BLOCK 701 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) 106 Chambers Bridge Ld PERMIT NO. 08-3789

CONSTRUCTION PERMIT APPLICATION COF 005347

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

I. IDENTIFICATION

1. Proposed Work Site at: 106 Chambers Bridge Rd.
2. Name of Owner in Fee: McDonalds Corp
   Tel. (973) 403-0390 e-mail _____
   Address 105 Eisenhower Pkwy Suite #3 Roseland NJ 07068
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Freeman and Associates Tel. (908) 347-1449
   Address 1454 E 2ND St. Plfd. e-mail _____
   N.J 07060
   License No. OR, if new home, Builder Reg. No. 0040 Exp. Date 12/31/08
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 56-222-3439 FAX: (908) 755-4653
5. Architect or Engineer Lamb Associates Contact _____
   Address 1700 Galloping Hill Rd. e-mail _____
   Tel. (908) 245-8400 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Les Graham
   Tel. (908) ~~347~~-347-1449 FAX: (908) 755-4653

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1104	50	
2. Electrical	40		
3. Plumbing	230		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 10	1	
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1444	51	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 18' ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area N/A sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Max. Live Load 100	
7. Max. Occupancy Load N/A	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

COMMERCIAL

IIa. PROPOSED WORK

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

Interior alteration

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	46,000	TRB	11/14/08		12-18-08	JM	1-23-09		
☒ Electrical	3,500				12-15-08	WM	~~1-7-09~~ 1-28-09		AS
☐ Plumbing	2,500				12-8-08		1-28-09		
☐ Fire Protection									
☐ Elevator									
TOTAL COST	51,000								

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: A-2
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/29/2009
Control Number C-08-005347
Permit Number 08-3789
Permit Issue Date 12/31/2008
Certificate Number 08-3789

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701 Lot: 8.01 Qual:

Owner in Fee: MC DONALD'S CORP.% D'AMBROSIO ASSOC

Owner Address: 2410 HIGHWAY 34 MANASQUAN NJ 08736

Telephone:

Contractor FREEMAN AND ASSOCIATES

Address 1454 E 2ND ST PLAINFIELD NJ 07060

Telephone: (908) 347-1449 Fax: 908-755-46536

License Number or Builders Registration Number: Federal Emp. Number: 56-222-3439

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/Use: ALTERATION - -COMMERCIAL MODIFY EQUIPMENT IN CURRENT DRIVE THRU AREA. ALTER FRONT COUNTER TO ALLOW FOR NEW EQUIPMENT. INSTALL HEADER <MICRO-LAM>. OMTEROPR FRPMT CPIMTER OS WPRL AREA.

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: 01/29/2009 U.C.C. F260 (rev. 08/05)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

X Check if contractor.

Agent Name Les Graham

Address 1454 E 2ND St.
Perth N.J 07062

Telephone (908) 347-1449

Signature _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-3789

Date Issued / Permit # 12/31/08

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 Qualification Code

Work Site Location 106 Chambersbridge Rd. BRICK

Owner in Fee: McDonalds Corp (Mason Smoot)

Tel. (973) 403-0390 e-mail

Address 105 Eisenhower Pkwy Suite 3 Roseland N.J 07068
street municipality zip code

Contractor: McCall P+H LLC Tel. ( )

Address PO Box 2742 PKD NJ e-mail QKMCC@mccallss.net

Contractor License No. 7478 Exp. Date 6/09

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present A-2 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 12-8-08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 1-28-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	01.07.09		01.08.09	PA
Rough	01.07.09		01.08.09	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			01.23.09	PA

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 2 Floor Drains / 1 Floor Sink As per print

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

COMMERCIAL

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

U.C.C. F130 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-3789

Date Issued
Permit # 12/31/08

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 Qualification Code _____

Work Site Location 106 Chambers bridge Rd.

Owner in Fee: McDonald's Corp. (Mason Smoot)

Tel. (973) 403-0390 e-mail _____

Address 105 Eisentower PKWY Suite #3 Roseland N.J. 07068
street municipality zip code

Contractor: Freeman & Associates Contracting Corp Tel. (908) 347-1449

Address 1454 E 2ND ST. Plainfield NJ 07060 e-mail _____

Contractor License No. or Builder Registration No. 0040 Exp. Date 12/31/08

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

Federal Emp. ID No. 36-222-3439 FAX: (908) 755-4653

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

Modify Equipment in current Drive-thru area Alter Front counter to allow for new equipment. Install Header (micro-lam) as per print. (4- 1 3/4 x 11 7/8 x (opening 5')

Interior Front counter is work area

20% must be dedicated to

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-18-08	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/23/09
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
HEADER			1-8-09	G.P.
Mechanical				
TCO				
Other				
Final			1-23-09	G.P.
Barrier-Free				

TYPE OF WORK: ADA Improvement FM.

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

FEE (Office Use Only)

$ _____

COMMERCIAL

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

B. BUILDING CHARACTERISTICS

Use Group Present A-2 Proposed A-2
No. of Stories 1
Height of Structure 18' ft.
Area — Largest Floor N/A sq. ft.
New Bldg. Area/All Floors N/A sq. ft.
Volume of New Structure N/A cu. ft.
Max. Live Load 100 psf ft
Max. Occupancy Load NO change

Constr. Class Present 5B Proposed 5B

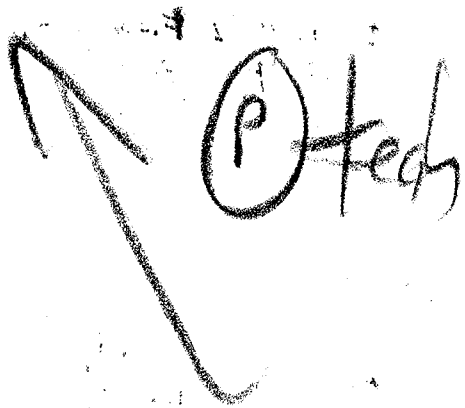
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 46,000
3. Total (1+ 2) $ _____

01.07.09 PA

(1) MIDDLE E.D. PIPING OK 01.08.09 PA
BACK PITCHED - OK TO BACK FILL DOWNSTREAM PIPING

(2) PVC TO ABS VTR NO TRANSITION OK 01.08.09 PA
CEMENT



Update
1/7/09

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # CO# 000040

08-3789+A
1/22/09

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 Qualification Code

Work Site Location 106 Chambers Bridge Rd. Bricktown

Owner in Fee: McDonalds Corp

Tel. (908) 347-1449 e-mail

Address 2410 Highway 34 Manasquan NJ 08736
(street, municipality, zip code)

Contractor: BPK Electric Cont. Tel. (908) 624-1692

Address 901 Lafayette Ave. Union NJ e-mail

Contractor License No. 14183 Exp. Date 2-09

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

Federal Emp. ID No. 05-0536688 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-2 Proposed

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

Building Occupied as Rest. Utility Co.

Est. Cost of Elec. Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required — Date 1-29 — Initial

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA

Date: 1/28/9

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free			1-22-9	DD
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
100 Amp Panel

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/+ HP
		KW Transformer/Generator
1	100	AMP Service SUB
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

COMMERCIAL

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

Reorder From OCS Printing (609) 390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 08-3789

Date Issued / Permit # 12/31/08

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

Block 7101 Lot 801 Qualification Code

Work Site Location 106 Chambers Bridge Rd. Brick N.J.

Owner in Fee: Mcdonalds Corp / Anthony D'Ambrosio

Tel. (732) 528-6366 e-mail

Address 105 Eisenhower PKWY Suite 3 Roseland NJ 07068
(street, municipality, zip code)

Contractor: BK Electrical Contr. LLC Tel. (908) 624-1692

Address 901 Lafayette Ave Union, NJ e-mail BKelectricnj@yahoo.com

Contractor License No. 14483 Exp. Date 2009

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

Federal Emp. ID No. 05-0536688 FAX: (908) 624-1692

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500.00

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: 12/15/08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-28-09
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			1-7-9	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free			1-22-09	DD
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Relocate existing outlets for Adjusted Equipment Layout. Provide Additional outlets for New Beverage Equipment. Relocate existing Lights Install New Lights

QTY.	SIZE	ITEMS
2		Lighting Fixtures
14		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
16		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

FEE (Office Use Only)

$ 140.00

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

Reorder From OCS Printing (609) 390-1400

PERMIT UPDATE

Date Update Issued 1/02/09
Control # C09-000040
Permit # 08-3789+A

IDENTIFICATION Block: 701 Lot: 8.01 Qualifier
Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: MC DONALD'S CORP.% D'AMBROSIO ASSOC
2410 HIGHWAY 34 MANASQUAN NJ 08736
Telephone:

Contractor: FREEMAN AND ASSOCIATES
Address: 1454 E 2ND ST PLAINFIELD NJ 07060
Telephone: (908) 347-1449
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 56-222-3439

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:
SERVICE

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $800

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$51
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspection as 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.

#3789
ELECTRIC $50.00
DCA $1.00
XXXTOTAL $51.00
CASH $61.00
CHANGE $10.00
XXXTOTAL $51.00

CONSTRUCTION PERMIT

Date Issued 12/31/08
Control # C-08-005347
Permit # 08-3789

IDENTIFICATION Block: 701 Lot: 8.01 Qualifier
Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: MC DONALD'S CORP % D'AMBROSIO ASSOC
2410 HIGHWAY 34 MANASQUAN NJ 08736
Telephone:

Contractor: FREEMAN AND ASSOCIATES
Address: 1454 E 2ND ST PLAINFIELD NJ 07060
Telephone: (908) 347-1449
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 56-222-3439

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 (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL MODIFY EQUIPMENT IN CURRENT DRIVE THRU AREA.
ALTER FRONT COUNTER TO ALLOW FOR NEW EQUIPMENT. INSTALL HEADER
<MICRO-LAM>. OMTEROPR FRPMT CPIMTER OS WPRL AREA.

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

Estimated Cost of Work $52,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$1,104
Electrical	$40
Plumbing	$230
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$70
CO Fee	
Other	$0
Total	$1,444
Check No.	
Cash	$0
Credit	$0
Collected By	

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

COMMERCIAL

LAURO ASSOCIATES ARCHITECTS, P.C.

1700 Galloping Hill Road 2nd Floor
Kenilworth, NJ 07033
Phone: 908.245.8400 Fax: 908.245.8488

TRANSMI

From: Ed Danza
edanza@laapc.net

To: Mr Frank Mizer
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Date: 12/5/08

LAAPC File # 081415B

Copy to:

RE: McDonald's Rest
Brick NJ

We are sending you (☐ Attached ☐ Under Separate Cover) via

☐ First Class Mail ☐ Your Courier ☐ Our Courier ☐ Overnight Courier (☐ Saturday Delivery)

Materials:

- ☒ Prints (see below)
- ☒ Letter
- ☐ Computer Disks
- ☐
- ☐ Specifications
- ☐ Manufacturer's Literature
- ☐
- ☐

Purpose:

- ☐ Schematic
- ☐ Progress Prints
- ☐ Contract Documents
- ☐ Shop Drawings
- ☐ Design Development
- ☐ Agency Review
- ☐ Value Engineering
- ☐ Addendum

Copies:	Description:
3	Revised Drawings
1	Response Letter

Purpose and/or Action Required:

Sets	Action
☐	For Your Approval
☐	For Your Records
☐	For Bids Due

- ☐ Building Dept. Submission
- ☐ For Your Review & Comment
- ☐ As Requested
- ☐ Other
- ☐ Building Dept. Re-Submission
- ☐ Approved as Submitted
- ☐ Signatures Needed

Remarks:
3 sets of revised drawings per Township Comments

18Bond Copies

LAURO ASSOCIATES ARCHITECTS, P.C.

1700 Galloping Hill Road
Kenilworth, New Jersey 07033
908-245-8400 Fax 908-245-8488

4 December 2008

Mr. Frank Mizer
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Re: McDonald's Restaurant
106 Chamber Bridge Road
Brick, NJ
Project No: 081415B

Dear Mr. Mizer;

The following is in response to the Building Subcode comments dated 12/1/2008

1) Drawing CV quotes incorrect code, this is an occupied building and should be addressed under Chapter 6 of the UCC.

Revised Drawings see attached.

2) Drawing CV Section 6 shows load hanging from bottom chord of joist. Please provide better details to support loads.

Revised Drawings see attached.

3) Drawing A3.0 Section 3 shows support lintels no length shown, and only bolting is shown on ends. Will there be additional bolting required, if so supply spacing.

Length is based on dimensions in Plan and Corresponding Lintel note schedule.

LAURO ASSOCIATES ARCHITECTS, P.C.
1700 Galloping Hill Road
Kenilworth, New Jersey 07033
908-245-8400 Fax 908-245-8488

If you have any questions or require any additional information please contact us.

Very truly yours,

LAURO ASSOCIATES ARCHITECTS, P.C.

Salvatore A. Lauro, AIA

Cc: M. Russo
M. Singh
G. Spanola
E. Danza
File

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

Subcode Official Review

To: 2410 HIGHWAY 34 MANASQUAN, NJ 08736 CC:

RE: Building Subcode
Block: 701 Lot: 8.01 Qual:
106 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-08-005347
Last Submit Date: Monday, November 17, 2008

Date: Monday, December 01, 2008

Dear MC DONALD'S CORP.% D'AMBROSIO ASSOC,

The following comments were made during the Plan Review process:

Drawing CV quotes incorrect code, this is a occupied building and should be addressed under chapter 6 of the UCC.

Drawing CV section 6 shows load hanging from bottom chord of joist. please provide better details to support loads.

Drawing A3.0 section 3 shows support lintels no length shown, and only bolting is shown on ends. will there be additional bolting required, if so supply spacing.

Sincerely,

Frank Mizer, Subcode Official

fax # 1919 Ext 159

Resubmit to Bldg. after Elec.
12/15/08

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER CU8-00534D

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 16 Chamberbridge Rd - Mcdonalds

DATE REVIEWED: 12.08.08 - Bernie signed tech in office

REVIEWED BY: ~~AB~~

CONTACT CALLED/FAXED: Les Gelham - 908-347-1449

- left message on machine - need complete street address for the plumber noted on plumbing tech. not the P.O. Box as noted.

8/12-08-08 per phone call w/ Les Gelham

33 ~~Tower~~ Inverness drive

Edison NJ 08820

Frank/plan review template

Date: Monday, December 01, 2008

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Sincerely,

Frank Mizer, Subcode Official

fax # 1919 Cold 1592

Land Use/ Bldg Dept Fax:732-262-8954

**** Transmit Conf.Report ****

P.1 Dec 1 2008 11:35

Telephone Number	Mode	Start	Time	Page	Result	Note
19087554653	NORMAL	1,11:34	0'22"	1	* O K	

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

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