BLOCK 842 LOT 8 QUALIFICATION CODE C21-8 ADDRESS (SITE) 1715 Route 88 PERMIT NO. 97-179B

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1715 Route 88
2. Name of Owner in Fee: U.I.I Corp Tel. (800) 844-4444
   Address 314 Commons Way (street) Princeton (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: J R K Const Co Inc Tel. (973) 335-8259
   Address 18 Arnold Dr Parsippany, NJ 07054
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3145947 FAX: (____) _____
5. Architect or Engineer AXIS Tel. (201) 816-1818
   Address 202 S. Dean St Englewood, N.J. 07631
6. Responsible Person in Charge of Work Jim Kelly
   Tel. (973) 335-8259 FAX (____) Same

Tenant Fit up.

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 385		
2.	Electrical	85		
3.	Plumbing	80		
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1.1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 536.1		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
		OPTIONAL (for office use only)								
1.	☐ Minor Work									
2.	☐ New Building					5-25-99	FM	6/18/99		
3.	☐ Addition									
4.	☒ Alteration	15,000								
5.	☐ Fire Protection					5-7-99	GP	6-18-99		
6.	☒ Plumbing	6,000			5-19-99	6-2-99	~~MM~~	6/17/99		
7.	☒ Electrical	5,000				5 24 99	MM	6-17-99		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GW	5/6/99		5/6/99	DZ			
	TOTAL COSTS	26,000								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10512400

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name JRK CONST CO INC

Address 16 ARNOLD PL
PARSIPPANY NJ 07054

Telephone (973) 335-8259

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/21/99
Control #
Permit # 99-1973

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 842 Lot 8 Qual
Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP
Owner in Fee/Occupant U I I CORP
Address 314 COMMONS WAY
PRINCETON, NJ
Telephone (800)844-1114
Contractor J R K CONSTRUCTION CO INC
Address 18 ARNOLD DR
PARSIPPANY, NJ 07054-
Telephone (973)335-8259 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3145947

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR TENANT BUILD OUT METAL STUD, DRYWALL ETC

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1164
Collected by: TL

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

0004 1973*# 0.00
BLOCK 842 # 0.00
LOT 8 # BUILDING 385.00
ELETRIC* 85.00
PLUMBING 80.00
FIRE 35.00
D.C.A. 21.00
ZONEFLOT 15.00
ENG P.R. 15.00
TOTAL 636.00
CHECK 636.00
CHANGE 0.00
06/04/99 NO. 5 00624005 10:10

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/04/99
Control #
Permit # 99-1973

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 842 Lot 8 Qual

Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP
Owner in Fee U I I CORP
Address 314 COMMONS WAY
PRINCETON, NJ
Telephone (800)844-1114

Contractor J R K CONSTRUCITON CO INC
Address 18 ARNOLD DR
PARSIPPANY, NJ 07054-
Telephone (973)335-8259
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3145947

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR TENANT BUILD OUT METAL STUD, DRYWALL ETC

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 $ 26,100

J Ciriazzo
Construction Official

06/04/99
Date

PAYMENTS (Office Use Only)

Building	385
Electrical	85
Plumbing	80
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	21
Cert. of Occupancy	0
Other 2 PEP	30
Total 636	636
Check No.	1164
Cash	
Collected By	TL

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/21/99
Control #
Permit # 99-1973

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 842 Lot 8 Qual
Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP
Owner in Fee/Occupant U I I CORP
Address 314 COMMONS WAY
PRINCETON, NJ
Telephone (800)844-1114
Contractor J R K CONSTRUCTION CO INC
Address 18 ARNOLD DR
PARSIPPANY, NJ 07054-
Telephone (973)335-8259 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3145947

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR TENANT BUILD OUT METAL STUD, DRYWALL ETC

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no significant hazards and the building is approved for continued occupancy.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1164
Collected by: IL

J. Caviezza
INSPECTION OFFICIAL
C.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/21/99
Date Issued 6/4/99
Control # C21-8
Permit # 99-1973

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

Block 842 Lot 8 Qual

Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP

Owner in Fee O I I CORP

Address 314 COMMONS WAY
PRINCETON, NJ

Tele.(800)844-1114

Contractor J R K CONSTRUCITON CO INC

Address 18 ARNOLD DR
PARSIPPANY, NJ 07054-

Tele.(973)335-8259 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3145947

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR TENANT BUILD OUT METAL STUD, DRYWALL ETC

See New F-1 Drawing Noting 96 BOCA

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-25-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CPO [ ] CA
Date: 6-18-99
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			6-8-99	FM
BarrierFree				
Insulation				
Finishes	6-17-99			
Energy				
Mechanical				
TCO				
Other				
Final			6/17/99	FM
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	385
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 15,000
3. Total (1+2)$ 15,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 385
DCA Training Fee	$ 12

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/21/99
Date Issued 6 14 99
Control # C21-8
Permit # 99-1973

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

Block 842 Lot 8 Qual
Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP
Owner in Fee U I I CORP
Address 314 COMMONS WAY
PRINCETON, NJ
Tele.(973)279-4894 Fax ( )
Contractor D H F ELECTRIC
Address 205 ROSE PLACE
WEST PATERSON, NJ 07424-
Tele.(973)279-4894
Lic. No. or Mstrs. Reg. No. 13213
Federal Emp. No. 22-3487273

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 5 24 99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6 17 99
Approved By:

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			6 8 99	MM
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			6 17 99	MM

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
23		Lighting Fixtures	
25		Receptacles	
7		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
5		Emergency & Exit Lights	
2		Communications Points	
0		Alarm Devices/F.A.C. Panel	
62		TOTAL NUMBERS	45
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	85
DCA Training Fee	$	4

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/21/99
Date Issued 6/4/99
Control # C21-8
Permit # 99-1973

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

Block 842 Lot 8 Qual
Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP
Owner in Fee U I I CORP
Address 344 COMMONS WAY
PRINCETON, NJ
Tele.(973)335-8259 Fax ( )
Contractor J R K CONSTRUCITON CO INC
Address 18 ARNOLD DR
PARSIPPANY, NJ 07054-
Tele.(973)335-8259
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3165947

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-7-99
Approved By: BB

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-15-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
Cooling Sys				
Mechanical				
Smoke Ctl				
TCO				
Final	6-17-99		6-18-99	BB
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.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices EMER EXIT LITES	1	
TOTAL	1	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

- Penetrations along five rated walls to be sealed w/ fire rating

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

6-8-99 Rec'd.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # # 99-1973.

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

Block 842 Lot 8
Work Site Location 1715 Route 88 Healthsouth

Owner in Fee UIT Corp
Address 314 Common Way
Princeton, NJ
Tele. ( ) 800 844-1114
Contractor Michael G Baker Plumbing & Heating
Address 68 Grant Ave
Totowa NJ 07512
Tele. (973) 790-4543 Fax ( )
Lic. No. 6964
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 6000.00

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
[X] CO [ ] CCO [ ] CA
Date: 6-17-99
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			6-8-99	
Rough			6-8-99	
Water				
Sewer				
Fixtures			6-17-99	
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.

Michael G Baker
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
	Shower
3	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
1	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
1	Other Shop Sink
	Other
	Other

Change Cert. Tag 6-8-99

RECEIVED
JUN 08 1999
DIV. OF CONSTRUCTION

FEE (Office Use Only)

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/21/99
Date Issued 6/4/99
Control # C21-8
Permit # 99-1973

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

Block 842 Lot 8 Qual

Work Site Location 1715 ROUTE 88 HEALTE SOUTH
TENANT FIT UP

Owner in Fee O I I CORP

Address 314 COMMONS WAY
PRINCETON, NJ

Tele.(201)935-5060 Fax ( )

Contractor G & G PLUMBING & HEATING

Address 425 8TH STREET
CARLSTADY, NJ 07072-

Tele.(201)935-5060

Lic. No. or Bldrs. Reg. No. 10313

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-2-99
Approved By:

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

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			6-8-99	
Rough		6-8-99		
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

B. TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
3	Floor Drain	30
1	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

I am the primary on floor drains

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 80
DCA Training Fee $ 5

Paid [ ] Check #
Collected by:

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/21/99
Date Issued 6/4/99
Control # C21-8
Permit # 99-1973

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

Block 842 Lot 8 Qual

Work Site Location 1715 ROUTE 88 HEALTH SOUTH
TENANT FIT UP

Owner in Fee O I I CORP

Address 314 COMMONS WAY
PRINCETON, NJ

Tele.(201)935-5060 Fax ( )

Contractor G & G PLUMBING & HEATING

Address 425 8TH STREET
CARISTADY, NJ 07072-

Tele.(201)935-5060

Lic. No. or Bldr: [redacted]

Federal Emp. No. [redacted]

Change of Contractor 6/8/99

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] ~~Plumb~~. Plans Approved
Date: 6-2-99
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
3	Floor Drain — 3 acc. trap primers on floor drains	30
2	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 80
	DCA Training Fee	$ 5

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: April 22, 1999 No. 1999-0525

Block 842 Lot 8 Zone: B-1, G.B.

Property Address: 1715 Route 88

Owner: UII Corporation Phone: 800-844-1114

Applicant: Jim Kelly, Health South Phone: 205-970-3405

Existing Use: Vacant retail unit

Proposed Use: Outpatient Physical Therapy Center

Proposed Construction: Interior alterations for tenant fix up

Conditions: Interior work only

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean P. Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 842 LOT 8

PROPERTY ADDRESS 1715 Route 88

NAME OF OWNER UII Corporation OWNER'S PHONE (800) 844-1114

NAME OF APPLICANT HealthSouth Corporation (Jim Kelly)

APPLICANT'S COMPLETE ADDRESS One HealthSouth Pkwy, Birmingham AL 35243

APPLICANT'S PHONE NUMBER (205) 970-3405 APPLICANT'S BUSINESS NAME HealthSouth Corp.

Darrell Simpson

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Carpet Store Retail

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Outpatient Physical Therapy Center

☐ Other (please describe) _____

PROPOSED CONSTRUCTION Tenant - Fit-up Metal Stud - Drywall Partitions - Accoustical C/GS

All Dimensions 24-0 W 66-0 L 10-0 H

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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

Signature of Applicant _____ Date 4-18-99

(973) 404-9412

Reviewed by Zoning Officer Date 4-22-99 ☒ Approved ☐ Rejected

RE/MAX
of Long Beach Island
330 West 8th Street
On The Causeway
Ship Bottom, NJ 08008
Office: (609) 494-7000, ext. 309
Fax: (609) 361-0003

Jim Dooney, CCIM
Broker-Salesperson

Monday, April 26, 1999

Michael P Fowler AICP/PP
Municipal Planner
Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

RE:1715 Route 88

Dear Michael:

The rumors of my being on vacation are exaggerated. I just didn't expect Healthsouth to make application for another week or so.

As I mentioned last week, the convenience store tenant, Quick Stop is no longer a tenant at these premises. That space is now vacant. The other changes to the rent roll since the January 1997 variance are as follows:
Replace Monath Computer(2.76 spaces) with Windward Industries (3.68? spaces).
Replace Midway Sewing (4.15 spaces) with Healthsouth (8.3 spaces).
With these changes in place, we would require 56 spaces, as opposed to the 55 spaces permitted, if we lease the Quick Stop space to a convenience store. I have discussed, with the owner, the idea of demising a 100 sq. ft. storage closet within the former Quick Stop space for the owners storage. We may pursue that option if the next tenant is a convenience store.

Very Truly Yours;

Jim Dooney CCIM, CPM

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5-19-99

JURISDICTION Alby
(City, County, Township, etc.)

BUILDING LOCATION 1715 Rt 88
(Street address)

BUILDING DESCRIPTION Health Dept

REVIEWED BY [signature]

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	a letter concerning ~~occupancy~~ occupancy	
	is required	
	architect was called	
	Resubmit	
	[signature]	
	5/27/99	

06/93

AXIS Architectural Studio

FAX COVER SHEET

Date: MAY 27, 1999

Faxed To: ALLISON

Faxed to Number: 1-732-262-8954

Faxed From: BILL SEVERINO

Number of Sheets: 2

Comments: RE: HEALTH SOUTH

OUR OFFICE MAILED A COPY OF THIS LETTER LAST WEEK. IF YOU HAVE ANY CONCERNS, PLEASE FEEL FREE TO CALL.

RECEIVED
MAY 27 1999
DIV. OF INSPECTION

202 South Dean Street • Englewood, NJ 07631 • 201 816 1818 • fax 201.816.0212

AXIS Architectural Studio

May 19, 1999

Mr. Bernie Riley
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: Health South Occupancy

Dear Mr. Riley:

It is our understanding that there will be 3 staff members working the facility with 5 patients per hour.

If you should have any other questions please feel free to call me at any time.

Sincerely

Steven B. Lazarus A.I.A
Axis Architectural Studio

RECEIVED
MAY 27 1999
DIV. OF INSPECTION

202 South Dean Street • Englewood, NJ 07631 • 201.816.1818 • fax 201.816.0212

BOCA® NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5-6-99

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION 1715 RT 66
(Street address)

BUILDING DESCRIPTION INT Renovat

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	Cover Sheet Quotes Wrong Code	
	5/17/99 - Resubmit	
	Called left Message @ Kim	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5/12/99

JURISDICTION Elliott

BUILDING LOCATION Brick (City, County, Township, etc.) 1715 Rt. 88 (Street address)

BUILDING DESCRIPTION Health South

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	looking For panel location	
	5/18/99 - Resolved	

AXIS Architectural Studio

FAX COVER SHEET

Date: 5·18·99

Faxed To: Lisa Rose

Faxed to Number: 732·262·8954

Faxed From: Steven Lazaros

Number of Sheets: 2

Comments: Health South

AXIS Architectural Studio

May 13, 1999

Mr. Paul Renson
Electrical Inspector
Brick Township

RE: Health South

Dear Mr. Renson:

We will be installing the electrical panel in Closet #112.

If you have any other questions please feel free to call me at any time.

Sincerely

Steven B. Lazarus A.I.A
Axis Architectural Studio

202 South Dean Street • Englewood, NJ 07631 • 201.816.1818 • fax 201.816.0212

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 16
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP B

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 4/18/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 842 Lot: 8

TENANT FIT-UP

I, James Kelly (name) of 18 Arnold Dr Parsippany, N.J. 07054 (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 5/6/99 By:

Rejected Date: By:

Remarks: No Exterior Site Work

COUNTER FORM
PLEASE PRINT

COPY

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1715 Route 88 — Date Rec'd.:
Block: 842 Lot: 8 — Date Issued:
Owner in Fee: 4II. Corp — Control#:
Address: 314 Commons WAY — Permit#:
PRINCETON
State: NJ Zip: 08540 Phone: (800) 844-1114
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: C+G PLUMBing+Heating
ADDRESS: 425 9TH STREET
CARLSTADT. N.J. 07072
PHONE: (201) 935-5060
LIC#: 10313
LIC. EXPIRATION DATE: 6/99
FEDERAL EMP. # (or S.S. #): [redacted]

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
1	Lavatory
	Shower
3	Floor Drain
2	Sink + mop Receptor
	Dishwasher
	Drinking Fountain
1	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
EXISTING	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
1	Vent Through Roof
1	Other MIXING Valve + WASTE STACK

Estimated Cost of Plumbing Work: $ 6,000
Signature: Giovanni Gagone (CG)
Owner ☐ Contractor ☒

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:
Giovanni Gagone

BUILDING SUBCODE

CONTRACTOR: JKK Construction Co Inc
ADDRESS: 18 ARNOLD DR
PARSIPPANY. NJ 07054
PHONE: 973-335-8259
LIC#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-3145947

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INTERIOR TENANT Build-out
metal STUD, DRYWALL etc

TYPE OF WORK

☐ New Building
☐ Addition — ☐ Fence: Height (6' or More)
☒ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP — Present: B — Proposed: B
CONSTR. CLASS — Present: — Proposed:
No. of Stories: 1
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: — Total Land Disturbed:
Signature: J K K

Estimated Cost of Building Work: 15,000
New Building (1): $ 15,000
Aleration (2): $
TOTAL (1+2): $ 15,000

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: D.H.F. Electric
ADDRESS: 205 Rose Place
West Paterson NJ - 07424
PHONE: 973-275-4894
LIC.#: 13213 EXP. DATE: 2000
FEDERAL EMPL. #: (or S.S. #): 22-3487273

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	23	2x4
Receptacles	25	20 AMP
Switches	7	
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights	5	
Communications Points	2	
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

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

Estimated Cost of Electrical Work: $ 5,000/
Signature (print name): DAVE FANT
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR: JRK Const Co Inc
ADDRESS: 18 Arnold Pl
Parsippany NJ 07054
PHONE: (973) 335-8259
LIC.#: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22-3145947

TECHNICAL DATA (DESCRIPTION OF WORK)

NO WORK
EGRESS Review only

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	Energ/Exit Lites
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $ 0
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: