BLOCK 702.02 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 7-ELEVEN STORE 101 CHAMBERS BRIDGE PERMIT NO. 11-1193

CONSTRUCTION PERMIT APPLICATION

RECD MAR

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-11-0004d02

I. IDENTIFICATION

1. Proposed Work Site at: 101 CHAMBERS BRIDGE ROAD
2. Name of Owner in Fee: SOUTHLAND CORP.
   Tel. ( ) e-mail
   Address PO BOX 711, DALLAS TX 75221 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: FI COMPANIES Tel (732) 727-8100
   Address 3150 BORDENTOWN AVE OLD BRIDGE NJ 08857
   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. [redacted] FAX: (732) 518-2045
5. Architect or Engineer KOHLER ENGINEERING Contact JOHN KOHLER
   Address 35 TECHNOLOGY DR. WARREN e-mail NJ 07059
   Tel (908) 668-8300 FAX: (908) 754-4401
6. Responsible Person in Charge once Work has Begun DAN DUGGAN
   Tel (732) 727-8100 FAX: (732) 518-2045

COMMERCIAL

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	300 ✓	
2.	Electrical		290 ✓	
3.	Plumbing		140 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		35	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		765	
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	NA ft.	
3.	Area — Largest Floor	2646 sq. ft.	
4.	New Building Area	NA sq. ft.	
5.	Volume of New Structure	cu. ft.	
6.	Construction Classification		
7.	Total Land Area Disturbed	sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no		
11.	Max. Live Load		
12.	Max. Occupancy Load	61	

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work					3/15/11	KA			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☒ c. Renovation	10,000								
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☒ Plumbing	4000			3-15-11 PA			4/8/11	MD	
7.	☒ Electrical	6500				3-17-11 JS				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	16,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: (All Units / Income-restricted)
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: RETAIL STORE
2. Use Group: M
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Bruce Boyle

Address c/o Bohler Eng.
35 Technology Dr Warren NJ 07059

Telephone (908) 668-8300

Signature Bruce E Boyle

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/3/2011
Control Number C-11-000662
Permit Number 11-1193
Permit Issue Date 4/28/2011
Certificate Number 11-1193

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 101 CHAMBERS BRIDGE RD. 7-11 Brick Township, NJ Block: 702.02 Lot: 14 Qual:

Owner in Fee: SOUTHLAND CORPORATION(THE)%TAX DEPT

Owner Address: P.O. BOX 711 DALLAS TX 75221

Telephone:

Contractor BOB JOSEPH, INC

Address 37 CINDER ROAD EDISON NJ 08820

Telephone: (732) 549-7424 Fax: (732) 549-6710

License Number or Builders Registration Number: 3916 Federal Emp. Number: 22-2052318

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL renovation of coffee island and install hot food prep. area

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/3/2011

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

CONSTRUCTION PERMIT

Date Issued 4/28/11
Control # C-11-000662
Permit # 11113

IDENTIFICATION Block: 702.02 Lot: 14 Qualifier
Work Site Location: 101 CHAMBERS BRIDGE RD. 7-11 Brick Township, NJ
Owner in Fee SOUTHLAND CORPORATION(THE)%TAX DEPT P.O. BOX 711 DALLAS TX 75221
Telephone:

Contractor F I COMPANIES
Address 3150 BORDENTOWN AVENUE OLD BRIDGE NJ 08857
Telephone: (732) 727-8100
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL renovation of coffee island and install hot food prep. area

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

Estimated Cost of Work $20,500

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$300
Electrical	$290
Plumbing	$140
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$35
CO Fee	
Other	$0
Total	$765
Check No.	34121
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

#119
BUILDING $300
ELECTRICAL $290
PLUMBING $140
DCA $35
TOTAL $765

- [ ] 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.

PLUMBING SUBCODE
TECHNICAL SECTION

7-11 STORE

Date Received 4/28/11
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 Chambers Bridge Road

Owner in Fee Southland Corp.

Address ~~###~~ PO Box 711
DALLAS TX 75221

Tel ( )

Contractor JACK CHARTERS

Address 757 PRESCOTT PL PARAMUS NJ

Tel (201) 599 1200 FAX (201) 599-5676

Contractor License N [redacted]

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size EXIST Public Sewer ✓ Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 4000.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 4/18/11

Approved by:

SUBCODE APPROVAL 4-19-11 BV

[ ] CO [ ] CCO [✓] CA

Date: 9-22-11

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			092011	PA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	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	
1	Other 1½" WATER LINE	
2	Other ¾" WATER LINE	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

7-11 STORE

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code _____
Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723
Owner in Fee SOUTHLAND CORP.
Address PO BOX 711
DALLAS TX 75221
Tel (_____)
Contractor TYLER PLUMBING
Address 119 OTTER STREET
BRISTOL PA 19007
Tel (215) 788-1144 FAX (215) 785-1185
Contractor License No. 2051
Federal Emp. No. 23-1626394

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ 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: 9-22-11
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			09.20.11	PB

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	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	
2	Other ½" WATER LINE	
2	Other 3/8" WATER LINE	

Change of Contractor

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

U.C.C. F130 (rev. 1/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee: SOUTHLAND CORP.

Tel. ( ) e-mail

Address PO BOX 711 (street) DALLAS (municipality) TX 75221 (zip code)

Contractor: BOB JOSEPH INC. Tel. (732) 549-7424

Address 37 CINDER ROAD e-mail
EDISON NJ 08820

Contractor License No. 3916 Exp. Date 03/2012

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

Federal Emp. ID No. 22-2052318 FAX: (732) 549-6710

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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: 9/23/11
Approved by: JS

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		9/20/11		OD
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 12/07)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
change of contractor

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
52		Receptacles	
		Switches	
		Detectors	
4		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
5	13.6	KW Elec. Range/Receptacle	
		KW Over/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 $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/28/11
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 Clinton Brook Bridge Rd.

Owner in Fee: Southland Corp.

Tel. ( ) e-mail

Address PO Box 711, Dallas Tx 75221

Contractor: (street) TECH ELECTRICAL CONTRACTORS (municipality) Tel. (201) 6378508 (zip code)

Address 60 Eisenhower Dr Paramus e-mail TSTECH@OPTONLINE.NET

Contractor License No. 6525 Exp. Date 3/12

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

Federal Emp. ID No. 263963114 FAX (201) 6557427

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as RETAIL STORE Utility Co. JCP&L

Est. Cost of Elec. Work $ 6500.00

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.

Thomas Schroeder

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
7		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
5	13.4	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 Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 3-17-11

Approved by: JS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

BUILDING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 102.02 Lot 14 Qualification Code

Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee SOUTHLAND CORP.

Address PO BOX 711
DALLAS TX 75221

Tel. ( )

Contractor BOB JOSEPH INC.

Address 37 CINDER ROAD
EDISON NJ 08820

Tel. (732) 549-7424 FAX (732) 549-6710

Contractor License No. or Builder Registration No. 3916

Federal Emp. No 22-2052318

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/22/11
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/20/11	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure NA Ft.
Area — Largest Floor 2646 Sq. Ft.
New Bldg. Area/All Floors NA Sq. Ft.
Volume of New Structure 1 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PROPOSED INTERIOR RENOVATION TO EXISTING RETAIL STORE.

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 4/28/11

Date Issued Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 Chamberlain Bridge Road

Owner in Fee: Southland Corp.

Tel. ( ) e-mail

Address Po Box 711, Dallas TX 75221
street municipality zip code

Contractor: FI Companies Tel. (732) 727-8100

Address 3150 Bordentown Ave Old Bridge e-mail NJ 08857

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

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

Federal Emp. ID No. [redacted] FAX: (732) 518-2045

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

Proposed Interior Renovation To Existing Retail Store

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	3/15/11	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/22/11
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/20/11	
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
[X] Other Interior Renovation
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed M
Constr. Class	Present	Proposed
No. of Stories	1	
Height of Structure	NA Ft.	
Area — Largest Floor	26416 Sq. Ft.	
New Bldg. Area/All Floors	NA Sq. Ft.	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

BOB JOSEPH INC.

ELECTRICAL CONTRACTOR

37 CINDER ROAD EDISON, NEW JERSEY 08820

Bob Joseph, Inc.
37 Cinder Road
Edison, NJ 08820

USA FIRST-CLASS FOREVER

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee: SOUTHLAND CORP.

Tel. ( ) e-mail

Address PO BOX 711 (street) DALLAS (municipality) TX 75221 (zip code)

Contractor: BOB JOSEPH INC. Tel. (732) 549-7424

Address 37 CINDER ROAD e-mail
EDISON NJ 08820

Contractor License No. 3916 Exp. Date 03/2012

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

Federal Emp. ID No. 22-2052318 FAX: (732) 549-6710

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
change of contractor

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
1		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
5	13.9	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 $

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # E1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee: SOUTHLAND CORP.

Tel. ( ) e-mail

Address PO BOX 711 (street) DALLAS (municipality) TX 75221 (zip code)

Contractor: BOB JOSEPH INC. Tel. (732) 549-1424

Address 37 CINDER ROAD e-mail
EDISON NJ 08820

Contractor License No. 3916 Exp. Date 03/2012

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

Federal Emp. ID No. 22-2052318 FAX: (732) 549-6710

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Change of occupation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
53		Receptacles	
3		Switches	
		Detectors	
1		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle	
5	13.9	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 $

Memo

Date: 8/17/11

RECD AUG 19 2011

From: Bob Joseph, Inc.

To: Brick Township
Building Department

Subject: Change of Contractor

Please find enclosed Change of Contractor request for the 7-Eleven store located at 101 Chambersbridge Road (Permit # 11-1193).

Kindly mail us back the permit copies once completed.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code _____
Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723
Owner in Fee SOUTHLAND CORP.
Address PO BOX 711
DALLAS TX 75221
Tel (_____)
Contractor TYLER PLUMBING
Address 119 OTTER STREET
BRISTOL PA 19007
Tel (215) 788-1144 FAX (215) 785-1185
Contractor License No. 2051
Federal Emp. No. 23-1626394

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

_____
Applicant's Signature/Contractor's Seal and Signature

[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	
1	Floor Drain	
2	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	
2	Other ½" WATER LINE	
12	Other 3/8" WATER LINE	

Seal of Contractor

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

U.C.C. F130 (rev. 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 702 02 Lot 14 Qualification Code

Work Site Location 101 CLAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee SOUTHLAND CORP.

Address PO BOX 711
DALLAS TX 75221

Tel ( )

Contractor TYLER PLUMBING

Address 119 OTTER STREET
BRISTOL PA 19007

Tel (215) 788-1144 FAX (215) 785-1185

Contractor License No. 2051

Federal Emp. No. 23-1626394

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[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	
1	Floor Drain	
2	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	
1	Stacks	
2	Other 1½" WATER LINE	
12	Other 3/8" WATER LINE	

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

U.C.C. F130 (rev. 1/04)

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3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 7[illegible]2 Lot A Qualification Code _____
Work Site Location [illegible] ROAD STE 126
[illegible] NJ 5723
Owner in Fee [illegible] ASSOC
Address PO BOX 711
DALLAS TX 75221
Tel (_____)
Contractor TYLER PLUMBING
Address 1M OTTER STREET
[illegible] PA 19007
Tel (215) 788-1144 FAX (215) 785-1185
Contractor License No. 2051
Federal Emp. No. 23-1621344

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

_____
Applicant's Signature/Contractor's Seal and Signature

[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	
1	Floor Drain	
2	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	
1	Other 1" WATER LINE	
2	Other 3/8" WATER LINE	

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

FRANK [illegible] LICENSED PLUMBING INSPECTOR 2051

U.C.C. F130 (rev. 11/04)

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

BUILDING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee SOUTHLAND CORP.

Address PO BOX 711
DALLAS TX 75221

Tel. ( )

Contractor BOB JOSEPH INC.

Address 37 CINDER ROAD
EDISON NJ 08820

Tel. (732) 549-7424 FAX (732) 549-6710

Contractor License No. or Builder Registration No. 3916

Federal Emp. No 22-2052318

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure NA Ft.
Area — Largest Floor 2646 Sq. Ft.
New Bldg. Area/All Floors NA Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PROPOSED INTERIOR RENOVATION TO EXISTING RETAIL STORE.

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

CHANGE OF CONTRACTOR

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 700.02 Lot 14 Qualification Code

Work Site Location 101 CHAMBERSBRIDGE ROAD STORE 11028
BRICKTOWN NJ 08723

Owner in Fee SOUTHLAND CORP.

Address PO BOX 711
DALLAS TX 75221

Tel. ( )

Contractor BOB JOSEPH INC.

Address 31 CINDER ROAD
EDISON NJ 08820

Tel. (732) 549-1424 FAX (732) 549-6710

Contractor License No. or Builder Registration No. 3916

Federal Emp. No 22-2052318

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure NA Ft.
Area — Largest Floor 7686 Sq. Ft.
New Bldg. Area/All Floors NA Sq. Ft.
Volume of New Structure 1 Cu. Ft.
Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PROPOSED INTERIOR RENOVATION TO EXISTING RETAIL STORE.

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

CHANGE OF CONTRACTOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 11-1193

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

Block 700.02 Lot 14 Qualification Code

Work Site Location [illegible] ROAD STORE [illegible]

[illegible] NJ 08723

Owner in Fee [illegible] LAND CORP

Address [illegible]

[illegible] TX 75221

Tel. ( )

Contractor [illegible] INC

Address [illegible]

[illegible] NJ 08820

Tel. (732) 549. 7474 FAX (732) 549. 6710

Contractor License No. or Builder Registration No. 3916

Federal Emp. No 22. 2052318

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 [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PROPOSED INTERIOR RENOVATION TO EXISTING RETAIL STORE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ______ Height (exceeds 6')
- [ ] Sign ______ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other INTERIOR RENOVATION
- [ ] Demolition

FEE (Office Use Only)
$

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed

Constr. Class Present Proposed

No. of Stories 1

Height of Structure NA Ft.

Area — Largest Floor 21,616 Sq. Ft.

New Bldg. Area/All Floors NA Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/28/11

Date Issued / Permit # 11-1193

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

Block 707.02 Lot 14 Qualification Code _____

Work Site Location 101 Atlantic Heights Bridge Road

Owner in Fee: Smithman Prop.

Tel. (____) _____ e-mail _____

Address 1 Penn Plz 711 Dallas Tx 75201
street municipality zip code

Contractor: FI Companies Tel. (732) 727-9100

Address 3150 Brunswick Ave Allenhurst NJ 07711 e-mail _____

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

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

Federal Emp. ID No. [redacted] FAX: (732) 518-2045

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 Interior Renovation To Existing Retail Store

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	5/15/11	

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other		5/15/11		
Final				
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
- [X] Other Interior Renovation
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed A
Constr. Class	Present _____	Proposed _____
No. of Stories	1	
Height of Structure	N/A	Ft.
Area — Largest Floor	7,641±	Sq. Ft.
New Bldg. Area/All Floors	N/A	Sq. Ft.
Volume of New Structure	1	Cu. Ft.
Total Land Area Disturbed	1	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 10,000

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 4/28/11

Date Issued Permit # 11-1193

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ (street) (municipality) (zip code)

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

Home Improvement Contr[redacted]emption Reason (if applicable): _____

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

JOB SUMMARY (Office

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

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

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

_____

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 $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/28/11
Control #

Date Issued
Permit # 11-1193

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 Williamsburg Blvd

Owner in Fee: Southland Corp.

Tel. ( ) e-mail

Address PO Box 711 Dallas Tx 75221

Contractor: (street) TECH ELECTRICAL (municipality) CONTRACTORS Tel. (201) 6378508 (zip code)

Address 60 Eisenhower Dr Paramus e-mail TSTECH@optonline.net

Contractor License No. 6525 Exp. Date 3/12

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

Federal Emp. ID No. 263961114 FAX: (201) 655-7427

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as Retail Store Utility Co. PSE&G

Est. Cost of Elec. Work $ 1,500.00

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
7		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
5	13.4	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 — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 3-17-11

Approved by: DS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/28/11
Control #

Date Issued
Permit # 11-1193

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. 6525 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 $ _____

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
7		Receptacles	
3		Switches	
____		Detectors	
____		Light Poles	
1		Motors—Fract. HP	
____		Emergency & Exit Lights	
____		Communications Points	
____		Alarm Devices/F.A.C. Panel	
____		_____	
11		TOTAL NUMBERS	$ _____
____		Pool Permit/with UW Lights	
____		Storable Pool/Spa/Hot Tub	
____	____	KW Elec. Range/Receptacle	
5	12.1	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 Date Initial

[ ] No Plans Required

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

Date: 5-17-11
Approved by: JS

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	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 _____

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/28/11
Control #

Date Issued
Permit # 11-1193

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

Block 7.2.02 Lot 41 Qualification Code
Work Site Location 101 Hamburg Turnpike Wayne
Owner in Fee Southwind Park Corp.
Address ~~701~~ PO Box 711
Dallas TX 75221
Tel ( )
Contractor JACK CHARLES
Address 757 Prescott Pl Paramus NJ
Tel (201) 599 1200 FAX (201) 599-9676
Contractor License No.
Federal Emp. No. 208 142 656

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size 5x15T Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/18/11
Approved by:

SUBCODE APPROVAL 4-19-11
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature
[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	
2	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	
2	Other 1" WATER LINE	
2	Other 3/4" WATER LINE	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/28/11 / 11-1193

Date Issued / Permit #

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

Block 7.2.01 Lot 1.01 Qualification Code

Work Site Location 101 [illegible]

Owner in Fee

Address 700 [illegible] DALLAS TX 7[illegible]

Tel ( )

Contractor JACK CHAIRS

Address 757 PRESCO PL PARAMUS NJ

Tel (201) 599 1220 FAX (201) 599 [illegible]

Contractor License No.

Federal Emp. No. 20-[illegible]

B. PLUMBING CHARACTERISTICS

Use Group Present 11 Proposed R-

Building Sewer Size 6" Public Sewer ✓ Private Septic

Water Service Size 1" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 4/15/11

Approved by:

SUBCODE APPROVAL 4-15-11

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Applicant's Signature/Contractor's Seal and Signature

[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	
2	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	
7	Other [illegible]	
2	Other [illegible]	

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

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

3/17/11
Faxed
resubmit 4/14/11

Subcode Official Review

To: P.O. BOX 711 DALLAS, TX 75221 CC:

RE: Plumbing Subcode
Block: 702.02 Lot: 14 Qual:
101 CHAMBERS BRIDGE RD
Permit Number: Control Number: C-11-000662
Last Submit Date: Tuesday, March 15, 2011

Date: Tuesday, March 15, 2011

Dear SOUTHLAND CORPORATION(THE)%TAX DEPT,
Your request is hereby denied based upon the following infractions.
1- plumbing application indicates 2 sinks while the floor plan indicates only 1 sink
2- submit plumbing drawing for the sink

Sincerely,

_____

Paul Auth , Subcode Official

BOHLER
ENGINEERING

35 Technology Drive
Warren, NJ 07059
PHONE 908.668.8300
FAX 908.754.4401

April 13, 2011

Via Federal Express

Brick Township
401 Chambers Bridge Road
Bricktown, NJ 08723

Attention: Daniel F. Newman Jr.
Construction Official

RE: 7-Eleven Store #11028
Block 702.02; Lot 4
101 Chambers Bridge Road
Township of Brick
Ocean County, New Jersey
BENJ File No. 110895

Dear Mr. Newman:

Pursuant to the question raised by the Plumbing Sub-Code Official, we have revised the proposed plan, Sheet 3 to include the requested riser diagram. Accordingly, we are transmitting herein the following item in regard to the above referenced location:

- Three (3) copies of the revised plan (Proposed Equipment Layout), revision dated 04/13/11.

Should you have any questions or require any additional information, please do not hesitate to contact me at 908-668-8300.

Thank you in advance for your cooperation in this matter.

Sincerely,

BOHLER ENGINEERING

John M. DeRiso, P.E., P.P.

JMD/nlg - J:\2010\J100708\Due Diligence\11028 Bricktown\Submitted Documents\110895 - Response to Plumbing Subcode Official.doc
Enclosures

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

To: Tom Brennan From: Kim Bogar

Company: Bohler Eng

Fax Number: 908-754-4401

Date: 4/13/11

Total No. of Pages: 1

Re:

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Notes/Comments:

311 ACCESS BRICK TOWNSHIP

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	0034
DESTINATION ADDRESS	97325182045
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	03/17 14:35
USAGE T	00'39
PGS.	1
RESULT	OK

908-754-4401 Tom Brennan

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

Subcode Official Review

To: P.O. BOX 711 DALLAS, TX 75221 CC:

RE: Plumbing Subcode
Block: 702.02 Lot: 14 Qual:
101 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-11-000662
Last Submit Date: Tuesday, March 15, 2011

Date: Tuesday, March 15, 2011

Dear SOUTHLAND CORPORATION(THE)%TAX DEPT,
Your request is hereby denied based upon the following infractions.
1- plumbing application indicates 2 sinks while the floor plan indicates only 1 sink
2- submit plumbing drawing for the sink

Sincerely,

_____

Paul Auth , Subcode Official

BOHLER
ENGINEERING

35 Technology Drive
Warren, NJ 07059
PHONE 908.668.8300
FAX 908.754.4401

March 9, 2011
Via FedEx

Brick Township
401 Chambers Bridge Road
Bricktown, NJ 08723

Attention: Daniel F. Newman Jr.
Construction Official

RE: 7-Eleven Store #11028
Block 702.02; Lot 4
101 Chambers Bridge Road
Township of Brick
Ocean County, New Jersey
BENJ File No. 110895

Dear Mr. Newman:

On behalf of 7-Eleven Stores, Bohler Engineering is transmitting herein an application package for construction permits pertaining to the repairs and renovations associated with the above referenced store. Contained in this application package are the following:

- Three (3) sets of the plans (Cover Sheet, Existing Equipment Layout, Proposed Equipment layout, and Equipment Schedule);
- One (1) Construction Permit Application Jacket;
- One (1) Building Permit Application;
- One (1) Plumbing Permit Application (and accompanying sketch and equipment sheets);
- One (1) Electrical Permit Application and the equipment sheets.

It is 7-Eleven's goal is to begin this effort on **April 3, 2011**. We realize, of course, that your municipal review workload may vary, so we respectfully ask that when your workload allows, the review be expedited within those restraints.

We have made a concentrated effort to transmit a complete application package, however if you have any questions or require any additional information, please do not hesitate to contact myself or Bruce Boyer at 908-668-8300.

Thank you in advance for your cooperation in this matter.

Sincerely,

BOHLER ENGINEERING

John M. DeRiso, P.E., P.P.

JMD/je - J:\2010\J100708\Due Diligence\110 28 Bricktown\Submitted Documents\110895 - Construction Permit App Package.doc
Enclosures
Cc to include Bovis PM
Cc: Brian McMorrow, Bohler Engineering
Bruce Boyer, Bohler Engineering
Paul Fraser, Bovis Land Lease, Inc.
GC

Dimensions & Specifications

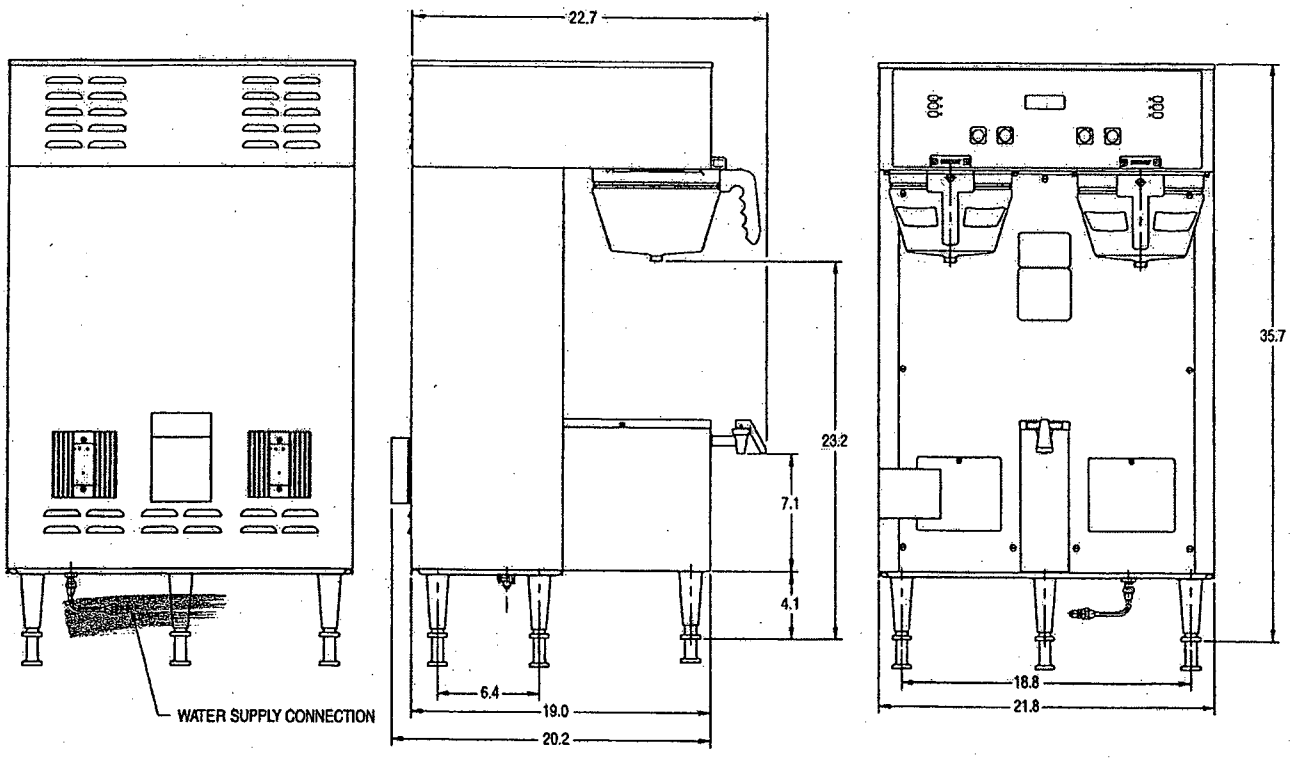
Model	Product #	Volts	Amps	Tank Heater Watts	Total Watts	Brewing Capacity	Cu. Ft.	Shipping Weight	Funnel Locks	Cord Attached
Dual TF DBC	34600.0000	120/240	27.5	2@3300	6600	18.9 gal/hr	14.6	92.5 lbs.	Yes	No
Dual TF DBC*	34600.0001	120/240	27.5	2@3300	6600	18.9 gal/hr	14.6	92.5 lbs.	Yes	No
Dual TF DBC	34600.0002	120/240	27.5	2@3300	6600	18.9 gal/hr	14.6	92.5 lbs.	No	No
Dual TF DBC*	34600.0003	120/240	27.5	2@3300	6600	18.9 gal/hr	14.6	92.5 lbs.	No	No
Dual TF DBC	34600.0004	120/208	27.4	2@2850	5700	16.3 gal/hr	14.6	92.5 lbs.	No	No
Dual TF DBC*	34600.0005	120/208	27.4	2@2850	5700	16.3 gal/hr	14.6	92.5 lbs.	No	No
Dual TF DBC	34600.0006	120/208	27.4	2@2850	5700	16.3 gal/hr	14.6	92.5 lbs.	Yes	No
Dual TF DBC*	34600.0007	120/208	27.4	2@2850	5700	16.3 gal/hr	14.6	92.5 lbs.	Yes	No

** Models have black decor.*

Brewing capacity: *based upon incoming water temp of 60°F (140°F rise).*
Models listed as 120/208V or 120/240V must be connected to 208V or 240V electrical service respectively. Please refer to the installation manual.

Electrical: Brewer is 3-wires plus ground service rated 120/208V or 120/240V, single phase, 60Hz.

Plumbing: 20-90 psi (138-621 kPa). Machine supplied with ⅜" male flare fitting. Tank capacity: 10.6 gallons *(40.1 L)*



Bunn-O-Matic® Corporation - 1400 Stevenson Drive Springfield, Illinois 62703 • 800-637-8606 • 217-529-6601 • Fax 217-529-6644 • www.bunn.com

All dimensions shown in inches.

GUIDELINES FOR INSTALLATION OF THE EXHAUST FANS

Contents

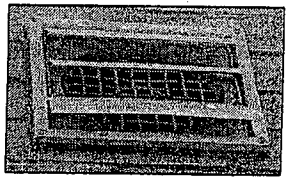
A - Exhaust fan w/ control box
B - Electrical whip and switch
C - Thermostat wire
D - Thermostat
E - (2) Intake diffusers
F - (3) 25' boxes 8" alum. Flex
G - (1) 8x8x8 wye
H - (2) Metal brackets for mounting fan
I - (1) Exhaust hood for outside wall
J - (2) diffuser extension collars

Guidelines for installation

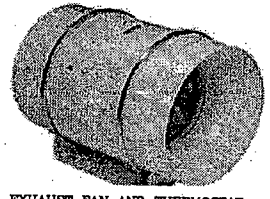
1. Locate exhaust hood & wall penetration as close to outside wall of Slurpee machine as possible.
2. Core 9" hole thru outside wall for exhaust hood.
3. Mount exhaust fan w/ 8x8x8 wye on intake side of fan above ceiling near Slurpee machine.
4. Cut-in round intake diffusers & mount to ceiling tile: (1) above convection oven & (1) above Slurpee machine (where discharge air hits the ceiling)
5. Mount thermostat on ceiling tile closest to intake above Slurpee machine and connect two conductor t-stat wires from control box to t-stat.
6. Secure 8" diffuser extension collars to ea. intake diffuser (facilitates connecting of flex duct)
7. Connect 8" flex ducts from intake diffusers to wye, and from discharge of fan to outside exhaust hood.
8. Connect electrical whip to control box terminal strip (color-coded) and other end to a 115-volt power source above ceiling at a junction box to be determined in the field.
9. Utilize anti-short bushings (red devils) when connecting flexible m/c cable to control box and junction box!!!
10. Adjust thermostat setting to approx. 80 degrees.

For any questions of comments, please call the Texas Trane office.
Contacts are:

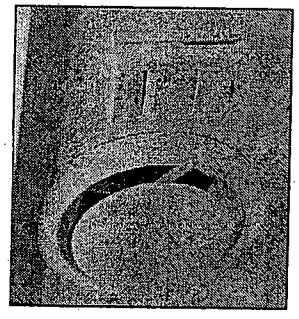
Brad Branch 972-406-6076 bbranch@trane.com
Charles Anderson 972-406-3661 ckanderson@trane.com



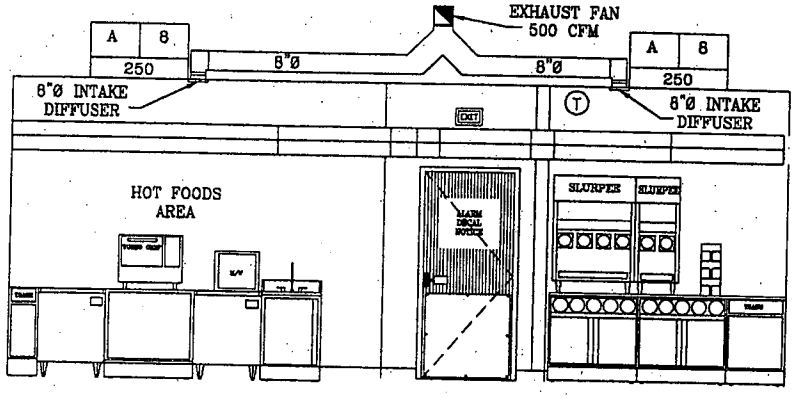
DRYER HOOD
PART # EXDH-101



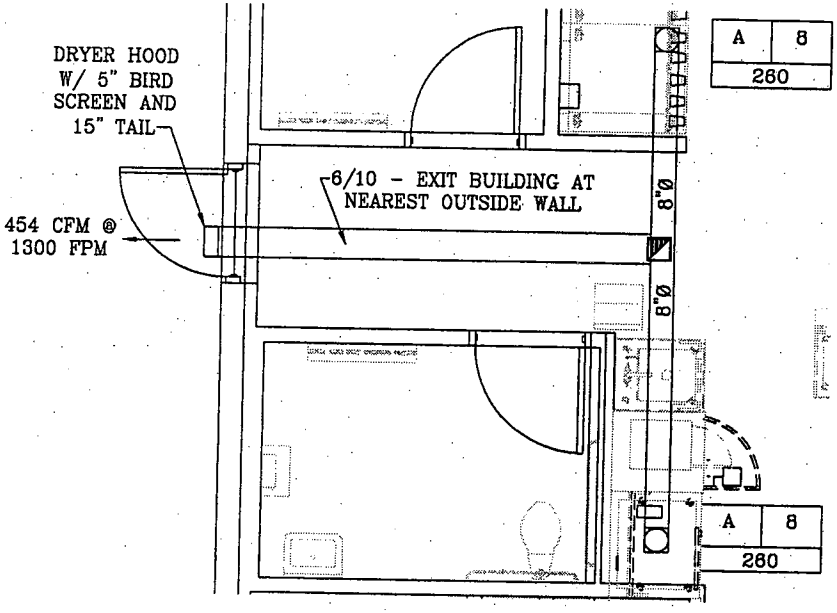
EXHAUST FAN AND THERMOSTAT
PART # EXF-102 (500 CFM)



8" ROUND INTAKE DIFFUSER
PART # EXRI-101



FRONT ELEVATION



TOP VIEW

NOTES:
1. BASED ON 1300 FPM EXHAUST
2. FAN CAPACITY OF 454 CFM

HOT FOODS
EXHAUST FAN SHEET

HF-190

CA-150
2REQ.

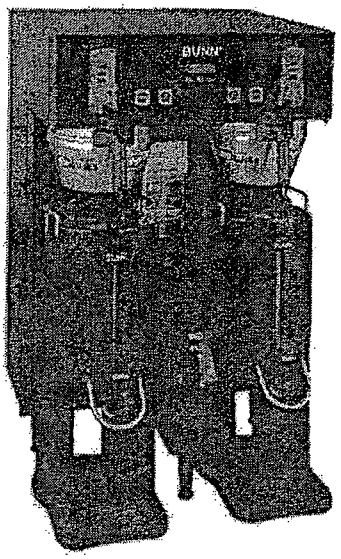
BUNN®

ITEM#

PROJECT

DATE

BrewWISE® Dual ThermoFresh® DBC Brewer

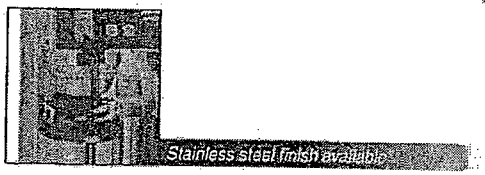


Model Dual TF DBC with 1.5 gallon TF Servers
(servers sold separately)
Dimensions: 35.7" H x 21.8" W x 20.2" D
(90.7cm H x 55.4cm W x 51.3cm D)

Features

BrewWISE® Brewing System with ThermoFresh® Servers

- Brews 16.3 to 18.9 gallons (61.7 to 71.5 litres) of perfect coffee per hour.
- Stores individual coffee recipes so operator can easily brew many varieties.
- Coffee extraction controlled with pre-infusion and pulse brew, digital temperature control, and large sprayhead; coffee strength controlled with variable by-pass.
- Easy pulse interface allows automatic programming of pulse routine.
- Operate any combination of BrewWISE® equipment error-free with wireless brewer-grinder interface through the Smart Funnel®.
- SplashGard® funnel and optional funnel locks help improve safety.
- Black and stainless models available.
- ThermoFresh® servers are vacuum insulated to keep coffee hot and fresh for hours.
- Create coffee recipe cards with custom recipes, ad cards with messages that display on the brewer LCD, and dedicated funnels for special coffees with the BrewWISE Recipe Writer using your PC (Windows® compatible).
- Preventive maintenance kit: 39641.0000. BUNN PM KIT



For current specification sheets and other information, go to *www.bunn.com*.

Related Products

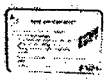
Easy Clear® EQHP-25L
Product No. : 39000.0002

Easy Clear® EQHP-25
Product No. : 39000.0005

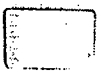
Single/Dual Filter Pack
Product No. : 20138.0000
Packed per case: 500
Dimensions:
5¼" Base x 4¼" Sidewall
13.3 cm Base x 10.8 cm Sidewall

BrewWISE® Recipe Writer (BRW)
Product No.: 34444.0000

Recipe Card
Product No.: 34447.0000
- Program a recipe to be used on brewer or grinder.



Ad Card
Product No.: 34448.0000
- Program a message to appear on the brewer's display.



Multi-Hopper Grinder (MHG)
Product No.: 35600.0002
Black finish

TF Servers
Product No.: 39550.0001
- 1.5 gallon, Mechanical Gauge, Black

Product No.: 39550.0000
- 1.5 gallon, Mechanical Gauge, Stainless Steel

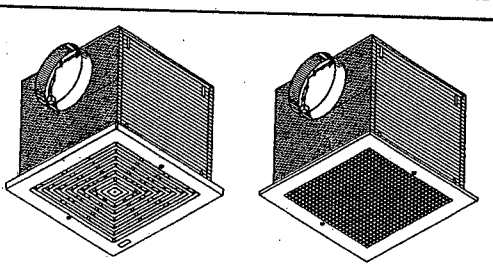
TF Digital Servers
Product No.: 39550.0051
- 1.5 gallon, Digital Gauge, Black

Product No.: 39550.0050
- 1.5 gallon, Digital Gauge, Stainless Steel

Model	Agency Listing
Dual TF DBC	UL, NSF

BROAN® LoSone Select® SPECIFICATION SHEET

LOSONE SELECT®
CEILING MOUNT VENTILATORS
L100 SERIES & L150 SERIES



Incredibly reliable. Unbelievably quiet. Offering the CFM choices you need at the lowest sound levels in the industry.

FEATURES

GRILLE:
- Conceals interior
- Low profile styling blends with any decor
- White polymeric ("MG" models - metal, finished with white painted enamel)

BLOWER:
- Low RPM for quiet operation
- Resilient anti-vibration mounts
- Dynamically-balanced, polymeric, centrifugal blower wheel for quiet, efficient performance
- Permanently lubricated, thermally protected motor
- Plug-in motor rated at 120 VAC
- Designed for continuous operation

HOUSING:
- Rugged, 20 gauge galvanized steel
- 6" round duct connector
- 1/2" acoustic insulation inside
- May be installed in ceiling or wall (size permitting)
- 8-position mounting brackets for easy installation and greater adaptability to various mounting requirements
- Automatic backdraft damper located within duct connector
- Factory-shipped in horizontal discharge position - easily converted to vertical discharge
- May be installed as an in-line ventilator with addition of accessory kit Model 961L (see "Accessories")

ACCESSORIES (purchase all separately):
- Model 57V (Ivory) / 57W (White) Electronic Variable Speed Control
- Model 59V (Ivory) / 59W (White) 60-Minute Time Control
- Model 61V (Ivory) / 61W (White) 15-Minute Time Control
- Model 71V (Ivory) / 71W (White) 12-Hour Time Control
- Electronic Variable Speed Controls – Model 72V (120 VAC)
- Model 961L In-line Adapter Plate
- Model RD1 Radiation Damper
- Model 80L Electronic Speed Control (Internal)

TYPICAL SPECIFICATION

Ventilator shall be Broan Model L100, (L100MG), (L150), (L150MG).

Ventilator shall have galvanized steel housing insulated with at least 1/2" of acoustic insulation. Housing to have adjustable mounting brackets.

Automatic backdraft damper to be located within duct connector. Duct connector, blower assembly and wiring plate shall be adjustable for either horizontal or vertical installation.

Blower unit shall be removable from housing and will have a polymeric, dynamically balanced centrifugal-type blower wheel. Motor to be permanently lubricated and mounted with resilient anti-vibration mounts. RPM not to exceed number listed for each model.

Air delivery shall be no less and sound levels no greater than listed for each model. All air and sound ratings shall be certified by AMCA. Units to be UL and cUL listed.

amca CERTIFIED RATINGS SOUND AIR AIR MOVEMENT AND CONTROL ASSOCIATION, INC.

"Broan-NuTone LLC certifies that the models shown herein are licensed to bear the AMCA Seal. The ratings shown are based on tests and procedures performed in accordance with AMCA Publication 211 (and AMCA Publication 311 if sound is also certified) and comply with the requirements of the AMCA Certified Ratings Program"

UL c UL

Models L100 and L150 are UL listed for use over bathtubs and showers when connected to a GFCI-protected branch circuit.

Broan-NuTone LLC, 926 West State Street, Hartford, Wisconsin 53027 (1-800-637-1453)
Broan-NuTone Canada, 1140 Tristar Drive, Mississauga, Ontario, L5T 1H9 (1-888-882-7626)

REFERENCE	QTY.	REMARKS	
			Project
			Location
			Architect
			Engineer
			Contractor
			Submitted by Date

PERFORMANCE RATINGS - LOSONE SELECT® CEILING MOUNT VENTILATORS L100 SERIES & L150 SERIES

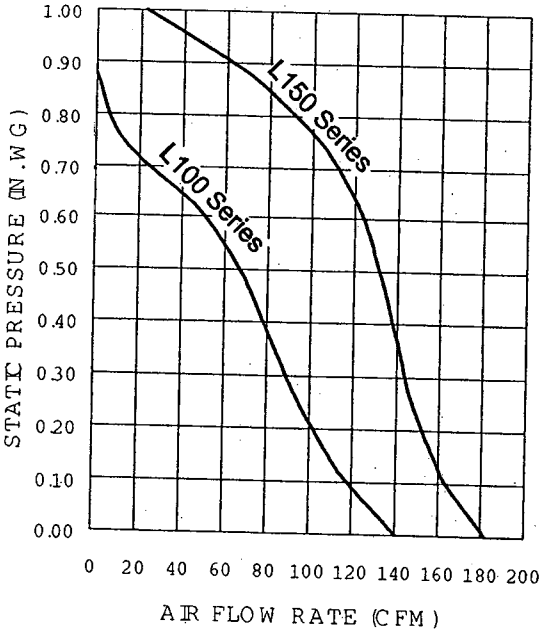
AMCA LICENSED PERFORMANCE

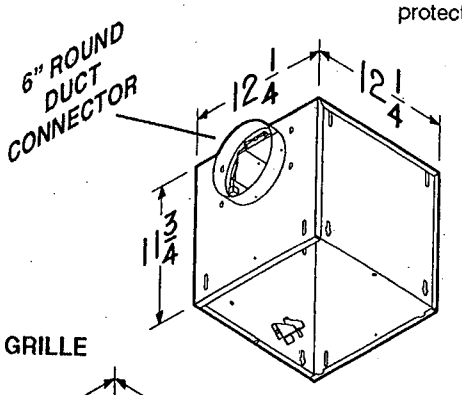
MODEL NO.	NOMINAL VOLTAGE		CFM / SONES - AT STATIC PRESSURES (Ps - inches of H_2O) 0.0" Ps	.10" Ps	.125" Ps	.250" Ps	.375" Ps	.50" Ps	.625" Ps	.750" Ps	.875" Ps	1.0" Ps	NOMINAL RPM	AMPS @60 Hz	WATTS
L100	120 VAC	CFM Hor.	136	115	109	93	80	65	44	12			640	1.1	87
		SONES Hor.	0.5	0.8	0.9	1.3	1.8	2.3	3.0	3.2					
		CFM Ver.	138	117	112	94	80	67	46	13			650	1.1	87
		SONES Ver.	0.7	0.9	1.0	1.3	1.8	2.2	2.8	3.0					
L100MG	120 VAC	CFM Hor.	144	121	115	97	83	68	46	12			630	1.1	87
		SONES Hor.	0.5	0.8	0.9	1.2	1.8	2.4	3.0	3.3					
		CFM Ver.	142	119	115	95	80	67	45	13			640	1.1	87
		SONES Ver.	0.5	0.8	0.9	1.4	1.8	2.3	2.9	3.1					
L150	120 VAC	CFM Hor.	181	161	157	141	132	124	114	94	62		710	1.3	100
		SONES Hor.	1.3	1.4	1.5	2.2	2.6	3.1	3.6	4.1	4.6				
		CFM Ver.	179	163	160	149	142	133	122	105	73	23	750	1.3	100
		SONES Ver.	1.4	1.6	1.6	2.0	2.5	3.0	3.3	3.6	3.9	4.2			
L150MG	120 VAC	CFM Hor.	184	165	161	148	141	135	126	108	74	19	710	1.3	100
		SONES Hor.	1.1	1.4	1.4	1.9	2.3	2.8	3.2	3.8	4.1	4.5			
		CFM Ver.	183	165	162	151	143	135	124	107	76	26	725	1.3	100
		SONES Ver.	1.4	1.6	1.6	2.0	2.5	3.0	3.3	3.6	4.0	4.4			

Performance ratings include the effects of inlet grille and backdraft damper in the airstream. Speed (RPM) shown is nominal. Performance is based on actual speed of test. The sound ratings shown are loudness values in fan sones at 5' (1.5m) in a hemispherical free field calculated per AMCA Std. 301. Values shown are for Installation Type B: Free inlet fan sone levels. Performance shown is for Installation Type B: Free inlet, Ducted outlet.

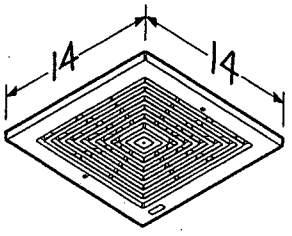
"Broan-NuTone LLC certifies that the models shown herein are licensed to bear the AMCA Seal. The ratings shown are based on tests and procedures performed in accordance with AMCA Publication 211 (and AMCA Publication 311 if sound is also certified) and comply with the requirements of the AMCA Certified Ratings Program."

Models L100 and L150 are UL listed for use over bathtubs and showers when connected to a GFCI-protected branch circuit.

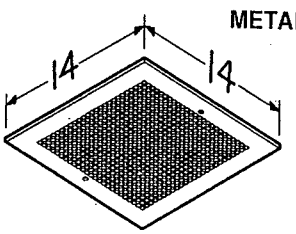




POLYMERIC GRILLE
MODELS
L100
L150



METAL GRILLE
MODELS
L100MG
L150MG



WEIGHT

MODEL NO.	SHIPPING WT.
L100	22.8 lbs.
L100MG	23.7 lbs.
L150	23.1 lbs.
L150MG	23.7 lbs.

BROAN®

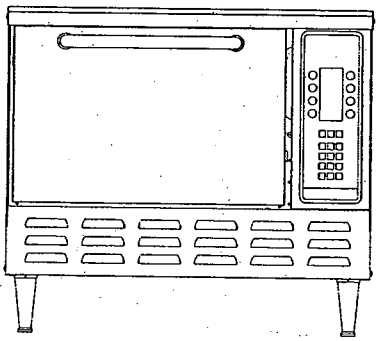
Broan-NuTone LLC, 926 West State Street, Hartford, Wisconsin 53027 (1-800-637-1453)
Broan-NuTone Canada, 1140 Tristar Drive, Mississauga, Ontario, L5T 1H9 (1-888-882-7626)

HF 180

TURBOCHEF

The Tornado™

A TURBOCHEF SPEED COOK OVEN



PROJECT

ITEM NUMBER

MODEL NUMBER

QUANTITY

CONSTRUCTION

Exterior

- 430 Stainless steel front, top and sides
- 4" (102 mm) chrome plated adjustable legs
- Nickel plated handle
- Cool to the touch pull down door

Interior

- 304 stainless steel interior
- Fully insulated Cook Chamber
- Removable wire cooking rack
- Adjustable lower cooking element

STANDARD FEATURES

- Recirculating air path with TurboChef Technologies patented catalytic converter system
- Multi-speed convection blower
- Conventional wire baking rack
- Optional bottom baking surface
- Independently controlled bottom browning element
- Smart Voltage Sensor Technology*
- Programmable with up to 128 cooking programs
- Smart Card capability
- Stackable design
- Manual sleep mode
- Warranty – 1 year parts and labor

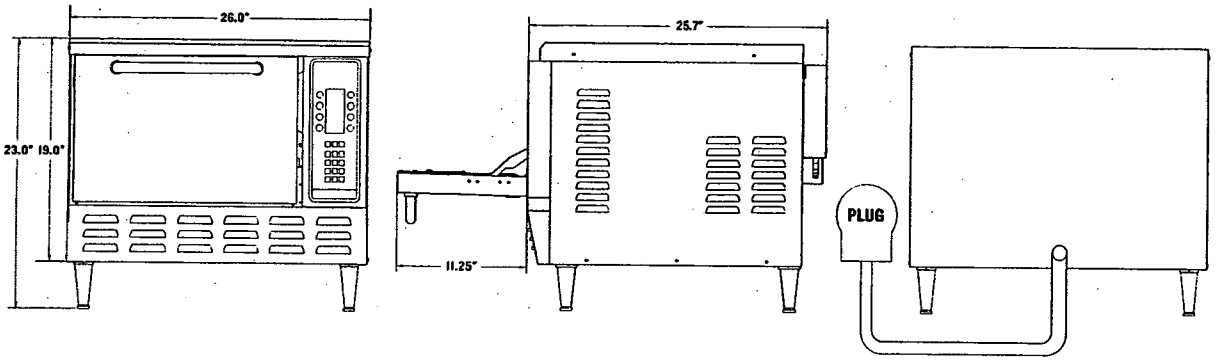
ACCESSORIES

- Oven Carts – 18" (457 mm) and 24" (610 mm) stainless steel carts with heavy-duty, bolt on locking wheels for reliable performance
  - 18" (457 mm) Cart (P/N: TC3-0143-2)
  - 24" (610 mm) Cart (P/N: TC3-0143-1)
- Polymer Cook Tray (P/N: NGC-1207)

CERTIFICATIONS

UL, cUL, NSF, FDA, FCC

Smart Voltage Sensor Technology automatically senses the supply voltage and allows the user to configure the oven to the correct setting (208 or 240) with the touch of a button.



DIMENSIONS

▫ Single Units (allow +/-.05" (1.27 mm) tollerance)

Height	19.09"	(485 mm)
on legs	23.03"	(585 mm)
Width	25.9"	(659 mm)
Depth	26.06"	(662 mm)
with handle	28.06"	(713 mm)
Weight	190 lbs.	(86 kg)

▫ Stacked Units (allow +/-.05" (1.27 mm) tollerance; Stacking Kit optional)

Height	38.18"	(970 mm)
Width	25.9"	(659 mm)
Depth	26.06"	(662 mm)
with handle	28.06"	(713 mm)
Weight	380 lbs.	(172 kg)

▫ Cook Chamber

Height	8"	(203 mm)
Width	15.5"	(393 mm)
Depth	14.7"	(373 mm)

▫ Wall Clearance

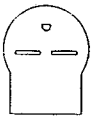
Top/Sides	2"	(51 mm)
Back	0"	(0 mm)

ELECTRICAL SPECIFICATIONS

North American Markets

▫ NGC (1 Phase, 60 Hz)

Operating Voltage	208/240 VAC
Current Draw	30 amp
Phase	1 Phase
Frequency	60 Hz
Plug	NEMA 6-30
Max Input	5990/6675 watts
Microwave Input Power	3500 watts

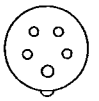


NOTE: Smart Voltage Sensor Technology does not compensate for lack of or over voltage situations. It is the responsibility of the owner to supply voltage to the unit according to the above specifications.

Europe and Asia Markets

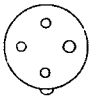
▫ NGCEW (3 Phase, WYE, 50 Hz)

Operating Voltage	400 VAC
Current Draw	16 amp
Phase	3 Phase
Frequency	50 Hz
Plug	IEC 309, 5-pin, 32 amp
Heaters Input Power	6300 watts
Microwave Input Power	3500 watts



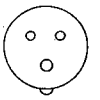
▫ NGCED (3 Phase, Delta, 50 Hz)

Operating Voltage	230 VAC
Current Draw	30 amp
Phase	3 Phase
Frequency	50 Hz
Plug	IEC 309, 4-pin, 32 amp
Heaters Input Power	6300 watts
Microwave Input Power	3500 watts



▫ NGCUK (1 Phase, 50 Hz)

Operating Voltage	230 VAC
Current Draw	30 amp
Phase	1 Phase
Frequency	50 Hz
Plug	IEC 309, 3-pin, 32 amp
Heaters Input Power	6300 watts
Microwave Input Power	3500 watts



SHIPPING INFORMATION

▫ All ovens packaged in a double-wall corrugated crate banded to a wooden skid

▫ Crate size (North America): 36" x 31" x 31" (914 mm x 787 mm x 787 mm); NMF Class 85

▫ Crate size (International): 34" x 31" x 31" (864 mm x 787 mm x 787 mm); HM Code 8419.81

▫ Approximate crated weight: 240 lbs. (109 kg)

▫ Minimum entry clearance required: Crated: 31" (787 mm) / Uncrated: 24" (673 mm)

TurboChef reserves the right to make substitutions of components or change specifications without prior notice.

TURBOCHEF

Accelerating the World of Cooking™

Corporate Headquarters

Six Concourse Pkwy, Suite 1900
Atlanta, Georgia 30328 USA
+1 678.987.1700 PHONE
+1 678.987.1750 FAX

Sales & Marketing: 866.90TURBO

Global Operations

4240 International Pkwy, Suite 105
Carrollton, Texas 75007 USA
+1 214.379.6000 PHONE
+1 214.379.6073 FAX

Customer Service: 800.90TURBO

turbochef.com

October 2005. Printed in the U.S.A.
Country Code: NA

HF-120

Model Specified _____ Store# _____

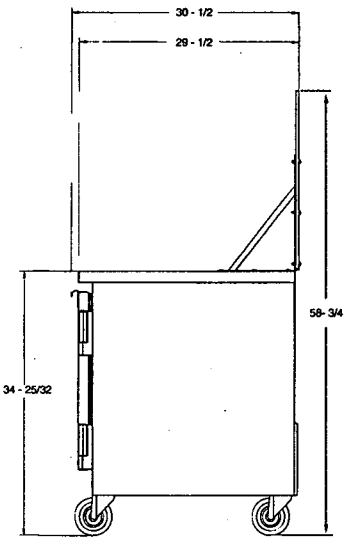
Location _____ Quantity _____

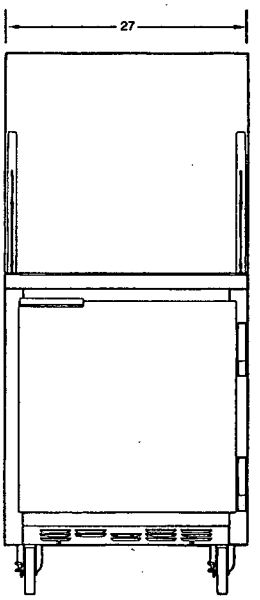
BEVERAGE-AIR®

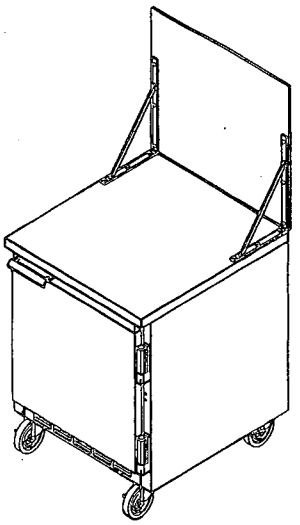
Standard Worktop Refrigerator Cabinets

Model WTR27A

DIMENSIONAL DATA	
Net Capacity (cubic ft.) Net Capacity (liters)	6.2 175
Width overall (inches) Width overall (mm)	27" 686
Length overall (inches) - Less handle Length overall (mm) - Less handle	29 1/4" 743
Height overall - on 6" casters (inches) Height overall - on 6" casters (mm)	39 1/2" 1003
Depth with door open 90° (inches)	53 3/8
Clear Door Opening (inches)	22 1/2 x 21 1/2
Number of Shelves	2
Number of doors	1
ELECTRICAL DATA	
Full load amperes 115/60/1	4.0
Full load amperes 220/50/1	—
REFRIGERATION DATA	
Refrigerant	R134a
Horsepower	1/6
WEIGHT DATA	
Gross Weight (Crated lbs) Gross Weight (Crated kg)	167 75







Available From:

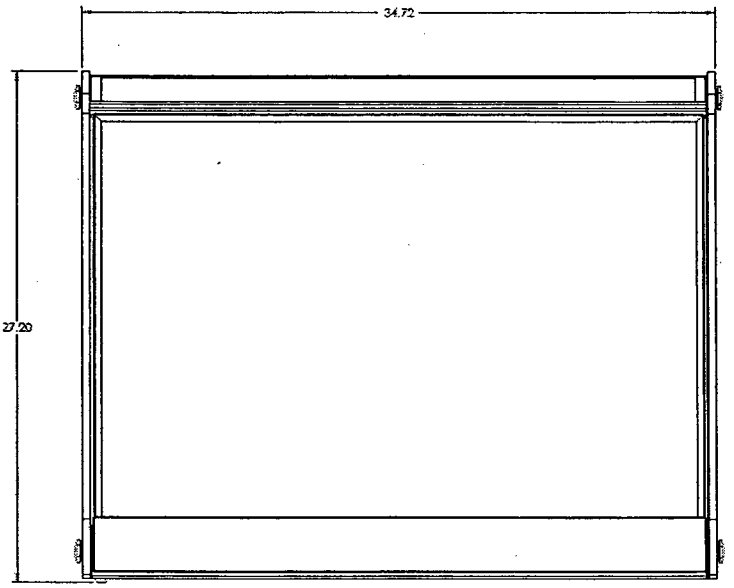
BEVERAGE-AIR®
PO Box 5932 • Spartanburg, SC • 29304 • USA
1-800-845-9800 • Fax No. 1-864-582-5083
www.Beverage-Air.com

04/08

HOT FOOD DISPLAY

FF 190

NAME	HFD HOT FOOD DISPLAY	
MODEL	CHS-090IWUSE / HFD000002	
EFFECTIVE INTERNAL VOLUME	170 liter	6.003 cubic foot
WEIGHT	70kg	154lbs
EXTERNAL DIEMENSIONS	**W** 896 X **D** 500 X **H** 700mm **W** 35.27 X **D** 19.68 X **H** 27.56in	
HEATER PLATES	1ST AND 2ND ROW SHELVES 130W X 4 BOTTOM PLATE 150W X 2	
LAMPS	XENON LAMP 120V 40W X 6	
GLASS	ANSI STANDARD Z971 TEMPERED	
CONTROLLER	6 TEMPERATURE CONTROL 140°F-235°F 12 TIMER FUNCTIONS 15MINS TO 3HR PROGRAMMABLE WITH 512MB-2G SD CARD formatted to FAT32	
POWER	115VAC 60HZ	
CURRENT	START UP 8.5AMPS STABILIZED 4.5AMPS	
ACCESSORY	TRAYS 12 EA.	
UL CERTIFICATION	KNGT E314888	
CUL CERTIFICATION	CUL KNGT7 314888	
NSF CERTIFICATION	E314889	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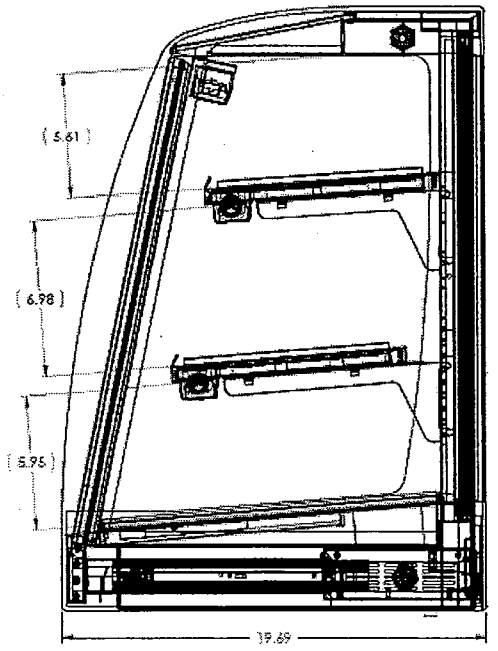
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5.95
39.69

ONLINE CERTIFICATIONS DIRECTORY

KNGT7.E314888
Commercial Cooking Appliances Certified for Canada

Page Bottom

Commercial Cooking Appliances Certified for Canada

See General Information for Commercial Cooking Appliances Certified for Canada

SANDENVENDO AMERICA INC
10710 SANDEN DR
DALLAS, TX 75238 USA

E314888

Hot food display warming case, Model HFD030002.

Last Updated on 2008-07-18

Questions? Notice of Disclaimer Page Top

ONLINE CERTIFICATIONS DIRECTORY

KNGT.E314888
Commercial Cooking Appliances

Page Bottom

Commercial Cooking Appliances

See General Information for Commercial Cooking Appliances

SANDENVENDO AMERICA INC E314888
10710 SANDEN DR
DALLAS, TX 75238 USA

Hot food display warming case, Model CHS-0903WUSE.

Last Updated on 2008-01-02

Questions? Notice of Disclaimer Page Top

ONLINE CERTIFICATIONS DIRECTORY

TSQT.E314889

Commercial Cooking, Rethermalization and Powered Hot Food Holding and Transport Equipment

Page Bottom

Commercial Cooking, Rethermalization and Powered Hot Food Holding and Transport Equipment

See General Information for Commercial Cooking, Rethermalization and Powered Hot Food Holding and Transport Equipment

SANDENVENDO AMERICA INC E314889
10710 SANDEN DR
DALLAS, TX 75238 USA

Hot food display warming case, Model HFD000002.

Last Updated on 2008-07-15

Questions? Notice of Disclaimer Page Top

ROYSTON

Avonite Counter Field Installation

SEAM PREPARATIONS

The final seam appearance is dependent on the fit and preparations made prior to applying adhesive and clamps. A proper dry fit is critical. The adhesive is not designed as a gap filler. When the two pieces being seamed are brought together and touch, the seam should virtually disappear.

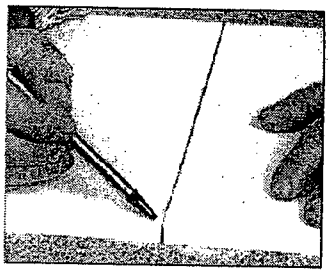
Make sure that all substrates and cabinets are level and secure. Align the two tops together for the full length of the seam. Check the dry fit again. When the fit is correct apply the blocks needed for clamping with hot melt glue. After the adhesive has set, the blocks are easily removed by spraying with alcohol and prying under the beveled edge.

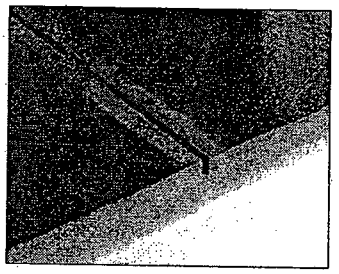
Separate the tops and score each edge with 100 grit paper on a flat block to improve adhesion. Be careful not to roll the block over the top edge. Carefully score the surface on each side of the seam. Clean the edges with a clean white rag and isopropyl alcohol. Allow to dry before applying adhesive.

Avonite Ultra Bond G adhesive is a two part adhesive.
Each cartridge contains 250 ml (10 oz.) of adhesive and will adhere 35 to 45 feet of seam.

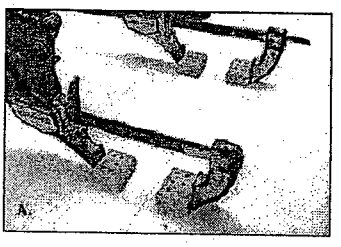
Place the tops about 3/16" apart and apply two small beads into the space instead of one bead. This will eliminate the risk of air bubbles in the catalyst causing an uncured portion. Push the tops together for clamping and make sure there is excess glue "flash" coming out of all joined surfaces including the edges. Clamp the tops but do not over tighten.
The dried bead of adhesive should be ready to machine and sand in about 45 minutes. This may vary by temperature.

To minimize sanding time it is recommended to machine off the excess glue with a "ski router". This is simply a handheld router with two 1/2" thick skis attached to the base that allows the router to straddle the glue line and cut it down to the surface. Use a 3/4" diameter bottom cleaning bit and adjust the depth to just off the surface. Tip: Try using a strip of paper under the bit. Lower the bit until the paper will not slide freely.





Scoring the top of the surface strengthens the bond of the excess adhesive. This helps prevent the critical top layer of the seam from pulling out when machined.

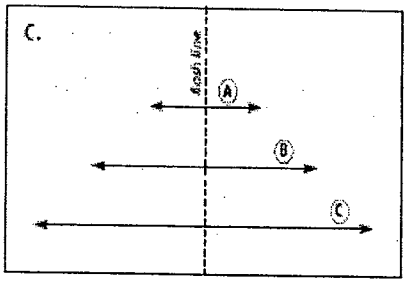


Ski Base Router

SANDING SEAMS

The following procedure will efficiently finish seam areas. For illustration, please refer to Figure C.

1. The remainder of the flash line should first be sanded with 100-120 grit paper. It is important that sanding extend on either side of the seam, without concentrating directly on the seam, as illustrated by Point A. The 100-120 grit sanding should extend to about 6" on either side of the flash line. **Concentrated sanding could cause a valley, or dip, in the seam area.**
2. The next step is to sand with 220 grit paper. The sanding area now extends to about 12" on either side of the flash line, as shown in Point B.
3. Once the seam is sanded level, continue the standard finishing procedure by feathering out the finish in the seam area to blend with the final finish of the top, as shown in Point C. with 400 grit paper.
4. The final finish on these tops is a Satin finish. After you have blended the seam area to the main top, sand the entire surface top with a Gray Scotch Brite® and soapy water as the final step.



care and maintenance

products

all avonite colors

wet wall panel system

new products

fabrication support materials

recycled products

sinks and bowls

finish guide

care and maintenance

custom size sheet

Print and Review the Avonite Care and Maintenance Guidelines

English Español

Matte Finish

Cleaning

A sponge, soap and water will clean most stains. For more stubborn stains use a green Scotch Brite pad and an abrasive cleanser. Periodically go over the entire matte surface with a dry green Scotch Brite pad to return the original finish.

View video

Scratches

To remove scratches, start sanding with 240 grit paper and then clean with an abrasive cleanser and a green Scotch Brite pad.

Avonite Sinks

Use the Matte Finish cleaning and scratch removal procedures above. To keep sink color bright, clean occasionally with liquid bleach and water. Fill the sink 1/4 full with water, add 1 to 2 cups of bleach, wipe the sides of the sink and let stand for 15 minutes. Then drain the sink and rinse.

Satin Finish

Cleaning

Soap and water will clean most stains. For stubborn stains use a white Scotch Brite pad and a non-abrasive cleanser, such as Soft Scrub.

View video

Scratches

To remove scratches, start by sanding with 400 grit paper followed by 600 grit paper. Then clean the area with Soft Scrub and a white Scotch Brite pad. You may choose to spray a light coat of Protect All to enhance the luster.

High Gloss

Cleaning

Soap and water will remove most stains. Use a polishing compound like 3M Perfect-It and a soft cloth to remove more stubborn stains.

View video

Scratches

To remove scratches from a high gloss finish, start sanding with 400 grit paper. The surface must then be machine polished back to its original finish. Advise customer to contact the AVONITE Surfaces Fabricator if they do not own or have access to this equipment.

Helpful Hints

Always use a hot pad or trivet under hot pots or heat producing appliances.

Always use a cutting board.

Never stand on your counters.

Avoid harsh chemicals such as drain cleaners and paint removers.

Made in the USA

Children & Schools GREENGUARD Indoor Air Quality Certified

LEED

LEED Contributions

Creating Recycled Products Since 1996

For high gloss counters place felt protectors on the bottom of pottery or other hard objects.

Avoid sliding hard objects across these glossy surfaces.

Always run cool water when pouring boiling water into Avonite Surfaces sinks.

Videos

Care & Maintenance Helpful Hints
Care & Maintenance Major Repairs

IN COFFEE COUNTER

Delfield

N8100B

Drop-In Self-Contained Mechanically Cooled Cold Pans

Project _____

Item _____

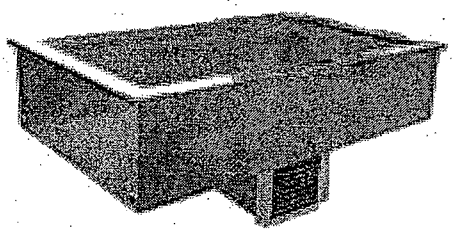
Quantity _____

CSI Section 11400

N8100B: DROP-IN SELF-CONTAINED MECHANICALLY COOLED COLD PANS

MODELS

❑ N8118B	18" mechanically cooled cold pan	❑ N8169B	69" mechanically cooled cold pan
❑ N8130B	30" mechanically cooled cold pan	❑ N8181B	81" mechanically cooled cold pan
❑ N8143B	43" mechanically cooled cold pan		
❑ N8156B	56" mechanically cooled cold pan		



Model N8156B

STANDARD FEATURES

- NSF-7 certified performance
- Integral V-stamped pan rest
- Polyurethane foam insulation
- Push-in perimeter gasket
- Stainless steel louver provided
- Environmentally friendly HFC-134A refrigerant
- 1" drain standard
- Thermostat for temperature control

OPTIONS AND ACCESSORIES

- ❑ Custom sizes and styles
- ❑ Single or double service flip-up sneezeguards
- ❑ Relocate compressor
- ❑ Mullion fan assembly
- ❑ Remote refrigeration (specify refrigerant)
- ❑ *220V/50 cycle

Inclusion of this option will alter the electrical specifications of the unit

SPECIFICATIONS

Top is one-piece 20-gauge stainless steel. Interior liner is 22-gauge stainless steel and is creased to a 1.00" (2.43cm) diameter drain. Integral V-stamped pan rest recessed 2" (5.1cm) to accommodate 12" x 20" (30.5cm x 50.8cm) pans 4" (10.2cm) or 6" (15.2cm) deep supplied by others. Product temperatures of 33°F (1°C) to 41°F (5°C) are maintained at 86°F (29°C) ambient room temperature, meeting NSF 7 requirements. Adapter bars are standard.

Sides and bottom are wrapped with refrigeration lines and insulated with high-density closed-cell polyurethane. Exterior housing is 24-gauge galvanized steel.

Condensing unit is suspended below the cold pan on a 16-gauge steel frame and uses HFC-134a refrigerant. Temperature control has an ON/OFF position to shut down cold pan. Unit has an 8' (2.4m) cord and NEMA 5-15P plug.

A stainless steel louver is provided for field installation; cutout dimension is 12" x 23.5" (30.5cm x 59.7cm). A second opening at the rear of the cabinet should be provided at installation to allow for proper air circulation.

Delfield
980 S. Isabella Road
Mt. Pleasant, MI 48858
www.delfield.com
Phone: 800-733-8948
Fax: 800-669-0619
Email: info@delfield.com

Approval _____

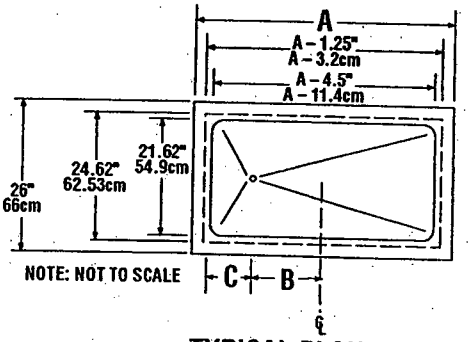
Date _____

Delfield

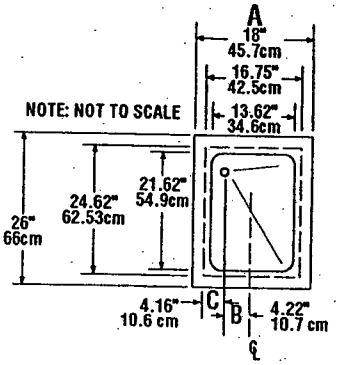
Model #_____

CSI Section 11400

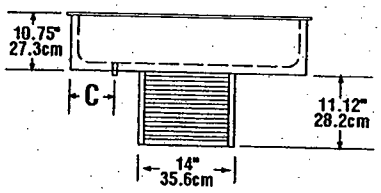
Drop-In Self-Contained Mechanically Cooled Cold Pans



TYPICAL PLAN VIEW
N8100B MODELS (EXCEPT N8118B)



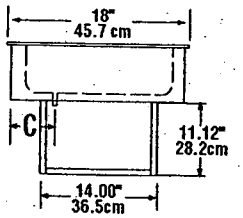
PLAN VIEW
MODEL N8118B



NOTE: NOT TO SCALE

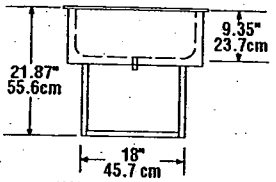
TYPICAL ELEVATION VIEW
N8100B MODELS (EXCEPT N8118B)

DRAIN LOCATION IF FACING SERVICE SIDE: N8118B-BACK, ALL OTHER N8100B MODELS-LEFT



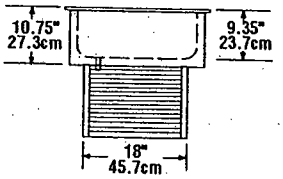
NOTE: NOT TO SCALE

FRONT ELEVATION VIEW
MODEL N8118B



NOTE: NOT TO SCALE

TYPICAL RIGHT END VIEW
N8100B MODELS (EXCEPT N8118B)



NOTE: NOT TO SCALE

RIGHT END VIEW
MODEL N8118B

Mechanical Data: Standard Unit

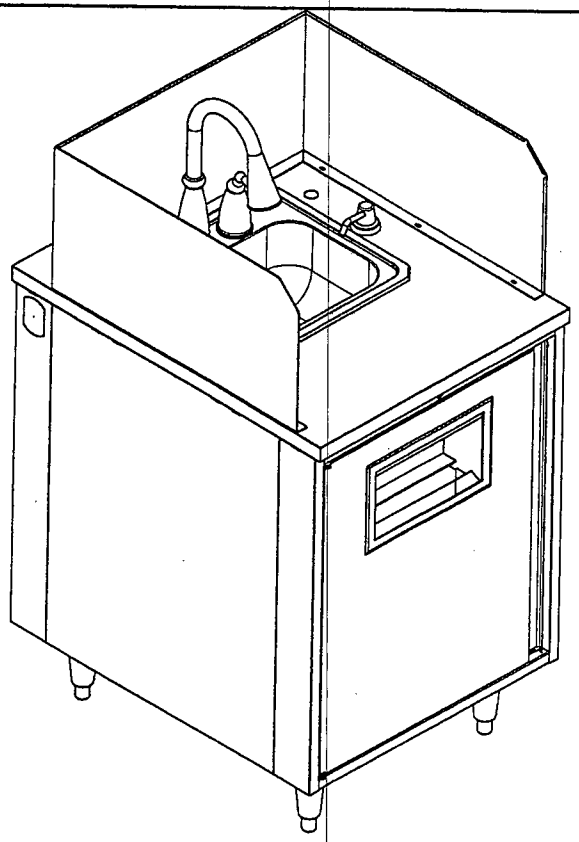
MODEL NUMBER	A	B	C	COUNTER CUTOUT DIMENSIONS (D x L)	# OF 12" x 20" PANS HELD	VOLTAGE HERTZ/PHASE	H.P.	AMPS	BTU LOAD	SYS. CAP.	SHIPPING WEIGHT
N8118B	18" 45.7cm	4.22" 10.7cm	4.16" 10.6cm	17" X 25" 43.2cm x 63.5cm	1	115/60/1	1/5	4.0	204	708	103 lbs 46 kg
N8130B	30.75" 78.1cm	8.75" 22.72cm	6.00" 15.24cm	29.75" x 25" 75.6cm x 63.5cm	2	115/60/1	1/5	4.0	379	812	161 lbs 72 kg
N8143B	43.5" 110.5cm	9.82" 24.9cm	11.31" 28.7cm	42.50" X 25" 108.58cm x 63.5cm	3	115/60/1	1/5	4.0	569	889	184 lbs 83 kg
N8156B	56.25" 142.9cm	9.82" 24.9cm	17.69" 44.9cm	55.25" x 25" 140.3cm x 63.5cm	4	115/60/1	1/4	7.0	758	1373	233 lbs 105 kg
N8169B	69" 175.3cm	9.82" 24.9cm	24.06" 61.1cm	68" X 25" 172.7cm x 63.5cm	5	115/60/1	1/4	7.0	948	1469	243 lbs 109 kg
N8181B	81.75" 208cm	9.82" 24.9cm	30.43" 77.3cm	80.75" x 25" 205.1cm x 63.5cm	6	115/60/1	1/3	8.0	1138	1547	260 lbs 117 kg

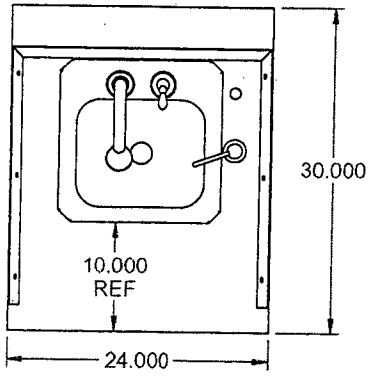
Delfield

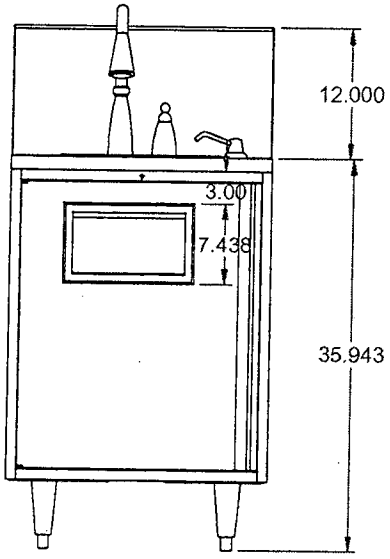
980 S. Isabella Road
Mt. Pleasant, MI 48858
www.delfield.com

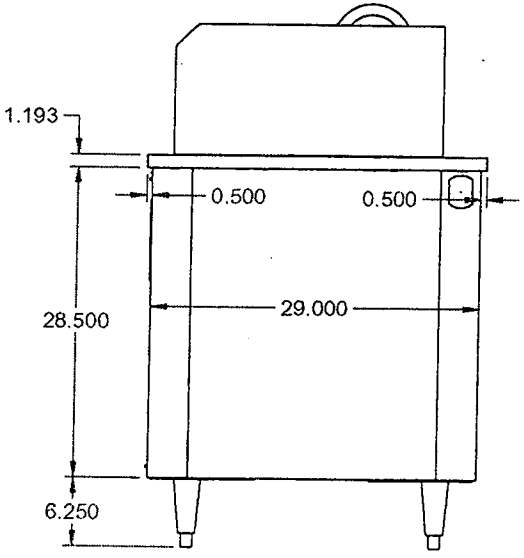
Phone: 800-733-8948
Fax: 800-669-0619
Email: info@delfield.com

Printed in the USA.
DSN8100B
05/06









REVISION HISTORY			
REV	DESCRIPTION	DATE	BY
A	INITIAL RELEASE	6/22/02	JCD
B	ECN10620	8/3/2010	BSF
C	ECN10734 - MOVED SINK BACK 5.312	10/20/2010	SB

ITEM	PART NO.	DESCRIPTION	QTY
1	20001260	CS242936LTD-CB-DSP-TWL	1
2	10012282	KIT,LEG,CNR,04CT,STD,WHDW	1
3	60017235	A,SF,24.00X30.00,SK-12HX24AOSG,SD	1
4	60011744	KIT,SK,15X15,ELKA,FCT,P0,DLTA,9955-DST	1
5	193760	DSP,SOAP,BOBK,#B82 2	1
6	22063556	GRD,SPL,12.00X23.88X23.74,MIT2.0,HEM,SS	1
7	0403200	PKG,CONN,CAB,M&F,2	1

http://jassp/ENG/Released/23000/23000588.dft

REF # 05277
SURFACE AREA | NEXT STEP: N/A
TRVL DIST | SOURCE: N/A
Tolerance Unless Otherwise Noted .XXX = ± .015 .XX = ± .030 Angles = ± 1° Hole Dia. = ± .003

ROYSTON®
ROYSTON LLC
ONE PICKROY ROAD
JASPER, GA 30143
(770)735-3456

MATERIAL DESCRIPTION | THK

PART DESCRIPTION: FF2S-SK-T&S-12HX24AOSG-LG-CBC

ENG	DRAWN BY	DATE	PART #	REV
BSF	BSF	6/22/2002	23000588	C

PRINTED 10/20/2010