

BLOCK 702 LOT 30 QUALIFICATION CODE _____ ADDRESS (SITE) 744 RT 70 WEST BRICKTOWN PERMIT NO. DR 333062767



CONSTRUCTION PERMIT APPLICATION

FORMER FOOTLOUN SITE

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

I. IDENTIFICATION

1. Proposed Work Site at: 744 RT 70 WEST BRICKTOWN

2. Name of Owner in Fee: ELECTOR HAWKEYE LLC
Tel. (732) 604-5532 e-mail Rougherty@ElectorHawkeyeLLC
Address 100 MARCUS BLVD. HAUPPAUGE NY 11788
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Same. Tel. (_____) _____
Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun _____
Tel. (_____) _____ FAX: (_____) _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>✓</u>	
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)

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

TOTAL COST _____

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/24/2015
Control Number C-15-001045
Permit Number 15-0721
Permit Issue Date 3/18/2015
Certificate Number 15-0721

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 774 & 780 ROUTE 70 TEMP. TRAILER ON Block: 702 Lot: 30 Qual:
FOODTOWN SITE Brick Township, NJ
Owner in Fee: TOWNSHIP OF BRICK
Owner Address: 401 CHAMBERS BRIDGE RD BRICK NJ 08723
Telephone:
Contractor ELECNOR HAWKEYE LLC
Address 100 MARCUS BLVD HAUPPAUGE NY 11788
Telephone: (732) 604-5538 Fax:
License Number or Builders Registration Number: Federal Emp. Number:
Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: SERVICE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Date Printed: 3/24/2015

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

Fee: \$0.00

Check Number:

Collected By:

Page 1



CUT-IN-CARD

MUNICIPALITY BRICK

LOCATION 794 RT 70 UTILITY CO _____

~~DR~~ 333062767 BLK 702 LOT 30

OWNER TWP. BRICK OCCUPANT OFFICE
SITE SERVICE

"Installation in the above premises has been inspected and is
in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100 AMP 1° Meter Re Set

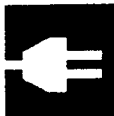
INSTALLED BY ELECTRON-HANDSKEY LICENSE NO _____

DATE 3-23-85 PERMIT 150721 INSPECTOR [Signature]

LIC. NO: 5151



DL 333062767
ELECTRICAL SUBCODE
TECHNICAL SECTION



74 + 780 ROUTE 70
FORMER FOODHOUN
SITE

Date Received
Control #
Date Issued
Permit # ~~0233062767~~

3/18/15
15-0721

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

Block 702 Lot 30 Qualification Code _____
Work Site Location 794 RT 70 WEST BRICKTOWN NJ
ABANDON PARKING LOT EAST OF PIER AVE.
Owner in Fee: ELECTOR HAWKEYE LLC
Tel. (232) 604-5538 e-mail RDougherty@ELECTORHAWKEYE.LLC.com

Address _____
Contractor: ELECTOR HAWKEYE LLC Tel. (631) 447-3100
Address 100 MARCUS BLVD. HAUPPAUGE NY e-mail _____

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☒ No Plans Required		Rough				
☐ Partial -Under-slab Utilities Approved		Barrier-Free				
Date: <u>3/18/15</u> Approved by: <u>[Signature]</u>		Trench				
☐ Electric Plans Approved		Temp. Serv.				
Date: _____ Approved by: _____		Constr. Serv.				
Joint Plan Review Required:		TCO				
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Date: <u>3/18/15</u>		Final				
Approved by: <u>[Signature]</u>		Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued				
☐ CO ☐ ICCO ☐ CA		Final Cut-in-Card Date Issued				
Date: <u>3/23/15</u>		Annual Pool Inspection				
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Robert K Dougherty

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Reinstall Electric meter

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

TOTAL NUMBERS

_____	Pool Permit/With UW Lights
_____	Storable Pool/Spa/Hot Tub
_____	KW Elec. Range/Receptacle
_____	KW Oven/Surface Unit
_____	KW Elec. Water Heater
_____	KW Elec. Dryer/Receptacle
_____	KW Dishwasher
_____	HP Garbage Disposal
_____	KW Central A/C Unit
_____	HP/KW Space Heater/Air Handler
_____	KW Baseboard Heat
_____	HP Motors 1/+ HP
_____	KW Transformer/Generator
<u>1</u>	AMP Service
<u>100</u>	AMP Subpanels
_____	AMP Motor Control Center
_____	KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

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



CONSTRUCTION PERMIT

Date Issued 3/18/2015
Control # C-15-001045
Permit # 15-0721

IDENTIFICATION Block: 702 Lot: 30 Qualifier _____
Work Site Location: 774 & 780 ROUTE 70 TEMP. TRAILER ON Contractor ELEC NOR HAWKEYE LLC
FOODTOWN SITE Brick Township, NJ Address 100 MARCUS BLVD HAUPPAUGE NY 11788
Owner in Fee TOWNSHIP OF BRICK Telephone: (732) 604-5538
401 CHAMBERS BRIDGE RD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SERVICE

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 \$1

David Newman Jr.
Construction Official

3/18/15
Date

PAYMENTS (Office Use Only)

Building _____ \$0
Electrical _____ \$100
Plumbing _____ \$0
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$0.00
DCA Training Fee _____ \$1
CO Fee _____ \$0
Other _____ \$0
Total _____ \$101
Check No. _____
Cash _____ \$101
Credit _____ \$0
Collected By _____ Nichol Ponsi

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:

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

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

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

03/19/15 4:14PM 001558#9537
ELECTRIC \$100.00
DCA \$1.00
CHANGE \$101.00
TOTAL \$101.00