	44"(1118 mm)	40" (1016 mm)
Disabled mounting height	37" (939 mm)	34" (863 mm)

WORLD DRYER 1-800-323-0701 www.worlddryer.com
An ISO 9002 Company

04-0391

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. Basement or Crawl Space

1. Anchorage:

Bolts
- ☐ Spacing
- ☐ Size

Straps
- ☐ Spacing (per manufacturer's specs)
- ☐ Size

2. Sill Plates:

- ☐ Size
- ☐ Grade, Species
- ☐ Treatment
- ☐ Laps
- ☐ Sill Sealer
- ☐ Proper Treatment over Foundation Openings (bearing or joist)
- ☐ Termite Protection

3. Beam Pockets:

- ☐ Bearing/Shims
- ☐ Termite Protection or Clearance

4. Columns:

- ☐ Sized per Plan
- ☐ Attachment/Plates
- ☐ Spacing/Location
- ☐ Paint/Coating

B. Floor Framing and Flooring

1. Box or Rim Joist, or Perimeter Band Joist:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Grade, Species
☐	☐	☐	Single or Double
☐	☐	☐	Pre-Engineered per Manuf's Specs
☐	☐	☐	Cantilevers as per Design

2. Girders and Beams:

- ☐ Sized per Plan
- ☐ Type
- ☐ Grade, Species
- ☐ Location and Relation to the Plan
- ☐ Nailing
- ☐ Attachment Schedule
- ☐ Bearing
- ☐ Lapping

3. Floor Joist:

1st	2nd	3rd Floor	
☐	☐	☐	Sized per Plan
☐	☐	☐	Grade, Species
☐	☐	☐	Pre-Engineered Components as Specified
☐	☐	☐	Bearing
☐	☐	☐	Nailing
☐	☐	☐	Bridging
☐	☐	☐	Cutting and Notching (as per code)
☐	☐	☐	Point Loads - Supported as per Plan
☐	☐	☐	Span Hangers
☐	☐	☐	Headers
☐	☐	☐	Framed Openings

4. Flooring, Sheathing, or Decking:

1st	2nd	3rd Floor	
			Material
☐	☐	☐	Panel span, Thickness
			Special Requirements
☐	☐	☐	Edge Blocking (if required)
☐	☐	☐	Gapping
☐	☐	☐	Layout

5. Stair Attachment:

1st	2nd	3rd Floor	
☐	☐	☐	Bearing
☐	☐	☐	Nailing

JOHN 908 - ~~732~~ - 313 - 6071

C. Wall Framing

1. Exterior Wall Frame:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing
Top Plates			
☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Rafter Ties
☐	☐	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Layout - Support Below per Code
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing
Top Plates			
☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Strapping

WOMEN'S ROOM

3. Interior Non-Load-Bearing Walls:

2nd	3rd Floor	
☒	☐	Size
☒	☐	Space
☒	☐	Species and Grade
☒	☐	Cutting, Notching, and Boring
☒	☐	Fire Blocking
☒	☐	Header Sizes
☒	☐	Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers/Roof Structures on Manufacturer's Drawings
- ☐ Equipment/Appliances on Manufacturer's Drawings

- ☐ Location as per Layout
  - ☐ Alignment
- ☐ Bearing
- ☐ Spacing
- ☐ Connections to Bearing Points
- ☐ No Connection to Non-Bearing Points
- ☐ Damage and Defects
  - ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination

4. Solid Sawn Roof Framing:

- ☐ Size
- ☐ Grades, Species

Layout

- ☐ Spacing
- ☐ Span

- ☐ Bearing
- ☐ Fastening
  - ☒ Damage Caused by Fasteners (rafters not split by toenails)
- ☐ Cutting, Notching, and Boring
- ☐ Bridging
- ☐ Ridge Size
- ☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing - Exterior Walls:

Material

- ☐ Panel Span, Thickness

Special Requirements

- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing - Roof:

Material

- ☐ Panel span, Thickness

Special Requirements

- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT-I Roof

- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/12/2004
Control Number
Permit Number 04-0391

Construction Inspection

Identification

Work Site Location: 106 CHAMBERSBRIDGE RD ALTERATION , NJ
Block: 701
Lot: 8.01
Owner in Fee: D'AMBROSIO ASSOCIATES
Owner Address: 2410 RT 34 MANASQUAN NJ 08736-
Telephone: 732/528-6366

Inspection Details

Start Date: 11/21/2007
Start Time:
Subcode:
Inspector: Paul Grosko
Inspection Level: Progress inspection
Inspection Type: Final
Result: None
Result Comments: EC TO SHOW JOB SITE APPROVED ELECTRICAL PLANS FOR INSPECTIONS.

EC TO CALL ALL TECHS FOR INSPECTIONS.

Inspection Comment:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/12/2004
Control Number
Permit Number 04-0391

Construction Inspection

Identification

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