BLOCK 701 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) 106 CHIMNEY BRIDGE PERMIT NO. 18-1768

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C18-001133

I. IDENTIFICATION

1. Proposed Work Site at: 106 CHIMNEY BRIDGE RD
2. Name of Owner in Fee: McDonald's Corp % JTK Realty
   Tel. (908) 313-6071 e-mail _____
   Address 1 (street) SYLVAN (municipality) OCEAN (zip code) 07712
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KMK Devleopment Group Inc. Tel. (908) 313-6071
   Address 2088 Arrowwood Dr. e-mail kmkdevelopment@aol.com
   Scotch Plains, NJ 07076
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 68-0505066 FAX: (908) 232-4703
5. Architect or Engineer CHESAPEAKE DESIGN GROUP Contact THOMAS BIGOU
   Address 419 N. CHARLES STREET BALTIMORE MD 21201 e-mail _____
   Tel. (410) 837-3622 FAX: (410) 837-3621
6. Responsible Person in Charge once Work has Begun John Welch
   Tel. (908) 313-6071 FAX: (908) 232-4703
   Brian Welch - 732-841-8272 / Brian.welch@kmkdevelopment.net

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1414.68		
2. Electrical	400		
3. Plumbing	189		
4. Fire Protection	NC		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	8.94		
10. Subtotal 2	$ 75		
11. Cert. of Occupancy	150		
12. Other EP	2100		
13. TOTAL	$ 4000		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	18 ft.	
3. Area — Largest Floor	4494 sq. ft.	
4. New Building Area	53 sq. ft.	
5. Volume of New Structure	89 cu. ft.	
6. Max. Live Load	20	
7. Max. Occupancy Load	88 (REDUCED FROM 101)	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	N/A sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

COMMERCIAL

IIa. PROPOSED WORK

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

Façade addition + alterations

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	425,000	MP			06/22/18	MC			
☒ Electrical	55,000	3/30/18			5/8/18	PS			
☒ Plumbing	35,000				5/8/18				
☒ Fire Protection	1,000				5/4/18				
☐ Elevator		Cy	5/4/18		5/4/18				
TOTAL COST	519,000								

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: Restaurant
2. Use Group, Proposed: _____ A2
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present VB
   Proposed _____

III. PLAN REVIEW (optional)

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

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

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

McDonalds

Rolled Plans

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(**X**) Check if contractor.

Agent Name **KMK Development Group Inc. — John Welch**

Address **2088 Arrowwood Dr.**

Scotch Plains, NJ 07076

Telephone **(908) 313-6071**

Signature_____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/09/2019
Control Number C-18-001133
Permit Number 18-1768
Permit Issue Date 06/26/2018
Certificate Number 18-1768

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: MC DONALD'S CORP % J&K QUALITY REST

Owner Address: 1 SHEILA DR TINTON FALLS NJ 07724

Telephone: (908) 313-6071

Contractor CREST CONSTRUCTION

Address 145 BRIGHTON AVE LONG BRANCH NJ 07740

Telephone: (732) 673-5662 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 461908621

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, COMMERCIAL ADDITION, FACADE RENOVATION - - MCDONALDS

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: $150.00
Check Number: 3474
Collected By: Christopher Winters

Date Printed: 04/09/2019

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

4/9/18 - SENT TO Comm - SGZ

~~IMPORTANT~~

~~A.H.B.T. - MANDATORY FEE - RESIDENTIAL~~

NO COA

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☐	☑
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
TCO until 9/15/18 (inspection on 8/10/18 rec'd in bldg. 8/13/18 MFF) Passed 12/5/18 rec'd in bldg. 4/9/19 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Mc Donald's

BUILDING SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received 6/28/18
Control #

Date Issued
Permit # 18-1768

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 Road. Brick NJ.

Owner in Fee: Ken Hullings, McDonalds USA LLC

Tel. (732) 616-4419 e-mail

Address

Contractor: Crest (street) Construction (municipality) Tel. (732) 222-0571 (zip code)

Address 145 Brighton Ave. e-mail

Long Branch NJ

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

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

Federal Emp. ID No. 461908621 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: R A Brangenberg

Print name here: Richard A. Brangenberg

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Change of Contractor

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[√] CO [ ] CCO [ ] CA
Date: 09/12/18
Approved by: KM

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation AllCas			7-3-18	
Slab				
Frame * 7-11-18 + 7-13-18 + 7-17-18			7-17-18	
Truss Sys./Bracing				
Barrier-Free				
Insulation			7-27-18	
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Insul. @ Bath			8-7-18	
Mechanical				
TCO		*	8-10-18	
~~Other~~ Above Ceiling			7-26-18	
Final			9-12-18	
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

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

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

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

McDonalds

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 6/26/18

Date Issued Permit # 18-1768

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 CUMBERLAND BLVD NJ

Owner in Fee: McDonald's Corp c/o J+K Realty

Tel. (908) 313-6071 e-mail

Address 1 SHEILA DRIVE (street) TINTON FALLS (municipality) NJ 07724 (zip code)

Contractor: KMK Devleopment Group Inc. Tel. (908) 313-6071

Address 2088 Arrowwood Dr. e-mail kmkdevelopment@aol.com

Scotch Plains, NJ 07076

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

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

Federal Emp. ID No. 68-0505066 FAX: (908) 232-4703

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	06/22/18	KEM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 06/22/18
Approved by: KEM

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 09/12/18
Approved by: KEM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame *	7-11-18		* 7-16-18	DSA
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Sheathing			7-16-18	JFK
Final			9-12-18	DSA
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M/C Proposed M

Constr. Class Present VB Proposed VB

No. of Stories

Height of Structure N/A ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 5056 sq ft ft.

Volume of New Structure 9339 cu. ft.

Max. Live Load

Max. Occupancy Load McDonald's

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 50,000
2. Rehabilitation $ 375,000
3. Total (1+ 2) $ 425,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: John Welch

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR/EXTERIOR BLDG RENOVATION
NEW BATHROOMS + SELF-SERVE SODA TOWER
TWO NEW ORDER KIOSK
NEW FRONT SERVICE COUNTER

COMMERCIAL

NO KITCHEN WORK
SIGNS UNDER SEPARATE PERMIT

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

FEE (Office Use Only)

$

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

* 7-16-18 Feasibility / Shoaling OK All Extraction From Areas Abandoned

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 106 CHAMBERS Bridge Rd

PERMIT NUMBER 18-1768 BLOCK 701 LOT 8.01

~~OWNER~~ FRANK

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) NEED D.P. TO ADDRESS NEW FRAMED WALL TO EXISTING CMU WALL FOR ATTACHMENT. (N6)

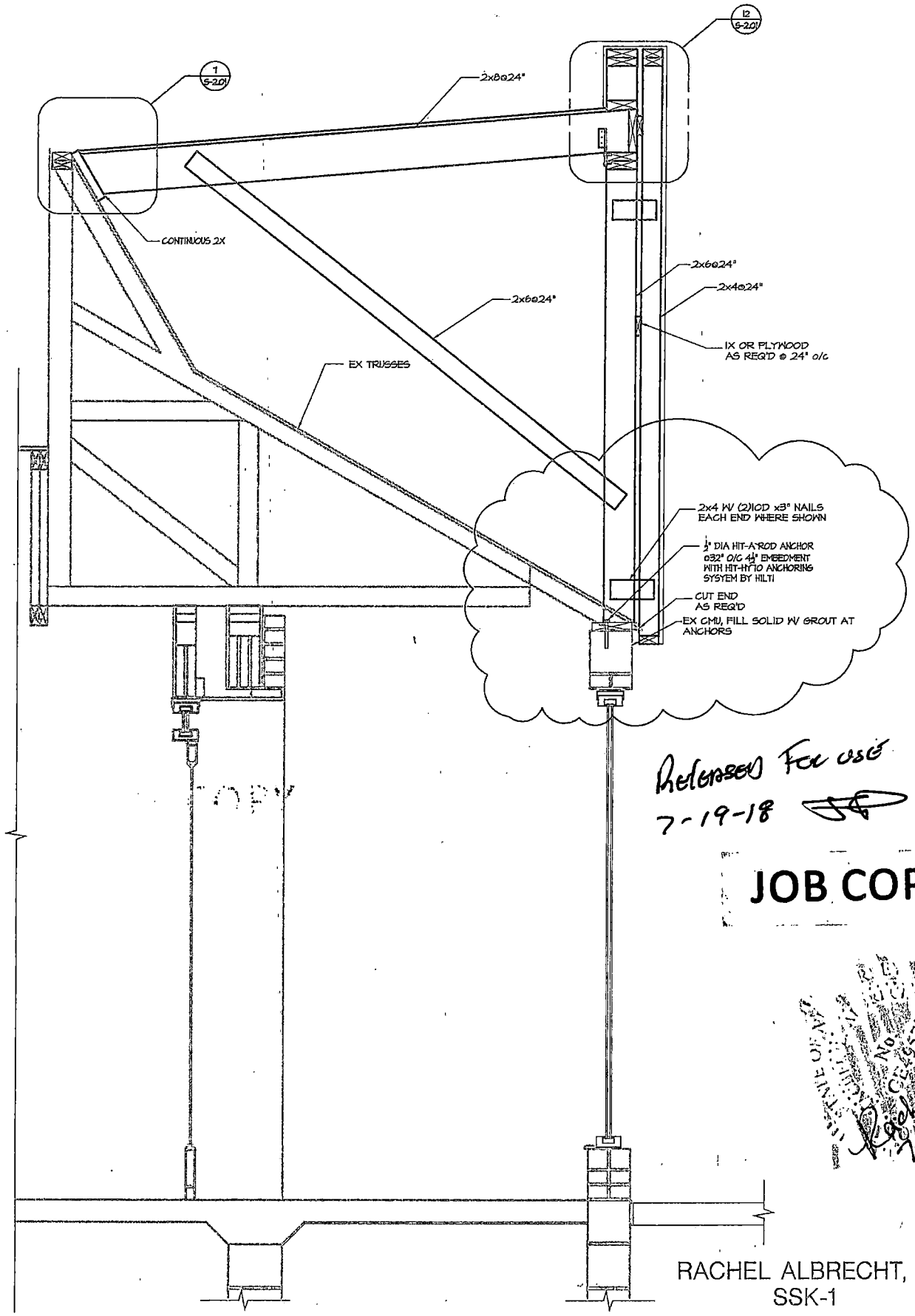
2) NEED to REMOVE ALL INCORRECT Rafter ties (Simpson LUS28Z ARE spaced out. (OK)

3) NEED all Gusset Repairs to BE completed as per D.P. Details. (OK)

* 7-13-18 1:00 pm ALL ITEMS shall exist will check monday morning.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 7-12-18 INSPECTOR



Released For use
7-19-18

JOB COPY

RACHEL ALBRECHT, P.E.
SSK-1

REF: 2/S-2.04

7/13/18
BRICK NJ McDONALD'S

PAREXUSA

VIA EMAIL: richb@crestconstructionsvcs.com

July 17, 2018

Rich Brangenberg
Crest Construction Services
1145 Briton Avenue
Long Branch, NJ 07740

Project: McDonald's
Brick, NJ

Subject: Parex WeatherSeal Spray & Roll-On

To Whom It May Concern:

Parex USA WeatherSeal Spray & Roll-On is a liquid applied, 100% Acrylic elastomeric waterproof membrane and air barrier.

It is designed for use behind exterior claddings and the color of the material is light blue. It is also an integral part of Parex USA EIFS/Stucco Assemblies as a specified weather barrier.

Parex USA WeatherSeal Spray & Roll-On has the following Testing and Evaluation Reports:

- IBC 2012
- ABAA Evaluated
- ICC Code Recognition (see attached)
- ASHRAE 90.1,189.1 Compliant
- Numerous Local Code Approvals

Parex USA WeatherSeal Spray & Roll-On has been used successively on numerous projects in the state of New Jersey for the last 25+years.

Please see the attached TDS and ICC Elevation Report for Parex USA WeatherSeal Spray & Roll-On.

If there are any further questions, please feel free to contact me.

Sincerely,

James J Pease
Parex USA, Inc.Northeast Sales Representative

JJP/cm

Attachments: ICC Report, Parex USA WeatherSeal Spray & Roll-On

Parex USA, Inc.
4125 East La Palma Avenue, Suite 250
Anaheim, CA 92807
Phone: 866.516.0061
Fax: 714.774.2079
Email: info@parexusa.com
www.parexusa.com

WEATHER TECH WRBs

COVERAGE:
Depending on the condition of the substrate and method of application, approximate coverages are:
- Approximately 350 – 400 sq. ft. (32-37 sq. m.) per pail
- To Embed Parex USA 396 Sheathing Joint Tape: Approximately 400 linear feet (121 m) per pail

CONTAINER:
45 lb (20.4 kg) net weight in plastic pails
- Storage: Protect from sun and freezing at all times
- Do not stack pails more than 3 pails high
- Shelf Life: One year if properly stored in original unopened container.

DRYING TIME:
Typically 45 min - 2 hours depending upon temperature, humidity and substrate.

CLEAN-UP:
Water soluble prior to drying. Clean tools and containers with water prior to drying.

SURFACE PREPARATION:
- Remove surface contaminants such as dust or dirt without damaging the substrate.
- Painted substrates must have the paint removed by methods which result in no more than 10 percent of the remaining surface having paint.
- For additional options for surface preparation, contact Parex USA Technical Support.

MIXING:
- Use clean equipment for mixing and preparation.
- Stir WeatherBlock Spray & Roll-On to a uniform consistency. Avoid creating air bubbles or foam.
- For some spray applications it may be necessary to thin WeatherBlock Spray & Roll-On slightly. Use only clean potable water and add sparingly, never more than 16 oz (0.5 L) per pail, because thinning can reduce film thickness.
- Non Parex approved additives of any kind, such as rapid binders, anti-freeze, accelerators, fillers, pigments, etc. should not be added under any circumstances.

APPLICATION:
- Read the entire label before using this product.
- Wood, concrete and masonry substrates require two coats of WeatherBlock Spray & Roll-On.
- WeatherBlock Spray & Roll-On is easily applied with roller, brush or suitable spray equipment. Sprayed applications require backrolling. Contact Parex USA Technical Support for recommended spray equipment.
- Use 1 1/4 in. (32 mm) or 1 3/8 in. (35 mm) nap roller designed for applying latex paints.
- Apply WeatherBlock Spray & Roll-On approximately 6 in. (150 mm) wide centered over:
  - Sheathing joints
  - Gaps in sheathing up to 1/4 in. (6mm) wide
  - Open holes up to 1 in. (25mm) across
  - Back flanges of flashings and track
  - Immediately place the Parex USA 396 Sheathing Joint Tape centered in the wet WeatherBlock Spray & Roll-On. Run a trowel or taping knife over the sheathing joint tape to embed it and into the wet WeatherBlock Spray & Roll-On up into it. Do not let WeatherBlock Spray & Roll-On skin over before applying and embedding Parex USA 396 Sheathing Joint Tape. Work in small enough areas to ensure that WeatherBlock Spray & Roll-On is wet when Parex USA 396 Sheathing Joint Tape is embedded in it. If WeatherBlock Spray & Roll-On does skin over before embedding Parex USA 396 Sheathing Joint Tape, scrape off semi-liquid WeatherBlock Spray & Roll-On or let it dry and re-apply.
  - Apply additional WeatherBlock to entirely cover the Sheathing Joint Tape.
  - Correct larger gaps and holes by replacing sheathing.
- Apply WeatherBlock Spray & Roll-On over the entire outer sheathing surface, at a rate of not more than 100 sq. ft. per gal. (2.4 sq. m./l), once Parex USA 396 Sheathing Joint Tape is firmly embedded, approximately 10–12 wet mils. The transparency of the WeatherBlock Spray & Roll-On is not an indication of the thickness.

LIMITATIONS:
- Ambient and surface temperatures must be 40°F (4°C) or higher during application and drying time. Provide supplemental heat and protection from precipitation as needed.
- Use only on surfaces that are sound, clean, dry, and free from any residue which may affect the ability of the WeatherBlock Spray & Roll-On to bond to the surface.
- Not for water immersion
- WeatherBlock Spray & Roll-On may be left unprotected on the wall for up to 6 months. However, the surface must be clean of all dirt and contaminants before the application of EIFS adhesive. Contact Parex USA Technical Support in case of longer exposures.
- For mixed climate zones, vapor permeable products should be considered.
- Stucco claddings require the use of a slipsheet installed over Weatherblock to prevent adhesion of stucco.
- Improper location of a vapor-impermeable barrier within a wall assembly can negatively affect long term performance of the building.

WARNING:
- Read complete Warning information printed on product container prior to use. For medical emergency information, call 1-800-424-9300.
- For more information on handling this product refer to its Safety Data Sheet (SDS). The most current SDS and Product Data Sheet (PDS) can be found on our website.
- This Product Data Sheet has been prepared in good faith on the basis of information available at the time of publication. It is intended to provide users with information about the guidelines for the proper use and application of the covered product(s) under normal environmental and working conditions. Because each project is different, Parex USA, Inc. cannot be responsible for the consequences of variations in such conditions, or for unforeseen conditions.

Parex USA, Inc.
4125 E. La Palma Ave., Suite 250
Anaheim, CA 92807
(866) 516-0061 Tech Support: (800) 226-2424

Facilities
French Camp, CA
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WEATHER TECH WRBs

WeatherBlock Spray & Roll-On

Vapor Retarder Waterproof Membrane & Air Barrier

	Method	ICC and ASTM Criteria	Results
Elongation	ASTM D412	No Criteria	1200%
Tensile Bond Strength	ASTM E 2134/ ASTM C 297	Minimum 15 psi (104 kPa)	Pass
Water Vapor Transmission	ASTM E96 Procedure B	Vapor Barrier	0.65 perms

DESCRIPTION:

- 100% Acrylic co-polymer fast drying vapor impermeable, elastomeric waterproof and air barrier coating which can be either rolled, brushed, or spray applied.
- Designed for use as vapor retarder behind exterior claddings.
- Extremely flexible: can bridge cracks and accommodate small movements up to 1/32 in. (0.8 mm).
- Bridges 1/4 in. (6 mm) gaps at sheathing board joints with Parex USA 396 Sheathing Tape embedded.
- Color: Light Green

USES:

- Vapor retarder coating for application to glass mat gypsum sheathing, exterior-grade gypsum sheathing, CDX plywood, OSB, and cement board sheathing.
- Water resistive and air barrier
- **CAUTION:** Consult "Acceptable Substrate and Area of Use" Technical bulletin for more details.
- Contact the Parex USA Technical Support for further options.

COMPOSITION:

- Binder base: 100% Acrylic co-polymer elastomeric with surface-hardening property.
- Water based VOC compliant
- Solids:
  - By weight: 42%
  - By volume: 37%
- Appearance: Flat non-gloss smooth finish

ICC EVALUATION SERVICE

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ICC-ES Evaluation Report

ESR-2045

ICC-ES | (800) 423-6587 | (562) 699-0543 | www.icc-es.org

Reissued 01/2017

This report is subject to renewal 01/2019.

DIVISION: 07 00 00— THERMAL AND MOISTURE PROTECTION

SECTION: 07 25 00—WATER-RESISTIVE BARRIERS/WEATHER BARRIERS

REPORT HOLDER:

PAREX USA, INC.

4125 EAST LAPALMA AVENUE, SUITE 250
ANAHEIM, CALIFORNIA 92807

EVALUATION SUBJECT:

PAREX USA WEATHERSEAL SPRAY & ROLL-ON AND PAREX USA WEATHERSEAL TROWEL-ON

ICC ES | ICC ES PMG | ICC ES LISTED

"2014 Recipient of Prestigious Western States Seismic Policy Council (WSSPC) Award in Excellence"

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ICC-ES Evaluation Report

ESR-2045

Reissued January 2017
Revised April 2018
This report is subject to renewal January 2019.

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DIVISION: 07 00 00—THERMAL AND MOISTURE PROTECTION
Section: 07 25 00—Water-Resistive Barriers/Weather Barriers

REPORT HOLDER:

PAREX USA, INC.
4125 EAST LAPALMA AVENUE, SUITE 250
ANAHEIM, CALIFORNIA 92807
www.parexlahabra.com

EVALUATION SUBJECT:

PAREX USA WEATHERSEAL SPRAY & ROLL-ON AND PAREX USA WEATHERSEAL TROWEL-ON

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2015, 2012 and 2009 *International Building Code®* (IBC)
- 2015, 2012 and 2009 *International Residential Code®* (IRC)

Properties evaluated:

- Surface-burning characteristics
- Physical properties

2.0 USES

Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On are used as an alternative to the water-resistive barrier specified in the IBC and IRC when installed over sheathing or substrate on exterior walls in accordance with Section 3.3. These products are for use on any construction type under the IBC and Types I, II, III, and IV construction when installed in accordance with Section 4.5. Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On may also be used on construction permitted under the IRC. Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On comply with ASTM E2570, as indicated in IBC Section 1408.4.1.1 and IRC Section R703.9.2.

3.0 DESCRIPTION

3.1 General:

Weatherseal Spray & Roll-On and Weatherseal Trowel-On are 100-percent-acrylic water-resistive coatings that are packaged in 5-gallon (18.9 L) pails. The products have a shelf life of two years when stored unopened in a cool, dry location. The barriers have a flame-spread index of 25 or less and a smoke-developed index of 450 or less when tested in accordance with ASTM E84. The water-resistive barrier coatings require a slip sheet when used behind portland cement plaster or mortar setting beds.

3.2 Water Vapor Transmission (WVT):

The WVT water method value of the barriers [in compliance with the ICC-ES Acceptance Criteria for Water-resistive Barriers (AC38)] is at least 35.7 grams/m^2 per 24 hours.

3.3 Exterior Sheathing or Substrate:

The use of the barriers is limited to the following:

- Exterior grade gypsum sheathing complying with ASTM C79 or ASTM C1396.
- Glass mat gypsum substrate complying with ASTM C1177.
- Cement board complying with ASTM C1325 and having a minimum $^1/_2$-inch (12.7 mm) thickness.
- Plywood, Exposure 1, 4-ply, minimum Grade C-D, complying with U.S. DOC PS-1 and having a minimum nominal $^1/_2$-inch (12.7 mm) thickness.
- Oriented strand board (OSB), Exposure 1, complying with U.S. DOC PS-2.
- Concrete and masonry complying with the applicable code.

3.4 Flashing:

Flashing material evaluated for use with the barriers consist of No. 26 gage uncoated, galvanized, steel sheet metal; uncoated aluminum; PVC; polyester-faced peel-and-stick; stainless steel; color-coated aluminum; galvanized metal and copper.

3.5 Reinforcing Fabric:

3.5.1 Parex USA Weatherseal Trowel-On: The reinforcing fabric (see ESR-1935) consists of glass-fiber mesh that has been treated for alkali resistance that complies with ASTM D4029. The minimum 4.5-ounce fabric is a balanced, open-weave, glass-fiber fabric.

3.5.2 Weatherseal Spray & Roll-On and Weatherseal Trowel-On: The reinforcing fabric is nonwoven 396 Sheathing Joint Tape.

4.0 INSTALLATION

4.1 General:

Installation of the barriers must comply with this report and the manufacturer's published installation instructions. The manufacturer's published installation instructions must be available at the jobsite at all times during installation.

4.2 Exterior Sheathing or Substrate Preparation:

The barriers are installed on the exterior side of vertical exterior walls over exterior sheathing or substrates in indicated in Section 3.3. Surfaces must be free of all bond-inhibiting materials, including dirt, oil and other foreign matter. The barriers may be applied only when the surface and ambient temperatures are 40°F (4°C) and rising during the application and drying period. Working time will decrease as surface and ambient temperatures increase. The substrate to be coated must be continuous. Sheathing must be without surface defects within the field of the board exceeding what is allowed by the sheathing manufacturer.

The barriers must not be installed on damp surfaces, below-grade surfaces, or on surfaces subject to water immersion. Damaged sheathing or other material must be removed and replaced. Sheathing must be installed as required by the applicable code and be flat within $^1/_4$ inch (6.4 mm). The water-resistive barrier coatings must be covered with an exterior wall covering complying with the requirements of the applicable code or a current evaluation report. Windows, doors, and penetrations must be flashed with materials as described in Section 3.4 in accordance with the applicable code.

4.3 Coating Application:

4.3.1 Parex USA Weatherseal Trowel-On: Minimum 4-inch-wide (102 mm) strips of reinforcing fabric are applied to all sheathing joints, inside and outside corners, open holes up to 1 inch (25.4 mm) across, back flanges of flashing and track and all exposed edges at termination. A minimum 4-inch (102 mm) width of the coating is applied to the joint, and the reinforcing fabric is embedded so that the color of the mesh is not visible. The coating is applied by trowel, roller or sprayer to the entire surface of the substrate and flashing, as applicable, to a minimum wet thickness of $^1/_{16}$ inch (1.6 mm), resulting in a dry thickness of $^1/_{24}$ inch (1.1 mm).

4.3.2 Weatherseal Spray & Roll-On and Weatherseal Trowel-On: The coating is applied over gaps in sheathing up to $^1/_4$ in. (6 mm) wide; open holes up to 1 inch (25 mm) in diameter; back flanges of flashings and track and centered over sheathing joints, at a 6-inch (150 mm), width with a roller, brush or spray equipment. Sprayed applications require back-rolling. Use a $1^1/_4$-inch (32 mm) or $1^3/_8$-inch (35 mm) nap roller, designed for applying latex paint.

Center the 396 Sheathing Joint Tape over the gaps, holes, sheathing joints and flashing flanges in the wet base layer of coating. Run a trowel or taping knife over the tape to fully embed it into the base layer and force the wet coating up into the tape. Do not let the coating skin over before installing the tape. If the coating does skin over before embedding the tape, scrape off the coating and start over or let it fully dry and re-apply. A top layer of the coating must be applied over the entire outer sheathing surface, at a rate of not more than 100 sq. ft. per gal. (2.4 sq. m. per L), after the tape is properly embedded into the base layer of the coating.

4.4 Curing and Drying:

The barriers must be allowed to cure for a minimum of 12 hours before application of wall covering. Curing time varies depending on temperature/humidity and surface conditions. Surfaces must be protected from rain and freezing until completely dry.

4.5 Construction Types I, II, III and IV: Parex USA Weatherseal Spray & Roll-On or Parex USA Weatherseal Trowel-On applied in accordance with this evaluation report to gypsum-based sheathing can be used on any construction type. For installation under the 2015 IBC on exterior walls of Types I, II, III and IV construction exceeding 40 feet (12.2 m) in height above grade, installation of these products applied to gypsum-based sheathing shall be in accordance with assemblies described in a current ICC-ES evaluation report for this use, or in compliance with Exception 1 of Section 1403.5 of the 2015 IBC. For installation under the 2012 IBC on exterior walls of Types I, II, III and IV construction exceeding 40 feet (12.2 m) in height above grade, installation of these products applied to gypsum-based sheathing shall be in accordance with assemblies described in a current ICC-ES evaluation report for this use.

5.0 CONDITIONS OF USE

Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On water-resistive coating described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

5.1 Installation must comply with this report, the manufacturer's published installation instructions and the applicable code. In the event of a conflict between the manufacturer's published installation instructions and this report, this report governs.

5.2 Installation must be by applicators qualified by the manufacturer.

5.3 For recognition under the IBC and IRC, special inspection is required at the jobsite in accordance with 2015 IBC Sections 1704.2 and 1705.16.1 (2012 IBC Sections 1704.2 and 1705.15.1 and 2009 IBC Sections 1704.1 and 1704.14.1). Duties of the inspector include verifying field preparation of materials, expiration dates, installation of components, curing of components, applied wet-film and dry-film thicknesses and interface of coating material with flashing.

5.4 The barriers are limited to installation on vertical walls.

5.5 The barriers must be covered with an exterior wall covering complying with the applicable code or a current evaluation report.

5.6 The barriers must not be used for repairing cracks subject to movement, joints or cracks wider than $^1/_8$ inch (3.2 mm).

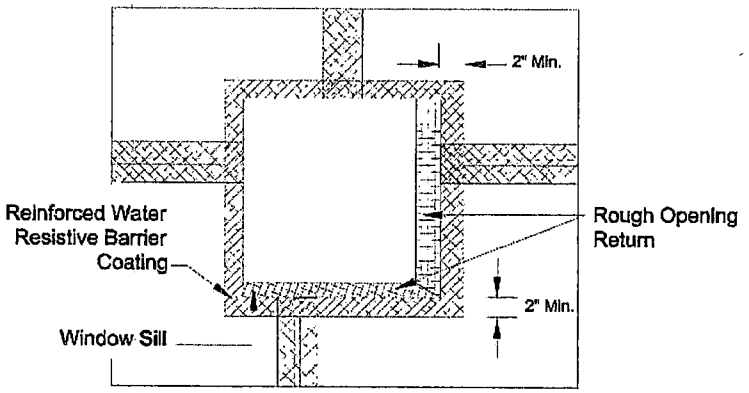
6.0 EVIDENCE SUBMITTED

6.1 Data in accordance with the ICC-ES Acceptance Criteria for Water-resistive Coatings Used as Water-resistive Barriers over Exterior Sheathing (AC212), dated February 2015.

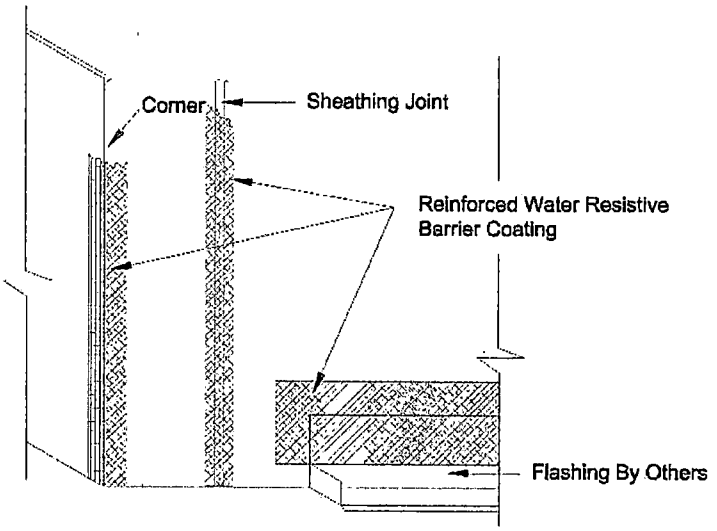
6.2 Report containing results of testing in accordance with ASTM E84.

7.0 IDENTIFICATION

Containers of the Weatherseal Spray & Roll-On and Weatherseal Trowel-On are identified by a label bearing the manufacturer's name (Parex USA) and address; the product name; identification of components; the batch number; quantity of material in packaged mix; storage instructions and shelf life; the expiration date; and the evaluation report number (ESR-2045).



Typical Rough Opening



Typical Corner, Sheathing Joint, Termination at Flashing

FIGURE 1

ICC-ES Evaluation Report

ESR-2045 FBC Supplement

Issued August 2017
Revised April 2018
This report is subject to renewal January 2019.

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DIVISION: 07 00 00—THERMAL AND MOISTURE PROTECTION
Section: 07 25 00—Water-Resistive Barriers/Weather Barriers

REPORT HOLDER:

PAREX USA, INC.
4125 EAST LAPALMA AVENUE, SUITE 250
ANAHEIM, CALIFORNIA 92807
www.parexlahabra.com

EVALUATION SUBJECT:

PAREX USA WEATHERSEAL SPRAY & ROLL-ON AND PAREX USA WEATHERSEAL TROWEL-ON

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On, recognized in ICC-ES master evaluation report ESR-2045, has also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2017 *Florida Building Code—Building*
- 2017 *Florida Building Code—Residential*

2.0 CONCLUSIONS

Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On, as described in Sections 2.0 through 7.0 of the master evaluation report ESR-2045, complies with the *Florida Building Code—Building* and the *Florida Building Code—Residential*, provided the design and installation are in accordance with the 2015 *International Building Code®* (IBC) provisions noted in the master report.

Use of Parex USA Weatherseal Spray & Roll-On and Parex USA Weatherseal Trowel-On for compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code* has not been evaluated, and is outside the scope of this evaluation report.

For products falling under Florida Rule 9N-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the master report, reissued January 2017 and revised April 2018.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received 6/28/18
Control #
Date Issued
Permit # 18-1768

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 NJ

Owner in Fee: McDonalds USA LLC Ken Hallings

Tel. 732 616-4119 e-mail

Address
street municipality zip code

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail
Atlantic Highlands, NJ 07716 marylu@sodonselectric.com

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: J. Timothy Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
McDonalds- Power for Kiosk Change of Contractor

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	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 9/13/18
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough Complete Rough			7-17-18	MM
~~Barrier-Free~~ Exist Dining RM walls			7-12-18	MM
Trench			7-26-18	MM
Temp. Serv. Dinning Room Rough			7-24-18	
~~Constr. Serv.~~ Continuity Rough			8-8-18	MM
TCO Open Ceiling Rough			8/10/18	PSC
Other Hard Ceilings			7-12-18	MM
Service				
Final			9-12-18	MM
Barrier-Free				

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

8/10/18 – PASS TCO – DINING ROOM ONLY.
DRIVE THRU CASHIER BOOTH.

FOR FINAL
- TEMP. EMER. EGRESS FLOODS INSTALLED.
- EXTERIOR SCONCES BOXED OFF.
- DRIVE THRU SIGN NOT INSTALLED

PJC

McDonalds

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/26/18
Control #
Date Issued
Permit # 18-1768

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 c/o J+K Realty

Tel. (908) 313-6071 e-mail

Address

Contractor: RYLAND ELECTRIC, LLC
License #16465 Exp. Date: 3.31.2018
129 Hillside Road
Sparta, NJ 07871
973.512.3217
Federal Emp. ID# 26-4131830

Address

Contractor License

Home Improvement

Federal Emp. ID No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A2 Proposed A2

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

Building Occupied as Restaurant Utility Co.

Est. Cost of Elec. Work $ 58,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: RYAN FITZSIMMONS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INTERIOR/EXTERIOR BLDG REMOD NEW FRONT COUNTER/TWO NEW ORDER KIOSK/LOW VOLTAGE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
106		Lighting Fixtures 84-INTERIOR 22-EXTERIOR	
20		Receptacles	
2		Switches OCC SENSORS	
		Detectors	
		Light Poles	
2		Motors—Fract. HP HAND DRYER	
16		Emergency & Exit Lights	
20		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		NEW CIRCUITS ~~NEW KIOSK~~	
170		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	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by:
[✓] Electric Plans Approved
Date 5/8/18 Approved by: DSC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/9/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/13/18
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				

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

U.C.C. F120 (rev. 11/09)

McDonalds

Change of contractor

McDonalds

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/28/18
Date Issued
Control #
Permit # 18-1768

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

Block 101 Lot 5.01
Work Site Location 106 Chambers Bridge Rd. Brick N.J.
Owner in Fee Kenneth Hutchings
Address McDonalds USA LLC
Tele. (732) 616-4119
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9369 exp: 6/30/2019
Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size Existing Public Sewer ✓ Private Septic
Water Service Size Existing Public Water ✓ Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-10-18
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			7-17-18	
Rough			7-17-18	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Final			8-10-18	

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 PLEASE Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

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

Mc Donalds

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/26/18

Date Issued / Permit # 18-1768

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 CITYMUSEUM BLVDE ROAD

Owner in Fee: McDonald's Corp c/o JTK Realty

Tel. (908) 313-6071 e-mail

Address 1 SICILIA DRIVE (street) NANUET (municipality) NJ (zip code) 07724

Contractor: The J.V. Plumbing Co., Inc. Tel. (908) 313-6071

Address 2088 Arrowwood Dr. e-mail kmkdevelopment@aol.com

Scotch Plains, NJ 07076

Contractor License No. MPL7553 Exp. Date

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

Federal Emp. ID No. 22-2693006 FAX: (908) 232-4703

B. PLUMBING CHARACTERISTICS

Use Group Present A2 Proposed A2

Building Sewer Size 4 Public Sewer Private Septic

Water Service Size 2 Public Water Private Well

Est. Cost of Plumbing Work $ 35,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: John Welch

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK NEW BATHROOM RENOVATION

NEW DRAIN FOR SODA POUR / HVAC VENTS

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

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-10-18
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7-17-18	
Rough			7-17-18	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

WE DAUNTS

McDonalds

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

A-2 88 6/26/18
4547 sq ft occup

Date Received / Control #
Date Issued / Permit # 18-1768

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 c/o J+K Realty

Tel. 908 313-6071 e-mail

Address 1 SILVER DRIVE (street) TINTON FALLS (municipality) NJ (zip code) 07724

Contractor: KMK DEVELOPMENT Tel. 908 313-6071

Address 2088 MAPLEWOOD DR e-mail

SCOTCH PLAINS NJ 07076

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. ✓

Fire Alarm Contractor No. ✓ Exp. Date ✓

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 68-0505066 FAX: 908 232 4703

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A2 Proposed A2

Constr. Class: Present VB Proposed VB

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 10000

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ✓

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: John Welch

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

DESCRIPTION OF WORK: INTERIOR / EXTERIOR BLDG RENO

Water Supply Source

Method of Alarm/Suppression System Supervision Emergency Lights

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e. horn/strobes, bells)		
Other Devices Emergency Lights	16	
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

CONFIDENTIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ✓ Approved by:
[X] Fire Protection Plans Approved
Date: 5/11/18 Approved by: RTC
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Plumb [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 5-15-18
Approved by: RTC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-18-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			9/18	RJ
Final				
Other				

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

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

U.C.C. F140 (rev. 02/11)

7/13/18

1. Rod?
2. Spindle heads (4) need to be removed (broken)

8/10/18

1. Hang out
2. Rec Spindle - broken to Colin

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Change of Contractor (W)

Date Received 6/26/18
Control #

Date Issued
Permit # 18-1768

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

Block 107 Lot 8.01 Qualification Code

Work Site Location 106 Chambers Bridge Rd Brick NJ.

Owner in Fee: McDonalds USA LLC Restaurants

Tel. 732 616-4119 e-mail

Address street municipality zip code

Contractor Test Construction Tel. 732 222-0571

Address 145 Brighton Ave. e-mail
Long Branch NJ. 07740

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 461908621 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-18-18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre Eng. System				
Mechanical				
Smoke Control				
TCO			8/10/18	KW
Flam/Combust Tanks				
Fireplace Venting				
Final			9-12-18	PM
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: J. Brugenberg

Print name here: Richard Brugenberg [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change of Contractor
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

NCW

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

Northeast Fire Equipment & Service Inc.
www.NEFIRE.com
PO Box 309
Island Heights, NJ, 08732
732-836-1300
NORTHEASTFIRE@verizon.net

WORK ORDER REPORT

Customer #854

Display name	McDonalds
Customer Type	Commercial
Custom Id	854
Company name	
Pricing Tier	Tier 1
Description	

Billing : 106 Chambersbridge Rd., Brick, NJ, 08723, US

Address Type	Billing
Street address	106 Chambersbridge Rd.
Apt/Suite	
City, State ZIP	Brick, NJ, 08723, US
Description	

Contact	Phone	Type
McDonalds	732-477-4280	Billing

Service Request #2782

Summary	Suppression system
Date Requested	08/10/2018
Description	
Created	08/10/2018 11:26 AM
Customer	McDonalds

Service Request Notes

Date	User	Note
08/10/2018 11:26 AM	service manager	Work Order #2782-1 was created with status Unassigned
08/10/2018 11:26 AM	service manager	Work Order #2782-1 status was changed from Unassigned to Incomplete
08/10/2018 11:26 AM	service manager	Work Order #2782-1 was assigned from "-Not Set-" to "service manager"
08/10/2018 12:36 PM	service manager	Work Order #2782-1 status was changed from Incomplete to Complete
08/10/2018 12:36 PM	service manager	Work Order #2782-1 status was changed from Complete to Invoiced

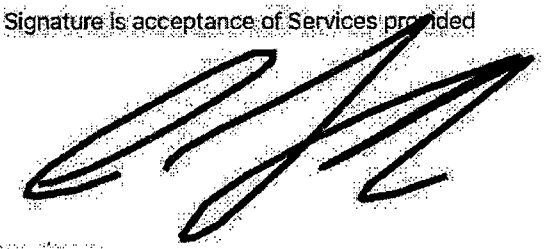
Work Order #2782-1

Description	Suppression system
Field Worker	service manager
Status	Invoiced
Start	08/10/2018 12:00 PM
End	08/10/2018 01:00 PM
Invoicing Memo	

7.Are hood / duct penetrations sealed with weld or UL device?	YES
8. Checked if system has been discharged?	YES
9. If gauged, is it in proper range?	N/A
10. Checked Cartridge wt.? (if appl.)	YES
11. Checked mfg. date, last test date, S/N	YES
12. Inspect cylinder & bracket?	YES
13.Was operated system from terminal link?	YES
14.Tested for proper operation of remote?	YES
15.Tested operation of micro switch?	YES,NO
16.Checked operation of gas shutoff valve?	YES
17.Cleaned / Cleared all Nozzles?	YES
18. Were nozzle covers in place PRE-inspection?	YES
19. Were nozzle covers in place POST-inspection?	YES
20.Replaced fusible links?	YES
21.Does link line travel freely?	YES
22. Is piping & conduit bracketed?	YES
23. Is there proper separation btw, FLAME & FRYER?	YES
24. Is there proper clearance btwn. filter & flame?	YES
25. Is exhaust fan operating properly?	YES
26. Are ALL filters in place?	YES
27.Were fuel shutoffs left in ON position?	YES
28. Is manual remote tamper sealed?	YES
29. Were system covers installed?	YES
30. Is system operational & in service?	YES
31. is slave sys. (if appl.) operational?	N/A
32. Was cyl. & controls cleaned?	YES
33Is fan warning sign present?	YES

34. Was personal instructed in manual operation of system?	YES
35. Is "K" rated fire extinguisher on site?	YES
36. Are all portable fire extinguishers up to date?	YES
37. Is certification tag on system?	YES
Comments	
photo:	
date:	08/10/2018
time	12:00 PM
Service Tech. Sign	AC 8/10/18, 12:35 PM.jpeg

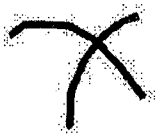
Signature is acceptance of Services provided



8/10/18, 12:35 PM

Customer's Auth. Agent	Marie 8/10/18, 12:35 PM.jpeg

Signature is acceptance of Services provided



8/10/18, 12:35 PM

Cust Name PRINT	Marie

Attachments

Title	File Name
PDF Invoice 2782-1	Invoice 2782-1.pdf

INSPECTOR: Anthony R Marano

JOB: Dynamic Engineering SECTION: Rt. 70 + Chambers bridge
mcdonald's & Jtk Quality Rest.

TEMPERATURE: 37°

WEATHER: overcast

DATE: 12/5/18

TYPE OF WORK: Renovations - Addition + ADA Ramps. including paving

LOCATION: 106 Chambers Bridge rd.

BLOCK: 701 LOT: 8.01

REF: 18-00064 - REV-18-00111 + 18-2184

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓ ✡	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	—	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate	—	Needs as-built plan

COMMENTS REFERENCING ITEM NUMBER:

4. NJNG to return in spring to infrared patches.

✡ - Okay to release C.O. but hold inspection funds until As-built Plan approved.

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☑ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 7/24/2018 **Business ID:** 99875
Business: Mcdonald's
106 Chambersbridge Rd & Rt. 70

Brick, NJ 08723

Inspection: OH000653
File Number: 2167
Phone: 7324774280
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Time In / Time Out

Date	In	Out	Insp	Travel	Total	Mileage	Notes
07/24/18	03:00 PM	04:25 PM	1:25	0:00	1:25	0	
Total:			1:25	0:00	1:25	0	

Notes

CONTINUE TO TAKE ALL NECESSARY PRECAUTIONS FOR FOOD PROTECTION IN THE PREP. KITCHEN, DURINING THIS RENOVATION.

UPON COMPLETION OF CONSTRUCTION AND ALL CLEAN UPS. CONTACT THIS AGENCY FOR A PRE OPERATIONAL EVALUATION OF THE RENOVATED AREA.

RECEIVED
AUG 0 1 2018
BUILDING

Inspector

Acknowledged Receipt :

Crest
CONSTRUCTION SERVICES

Project: McDonald's 106 Chambers Bridge Rd. Brick, NJ

Items Installed by General Contractor

General Layout & Design Item #8

1. **Description of Floors:**
   A. Main Restroom Tile: Eurowest/Forward River - Grout per Finish Schedule
   B. Floor Cover Base Trim: Satin Anodized Aluminum – Grout per Finish Schedule
2. **Description of Walls:**
   A. Restroom Accent Wall Tile: Eurowest E-Wood - Grout per Finish Schedule
   B. Restroom Wall Tile: Eurowest Architect Factory and Grout to Match
   C. Wall Wainscot: Eurowest Forward River and Grout to Match
   D. Wood Looking Wall Tile: Eurowest Legni Rovere - Grout per Finish Schedule
   E. Wall Chair Rail: Schluter System Satin Anodized Aluminum
   F. Service Area and Beverage Center/Wall Tile: Crossville Colorblox – Grout per Finish Schedule
3. **Description of Wallcovering and Graphics:**
   A. Main Dining Room and Crew Room Wallcovering and Graphics from top of Schluter wall chair rail to ceiling grid wall angle
4. **Description of Ceilings:**
   A. Main Ceiling: USG, Olympic Micro Clima-Plus
   B. SEEQ Ceiling: USG, Premier Hi-Lite ClimaPlus Kapok (Washable Vinyl Unperforated)
   C. Restroom Ceiling & Soffit: GWP Painted per Finish Schedule

General Layout & Design Item #9

1. **Description of Equipment and Work Surfaces**:
   A. CBB (Coffee Beverage Bar): Front, top and side 1/2" Corian
   B. Kitchen side: FRP
   C. Modular Front Counter: ½" Dupont Corian
   D. SSBB (Self-Serve Soda Bar): Existing Stainless Steel Top

General Layout & Design Item #10

1. **Description of Lighting with Protective Covers:**
   A. Dining Room Lighting
      - General Recessed Downlight
      - Recessed Wall Wash
      - Bean Pendant LED and 3 Arm Stix Pendant LED

Crest Construction Services
145 Brighton Ave, Suites 3 & 5
Long Branch, NJ 07740
P:732.222.0571 F:732.222.0604

APPLICATION FOR CERTIFICATE

Date Received 03/30/2018
Date Permit Issued 06/26/2018
Control # C-18-001133
Permit # 18-1768
Date Issued

IDENTIFICATION

Block 701 Lot 8.01 Qualifier

Work Site Location 106 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee MC DONALD'S CORP % J&K QUALITY REST
1 SHEILA DR TINTON FALLS NJ 07724

Telephone (908) 313-6071

Contractor CREST CONSTRUCTION
Address 145 BRIGHTON AVE LONG BRANCH NJ 07740

Telephone (732) 673-5662
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 461908621

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP A-2 Previous A-2 Current

FINAL COST OF CONSTRUCTION: $ 519000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Addition/Alteration COMMERCIAL ADDITION ALTERATION - COMMERCIAL FACADE RENOVATION - MCDONALDS

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- ☐ OWNER
- ☒ AGENT

UCC F270 equiv.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/13/2018
Control Number C-18-001133
Permit Number 18-1768
Permit Issue Date 06/26/2018
Certificate Number 18-1768

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: MC DONALD'S CORP % J&K QUALITY REST

Owner Address: 1 SHEILA DR TINTON FALLS NJ 07724

Telephone: (908) 313-6071

Contractor CREST CONSTRUCTION

Address 145 BRIGHTON AVE LONG BRANCH NJ 07740

Telephone: (732) 673-5662 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 461908621

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, COMMERCIAL ADDITION, FACADE RENOVATION - - MCDONALDS

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: 09/15/2018
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 09/15/2018
Conditions to be met:

Needs Final ~~Building~~, ~~Electric~~, and ~~Fire Inspections~~. Need Final Engineering Approval.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/13/2018

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

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS _____

PERMIT NUMBER 18-1768 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric __X__ Fire Code were in evidence and the following orders are hereby issued for their correction:

1. Finish rear Fire sprinkler mounting 9/12
2. Mount fire extinguishers as discussed 9/12
3. Kitchen fire suppression report 8/22/12

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 9/10/12 INSPECTOR _____

INSPECTOR: KShafer
JOB: McDonalds' SECTION: Chambersbridge Rd
TEMPERATURE: Sunny
WEATHER: 80°s

DATE: 8/10/18
TYPE OF WORK: Temp CO
LOCATION: Chambersbridge Rd
BLOCK: 701 LOT: 8.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading		✗
3. Sidewalk	✓	
4. Road Pavement	N/A	
5. Landscaping & Sodding		✗
6. Clean-up Procedures		✗
7. Note on going construction in immediate area		✗
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		✗

COMMENTS REFERENCING ITEM NUMBER: 2, 5-7, 9

(A) Needs Landscaping complete/ areas cleaned up
(B) Needs signage review / Striping review Final
(C) Provide Asbuilts for ADA improvements
(D) SITE CLEANUP

RECOMMENDATIONS:

- ✗ TEMP. C.O. 9-15-18
- ☐ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

Change of Contracts

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/28/18
Date Issued
Control #
Permit # 18-1768

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 NJ.
Owner in Fee Kenneth Hullings McDonalds USA LLC
Address
Tele. (732) 616-4119
Contractor CENTRAL JERSEY MECHANICAL, INC.
Address 379 BROADWAY
LONG BRANCH, NEW JERSEY 07740
Tele. (732) 571-4844 Fax (732) 571-3242
Lic. No. 9369 exp: 6/30/2019
Federal Emp. No. 223-211-662

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size Existing Public Sewer ✓ Private Septic
Water Service Size Existing Public Water ✓ Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

Change of Contractor

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received 6/28/18
Control #
Date Issued
Permit # 18-1768

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

Block 101 Lot 8.01 Qualification Code

Work Site Location 106 Chambers Bridge
Brick NJ.

Owner in Fee: McDonalds USA LLC, Ken Hallings

Tel. 732 616-4119 e-mail

Address
street municipality zip code

Contractor: Sodon's Electric, Inc. Tel. (732) 291-1713

Address 25 West Highland Avenue e-mail
Atlantic Highlands, NJ 07716 marylu@sodonselectric.com

Contractor License No. 5458 Exp. Date

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

Federal Emp. ID No. 222401656 FAX: (732) 291-8702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: J. Timothy Sodon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: McDonalds- Power for Kiosk Change of Contractor

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	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BLOCK 701 LOT 8.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 106 Chambers Bridge Rd. Brick
2. Name of Owner in Fee: Kenneth Mullings, McDonalds USA
   Tel. (732) 616-4119 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor Crest Construction Tel. (732) 222-0571
   Address 145 Brighton Ave. e-mail _____
   Long Branch NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 461908621 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Rich Brangenberg
   Tel. (732) 673-5662 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Richard A. Brangenberg

Address 145 Brighton Ave.
Long Branch NJ

Telephone (732) 222 - 0577

Signature _____

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

CONSTRUCTION PERMIT

Date Issued 6/26/18
Control # C-18-001133
Permit # B-1768

IDENTIFICATION Block: 701 Lot: 8.01 Qualifier

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: MC DONALD'S CORP % J&K QUALITY REST
1 SHEILA DR TINTON FALLS NJ 07724

Telephone: (908) 313-6071

Contractor: KMK DEVELOPMENT
Address: 2088 ARROWWOOD DRIVE SCOTCH PLAINS NJ 07076
Telephone: (908) 313-6071
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL, COMMERCIAL ADDITION, FACADE RENOVATION - MCDONALDS

PAYMENTS (Office Use Only)

Building	$14,168
Electrical	$300
Plumbing	$189
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$894
CO Fee	$150.00
Other	$200
Total	$16,017
Check No.	34741
Cash	$0
Credit/13	$0
Collected By	

+1/5
16,017

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 $519,000

D. V. Kumar M. [illegible] — Construction Official

6/25/18 — Date

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

RECEIVING CLERK: MP
DATE REC'D: 3/30/18

ZONING PERMIT APPLICATION

PERMIT #: ZP-18-00709
DATE ISSUED: 6/26/18

BLOCK: 701 LOT: 8.01 QUALIFIER: _____ SITE ADDRESS: 106 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: McDONALD'S CORP % J&K QUALITY REST
COMPLETE ADDRESS: 1 SHEILA DRIVE, TINTON FALLS, NJ 07724

PHONE #: (413) 544-8917 EMAIL: christopher.kazanovicz@us.mcd.com

2. NAME OF APPLICANT: McDONALD'S USA, LLC
APPLICANT ADDRESS: 111 WOOD AVENUE SOUTH, ISELIN, NJ 08830

PHONE #: (413) 544-8917 EMAIL: christopher.kazanovicz@us.mcd.com

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

4. SIGNATURE OF APPLICANT: Brian T. Steedy, Senior Counsel

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: x
EXISTING USE: McDonalds
PROPOSED USE: McDonalds

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

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

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

HEIGHT: SAME AS EXISTING (*APPLICABLE)

OTHER: FACADE AND BUILDING IMPROVEMENTS

DESCRIPTION: PROPOSED IMPROVEMENTS INCLUDE MODERNIZING THE EXTERIOR FACADE/BUILDING. 53 sq.ft. addition w/canopy

ZONING REVIEW:
DATE REVIEWED: 4-3-18 DATE DENIED: _____ DATE APPROVED: 4-3-18 INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 4/9/18 DATE DENIED: — DATE APPROVED: 4/9/18 INTLS: SCZ

DATE:	COMMENTS:	INITIALS:
4/9/18	SENT To Ann	SCZ

245 Attachment 5

Township of Brick

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

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

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

NOTES:

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

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 6/26/18
Application Number: ZA-18-00323
Application Date: 4/3/2018
Project Number:
Permit Number: ZP-18-00708
Fee: $75.00

Zoning Permit

Worksite Location: **106 CHAMBERS BRIDGE RD.**
Brick Township, NJ 08723

Owner: **MC DONALD'S CORP % J&K QUALITY REST**
Address: **1 SHEILA DR**
TINTON FALLS, NJ 07724

Applicant: **KMK DEVELOPMENT**
Address: **2088 ARROWWOOD DRIVE**
SCOTCH PLAINS, NJ 07076

Block: **701** Lot: **8.01** Qualifier: _____ Zone: **B-3**

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

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant (McDonalds)**

Work Description:

Addition, Rehabilitation - Exterior and interior alterations to the building including a 53 sq. ft. addition with canopy to relocate the existing cash booth.

Replacde existing drive-thru menu boards with new.

Additional Zoning Permit is required for additional work.

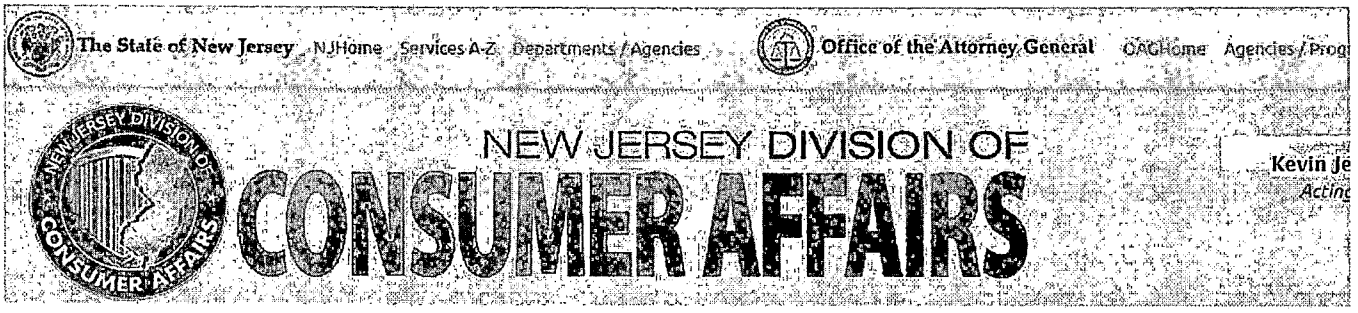
Application Approved Date: 4/3/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 4/3/2018 Date

Sean Kinnevy, Zoning Officer — 4/9/18 **Date**



License Information

Accurate as of May 08, 2018 10:37 AM

Return to Search Results

Name: RYLAND ELECTRIC LLC

Address: Sparta,NJ

Profession/License Type: Electrical Contractors,Electrical Business Permit

License No: 34EB01646500

License Status: Active

Status Change Reason: License Issuance

Issue Date: 3/4/2009

Expiration Date: 3/31/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Electrical Contractors (973)504-6410

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

THIS IS TO CERTIFY THAT THE

Board of Exam. of Master Plumbers

HAS LICENSED

JOHN J. WELCH
T/A THE J V PLBG CO INC
2088 ARROWWOOD DRIVE
SCOTCH PLAINS, NJ 07076

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/05/2017 TO 06/30/2019
VALID

Signature of Licensee/Registrant/Certificate Holder

36BI00755300
LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 106 Chambers Bridge Rd.

BLOCK: 701 **LOT:** 801

CONTRACTOR: KMK Development Group Inc.

CONTRACTOR'S ADDRESS: 2088 Arrowwood Dr. Scotch Plains 07076

Type of Construction(minor, new home): alterations/addition

Type of Debris (shingles, siding, wood, etc.): Sheet Rock and other building material

Party responsible for removal: Carmarato Trucking INC.

Dumpster Size: 30 yd

Destination of Debris: TBD

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Tiffany Welch
Signature

3/30/18
Date

Tiffany Welch
Print Name

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: CH
PERMIT #: RW-18-0011

BLOCK: 701 LOT: 8.01 ADDRESS: 106 Chambers Bridge Road, Brick NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: 106 Chambers Bridge Road, Brick NJ 08723
2. NAME OF OWNER IN FEE: McDonald's USA, LLC
   ADDRESS: 1 Sheila Drive PHONE #: (413) 544-8917
   christopher.kazanovicz@us.mcd.com FAX #: ( )
3. PRINCIPAL CONTRACTOR: TBD
   ADDRESS: PHONE #: ( )
   FAX #: ( )
4. ARCHITECT OR ENGINEER: Dynamic Engineering Consultants, PC
   ADDRESS: 245 Main Street, Suite 110, Chester NJ 07930 PHONE: # (908) 879-9229
   tduarte@dynamicec.com
5. RESPONSIBLE PERSON FOR WORK: TBD
   ADDRESS:

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

FEE SUMMARY:

APPLICATION FEE:	$ 200
REVIEW FEE:	$
INSPECTION FEE:	$
OTHER:	$
BOND(S):	$
TOTAL:	$ 200

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☑ OTHER Building facade, dining room, and bathroom renovation w/ 539sf. Addition
LENGTH: WIDTH: HEIGHT:

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS:
DRAINAGE EASEMENTS:
UTILITY EASEMENTS:
CONSERVATION EASEMENTS:
FEMA REQUIREMENTS:
D.E.P. PERMITS:
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER:
APPROVED DATE:

ENGINEERING REVIEW:

DATE RECEIVED: 5/2/18 DATE REJECTED: DATE APPROVED: 5/2/18 INITIALS: KSS