BLOCK 701.29 LOT B12 QUALIFICATION CODE _____ ADDRESS (SITE) 270 Chambers Bridge Rd PERMIT NO. 08-3217

Civic Plaza

CONSTRUCTION PERMIT APPLICATION 08-064831

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

I. IDENTIFICATION

1. Proposed Work Site at: 270 Chambers Bridge Road
2. Name of Owner in Fee: Town Ship of Brick
   Tel. (732) 836-1392 e-mail _____
   Address 401 Chambers Bridge Rd (street) (municipality) (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Belch - In House Tel. (732) 836-1392
   Address 401 Chambers Bridge Rd e-mail _____
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer Barlo Ass. Contact J Tierney
   Address Manufacturing Road Brick e-mail _____
   Tel. (732) 477-7751 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Jim Bryant
   Tel. (732) 836-1392 FAX: (732) 836-1642

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work
- ☒ Repair (6 feet to follow)
- ☐ New Building
- ☒ Alteration
- ☐ Addition
- ☐ Demolition
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☑ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building					10-21-08	[illegible]	12-2-08		
☑ Electrical					10-22-08	[illegible]	11-20-08 & 12-5-08		
☑ Plumbing					10-16-08	[illegible]	C.O.		
☐ Fire Protection							12-5-08		
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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 11/16/2009
Control Number C-08-004831
Permit Number 08-3217
Permit Issue Date 10/22/2008
Certificate Number 08-3217

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 270 CHAMBERS BRIDGE RD. , NJ Block: 701.29 Lot: 1 Qual:

Owner in Fee: TOWNSHIP OF BRICK

Owner Address: 270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392

Contractor TOWNSHIP OF BRICK

Address 270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S), PLUMBING ALTERATIONS OLD COPE ROOM, SUITE #4

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: 11/16/2009 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/05/2008
Control Number C-08-004831
Permit Number 08-3217
Permit Issue Date 10/22/2008
Certificate Number 08-3217

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 270 CHAMBERS BRIDGE RD. , NJ Block: 701.29 Lot: 1 Qual:

Owner in Fee: TOWNSHIP OF BRICK

Owner Address: 270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392

Contractor TOWNSHIP OF BRICK

Address 270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S), PLUMBING ALTERATIONS OLD COPE ROOM, SUITE #4

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: 03/05/2009
Conditions to be met:

PENDING FINAL PLUMBING AND PASSING FIRE INSPECTION.

5/14/09

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/05/2008 U.C.C. F260 (rev. 08/05)

11-25-08

PERMIT UPDATE

Date Update Issued
Control # C-08-005416
Permit # 08-3217+A

IDENTIFICATION Block: 701.29 Lot: 1 Qualifier

Work Site Location: 270 CHAMBERS BRIDGE RD. , NJ

Owner in Fee: TOWNSHIP OF BRICK
270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392

Contractor: TOWNSHIP OF BRICK
Address: 270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALARM SYSTEM (BURGLAR OR FIRE), ELECTRICAL ALTERATIONS, FIRE ALTERATIONS
OLD COPE ROOM, SUITE #4

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 $2

Construction Official

Date

PAYMENTS (Office Use Only)

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

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

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 10/22/2008
Control # C-08-004831
Permit # 08-3217

IDENTIFICATION Block: 701.29 Lot: 1 Qualifier

Work Site Location: 270 CHAMBERS BRIDGE RD. , NJ

Owner in Fee: TOWNSHIP OF BRICK
270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392

Contractor: TOWNSHIP OF BRICK
Address: 270 CHAMBERS BRIDGE RD. BRICK NJ

Telephone: (732) 836-1392
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S), PLUMBING ALTERATIONS OLD COPE ROOM, SUITE #4

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 $1,002

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

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

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

HOME IMPROVEMENT CONTRACTORS REGISTRATION

If you are using a contactor to do this project please make sure you include in the permit jacket a copy of a current Home Improvement Contractors Registration card that matches the Agent/Contractors information in section II on the inside of the jacket. Thank you

Auxiliary Meter

All Systems

- Letter from BTMUA, signed by BTMUA and dated no more then 30 days ago.
- Sealed and signed by licensed plumber or signed by homeowner.

Ask, "What is the auxiliary meter being used for?"

1. Existing Hose Bib.

- Tell applicant that hose bib needs to have backflow protection built in to the hose bib or a hose bib vacuum breaker must be added. (No charge on permit).

2. New Hose bib.

- Hose bib must be on the permit.
- Tell applicant hose bib must have backflow protection either built in or a hose bib vacuum breaker must be installed (no charge on permit).

3. Existing Sprinkler System

- Ask, "When was sprinkler installed?" " Did it have a permit?" If not treat it as a new sprinkler system.
- Is system on a well? If so we need permit (from a licensed plumber or homeowner) for a backflow preventor.

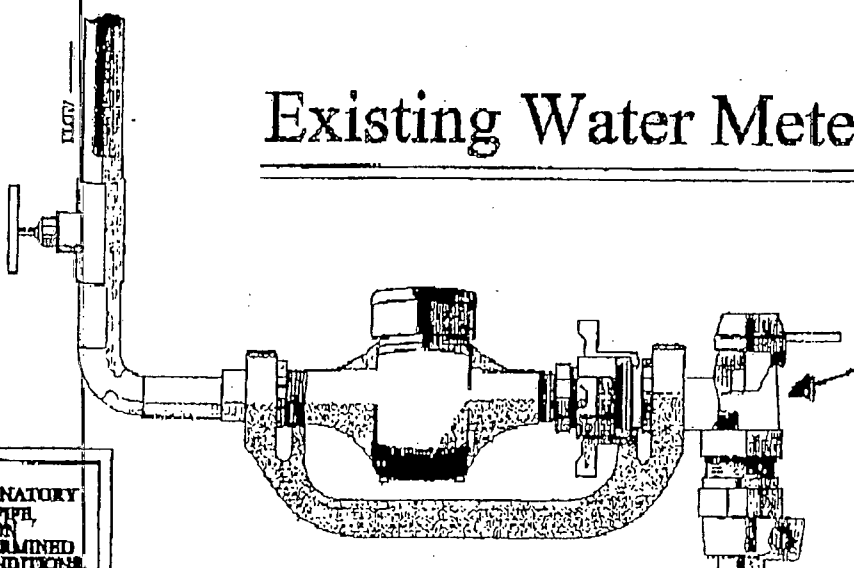
4. New Sprinkler System

- Backflow preventor needed (unless it is on a well)
- Number of sprinkler heads needed

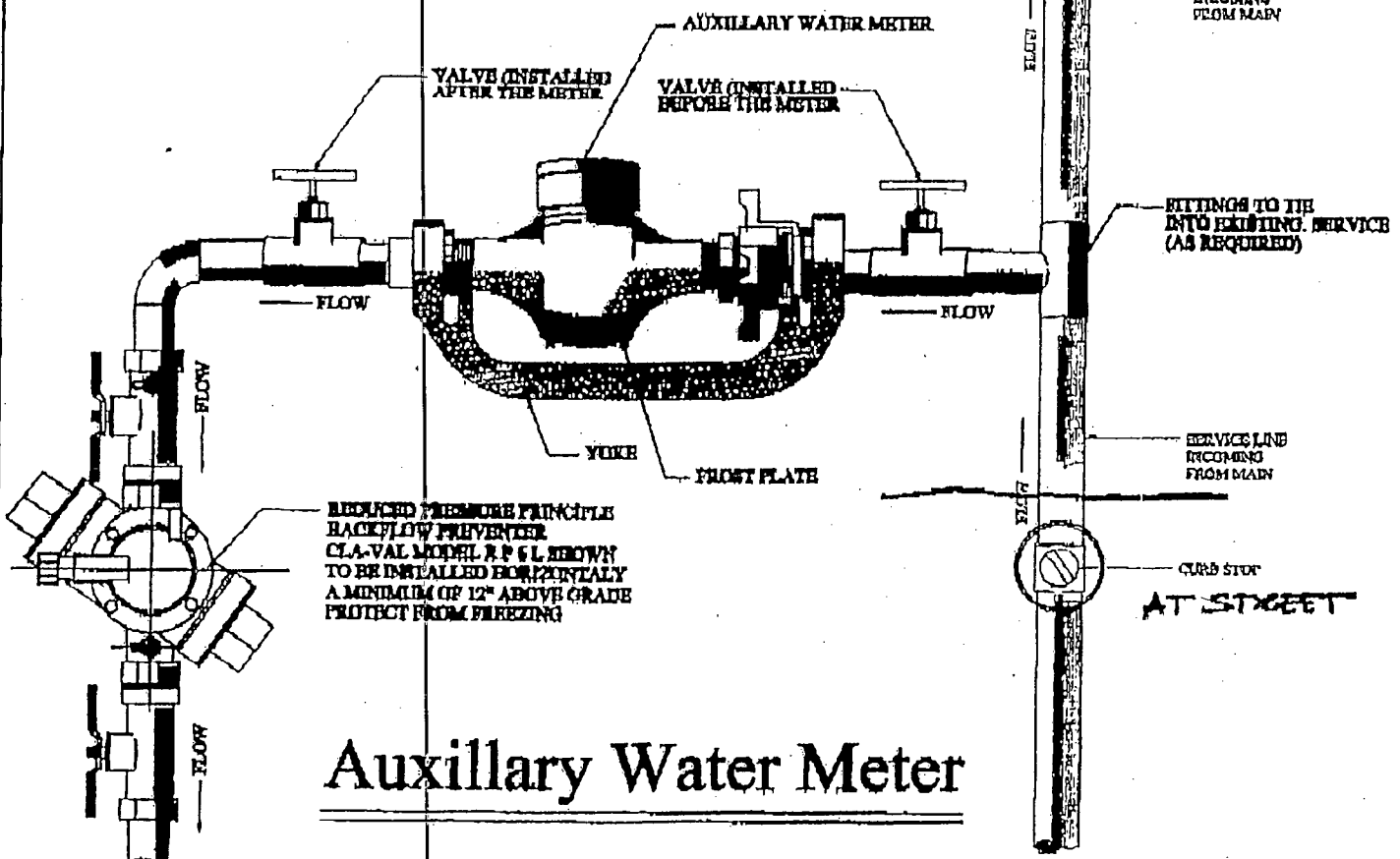
Other

- A new sprinkler system doesn't have to have an auxiliary meter.
- A sprinkler on a well doesn't require a backflow preventor.

Existing Water Meter



NOTE:
THIS DETAIL IS FOR EXPLANATORY PURPOSES ONLY! ACTUAL PIPE, VALVES AND INSTALLATION HARDWARE WILL BE DETERMINED BY THE ACTUAL FIELD CONDITIONS.



Auxillary Water Meter

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

DETAIL W-4B

DRAWN BY	CHECKED BY	DATE	SCALE	REVISED
D.A.G.	S.T.S.	SEPT 2003	NONE	AS NOTED

update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Civic Plaza

Date Received 08-3217A
Control # 11-25-08
Date Issued
Permit # 08-005416

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

Block 701.29 Lot 1 Qualification Code
Work Site Location 220 Chambers Bridge Rd Suite 4
Brick, NJ 08723
Owner in Fee Twp of Brick
Address 401 Chambers Bridge Rd
Brick, NJ, 08723
Tel (732) 262-1057
Contractor Bell & Sons Elec. Cont. Inc.
Address 52 Cherrywood Dr, Bayville, NJ 08721
Tel (732) 269-5333 FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. FEC 11244
Federal Emp. No. 22-3152770

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity
Total Cost of Fire Protection Work $

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Rear - Closet
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Re install existing Smokes

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	4	
Other Devices	16	
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11-21-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-5-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			12-5-08	
Flam/Combust Tanks				
Fireplace Venting				
Final			12-5-08	
Other				

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

- Update -

update

Civic Plaza

08-3217#A

11-25-08

C08-0054/16

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

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 701 : 29 Lot 1 Qualification Code

Work Site Location 220 Chambers Bridge Rd, Suite 4 Brick, NJ 08723

Owner in Fee: Twp of Brick

Tel. (732) 262-1057 e-mail

Address 401 Chambers Bridge Rd, Brick, NJ 08723
street municipality zip code

Contractor: Baker & Sons Elec Cont. Inc. Tel. (732) 269-5333

Address 82 Shorewood Dr, Bayville e-mail

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Exempt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required 12-4-08 MM

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

Date:

Approved by:

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

Date: 12-5-08

Approved by: MM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-5-08	MM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

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. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re-install existing Smoke Detectors.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
12		Alarm Devices/F.A.C. Panel Permit - Panel Change	COMMERCIAL
1		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Reorder From OCS Printing (609) 390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 10-22-08

Date Issued Permit # 08-3217

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

Block 701.29 Lot B12 Qualification Code the Old Cape Room

Work Site Location Brick Civic Plaza
270 Chambers Bridge Road Safety

Owner in Fee: Twp of Brick

Tel. (732) 262-1057 e-mail

Address 401 Chambers Bridge Rd, Brick, NJ
street municipality zip code

Contractor: Baker & Sons Elec Cont. Inc. Tel. (732) 269-5333

Address 82 Shorewood Dr Bayville, e-mail

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Exempt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10.22.08
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11.20.08
Approved by: VM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10.28	E
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
~~Temp~~ Open Ceiling			11.10.08	VM
Other				
Service				
Final			11.20.08	VM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Health Clinic - Tenant fit up.

QTY.	SIZE	ITEMS
50		Lighting Fixtures
50		Receptacles
26		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
12		Emergency & Exit Lights
12		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		~~HP/KW Space Heater/Air-Handler~~
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

COMMERCIAL

Exempt

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

Reorder From OCS Printing (609) 390-1400

10-28-9

CONNECTICUT

NOT AS MANY AS LISTED ON TECH -
SOME EXISTING - DEVICES TAKE BUSINESS OFF
WOODS SHOW WINDOW RECEPTACLE
SIGN SERVICE SWITCH + PERMIT -
CALL FOR DATA AND PERMIT

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 10/09/2008
Control # C-08-004831
Date Issued 10-22-08
Permit # PP-3217

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

Block 701.29 Lot 1 Qualification Code Suite #4

Work Site Location: 270 CHAMBERS BRIDGE RD., NJ WELLNESS CENTER The Old Cafe Room

Owner in Fee: TOWNSHIP OF BRICK

Address 270 CHAMBERS BRIDGE RD. BRICK NJ

Tel. (732) 836-1392

Contractor: TIMOTHY PETERS P & H

Address 2310 Route 34 Suite 1D P.O. Box 1847 Toms River, NJ 08753 Manasquan NJ 08736

Tel. (732) 341-4414 Fax.

Contractor License No. BIO 7116

Federal Employee No. 22-3145639

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 10-16-08

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 10-22-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	10/23/08		11-25-08	
Water				
Sewer				
Fixtures				
Gas Equipment			11/19/09	
Gas Piping				
Solar				
TCO			11-25-08	
FINAL	6/23/09 09/01/09	1-28-09	9/9/09	

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 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	$20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

U.C.C F130 (rev. 12/07)

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

10/23/08.

① - 10.15.9.3 LETTER B

01-23-09 PA

r/o ENTRY

1-28-09 BV

NEED ACCESS TO HWH Bldg 6th

09.01.09 PA

NO ENTRY

9/9/09 MA

① - NEED ACCESS TO 4th MA

plumbing
Scheduled
for 9/1/09

failed plmb. 9/9/09
scheduled 10/19

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-22-08
Control #
Date Issued
Permit # 08-3217

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

Block 701, 29 Lot 12 Qualification Code ______
Work Site Location 270 Chambers Bridge Rd Brick NJ 08724
Owner in Fee Township of Brick
Address 401 Chambers Bridge Rd Brick
Tel. (732) 836-1392
Contractor Brick - In House
Address 401 Chambers Bridge Rd Brick
Tel. (732) 836-1392 FAX (732) 836-1642
Contractor License No. or Builder Registration No. ______
Federal Emp. No ______

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 [signature]

D. TECHNICAL SITE DATA Old Cafe Room - Suite #4

DESCRIPTION OF WORK

Remodel #4 - Civic Plaza - Medical Center

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10-21-08	[initials]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-2-08
Approved by: [initials]
Should Have Air Balance

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			10-28-08	FM
Truss Sys./Bracing				
Barrier-Free				
Insulation			10-30-08	FM
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-2-08	FM
Barrier-Free				

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

FEE (Office Use Only)
$ ______

COMMERCIAL

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

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) $ ______

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

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

- Update -

Update

Civic Plaza

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

08- 3217 #A

Date Issued
Permit #

11-25-08

COB 005416

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

Block 701.29 Lot 1 Qualification Code

Work Site Location 270 Chambers Bridge Rd, Suite 4
Brick, NJ 08723

Owner in Fee: Twp of Brick

Tel. (732) 262-1057 e-mail

Address 401 Chambers Bridge Rd Brick NJ 08723
street municipality zip code

Contractor: Behr & Sons Elec Cont. Inc. Tel. (732) 269-5233

Address 82 Shorewood Dr Bayville e-mail

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Exempt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date Initial

[ ] No Plans Required 11/24/08

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re-install existing Smoke Detectors.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract.. HP	
		Emergency & Exit Lights	
		Communications Points	
12		Alarm Devices/F.A.C. Panel	
1		Permit - Panel Change	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

Reorder From OCS Printing (609) 390-1400

- Update -

update

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

08- 3217+K

11-25-08

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

Block 701.29 Lot 1 Qualification Code

Work Site Location 270 Chambers Bridge Rd, Suite 4
Brick, NJ 08723

Owner in Fee: Twp of Brick

Tel. (732) 262-1057 e-mail

Address 401 Chambers Bridge Rd Brick NJ 08723
street municipality zip code

Contractor: Behr & Sons Elec Cont. Inc. Tel. (732) 269-5283

Address 82 Shorewood Dr Bayville e-mail

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Exempt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required 11/24/08

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

Date:

Approved by:

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				

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. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Re-install existing Smoke Detectors.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
12		Alarm Devices/F.A.C. Panel	
1		Permit - Panel Change	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Reorder From OCS Printing (609) 390-1400

update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 08-3217/A
Control # 11-25-08
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 701.29 Lot 1 Qualification Code
Work Site Location 270 Chambers Bridge Rd Suite 4
Brick NJ 08723
Owner in Fee Twp of Brick
Address 401 Chambers Bridge Rd
Brick NJ, 08723
Tel (732) 262-1057
Contractor Bahr & Sons Elec Cont Inc.
Address 82 Cheesequake Dr Bayville, NJ 08721
Tel (732) 269-5333 FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. FEC 11244
Federal Emp. No. 22-3152770

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Rear - Closet
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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

Total Cost of Fire Protection 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. Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Re install existing Smokes

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	4	
Other Devices	16	
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11-21-08
Approved by:

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

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

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

update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 08-3217
Control # 11-25-08

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 701.29 Lot 1 Qualification Code

Work Site Location 270 Chambers Bridge Rd Suite 4
Brick NJ 08723

Owner in Fee Twp of Brick
Address 401 Chambers Bridge Rd
Brick, NJ 08723

Tel (732) 262-1057

Contractor Bell & Sons Elec. Cont. Inc.
Address 82 Cleveland Dr Berkeley NJ 08721

Tel (732) 269 5333 FAX ( )

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

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

Fire Alarm Contractor No. FEC 11244

Federal Emp. No. 22-3152770

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [X] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: Rear - Closet

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection 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. Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Re install existing Smokes

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	4	
Other Devices	16	
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		1
Fireplace Venting/Metal Chimney		1
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		1
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 11-21-08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-22-08
Control #
Date Issued
Permit # 08-3217

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

Block 701.29 Lot 78-12 Qualification Code ______
Work Site Location 771 Chambers Bridge Rd
Brick NJ 08724
Owner in Fee Township of Brick
Address 401 Chambers Bridge Rd
Brick
Tel. (732) 836-1392
Contractor Brick - In House
Address 401 Chambers Bridge Rd
Brick
Tel. (732) 836-1392 FAX (732) 836-1642
Contractor License No. or Builder Registration No. ______
Federal Emp. No ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	[illegible]	[illegible]
[ ] 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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

(The two Failure columns and the Approval column are grouped under "Dates (Month/Day)".)

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 [signature]

D. TECHNICAL SITE DATA N/C [illegible] #4

DESCRIPTION OF WORK
Remodel #4 - Civic Plaza - Medical Center

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

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 701.19 Lot 13-12 Qualification Code ______

Work Site Location 271 Chambers Br. Rd
Brick NJ 08723

Owner in Fee Township of Brick

Address 401 Chambers Bridge Rd
Brick

Tel. (732) 836-1392

Contractor Brick - In House

Address 401 Chambers Bridge Rd
Brick

Tel. (732) 836-1392 FAX (732) 831-1642

Contractor License No. or Builder Registration No. ______

Federal Emp. No ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[X] All 10/21/05
[ ] 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 ______ 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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remodel #4 - Civic Plaza - Medical Center

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 10-22-08

Date Issued Permit # 18-3217

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

Block 701 Lot 129 Qualification Code The Atrium (CMM)

Work Site Location Brick City Plaza

270 Chambers Bridge Road Suite 4

Owner in Fee: Twp of Brick

Tel. (732) 262-1057 e-mail

Address 401 Chambers Bridge Rd, Brick, NJ
street municipality zip code

Contractor: Bahr Sons Elec. Cont. Inc. Tel. (732) 269-5353

Address 82 Shorewood Dr Bayville, e-mail

Contractor License No. 11244 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Exempt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [X] Elevator

[X] Elec. Plans Approved

Date: 10-22-08

Approved by: WH

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Health Clinic - Tenant fit up.

QTY.	SIZE	ITEMS
50		Lighting Fixtures
50		Receptacles
26		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
18		Emergency & Exit Lights
12		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

TOTAL NUMBERS $

Administrative Surcharge $

Minimum Fee $ Exempt

State Permit Surcharge Fee $

TOTAL FEE $

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

Reorder From OCS Printing (609) 390-1400

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 3817

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

Block 701 129 Lot B12 Qualification Code

Work Site Location Brick City Plaza
270 Chambers Bridge Road Suite 4

Owner in Fee: Town of Brick

Tel. (732) 262-1057 e-mail

Address 401 Chambers Bridge Rd Brick, NJ
street municipality zip code

Contractor: Bahl & Sons Elec. Cont Inc. Tel. (732) 269-5533

Address 82 Shorewood Dr Bayville, e-mail

Contractor License No. 11344 Exp. Date

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

Federal Emp. ID No. 22-3152770 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ Exempt

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[X] Elec. Plans Approved
Date: 10/22/07
Approved by:

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				

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.

By: [signature]
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
Health Clinic - Tenant fit up.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
50		Lighting Fixtures	
50		Receptacles	
20		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
12		Emergency & Exit Lights	
12		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

Subcode Official Review

To: 270 CHAMBERS BRIDGE RD. BRICK, NJ CC:

RE: Electrical Subcode
Block: 701.29 Lot: 1 Qual:
270 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-08-004831
Last Submit Date: Thursday, October 16, 2008

Date: Tuesday, October 21, 2008

Dear TOWNSHIP OF BRICK,
Your request is hereby denied based upon the following infractions.

1. wiring method in treatment room?

Called Jim Tierney

Sincerely,

Marcel Renson

Marcel Renson, Subcode Official

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

October 22, 2008

Mr. Marcel Renson
Electrical Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Tenant Fit-up
Proposed Health Clinic for
Township of Brick/Marathon Health
Civic Plaza – Suite 4
270 Chambers Bridge Road
Brick, New Jersey
Lot 1, Block 701, B-2
Permit No. Control Number: C-08-004831

Dear Mr. Renson,

This letter is for your records and to notify you that the Township's electrical sub-contractor, Bahr & Sons Electrical Contractors, Inc. will comply with the 2005 National Electrical Code, Article 517 – Health Care Facilities on the above referenced project.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates

Paul L. Barlo, AIA, P.P.
NJ Lic. No. C-7498

cc: R. MacDonald, T.O. Brick
J. Bahr, Bahr & Sons Electrical Contractors, Inc.
File

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 10/09/2008 10-22-08
Control # C-08-004831
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 701.29 Lot 1 Qualification Code Suite #4
Work Site Location: 270 CHAMBERS BRIDGE RD., NJ The Cliffs Firm

Owner in Fee: TOWNSHIP OF BRICK
Address 270 CHAMBERS BRIDGE RD. BRICK NJ

Tel. (732) 836-1392
Contractor: TIMOTHY PETERS P & H
Address 2310 Route 34 Suite 1D P.O. Box 1847 Toms River, NJ 08753 Manasquan NJ 08736

Tel. (732) 341-4414 Fax.
Contractor License No. BIO 7116
Federal Employee No. 22-3145639

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size ☐ Public Sewer ☐ Private Septic
Water Service Size ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work $1

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plan Required
Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator
☐ Plumbing Plans Approved
Date:
Approved by: 10/16 07

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				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 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	$20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

U.C.C F130 (rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 10/09/2008
Control # C-08-004831
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 701.29 Lot 1 Qualification Code

Work Site Location: 270 CHAMBERS BRIDGE RD. , NJ

Owner in Fee: TOWNSHIP OF BRICK

Address 270 CHAMBERS BRIDGE RD. BRICK NJ

Tel. (732) 836-1392

Contractor: TIMOTHY PETERS P & H

Address 2310 Route 34 Suite 1D P.O. Box 1847 Toms River, NJ 08753 Manasquan NJ 08736

Tel. (732) 341-4414 Fax.

Contractor License No. BIO 7116

Federal Employee No. 22-3145639

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ 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				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 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	$20
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$40
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

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

Marcel- 10/21/08

Please look at this today (please) this is Twp property.

Thanks,

Bern

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

Subcode Official Review

To: 270 CHAMBERS BRIDGE RD. BRICK, NJ CC:

RE: Building Subcode
Block: 701.29 Lot: 1 Qual:
270 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-08-004831
Last Submit Date: Thursday, October 09, 2008

Date: Thursday, October 09, 2008

Dear TOWNSHIP OF BRICK,

The following comments were made during the Plan Review process:

section 5:23-6.17 (l) 2 ii requires any altered HVAC system shall not reduce the ammount of required "outside air"
provide details on this.

does patient contact counter or reception desk meet ada requirements for height?

This is not only a change of use, but an "alteration" see 5:23-6.6(k) for 20% requirement for "path of travel

Sincerely,

Frank Mizer, Subcode Official

called Jim Tierney

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

October 21, 2008

Mr. Frank Mizer
Building Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Tenant Fit-up
Proposed Health Clinic for
Township of Brick/Marathon Health
Civic Plaza – Suite 4
270 Chambers Bridge Road
Brick, New Jersey
Lot 1, Block 701, B-2
Permit No. Control Number: C-08-004831

Dear Mr. Mizer,

As per your request, attached please find the "Barrier Free Requirements – 20% Cost" worksheet for the above referenced project. As stated in our letter to you dated October 9, 2008, the project was designed to meet all required barrier free subcode requirements including an accessible path of travel.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates

Paul L. Barlo, AIA, P.P.
NJ Lic. No. C-7498

cc: R. MacDonald, T.O. Brick – faxed (732) 920-4850
File

PROPOSED HEALTH CLINIC FOR T.G. BRICK/MARATHON HEALTH

CIVIC PLAZA - SUITE 4 PERMIT CONTROL NO. C-08-004831

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   i. Windows, hardware, operating controls, electrical outlets and signage;
   ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ▶	$ 20,000.00
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶	$- 1,500.00
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$- 16,000.00
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶	$- N/A
Remaining total cost of the project deducting 1., 2., & 3. above. ▶	$ 2,500.00
Calculate 20% of the remaining total cost. ▶	$ 500.00 *

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

* $500.00 TO BE SPENT ON LEVER HARDWARE FOR NEW DOORS

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

October 9, 2008

Mr. Frank Mizer
Building Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Tenant Fit-up
Proposed Health Clinic for
Township of Brick/Marathon Health
Civic Plaza – Suite 4
270 Chambers Bridge Road
Brick, New Jersey
Lot 1, Block 701, B-2
Permit No. Control Number: C-08-004831

Dear Mr. Mizer,

As per your plan review comments dated October 9, 2008 we offer you the following responses in the order received:

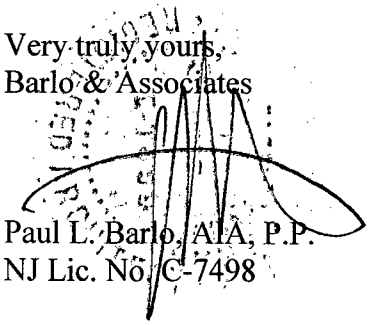
- We believe the existing HVAC unit (to remain) provides 775 CFM of outside air, divided by the calculated occupancy of 13 provides 60 CFM/person which is more than the 20 CFM/person required in Table N of the Rehab Code. This is due to the higher occupancy load of the former use.

- The end user (Marathon Health) will be providing all the furniture, but we believe this to be a standard office desk with a height of ±30" which would meet ADA requirements. They do not intend to have your "typical reception desk" which at times presents accessibility issues.

- We believe the project was designed to meet all required barrier free subcode requirements including an accessible path of travel, so we don't believe the 20% rule applies to this project since there is nothing else to include.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates



Paul L. Barlo, AIA, P.P.
NJ Lic. No. C-7498

cc: R. MacDonald, T.O. Brick
File

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

October 9, 2008

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Building Subcode Official
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401 Chambers Bridge Road
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Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates

Paul L. Barlo, AIA, P.P.
NJ Lic. No. GA7198

cc: R. MacDonald, T.O. Brick ← FAXED 732-920-4850
File

Barlo & Assoc.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

FAX TRANSMITTAL

DATE: 10/14/08

TO: FRANK MIZER

COMPANY: T.O.B. BLDG. DEPT.

FAX NO. 732-262-8954

FROM: JIM TIERNEY

RE: T.O.B. HEALTH CLINIC
CIVIC PLAZA

MESSAGE:

ATTACHED PLEASE FIND RESPONSE LETTER TO YOUR REVIEW COMMENTS ON THE ABOVE REFERENCED PROJECT. HARD COPY ORIGINAL TO FOLLOW BY MAIL. PLEASE CALL IF YOU HAVE QUESTIONS OR WISH TO DISCUSS

NUMBER OF PAGES INCLUDING COVER SHEET: (2)

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Department of Administration & Finance

Division of Inspections

FACSIMILE TRANSMITTAL SHEET

To: Jim Tierney
From: Frank Mizey
Company: Barlow
Date: 10-9-08
Fax Number: 477-6788
Total No of Pages (incl. cover): 3
Phone Number:
Senders Reference No:
RE:
Your Reference No:

[ ] Urgent [X] For Review [ ] Please Comment [ ] Please Reply [ ] Please Recycle

Notes/Comments:

311 ACCESS BRICK TOWNSHIP

Old Cafe Room
Suite #4

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 701-~~B12.04~~ Lot ~~#~~ 12 Qualification Code

Work Site Location Brick Cive Plaza Suit #4
270 Chamber Bridge Rd

Owner in Fee: Brick Town

Tel. ( ) e-mail

Address

Contractor: Timothy Peters (street) Rd 14 (municipality) Tel. (732) 341-4414 (zip code)

Address P.O. Box 1847 BR e-mail

Contractor License No. 7116 Exp. Date 6/30/09

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

Federal Emp. ID No. 22-314 5636 FAX: (732) 341-7661

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 $ 6000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] 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.

Timothy Peters
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL of NEW 2 KS. &
Relcation of HWH

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	Sink KS	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater Relcation	
	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	
	Other	
	Other	

CONVENIENCE

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 701-B12 Lot 7 Qualification Code

Work Site Location Brick City Plaza Suit #4
270 - Chamber Bridge

Owner in Fee:

Tel. ( ) e-mail Town Ship of Brick Tow

Address street municipality zip code

Contractor: Timothy Peters Plt Tel. (732) 341-4414

Address P.O. Box e-mail

Contractor License No. 7116 Exp. Date 6/30/09

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

Federal Emp. ID No. 22-3145636 FAX: (732) 341-7614

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 $ 4000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] 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

DESCRIPTION OF WORK
Install of 2 New KS & Relocation of HW

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	Sink KL	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater Relocating	
	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	
	Other	
	Other	

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

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

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PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

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 70.1 - B12 Lot 1 Qualification Code

Work Site Location Brick Civic Plaza
270 Chamberbridge Rd

Owner in Fee:

Tel. ( ) Brick Twn Shp e-mail

Address street municipality zip code

Contractor: Timothy Peters Plbg Tel. (732) 341-4414

Address P.O Box 1647 T.R. e-mail

Contractor License No. 7116 Exp. Date 6/30/09

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

Federal Emp. ID No. 22314 5636 FAX: (~~848~~ 732) 341-4414

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 $ 6000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
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INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
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Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install of 2 New K.S. & Relcation of Hw (

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

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

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