Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

Public Release of this File is prohibited except for Official Law Enforcement Business and/or pursuant to Court Order.

This file may contain documents and information which may be exempt from release under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and as set forth in Executive Orders issued by Governors of the State of New Jersey and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The following items are prohibited from release to the general public under OPRA and/or HIPAA:

- Personnel and pension records (N.J.S.A. 47:1A-10)
- Social Security Numbers
- Medical Records
- Personal financial records including income, and taxation

Consult with the Human Resources Director and/or Business Administrator before releasing the contents of this file.

Bryan J. Dickerson, CA, CMR
Township Archivist

BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 RT 88, SUITE 14, BRICK PERMIT NO. 21-02886

CONSTRUCTION PERMIT APPLICATION

C20-003974

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt 88 Ste 14, Brick, NJ
2. Name of Owner in Fee: ~~FS Adult Enrichment Center~~ Brixmore
   Tel. (267) 249 5721 e-mail _____
   Address 549 (street) Jefferson Rd. (municipality) Mullica Hill 08062 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Old Forge Builders Inc. Tel. (732) 851 1097
   Address 516 Rt 33, Bldg 2, Ste 2 e-mail admin@oldforgebuilders.com
   Millstone, NJ 08535
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01942500
   Federal Emp. ID No. 222495376 FAX: (732) 446 9887
5. Architect or Engineer Harold C Baker AIA Contact Sam Baker
   Address 673 High St, Ste 201, Worthington, OH e-mail _____
   Tel. (614) 436 0555 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Steve Weber
   Tel. (732) 239 6094 FAX: (732) 446 9887

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2,350		
2. Electrical	324		150
3. Plumbing	1861	400	
4. Fire Protection	1290	260	195
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	13	9	19
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 3874	669	344

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	20 ft.	
3. Area — Largest Floor	12,800 sq. ft.	
4. New Building Area	12,800 sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load	240	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☒ Renovation
- ☐ Radon Remediation
- ☒ Demolition
- ☐ Reconstruction
- ☐ 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	550,000	11/10			01/20/21	MCC			
☒ Electrical	120,000	11/10/20			12-16-20	MM			
☒ Plumbing	132,000				1-7-21	MM			
☒ Fire Protection	17,000			1/13/21			2/1/21		DS
☐ Elevator		Eng Exempt			12 1/1/2020	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: 1
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: Adult Day Care
2. Use Group, Proposed: I-4
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed 2-B

III. PLAN REVIEW (optional)

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

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

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

Town Square Adult Day Center

Rolled Plans

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/28/2021
Control Number C-20-003974
Permit Number 21-0286
Permit Issue Date 02/05/2021
Certificate Number 21-0286

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC %

Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Telephone:

Contractor OLD FORGE BUILDERS INC

Address 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535

Telephone: (732) 915-2811 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-4 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 240

Description of Work/Use: TENANT FIT UP - - TOWN SQUARE ADULT DAY CENTER

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Date Printed: 07/28/2021

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

Fee: $150.00
Check Number: 003982
Collected By: Allison Peltier

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 04.05.21
Date Issued / Permit # 21-0286

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt. 88, Ste 14
Brick, NJ 08742

Owner in Fee: TS Adult Enrichment Center

Tel. (267) 249-5721 e-mail

Address 549 Jefferson Rd (street) Mullica Hill (municipality) 08062 (zip code)

Contractor: Old Forge Builders Inc Tel. (732) 851-1097

Address 516 Rt. 33, Bldg 2, Ste 2 e-mail admin@oldforgebuilders.com
Millstone, NJ 08535

Contractor License No. or Builder Registration No. 13VH01942500 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222495376 FAX: (732) 446-9887

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Nick Pape

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior demolition of existing space
Tenant fit out

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	01/22/21	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 01/22/21
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/12/21
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab			03/03/21	KEK
Frame			04/15/21	KEK
Truss Sys./Bracing				
Barrier-Free				
Insulation			4/28/21	KEK
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above ceiling			5/25/21	KEK
Final Above ceiling			7/12/21	KEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed I-4
No. of Stories 1
Height of Structure 20 ft.
Area — Largest Floor 12,800 sq. ft.
New Bldg. Area/All Floors 12,800 sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load ____
Max. Occupancy Load 240

Constr. Class Present ____ Proposed 2-B

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ 550,000
3. Total (1+ 2) $ 550,000

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 Fit Out
[X] Demolition

FEE (Office Use Only)
$

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

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

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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 7/28/21

NAME Centro NP Laurel SO Owner LLC #19

ADDRESS PO Box 6270 Somerset NJ 08875-6270

PROPERTY LOCATION 1930 Route 88 (Adult Daycare)

Account No 10033607-16 Block 1149 Lot 5

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

UPDATE RECEIVED FEB 09 2021 CW

Date Received
Control #

Date Issued
Permit # 21-0286

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88, Suite 14

Owner in Fee: Brixmore

Tel. 866 542 6668 e-mail

Address

Contractor: Old Forge Bldrs (street / municipality) Tel. 732 239-6094 (zip code)

Address 516 Rt 33 e-mail
Millstone NJ 08535

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH01942500

Federal Emp. ID No. 222495376 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 8,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Steve Weber

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Upgrade existing 3/4" service to 1 1/2"

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1 1/2" service	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

(1)

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 21-0268
Control #
Date Issued 02.05.21
Permit #

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

Block 1149 Lot 5 Qualification Code ______

Work Site Location Senior Helpers Town Square
1930 Route 88, Suite 14 Brick, NJ 08724

Owner in Fee: TS Adult Enrichment Center

Tel. 267 249-5721 e-mail ______

Address 549 Jefferson Rd (street) Mullica Hill (municipality) 08062 (zip code)

Contractor: State-Wide Electric Contracting Co. Inc. Tel. (732) 528-6959

Address 81 Broad Street e-mail statewide@optonline.net
Manasqaun, NJ 08736

Contractor License No. 9390 Exp. Date 03/31/2021

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

Federal Emp. ID No. 223027441 FAX: (732) 528-3080

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed I-4

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

Building Occupied as ______ Utility Co. 347 605 743

Est. Cost of Elec. Work $ 120,000

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: Dennis DiPalma

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fit Out

QTY.	SIZE	ITEMS	FEE (Office Use Only)
256		Lighting Fixtures	
195		Receptacles	
83		Switches	
		Detectors	
		Light Poles	
12		Motors—Fract. HP	
19		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
565		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	12	KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	5	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
6		KW Central A/C Unit	
6	5	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	800	AMP Service	
2	200	AMP Subpanels	
		AMP Motor Control Center	
1	1	KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[X] Electric Plans Approved

Date 12-16-2020 Approved by: [initials]

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-16-2020

Approved by: [initials]

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [X] CA

Date: 6-10-21

Approved by: [initials]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough Walls			5-31-21	[initials]
Barrier-Free				
Trench/Service			4/12/21	[initials]
Temp. Serv. 8pk				
Constr. Serv.				
TCO				
~~Other~~ Above Ceiling			5-25-21	[initials]
Service			4/1/21	
Final			6-3-21	[initials]
Barrier-Free				

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

ALARM +

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

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

#2

MUNICIPALITY Brick Twp

CUT-IN-CARD

LOCATION 1930 RT 88 UTILITY CO JCP&L

DR# 348152391 BLK 1149 LOT 5

OWNER Senior Helpers Sq OCCUPANT

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

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200Amp 3Ø UG

INSTALLED BY Statewide LICENSE NO 9390

DATE 2/26/21 PERMIT # 21-0286 INSPECTOR Ralph R.

☐ CALLED IN 2/26/21 Lic. No: 11424

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Vpdate 2/16/21

Date Received 2/23/21
Control #
Date Issued
Permit # 21-0286 +0

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

Block 1149 Lot 5 Qualification Code

Work Site Location Senior Helpers Town Square
1930 Route 88, Suite 14 Brick, NJ 08724

Owner in Fee: Senior Helpers Town Square

Tel. e-mail

Address 1930 Route 88, Suite 14 (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: State-Wide Electric Contracting Co. Inc. Tel. (732) 528-6959

Address 81 Broad Street e-mail statewide@optonline.net
Manasquan, NJ 08736

Contractor License No. 9390 Exp. Date 03/31/2024

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

Federal Emp. ID No. 223027441 FAX: (732) 528-3080

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant: Sign/Contractor sign and seal here

Print name here: Dennis DiPalma

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Panel Replacement DR#348152391

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 6-28-21
Approved by: WR

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			6-8-21	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~ A1				
Service			2/26/21	
Final			6321	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			2/26/21	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

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

4/12/21

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 21-0286 + E

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88
1930 Rt 88 Brick NJ 08724

Owner in Fee: Senior Helpers Town Square

Tel. e-mail

Address 1930 Rt 88 Brick NJ 08724
street municipality zip code

Contractor: Relaible Communications Service Tel. (732)905-9090

Address 164 n County Line Road e-mail service@rcsintl.com
Jackson, NJ 08527

Contractor License No. 34BF00023500 Exp. Date 01/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222395462 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Office Space Utility Co.

Est. Cost of Elec. Work $ ~~27,300~~ 17000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: James R Feldman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Access Control System Installation

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: 6-22-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6-22-21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[X] CO 6-28-21 [ ] 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 6-3-21		6-25-21		
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

No Rough Rough 6-8-21 PASS

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 21-0286 +B

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 38 Ste 14

Owner in Fee: TS Adult Enrichment Center LLC

Tel. 267 299 5721 e-mail

Address 519 Jefferson Rd (street) Mullica Hill (municipality) 08062 (zip code)

Contractor: BENSON INC Tel. 800-585-1555

Address 738 ADELINE St e-mail BENSON@GMAIL.COM
TRENTON NJ

Contractor License No. 34BF00025200 Exp. Date 01/31/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2977621 FAX: 609 503-7372

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ INCLUDED IN FIRE ALARM PERMIT $1000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: EDWARD F. BENSON

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DUSDAL FIRE ALARM SYSTEM

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 12-16-20 Approved by: VM

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

SUBCODE APPROVAL for PERMIT
Date: 12-16-20
Approved by: VM

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CA
Date: 6-28-21
Approved by: VM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6-22-21	SH
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final 6-3-21 VM			6-25-21	SH
Barrier-Free				

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

W/O Rough

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/23/21
Control #
Date Issued
Permit # 21-0286 F

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

Block 1149 1930 Lot 5 Qualification Code

Work Site Location RT 88 BRICK NJ 08724
TOWN SQUARE ADULT DAYCARE

Owner in Fee: Centro NP Laurel Sq owner LLC

Tel. (610) 832 6296 e-mail

Address PO Box 4900 Dept 124 Scottsdale AZ 85261
street municipality zip code

Contractor: AIT Tel. (908) 763 8360

Address 716 Flagg Rd e-mail kbneav@hotmail.com
BRICK NJ 08724

Contractor License No. 2342 Exp. Date

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

Federal Emp. ID No. FAX: ( )

MPF 4-15-21

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,000 (per Keith)

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: 4/26/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4/26/21
Approved by: AC
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6-28-21
Approved by: MW

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6-8-21	SW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 6-3-21 MW			6-25-21	SW
Barrier-Free				

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

UG Rough

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Keith DuBois

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
39		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	$

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received: 02-05-21
Control #:
Date Issued:
Permit #: 21-0286 HA

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

Block 1149 Lot 5 Qualification Code
Work Site Location 1930 Rt 88 Suite 14
Brick, NJ 08723
Owner in Fee: TS Adult Enrichment Center
Tel. 267 249 5721 e-mail
Address 549 Jefferson Rd. (street) Mullica Hill (municipality), NJ 08062 (zip code)
Contractor: Franklen Sheet Metal Tel. (732) 988-0808
Address 122 South Main St e-mail ronnie.franklen@yahoo.com
Ocean Grove, NJ 07756
Contractor License No. 19HC00060200 Exp. Date 06/20/2002
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 223481923 FAX: (732) 774-4285

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed 1-4
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 3,000

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the ~~(agent of) owner of record~~ and am authorized to make this application and ~~perform~~ the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: Ronald Wells
[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Supply & Install (3) Drains

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1-7-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-7-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 7-9-21
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	6-24-21		7-8-21	

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
6	Other drains (6) RTU 1 Minisplit	

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

U.C.C. F130 (rev. 10/17)
Internet version

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

5-21-21 [illegible]
Partial gas pipe Test ok
~~Submit New gas sketch for Approval on Roof~~ ok 6-29-21

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 02.05.21.

Date Issued / Permit # 21-0286

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Route 88, Suite 14
Brick, NJ

Owner in Fee: TS Adult Enrichment Center LLC

Tel. e-mail

Address 549 Jefferson Rd, Mullica Hill, NJ
(street, municipality)

Contractor: ALL-STAR PLUMBING & HEATING INC Tel. (732) 223-3511
(zip code)

Address 125A PARKER AVE, STE ONE e-mail SUE@ALLSTARINC.ORG
MANASQUAN, NJ 08736

Contractor License No. 7112 Exp. Date 06/30/2021

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

Federal Emp. ID No. 061220717 FAX: (732) 223-9885

B. PLUMBING CHARACTERISTICS

Use Group Present XX Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 2½" -proposed Public Water X Private Well

Est. Cost of Plumbing Work $ 132,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1-7-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-7-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 7-9-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			3-25-21	
Rough			4-18-21	
Water Partial Tap 5-25-21			5-26-21	
Sewer				
Fixtures				
~~Gas Equipment~~ Partial Gas			5-27-21	
Gas Piping				
~~LPGas Tank~~ Above Ceiling			5-25-21	
Fuel Oil Piping				
Solar				
TCO				
Final	6-24-21		7-8-21	

Tap OK
4" DIP ✓

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: MICHAEL FLEMING

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

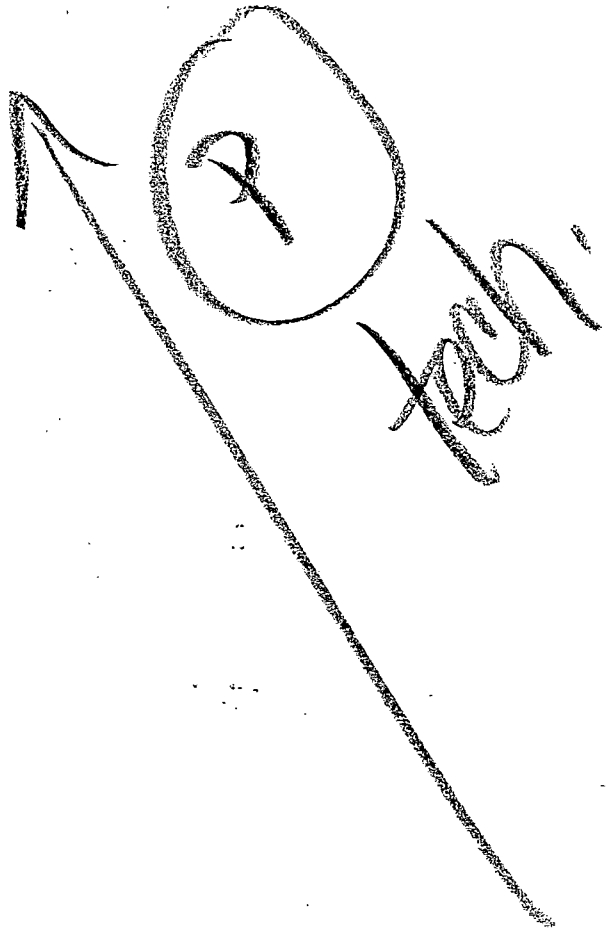
DESCRIPTION OF WORK
-Supply and install complete plumbing for ~~tenant fit-out~~

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
12	Water Closet	
2	Urinal/Bidet	
	Bath Tub	
14	Lavatory	
1	Shower	
10	Floor Drain	
6	Sink	
	Dishwasher	
2X	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
7X	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
	Sewer Connection	
1	Water Service Connection	
4	Stacks	
	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.

6-24-21 AV
See Report



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CHANGE OF CONTRACTOR ONLY

Date Received 6-1-21
Control #
Date Issued
Permit # 21-0286+B

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

Block 1149 Lot 5 Qualification Code

Work Site Location Sr. Helpers Town Square
1930 Rt. 88, Brick, NJ 08723

Owner in Fee: TS Adult Enrichment Ctr, LLC

Tel. ( ) e-mail

Address PO Box 4900, Dept. 124, Scottsdale, AZ 85261
street municipality zip code

Contractor: Reliable Safety Systems, Inc Tel. ( )

Address 283 Newtons Corner Rd e-mail
Howell, NJ 0773

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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 sign/Contractor sign and seal here:

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change of Contractor For Alarms

Water Supply Source

Method of Alarm/Suppression System Supervision

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
CO [ ] CCO [X] CA
Date: 7/8/21
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			6/25/21	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/23/21	7/12/21
Other				

C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: 877-531-2233

I4 240 occup

Town Square
Adult Day Care
Suite 14

12,480 sq ft

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY CONSTRUCTION CODE

Date Received
Control # 02-0521

Date Issued
Permit # 21-0286 I4

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 RT 88, SUITE 14, Brick

Owner in Fee: Brixmor

Tel. ( ) e-mail

Address

Contractor: OLD Forge Builders Tel. (732) 851-1097
(street, municipality, zip code)

Address 516 RT 33, Suite 2 e-mail
Millstone, NJ 08535

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01942500

Federal Emp. ID No. 222495376 FAX: (732) 446-9857

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1,560

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: STEVEN WEAVER

D. TECHNICAL SITE DATA

[ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: HVAC & Exit Lights

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		Refused
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Exit Lights	19	
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	6	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date 2/1/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-2-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/8/21
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System			4/30/21	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	4/30/21		7/2/21	
Other				

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: 877-531-2233

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

update cy 3/8/21

Date Received 4/12/21
Control #
Date Issued
Permit # 21-0286+B

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

Block 1149 Lot 5 Qualification Code

Work Site Location Town Square
1930 Rt 88 Ste 14

Owner in Fee: TS Adult Enrichment Center LLC

Tel. 267 249 5721 e-mail

Address 549 Jefferson Rd (street) Mullica Hill (municipality) 08062 (zip code)

Contractor: RENSON INC Tel 800 595-7355

Address 738 ADELINE ST e-mail RENSONE@GMAIL.COM
TRENTON NJ 08611

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

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

Fire Alarm Contractor No. 34BF00025000 Exp. Date 01/31/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2977681 FAX: 609 503-7372

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location:

Total Cost of Fire Protection Work $ 9800.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: EDWARD F. RENSON

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

DESCRIPTION OF WORK: INSTALL FIRE ALARM SYSTEM

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		See note on plan
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	15	
Supervisory Devices (i.e., tampers, low/high air)	7	
Signaling Devices (i.e., horn/strobes, bells)	34	
Other Devices ANNUNCIATOR	2	
TOTAL GSM RADIO	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: 3/8/21 Approved by: SD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/12/21
Approved by: KW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/18/21
Approved by: SD

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			7/8/21	SD
Other				

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/2/21

Date Issued / Permit # 21-0286 + C

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

Block 1149 Lot 5 Qualification Code

Work Site Location Town Square Senior Helper
1930 Route 88 - Ste 14, Brick, NJ

Owner in Fee: Brixmore Laurel Square LLC

Tel. (610) 843-7799 e-mail

Address One Fayette St. Conshohocken, PA 19428
(street / municipality / zip code)

Contractor: Fire Pro Tech, Inc. Tel. (732) 363-5955

Address 6 Station Place e-mail

Howell, NJ

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00242

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

Fire Alarm Contractor No. Exp. Date 10/31/2021

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

Federal Emp. ID No. 223554108 FAX: (732) 363-3031

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 20,000

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3/31/21 Approved by: MF
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/18/21
Approved by: STOMBRO

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			7/12/21	LK
Final				
Other				

MF 3-22-21

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Karl Giggenbach

Print name here: Fire Pro Tech, Inc. Karl Giggenbach

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

DESCRIPTION OF WORK: Tenant alt
Water Supply Source existing City
Method of Alarm/Suppression System Supervision Central

	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) EXISTING DEVICES		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	143	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update 3/24/21

Date Received 4/12/21
Control #
Date Issued
Permit # 21-0286-F

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88 Brick NJ 08724

Owner in Fee: Senior Helpers Town Square

Tel. - e-mail

Address 1930 Rt 88 Brick 08724
(street) (municipality) (zip code)

Contractor: Reliable Communications Systems Tel. (732) 905-9090

Address 164 N County Line Rd e-mail service@rcsintl.com

Jackson NJ 08527

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

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

Fire Alarm Contractor No. 34FA000738 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 1-31-23

Federal Emp. ID No. 222395462 FAX: (732) 905-0087

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Server/Utility/Ele 127

Total Cost of Fire Protection Work $ ~~27,300~~ 10,300

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: James R. Feldman

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-13-21
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/8/21
Approved by: [signature]

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			7/8/21	
Other				

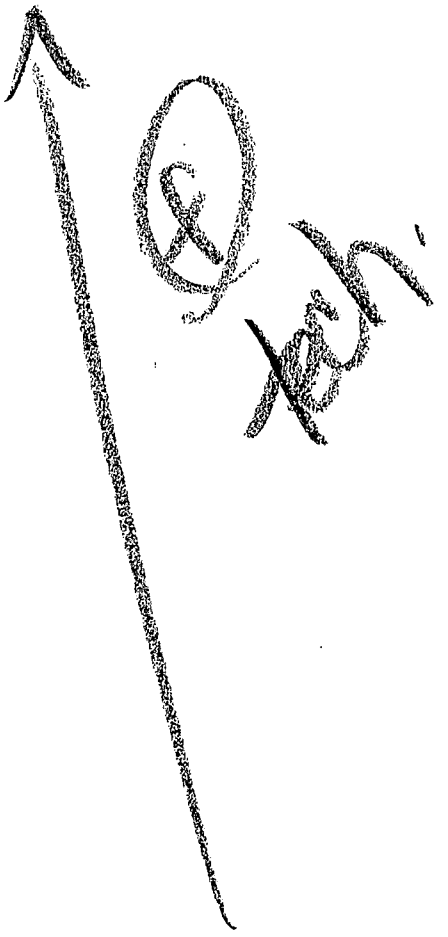
U.C.C. F140 (rev. 02/11) Internet version

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

5/27/21

① PSI test

Above ceiling - 3 to close ceiling



PERMIT UPDATE

Date Update Issued 4/23/21
Control # C-20-003974+F
Permit # 21-0286+F

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:
Contractor: OLD FORGE BUILDERS INC
Address: 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535
Telephone: (732) 915-2811
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:
TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER... UPDATE +F - COMMUNICATION POINTS

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

Estimated Cost of Work $6,000

D. Newman Jr. 4/20/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$161
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

☑ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
UPDATE REQUIRED FOR SPRINKLERS AND ALARMS

☑ 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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 02-05-21
DATE ISSUED 02/10/21

BLOCK: 1149 LOT: 5 QUALIFIER: _____ SITE ADDRESS: 1930 RT 88, Brick (Suite 14)

IDENTIFICATION:

1. NAME OF OWNER IN FEE: TS Adult Enrichment Center LLC
   COMPLETE ADDRESS: 549 Jefferson RD
   Mullica Hill, NJ 08062
   PHONE # _____ EMAIL: Kherman@seniorhelpers.com
2. NAME OF APPLICANT: OLD Forge Builders
   APPLICANT ADDRESS: 516 RT 33, BLDG 2, Suite 2
   Millstone, NJ 08535
   PHONE # 732-239-6094 EMAIL: sweber@oldforgebuilders.com
3. RESPONSIBLE PERSON FOR WORK: Steven Weber
   PHONE# 732-239-6094 FAX# _____
4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: _____
PROPOSED USE: _____

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Interior Tenant Fit-out

ZONING REVIEW:
DATE REVIEWED: 12-2-20 DATE DENIED: _____ DATE APPROVED: 12-2-20 INTLS: _____

(SEE BACK PAGE)

PERMIT UPDATE

Date Update Issued
Control # C-20-003974+A
Permit # +A

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Telephone:

Contractor: OLD FORGE BUILDERS INC

Address: 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535

Telephone: (732) 915-2811

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:

TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER ...UPDATE +A - HVAC

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

Estimated Cost of Work $4,500

Construction Official

Date 7/21/21

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$600
Fire Protection	$866
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$1,475
Check No.	
Cash	$0
Credit	$0
Collected By	

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 1/3/21
Control # C-20-003974
Permit #

IDENTIFICATION Block: 1149 Lot: 5 Qualifier:
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:

Contractor: OLD FORGE BUILDERS INC
Address: 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535
Telephone: (732) 915-2811
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:
TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER

PAYMENTS (Office Use Only)

Building	$20,250
Electrical	$2,365
Plumbing	$1,661
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1,296
CO Fee	$150.00
Other	$0
Total	$25,722
Check No.	1110
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $802,000

Construction Official Date 1/3/21

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

- [x] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
  UPDATE REQUIRED FOR SPRINKLERS AND ALARMS

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, January 13, 2021

To: CENTRO NP LAUREL SQ OWNER LLC %
PO BOX 4900 - DEPT 124
SCOTTSDALE, AZ 85261

RE: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-20-003974
Last Submit Date: Wednesday, January 13, 2021

Dear CENTRO NP LAUREL SQ OWNER LLC %,

Your request is hereby denied based upon the following infractions.

1. Building has existng fire sprinkler system. Need permit update, plan and specifications for fire sprinkler work being perfomed. Please include copy of fire suppression contractor license.

2. Kitchen has commercial convention oven being installed. Need specifications on this apppliance as a fire suppressed hood may be needed.

3. Need all information about car being utilized. Please be advised, car will need to be completely void of fluids and power and be professionally certified to same. Fire sprinkler coverage will need to be addressed as well. Car creates an obstruction area for fire sprinkler.

4. Mall fire alarm system that monitors mall fire sprinkler system will need a white horn/strobe device located in front of unit by front desk. This is in addition to proposed fire alarm.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 1/22/21
after Bldg

* I can put a note for updates

APPLICATION FOR CERTIFICATE

Date Received	11/23/2020
Date Permit Issued	02/05/2021
Control #	C-20-003974
Permit #	21-0286
Date Issued	07/28/2021

IDENTIFICATION

Block 1149 Lot 5 Qualifier

Work Site Location 1930 ROUTE 88 Brick Township, NJ

Owner in Fee CENTRO NP LAUREL SQ OWNER LLC %
PO BOX 4900 - DEPT 124 SCOTTSDALE AZ
85261

Telephone

Contractor OLD FORGE BUILDERS INC
Address 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535

Telephone (732) 915-2811
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP M Previous I-4 Current

FINAL COST OF CONSTRUCTION: $ 802000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER

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

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

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

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☑
N/A per Russell			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☐	☐
All Updates Have Been Approved	comment	☑	☐

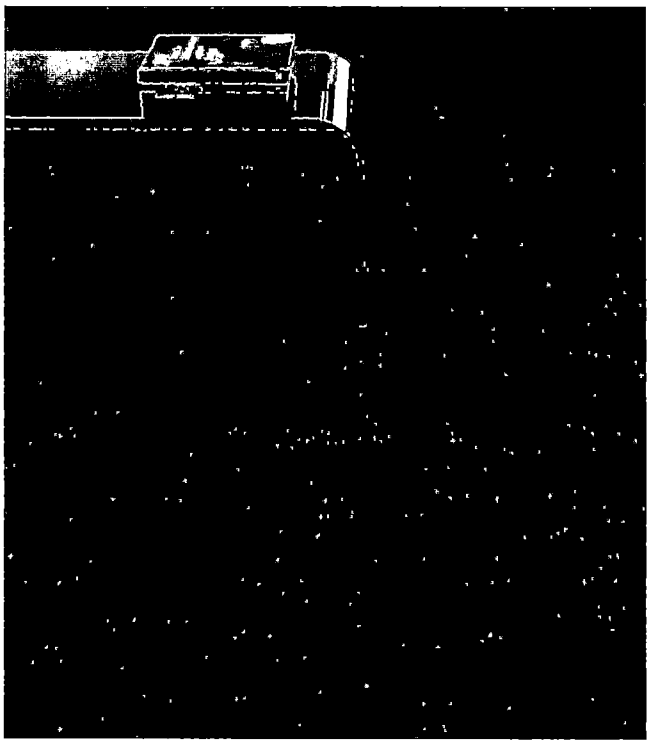
This checklist has been given to: (edit)

ShawContract®

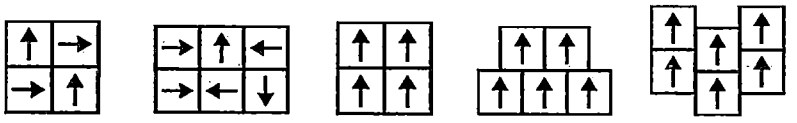
21-0286
11491 5

Path Tile

Product Type	**Entryway Carpet Tile**	
Collection	**All Access**	
Style Number	**5T034**	
Construction	**Multi-Level Pattern Loop**	
Fiber	**Eco Solution Q® Nylon**	
Dye Method	**100% Solution Dyed**	
Primary Backing	**Synthetic**	
Secondary Backing	**Ecoworx® Tile**	
Protective Treatments	**SSP® Shaw Soil Protection**	
Recommended Adhesive	**Shaw 5000, Shaw 5100, Shaw 4151, LokDots, LokWorx, Shaw 3800 or Shaw 5036**	
	u.s.	metric
Product Size	**24 in x 24 in**	**61 cm x 61 cm**
Area per Carton	**48 ft²**	**4.46 m²**
Pieces per Carton	**12 pcs**	
Gauge	**1/12 in**	**47.2 per 10 cm**
Stitches	**8.5 per in**	**34.0 per 10 cm**
Finished Pile Thickness	**0.115 in**	**2.92 mm**
Average Density	**8765 oz/yd³**	**0.324 g/cm³**
Kilotex		**16.03**
Total Thickness	**0.281 in**	**7.14 mm**
Tufted Weight	**28 oz/yd²**	**949.4 g/m²**



Recommended Installation Method



Quarter Turn **Random** **Monolithic** **Brick** **Ashlar**

Coordinating Products

Carpet Tile: **Portal Tile, Divvy Tile, Jive Tile, Pace Tile, Swift Tile**

Performance + Testing

Antimicrobial Assessment	**Passes (AATCC-174) (When installed using Shaw 5036 adhesive)**
Pill Test	**Pass**
Radiant Panel	**Class I**
NBS Smoke	**Less Than 450**
Electrostatic Propensity	**Less Than 3.5 kv**
CRI Green Label Plus (GLP)	**GLP9968**
ADA Compliance	**>0.6, meets the recommended static coefficient of friction for ADA walking surfaces and accessible routes*** **

Warranties

Lifetime Commercial Limited Warranty

Corporate Headquarters +1 800 257 7429 | +1 706 532 7984 | Atlanta +1 404 853 7429 | Bangaluru +91 80 6773 0202 | Beijing +86 10 6568 588 | Chicago +1 312 467 1331 | Dubai +971 4 584 6956 | Hong Kong +852 2623 0371 | Latin America (Miami) +1 305 827 5912 | London +44 207 961 4120 | Los Angeles +1 800 233 1614 | Melbourne +61 3 9939 8543 | Mexico City +55 5010 7600 | Mumbai +91 22 6284 5050 | Nantong +86 400 800 7429 | New York +1 212 953 7429 | Paris +33 (0) 1 81 22 44 39 | San Francisco +1 415 955 1920 | Santiago +562 2431 5000 x 550 | São Paulo +55 11 3071 1702 | Shanghai +86 21 3338 4000 | Singapore +65 6733 1811 | Sydney +1 800 556 302

July 8, 2021

Product Transparency

Shaw Contract is dedicated to providing clients with a building chemistry that's safe and dependable. Working together, we will help you meet your goals as they pertain to material health. EcoWorx products with Eco Solution Q nylon are Cradle to Cradle Certified™ Silver and assessed for impacts on human health and the environment. This product can be recycled. When it's time to replace, we can collect and recycle it through our Environmental Guarantee.*

Attributes + Certifications

Cradle to Cradle Certified™	**Silver Level (Version 3.1)**
Health Product Declaration (HPD)	**1,000 ppm Disclosure**
Environmental Product Declaration (EPD)	**3rd Party Certified in Accordance with ISO14044, ISO14025 & EN15804**
Living Building Challenge (LBC)	**Free of Red List Chemicals**
Declare	**LBC Compliant**
NSF 140	**Gold**
CRI Green Label Plus (GLP)	**GLP9968**
Building Research Establishment (BRE)	**Certified**
Good Environmental Choice Australia (GECA)	**Certified**
Singapore Green Label	**Certified**
GSA	**Approved**
CE Marking (EN 14041)	**3rd Party Certified**
Environmental Guarantee*	**Free Pickup & Delivery Available North America**
Total Recycled Content	**42% (Pre-Consumer 42% | Post-Consumer 0%)**
Product Packaging	**100% Recyclable**
Country of Origin**	**USA**

LEED Contribution Credit

MR Credit: Building Product Disclosure and Optimization Environmental Product Declarations - Option 1: Environmental Product Declaration (EPD)	**3rd Party Certified in Accordance with ISO14044, ISO14025 & EN15804**
MR Credit: Building Product Disclosure and Optimization Material Ingredients - Option 1: Material Ingredient Reporting	**HPD (Version 2.1) or C2C Silver Level (Version 3.1)**
MR Credit: Building Product Disclosure and Optimization Material Ingredients - Option 2: Material Ingredient Optimization	**C2C Silver Level (Version 3.1)**
MR Credit: Building Product Disclosure and Optimization Sourcing of Raw Materials - Option 2: Leadership Extraction Practices	**Environmental Guarantee: Free Pickup & Delivery Available North America**
EQ Credit: Low Emitting Materials Option 1: Product Category Calculations	**Green Label Plus Certification: GLP9968**
MR Credit: Interiors Life-Cycle Impact Reduction Option 3: Design for Flexibility	**Ecoworx Tile with Lokdots Installation System**

Additional Information

* To learn more about the recyclability of our products and our Environmental Guarantee, please visit shawcontract.com/sustainability.

**Meets or exceeds all local and national regulations in country of manufacture.

***This carpet is manufactured to be ADA compliant, but to be fully ADA compliant, the end-user must ensure the carpet is adhered to the floor and installed as outlined in the ADA standards.

Installation Guidelines

Maintenance Guidelines

Specifications are subject to nominal manufacturing variance. Material supply and/or manufacturing processes may necessitate changes without notice.

This product is an exclusive design and may not be duplicated in any manner. Use of [illegible]n in the creation of another product design is also strictly prohibited.

Visit shawcontract.com/testing for more information.

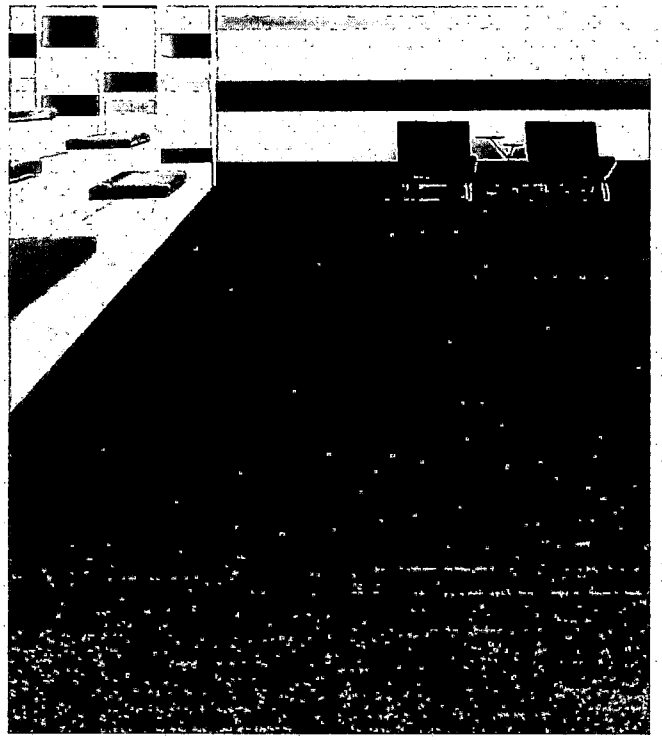
Corporate Headquarters +1 800 257 7429 | +1 706 532 7984 | Atlanta +1 404 853 7429 | Bengaluru +91 80 6773 0202 | Beijing +86 10 6568 588 | Chicago +1 312 467 1331 | Dubai +971 4 584 6956 | Hong Kong +852 2623 0371 | Latin America (Miami) +1 305 827 5912 | London +44 207 961 4120 | Los Angeles +1 800 233 1614 | Melbourne +61 3 9939 8543 | Mexico City +55 5010 7600 | Mumbai +91 22 6284 5050 | Nantong +86 400 800 7429 | New York +1 212 953 7429 | Paris +33 (0) 1 81 22 44 39 | San Francisco +1 415 955 1920 | Santiago +562 2431 5000 x 550 | São Paulo +55 11 3071 1702 | Shanghai +86 21 3338 4000 | Singapore +65 6733 1811 | Sydney +1 800 556 302

July 8, 2021

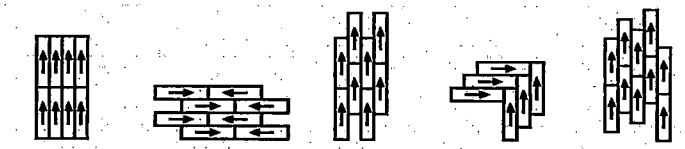
ShawContract®

Central Line Tile

Product Type	**Carpet Tile**	
Collection	**Places**	
Style Number	**5T176**	
Construction	**Multi-Level Pattern Loop**	
Fiber	**Eco Solution Q® Nylon**	
Dye Method	**100% Solution Dyed**	
Primary Backing	**Synthetic**	
Secondary Backing	**Ecoworx® Tile**	
Protective Treatments	**SSP® Shaw Soil Protection**	
Recommended Adhesive	**Shaw 5000, Shaw 5100, Shaw 4151, LokDots, LokWorx, Shaw 3800 or Shaw 5036**	
	u.s.	metric
Product Size	**9 in x 36 in**	**23 cm x 91 cm**
Area per Carton	**45 ft²**	**4.18 m²**
Pieces per Carton	**20 pcs**	
Gauge	**1/12 in**	**47.2 per 10 cm**
Stitches	**10.0 per in**	**39.0 per 10 cm**
Finished Pile Thickness	**0.093 in**	**2.36 mm**
Average Density	**6581 oz/yd³**	**0.243 g/cm³**
Kilotex		**10.06**
Total Thickness	**0.231 in**	**5.87 mm**
Tufted Weight	**17 oz/yd²**	**576.4 g/m²**



Recommended Installation Method



Monolithic **Brick** **Ashlar** **Herringbone** **Stagger**

Coordinating Products

Carpet Tile: **Sea Tile, Sea Edge Tile, Sky Tile, City Central Tile**

Broadloom: **Summit, Grove, Birch**

Performance + Testing

Antimicrobial Assessment	**Passes (AATCC-174) (When installed using Shaw 5036 adhesive)**
Pill Test	Pass
Radiant Panel	**Class I**
NBS Smoke	**Less Than 450**
Electrostatic Propensity	**Less Than 3.5 kv**
CRI Green Label Plus (GLP)	**USA GLP9968 | China GLP1263**
ADA Compliance	**>0.6, meets the recommended static coefficient of friction for ADA walking surfaces and accessible routes*** **

Warranties

Lifetime Commercial Limited Warranty

Corporate Headquarters +1 800 257 7429 | +1 706 532 7984 | Atlanta +1 404 853 7429 | Bangaluru +91 80 6773 0202 | Beijing +86 10 6568 588 | Chicago +1 312 467 1331 | Dubai +971 4 584 6956 | Hong Kong +852 2623 0371 | Latin America (Miami) +1 305 827 5912 | London +44 207 961 4120 | Los Angeles +1 800 233 1614 | Melbourne +61 3 9939 8543 | Mexico City +55 5010 7600 | Mumbai +91 22 6284 5050 | Nantong +86 400 800 7429 | New York +1 212 953 7429 | Paris +33 (0) 1 81 22 44 39 | San Francisco +1 415 955 1920 | Santiago +562 2431 5000 x 550 | São Paulo +55 11 3071 1702 | Shanghai +86 21 3338 4000 | Singapore +65 6733 1811 | Sydney +1 800 556 302

July 8, 2021

Product Transparency

Shaw Contract is dedicated to providing clients with a building chemistry that's safe and dependable. Working together, we will help you meet your goals as they pertain to material health. EcoWorx products with Eco Solution Q nylon are Cradle to Cradle Certified™ Silver and assessed for impacts on human health and the environment. This product can be recycled. When it's time to replace, we can collect and recycle it through our Environmental Guarantee.*

Attributes + Certifications

Cradle to Cradle Certified™	**Silver Level (Version 3.1)**
Health Product Declaration (HPD)	**1,000 ppm Disclosure**
Environmental Product Declaration (EPD)	**3rd Party Certified in Accordance with ISO14044, ISO14025 & EN15804**
Living Building Challenge (LBC)	**Free of Red List Chemicals**
Declare	**LBC Compliant USA | China**
NSF 140	**Gold**
CRI Green Label Plus (GLP)	**USA GLP9968 | China GLP1263**
Building Research Establishment (BRE)	**Certified USA**
Good Environmental Choice Australia (GECA)	**Certified**
Singapore Green Label	**Certified**
GSA	**Approved**
CE Marking (EN 14041)	**3rd Party Certified**
Environmental Guarantee*	**Free Pickup & Delivery Available North America**
Total Recycled Content	**43% (Pre-Consumer 43% | Post-Consumer 0%)**
Product Packaging	**100% Recyclable**
Country of Origin**	**USA & China**

LEED Contribution Credit

MR Credit: Building Product Disclosure and Optimization Environmental Product Declarations - Option 1: Environmental Product Declaration (EPD)	**3rd Party Certified in Accordance with ISO14044, ISO14025 & EN15804**
MR Credit: Building Product Disclosure and Optimization Material Ingredients - Option 1: Material Ingredient Reporting	**HPD (Version 2.1) or C2C Silver Level (Version 3.1)**
MR Credit: Building Product Disclosure and Optimization Material Ingredients - Option 2: Material Ingredient Optimization	**C2C Silver Level (Version 3.1)**
MR Credit: Building Product Disclosure and Optimization Sourcing of Raw Materials - Option 2: Leadership Extraction Practices	**Environmental Guarantee: Free Pickup & Delivery Available North America**
EQ Credit: Low Emitting Materials Option 1: Product Category Calculations	**Green Label Plus Certification: GLP9968**
MR Credit: Interiors Life-Cycle Impact Reduction Option 3: Design for Flexibility	**Ecoworx Tile with Lokdots Installation System**

Additional Information

* To learn more about the recyclability of our products and our Environmental Guarantee, please visit shawcontract.com/sustainability.

**Meets or exceeds all local and national regulations in country of manufacture.

***This carpet is manufactured to be ADA compliant, but to be fully ADA compliant, the end-user must ensure the carpet is adhered to the floor and installed as outlined in the ADA standards.

Installation Guidelines

Maintenance Guidelines

Specifications are subject to nominal manufacturing variance. Material supply and/or manufacturing processes may necessitate changes without notice.

Visit shawcontract.com/testing for more information.

Corporate Headquarters +1 800 257 7429 | +1 706 532 7984 | Atlanta +1 404 853 7429 | Bengaluru +91 80 6773 0202 | Beijing +86 10 6568 588 | Chicago +1 312 467 1331 | Dubai +971 4 584 6956 | Hong Kong +852 2623 0371 | Latin America (Miami) +1 305 827 5912 | London +44 207 961 4120 | Los Angeles +1 800 233 1614 | Melbourne +61 3 9939 8543 | Mexico City +55 5010 7600 | Mumbai +91 22 6284 5050 | Nantong +86 400 800 7429 | New York +1 212 953 7429 | Paris +33 (0) 1 81 22 44 39 | San Francisco +1 415 955 1920 | Santiago +562 2431 5000 x 550 | São Paulo +55 11 3071 1702 | Shanghai +86 21 3338 4000 | Singapore +65 6733 1811 | Sydney +1 800 556 302

July 8, 2021

Dynamic Balancing Corporation

93 Drs. James Parker Boulevard
Red Bank, NJ 07701

VENTILATION TEST REPORT

FACILITY: SENIOR HELPERS TOWN SQUARE
1930 ROUTE 88
BRICK, NEW JERSEY

SUITE 14

FOR: FRANKLEN SHEET METAL CO., INC.
122 SOUTH MAIN STREET
OCEAN GROVE, NEW JERSEY
07756

DATE: JULY 2021

THIS REPORT MEETS THE REQUIREMENTS OF NJAC 5:23-2.23 (H) 7.

PE SEAL

NJPE LIC. NO. 25808

DATE: JUL 07 2021

FILE NAME: SENIOR HELPERS BRICK 07-21

COMMENTS

JULY 2, 2021

SENIOR HELPERS TOWN SQUARE
NEW HVAC INSTALLATION

This report contains the results of the testing and balancing of the newly installed air distribution systems.

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 1

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 1 SUPPLY								
GARAGE 136	1	24	24	DRI		200		200
PUBLIC TLT. #3	2	24	24	DRI		50		55
PARK 137	3	24	24	DRI		100		105
PARK 137	4	24	24	DRI		100		105
STORAGE 140	5	24	24	DRI		100		110
PUBLIC TLT. #2	6	24	24	DRI		50		50
BOCCE COURT 000	7	24	24	DRI		170		175
BOCCE COURT 000	8	24	24	DRI		170		180
BOCCE COURT 000	9	24	24	DRI		170		170
BOCCE COURT 000	10	24	24	DRI		170		180
BOCCE COURT 000	11	24	24	DRI		170		160
HOUSEKEEPING 126	12	24	24	DRI		200		190
SERVERY 124	13	24	24	DRI		350		335
TLT./SHOWER 125	14	24	24	DRI		100		95
DINER 123	15	24	24	DRI		440		450
DINER 123	16	24	24	DRI		440		440
DINER 123	17	24	24	DRI		440		425
DINER 123	18	24	24	DRI		440		450
DINER 123	19	24	24	DRI		440		445
DINER 123	20	24	24	DRI		440		430
DINER 123	21	24	24	DRI		440		450
DINER 123	22	24	24	DRI		440		440
DINER 123	23	24	24	DRI		440		465
DINER 123	24	24	24	DRI		440		420
ART ROOM 121	25	24	24	DRI		200		210
ART ROOM 121	26	24	24	DRI		200		180
ART ROOM 121	27	24	24	DRI		200		195
ART ROOM 121	28	24	24	DRI		200		205
EXIT CORR.	29	24	24	DRI		100		110
MEN'S 119	30	24	24	DRI		150		140
MEN'S 119	31	24	24	DRI		150		155
WOMEN'S 118	32	24	24	DRI		150		160
WOMEN'S 118	33	24	24	DRI		150		145
						8000		8025
RTU - 1 RETURN		20	30					6525
RTU - 1 OUTSIDE AIR						1440		1500

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 2

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS DIMENSIONS OUTLET	W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 2 SUPPLY								
LOBBY 101	1	24	24	DRI		200		175
TRANSITION 104	2	24	24	DRI		200		190
TRANSITION 104	3	24	24	DRI		200		200
LEARNING CTR. 135	4	24	24	DRI		350		340
LEARNING CTR. 135	5	24	24	DRI		350		330
OFFICES 105	6	24	24	DRI		300		310
OFFICES 105	7	24	24	DRI		300		320
OFFICES 105	8	24	24	DRI		300		295
STAFF TLT. 107	9	24	24	DRI		50		55
STORAGE 108	10	24	24	DRI		100		110
LOBBY 101	11	24	24	DRI		200		180
LOBBY 101	12	24	24	DRI		200		185
LOBBY 101	13	24	24	DRI		200		185
PUBLIC TLT. #1	14	24	24	DRI		50		50
MUSIC ROOM 134	15	24	24	DRI		250		255
MUSIC ROOM 134	16	24	24	DRI		250		245
MUSIC ROOM 134	17	24	24	DRI		250		240
MUSIC ROOM 134	18	24	24	DRI		250		265
						4000		3930
RTU - 2 RETURN		20	30					3180
RTU - 2 OUTSIDE AIR						680		750

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 3 RTU - 4

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 3 SUPPLY								
CITY HALL 100	1	24	24	DRI		275		260
CITY HALL 100	2	24	24	DRI		275		260
CITY HALL 100	3	24	24	DRI		275		275
CITY HALL 100	4	24	24	DRI		275		250
WORK STA. ROOM 111	5	24	24	DRI		150		140
ENROLLMENT DIR. 115	6	24	24	DRI		150		135
ASSIST. DIR. 114	7	24	24	DRI		150		160
DIRECTOR 113	8	24	24	DRI		150		165
SALON 116	9	24	24	DRI		400		375
SALON 116	10	24	24	DRI		400		365
SALON 116	11	24	24	DRI		300		275
STORAGE 117	12	24	24	DRI		150		140
CLINIC/NURSE 112	13	24	24	DRI		150		155
CARE MANAGER 110	14	24	24	DRI		100		110
BREAK ROOM 109	15	24	24	DRI		200		180
BOCCE COURT 100	16	24	24	DRI		300		280
OPEN SPACE 103	17	24	24	DRI		200		180
OPEN SPACE 103	18	24	24	DRI		200		185
OPEN SPACE 103	19	24	24	DRI		200		185
OPEN SPACE 103	20	24	24	DRI		200		190
OPEN SPACE 103	21	24	24	DRI		200		180
OPEN SPACE 103	22	24	24	DRI		200		185
						4900		4630
RTU - 3 RETURN		20	30					4025
RTU - 3 OUTSIDE AIR						625		605
RTU - 4 SUPLY								
BLUE HOUSE 132	1	24	24	DRI		250		260
BLUE HOUSE 132	2	24	24	DRI		250		265
HEALTH CLUB 131	3	24	24	DRI		300		310
HEALTH CLUB 131	4	24	24	DRI		300		315
HEALTH CLUB 131	5	24	24	DRI		300		290
HEALTH CLUB 131	6	24	24	DRI		300		330
HEALTH CLUB 131	7	24	24	DRI		300		325
						2000		2095
RTU - 4 RETURN		19	19					1745
RTU - 4 OUTSIDE AIR						320		350

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 5 RTU - 6 EXHAUST FANS

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	DIMENSIONS L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 5 SUPPLY								
SPORTS PUB 133	1	24	24	DRI		240		265
SPORTS PUB 133	2	24	24	DRI		240		255
SPORTS PUB 133	3	24	24	DRI		240		250
SPORTS PUB 133	4	24	24	DRI		240		260
SPORTS PUB 133	5	24	24	DRI		240		260
						1200		1290
RTU - 5 RETURN		19	19					1120
RTU - 5 OUTSIDE AIR						150		170
RTU - 6 SUPPLY								
THEATER 128	1	24	24	DRI		500		485
THEATER 128	2	24	24	DRI		500		450
THEATER 128	3	24	24	DRI		500		495
THEATER 128	4	24	24	DRI		500		540
THEATER 128	5	24	24	DRI		500		505
THEATER 128	6	24	24	DRI		500		500
						3000		2975
RTU - RETURN		19	19			2505		2440
RTU - 6 OUTSIDE AIR						495		535
EF - 01						50		55
EF - 02						150		140
EF - 03						350		330
EF - 04						300		315
EF - 05						200		205
EF - 06						70		75
EF - 07						70		70
EF - 08						70		75
EF - 09						70		75
EF - 10						400		420

ALNOR

CERTIFICATE OF CALIBRATION

TSI Incorporated, Alnor Products, 500 Cardigan Road, Shoreview, MN 55126 USA
Tel: 1-800-874-2811 1-651-490-2811 Fax: 1-651-490-3824 www.alnor.com

Environment Condition		
Temperature	21.3	°C
Relative Humidity	31.8	% RH
Barometric Pressure	979	hPa

Model	Rotating Vane Anemometer RVA801
Serial No.	A01052

Calibration Standards Used
Wind Tunnel Calibration System 192

☒ As Left ☒ In Tolerance
☐ As Found ☐ Out of Tolerance

Calibration Data

Testing Points	Temperature Measured in °C *Tolerance: ± 1.0 °C*		
	Calibration Standard	Instrument Output	Allowable Range
1	21.9	22.1	20.9 ~ 22.9

Testing Points	Velocity Measured in m/s *Tolerance: ± (1.0% of reading + 0.02 m/s)*		
	Calibration Standard	Instrument Output	Allowable Range
1	0.509	0.513	0.484 ~ 0.534
2	0.763	0.767	0.735 ~ 0.791
3	1.016	1.016	0.986 ~ 1.046
4	2.539	2.535	2.494 ~ 2.584
5	5.073	5.034	5.002 ~ 5.144
6	7.625	7.579	7.529 ~ 7.721
7	20.306	20.304	20.083 ~ 20.529
8	30.512	30.448	30.187 ~ 30.837

* *Indicates out of tolerance condition*

Standard Conditions: Ambient Temperature = 21.1 °C, Barometric Pressure = 760.0 mmHg

TSI Incorporated does hereby certify that the above described instrument conforms to the original manufacturer's specifications (not applicable to As Found data) and has been calibrated using standards whose accuracies are traceable to the National Institute of Standards and Technology within the limitations of NIST's calibration services or have been derived from accepted values of natural physical constants or have been derived by the ratio type of self calibration techniques. The calibration ratio for this instrument is at least 1:1. TSI's calibration system meets ISO-9001:2015 and complies with ISO 10012:2003, Quality Assurance Requirements for Measuring Equipment. This report may not be reproduced, except in full, unless permission for the publication of an approved abstract is obtained in writing from the calibration organization issuing this report.

Measurement Variable	System ID Number	Date Last Calibrated	Calibration Due Date
DC Voltage	E003277	08-15-19	02-28-21
DC Voltage	E003276	08-15-19	02-28-21
Barometric pressure	E003271	08-27-20	08-31-21
Temperature	E003270	08-27-20	08-31-21
Pressure	E002740	08-24-20	02-28-21

Calibration procedure used: 10000005936

Chunwen Yan
Calibrated By

Sep. 30, 2020
Calibration Date

10000005456 00

TSI P/N 2300153

EVERGREEN TELEMETRY

Certificate of Calibration

Dynamic Balancing

Manufacturer	Evergreen Telemetry	Calibration Environment		
Product	Pressure / Velocity Module	Temperature	76	°F
Model	S-PVF-1	Rel. Humidity	32	%
SN	2100297A	Bar. Pressure	28.5	in Hg

☐ As Found ☒ As Left ☒ In Tolerance ☐ Out of Tolerance

Calibration Data

Measurement Variable	Test Point	Cal Standard	Allowable Range Min	Allowable Range Max	Test Instrument	
Barometric Pressure (in Hg)	Spec		-2% - 0.1	+ 2% + 0.1		
	1	20.0			20.1	
	2	28.7			28.8	
	3	33.0			33.1	
Differental Pressure (in wc)	Spec		-2%-.001	+2%+.001		
	1	10.00			9.999	
	2	2.000			1.997	
	3	0.5000			0.4997	
	4	0.0500			0.0501	
	5	-10.00			-10.047	
	6	-0.0500			-0.0499	
Low Velocity (FPM)	Spec		-3% - 7	+ 3% + 7		
	1	109			108	
	2	501			500	
Airflow (°F)	Spec		-3% - 7	+ 3% + 7		
	1	100			UPON	
	2	500			REQUEST	

Indicates out of tolerance condition ←——↑

NIST-Traceable Lab Calibration Standards

Variable	System ID	Calibration Last	Calibration Due
Pressure	7481227	5-Feb-20	5-Feb-22
Pressure	7568470	4-Feb-20	4-Feb-22
Pressure	1208000080	10-Jan-20	10-Jan-22
Velocity	2100190A	29-Mar-21	29-Mar-23

This instrument has been checked for accuracy, calibrated to manufacturer's specifications, and found to be within the specified tolerance unless otherwise stated. It has been calibrated using measurement standards traceable to the National Institue of Standards and Technology, or accepted intrinsic standards of measurement, or derived by the ratio type of self calibrated techniques.

Calibrated By

20-May-2021 — Calibration Date

20-May-2023 — Date Due

624 S. Perry Ln. #102, Tempe AZ 85281 ▪ 602-574-6192 ▪ Info@evergreentelemetry.com ▪ www.evergreentelemetry.com

AIRDATA MULTIMETER CERTIFICATE OF RECALIBRATION

Customer ID: 019636 S/N: M16506
Customer: DYNAMIC BALANCING CORPORATION City: RED BANK State: NJ
As-Received Model #: ADM-870C Converted to Model #: Order #: R201447
PO #: Customer Eqpt ID#: Calibration Due Date:

This instrument has been calibrated using Calibration Standards which are traceable to NIST (National Institute of Standards and Technology). Test accuracy ratio is 4:1 for pressures and temperature. Quality Assurance Program and calibration procedures meet the requirements for ANSI/NCSL Z540-1, ISO 17025, MIL-STD 45662A and manufacturer's specifications. Calibration accuracy is certified when meters are used with properly functioning accessories only. All Uncertainties are expressed in expanded terms (twice the calculated uncertainty). This report shall not be reproduced, except in full, without the written approval of Shortridge Instruments, Inc. Results relate only to the item calibrated. For limitations on use, see Shortridge Instruments, Inc. Instruction Manual for the use of AirData Multimeters. Procedure used: Procedure for Differential Pressure, Absolute Pressure and Temperature Recalibration of AirData Multimeters SIP-CP02 Revision: 30 Dated: 04/04/16

Calibration Technician(s): B Babb Y Yaubmeier Calibration Date: 06/03/2020
Calibration Approved by: B. [illegible] Title: Cal Tech Date: 06/04/2020

AS-Received By BB	Final Test By YY	Test By
Date 06/03/2020 Rh 54 %	Date 06/03/2020 Rh 58 %	Date NA Rh %
Ambient Temperature 77 °F	Ambient Temperature 77 °F	Ambient Temperature °F
Barometric Pressure 28.34 in Hg	Barometric Pressure 28.33 in Hg	Barometric Pressure in Hg
All within spec (YES) NO NA	All within spec (YES) NO	All within spec YES NO

ABSOLUTE PRESSURE TEST (In Hg)

TEST METER TOLERANCE = ± 2.0 % ± .1 in Hg AS-RECEIVED TEST WITHIN SPEC (YES) NO N/A See Notes

Pressure Standard: Heise #02-R	S/N: 41741/42451	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #12A-R	S/N: 45605/48491	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Heise #04-R	S/N: 41743/42453	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #14-R	S/N: 43412/45043-2	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #06-R	S/N: 41742/42452-1	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #16-R	S/N: 43413/45044	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Heise #08-R	S/N: 42186/43328	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #18-R	S/N: 44581/46845	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #10-R	S/N: 42203/43352	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #20-R	S/N: 44582/46847	As-Rcvd	Test 2	Test 3

Approx Set Pt	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff
14.0	14.40	14.5	.69	14.37	14.4	.21			
28.4	28.34	28.5	.56	28.33	28.4	.25	NA		
40.0	40.28	40.5	.55	40.31	40.4	.22			

DIFFERENTIAL PRESSURE TEST (in wc)

TEST METER TOLERANCE = ± 2.0 % ± 0.001 in wc AS-RECEIVED TEST WITHIN SPEC (YES) NO N/A See Notes

Pressure Standard: Heise #01-L	S/N: 41739/42449	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #11-L	S/N: 43165/44551-1	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Heise #01-R	S/N: 41739/42446	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #11-R	S/N: 43165/44730	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Heise #02-L	S/N: 41741/42454	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #12A-L	S/N: 45605/48490	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Heise #03A-L	S/N: 45570/48461	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #13-L	S/N: 43415/45041	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #03A-R	S/N: 45570/48460	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #13-R	S/N: 43415/45039	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #04-L	S/N: 41743/42456	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #14-L	S/N: 43412/45045	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #05-L	S/N: 41740/42450	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #15-L	S/N: 43416/45042	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Heise #05-R	S/N: 41740/42447	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #15-R	S/N: 43416/45040	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Heise #06-L	S/N: 41742/42455	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #16-L	S/N: 43413/45046	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Heise #07-L	S/N: 42185/42186	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #17-L	S/N: 44579/46842	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #07-R	S/N: 42185/43326	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #17-R	S/N: 44579/46841	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #08-L	S/N: 42186/43329	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #18-L	S/N: 44581/46846	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #09-L	S/N: 42202/43351	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #19-L	S/N: 44580/46844	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #09-R	S/N: 42202/43350	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #19-R	S/N: 44580/46843	As-Rcvd	Test 2	Test 3
Pressure Standard: Heise #10-L	S/N: 42203/43353	As-Rcvd	Test 2	Test 3	Pressure Standard: Heise #20-L	S/N: 44582/46848	As-Rcvd	Test 2	Test 3

Approx Set Pt	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff
.0500	.0506	.0504	-.40	.0515	.0514	-.19			
.1250	.1251	.1250	-.08	.1238	.1238	0			
.2250	.2259	.2253	-.27	.2248	.2244	-.18			
1.000	1.020	1.020	0	1.012	1.011	-.10			
2.000	2.003	2.000	-.15	2.008	2.005	-.15	NA		
3.600	3.623	3.616	-.19	3.653	3.646	-.19			
4.400	4.422	4.437	.34	4.410	4.421	.25			
27.00	27.27	27.30	.11	27.35	27.40	.18			
50.00	50.08	50.02	-.12	49.95	49.96	.02			
Overange	NA	✓	NA	NA	✓	NA	NA		NA

Shortridge Instruments, Inc.
7855 East Redfield Road Scottsdale, Arizona 85260
(480) 991-6744 • Fax (480) 443-1267 • www.shortridge.com

ANALOG FLOWHOOD RECALIBRATION TEST REPORT

Customer: Dynamic Balancing Corporation City: Red Bank State: NJ Order #: R201448

Procedure used: SIP-CP04 Procedure for Recalibration of Analog Meters on a Flowhood and Repair of Analog Meters and Switches Rev 14 Dated: 08/07/2015

Calibration Equipment: FlowHood Stand Calibration Transfer Standard checked below is calibrated as a system with FlowHood Calibration Stand S/N 7401. Rated accuracy of system: ± 1.5% of Reading ± 3.5 cfm.

M99083	Calibration Date:	04/18 - 22/19	Calibration Due Date	04/2021 ☐
M98543	Calibration Date:	04/18 - 22/19	Calibration Due Date	04/2021 ☐
M99420	Calibration Date:	04/24 - 30/20	Calibration Due Date	04/2022 ☐
M96452	Calibration Date:	04/24 - 30/20	Calibration Due Date	04/2022 ☑

Tolerance is 3% of scale. Test readings shown for both the Master Meter and the Test FlowHood are not adjusted for the effects of local barometric pressure, temperature, or relative humidity.

Test One

Set Point	Master Meter CFM	Test Meter CFM								
		500 Scale			1000 Scale			2000 Scale		
		Reading	Offset	In Spec?	Reading	Offset	In Spec?	Reading	Offset	In Spec?
1	102	100	-2	Yes						
2	200	200	0	Yes						
3	293	300	7	Yes						
4	388	400	12	Yes	385	-3	Yes			
5	482	492	10	Yes	480	-2	Yes			
6	598				600	2	Yes			
7	697				700	3	Yes			
8	801				800	-1	Yes			
9	892				895	3	Yes	900	8	Yes
10	985				992	7	Yes	1000	15	Yes
12	1174							1200	26	Yes
14	1373							1400	27	Yes
16	1586							1600	14	Yes
18	1776							1800	24	Yes
20	1942							1950	8	Yes

Barometric Pressure: 2847 In Hg Temperature: 78.0°F Relative Humidity: 38.0%

FlowHood Model: CFM- 83 Serial Number: 1143 Within Spec: (± 3% of Scale) Yes

Notes:

Calibration standards used by Shortridge Instruments, Inc. are traceable to NIST (National Institute of Standards and Technology). This report shall not be reproduced except in full without the written approval of Shortridge Instruments, Inc. Results apply only to the item calibrated.

Test By: M. Giddens Date: 6/9/2020

Approved By: Y. Hardmeier Title: Cal Mgr Date: 06/10/2020

Shortridge Instruments, Inc.
7855 East Redfield Road, Scottsdale, Arizona 85260
(480)991-6744 Fax (480)443-1267 www.shortridge.com

Please do NOT reply to this automated approval message.
The electrical inspection for the location listed below was approved by RALPH J ROSAMILIA on 04/16/2021

Request Details
DR Number: 347605743
Work Request Number: 61019144
Customer Type: Commercial
Work Type Code: COMN
Owner/Name on Request: ROC- TS ADULT AND RICHMOND TANKER LLC,
Block/Lot:
Location/Address: 1930 RT 88, BRICK, NJ 08724
Municipality: BRICK TOWNSHIP
Operating Company: JL
County: OCEAN

Inspection Details
Date of Inspection: Fri Apr 16 11:24:33 EDT 2021
Request Type: UNDERGROUND
Phasing: 3
Service Size: 800
Voltage: 208Y/120 VOLT 3 PHASE
Occupant:
Permit Number: 21-0286
Installed By: STATE WIDE
Installer License Number: 9390
Comments:

B - 449
L - 5

If you have questions about this electrical inspection approval, you can contact us at https://www.firstenergycorp.com/corporate/contact_us.html.

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 2/2/2021
Date Issued 4/12/2021
Control # C-20-003974+B
Permit # 21-0286+B

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

Block 1149 Lot 5 Qualification Code

Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC %

COPY

Address PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Email

Tel.

Contractor: RENSOM INC

Address 738 ADELINE STREET TRENTON NJ 08611

Email RENSOM@GMAIL.COM

Tel. (800) 595-1555 Fax.

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed I-4

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCC ☐ CA

Date: 6-28-21

Approved

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-23-21	MW
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 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 and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT UP, - TOWN SQUARE ADULT DAY CENTER ...UPDATE +B - ALARMS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
7		Emergency & Exit Lights	
		Communication Points	
61		Alarm Devices/F.A.C. Panel	
68		TOTAL NUMBERS	$140
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$150
State Permit Surcharge Fee	$8
TOTAL FEE	$158

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 21-0286+B

Permit Number

21-0286+B

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
06/03/2021	Final	Marcel Renson	Electrical	Fail	CENTRO NP LAUREL SQ OWNER LLC % 1930 ROUTE 88	Alteration	TENANT FIT UP	Agent: OLD FORGE BUILDERS INC Phone: (732) 915-2811/ no rough MR
06/08/2021	ROUGH	Stuart Safeer	Electrical	Pass	CENTRO NP LAUREL SQ OWNER LLC % 1930 ROUTE 88	Alteration	TENANT FIT UP	Agent: OLD FORGE BUILDERS INC Phone: (732) 915-2811/
06/23/2021	Final	Marcel Renson	Electrical		CENTRO NP LAUREL SQ OWNER LLC % 1930 ROUTE 88	Alteration	TENANT FIT UP	Agent: OLD FORGE BUILDERS INC Phone: (732) 915-2811/
06/25/2021	Final	Marcel Renson	Electrical		CENTRO NP LAUREL SQ OWNER LLC % 1930 ROUTE 88	Alteration	TENANT FIT UP	Agent: OLD FORGE BUILDERS INC Phone: (732) 915-2811/

ALL-STAR Inc. Backflow Prevention Device Assembly Test Report Form

Owner of Property: Brixmor Property Group
Mailing Address: _____
(City, Town) (Zip)
Contact Person: K. Herman
Device Address and Location: 1930 RT 88 unit 14, Brick N.J. Mechanical room
Device Identification Number: 155970

Date: 6/21/21 Time: 8:30
Tested by: Matthew Fleming
Certificate #: 10930

RPZ ☒ DCVA ☐ PVB ☐ SRVB ☐
Make: Watts Model No.: LF009M2QT
Size: 2" Serial No.: 155970
Test After Installation ☒
Test After Repairs ☐
Annual Test ☐

Test Kit Serial #: 05110773 Calibration Date: 10-17-20 Other: _____

Reduced Pressure Backflow Prevention Device Assembly (RPZ)

Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP
Closed Tight ☒ Leaked ☐ 9.0 PSID	Closed Tight ☒ Leaked ☐	Flow ☐ No-Flow ☒	Opened at PSID 3.8 Did Not Open ☐	2.0 PSID

Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)

Check Valve DP	Flow Condition Evaluated
PSID	Flow ☐ No-Flow ☐

Double Check Valve Device Assembly (DCVA)

Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated
TC#1 PSI	TC#4 PSI	PSID	PSID	Flow ☐ No-Flow ☐

Air Inlet Valve DP Opening Point

Opened at _____ PSID
Did Not Open ☐

At the time of the test, the downstream shut-off valve was: Closed Tight ☐ Leaked ☐ Not Tested ☐

Line Pressure: 70 PSI | Protection Type: Service Line ☒ Fire Service Line ☐ Internal Domestic Plumbing System ☐

Signature of Certified Tester

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:

Water Works Official

Owner Agent

State Official

Remarks

Service Restored ☑

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

Brick Township

CORRECTION NOTICE

ADDRESS 1930 Rt 88

PERMIT NUMBER 21-0286 BLOCK _____ LOT _____

OWNER _____

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

1. Tempering valves 2 Hand wash sinks 110° or Less ✓
2. ~~Approved gas pipe plan As built / Access to RTU's~~ ok ✓
3. ~~We's 16" to 18" off walls and partitions~~
   ~~As per NJ Barrier Free Codes.~~

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

DATE 6-24-21 INSPECTOR _____

Reliable Safety Systems, Inc. License Number: 34BF000089
283 Newtons Corner Road Howell, NJ 07731 (877-785-1444) Fax (732-730-8881)

NFPA System Record of Completion

Form Completion Date: 6-3-21 Supplemental Pages Attached: Yes

1. PROPERTY INFORMATION

Name of Property: Senior Helpers Town Square
Address: 1930 Route 88, Brick, NJ
Description of Property: Adult Day Care Center
Name of Property Representative:
Address:
Phone: Fax: E-mail:

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation Contractor: Reliable Safety Systems, Inc
Address: 283 Newtons Corner Road Howell, NJ 07731
Phone: 732-730-8880 Fax: 732-730-8881 E-mail: reliablesafetysystems@verizon.net
Service Organization: Reliable Safety Systems, Inc.
Address: 283 Newtons Corner Road Howell, NJ 07731
Phone: 732-730-8880 Fax: 732-730-8881 E-mail: reliablesafetysystems@verizon.net
Testing Organization: Reliable Safety Systems, Inc
Address: 283 Newtons Corner Road Howell, NJ 07731
Phone: 732-730-8880 Fax: 732-730-8881 E-mail: reliablesafetysystems@verizon.net
Effective Date for Test and Inspection Contract:
Monitoring Organization: Rapid Response Monitoring
Address: Syracuse, NY
Phone: 1-800-932-3822 Fax: E-mail:
Account Number: 7900067 Phone Line 1: Phone Line 2:
Means of Transmission: Cellular Communicator
Entity to Which Alarms are Retransmitted: Brick Township PD Phone:

3. DOCUMENTATION

Onsite Location of the Required Record Documents and Site-Specific Software:

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: [X] New System [ ] Modification to Existing System [ ] Annual Test [ ] Semi-Annual Test [ ] Quarterly Test
Permit Number: NFPA 72 Edition:

4.1 Control Unit/Communicator

FACP: Manufacturer/Model: Kidde VS4-GD **Communicator**: Napco Starlink SLE-LTEV-Fire

4.2 Software Firmware

Firmware Revision Number:

4.3 Alarm Verification

[X] This system does not incorporate alarm verification.
[ ] This system incorporates alarm verification Number of Devices Subject to Alarm Verification:
Alarm Verification Set For _____ Seconds

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input Voltage of Control Panel: 120 VAC Control Panel Amps:
Overcurrent Protection: Type: Electrical Breaker Amps: 20
Branch Circuit Disconnection Means Location: Electrical Breaker Number:

10. SYSTEM SUPERVISORY/CONTROL FUNCTIONS

Type	Quantity	Type	Quantity
Hold-Open Door Releasing Devices		Sprinkler Tampers	1
HVAC Shutdown		Sprinkler High/Low Air	
Fire/Smoke Dampers		Fire Pump No A/C	
Door Unlock - Access Control	1	Fire Pump Phase Reversal	
Elevator Recall Primary Floor			
Elevator Recall Alternate Floor			
Elevator Shunt Trip			
Elevator Flashing Hat			
NAC Booster			

11. INTERCONNECTED SYSTEMS

[X] This system does not have interconnected systems.
[ ] Interconnected systems are listed on supplementary sheet _____.

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: _____ Printed Name: Rich Trevelise Date: 6-3-21
Organization: Reliable Safety Systems, Inc. Title: President Phone: 732-730-8880

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: _____ Printed Name: Rich Trevelise Date: 6-3-21
Organization: Reliable Safety Systems, Inc. Title: President Phone: 732-730-8880

12.3 Acceptance Test

Date and Time of Acceptance Test: _____
Installing Contractor Representative: _____
Testing Contractor Representative: _____
Property Representative: _____
AHJ Representative: _____

A. Supervisory Signal Device Information continued:

Fire Pump Phase Reversal:	Qty.____	Class B	Style 4	Supervised Yes
Fire Pump Loss Of Power:	Qty.____	Class B	Style 4	Supervised Yes
Emergency Generator Monitoring	Qty.____	Class B	Style 4	Supervised Yes
Other:____	Qty.____	Class____	Style____	Supervised____

B. Relay Interface Control Functions

Elevator Recall Primary Floor	Qty.____	Class____	Style____	Supervised____
Elevator Recall Alternate Floor	Qty.____	Class____	Style____	Supervised____
Elevator Flashing Hat	Qty.____	Class____	Style____	Supervised____
Elevator Steady Hat	Qty.____	Class____	Style____	Supervised____
Shunt Trip Control	Qty.____	Class____	Style____	Supervised____
HVAC Shutdown	Qty. 6	Class B	Style 4	Supervised Yes
Door Release	Qty. 1	Class B	Style 4	Supervised Yes
Fan Shut Down	Qty.____	Class____	Style____	Supervised____
Smoke Control	Qty.____	Class____	Style____	Supervised____
Slave Communicator Alarm	Qty.____	Class____	Style____	Supervised____
Slave Communicator Trouble	Qty.____	Class____	Style____	Supervised____
Slave Communicator Supervisory	Qty.____	Class____	Style____	Supervised____
NAC Booster	Qty.____	Class____	Style____	Supervised____
Fuel Shut Off	Qty.____	Class____	Style____	Supervised____
Panel Interconnection	Qty.____	Class____	Style____	Supervised____
Sounder Base	Qty.____	Class____	Style____	Supervised____
Mass Notification Interface	Qty.____	Class____	Style____	Supervised____
Voice Evacuation	Qty.____	Class____	Style____	Supervised____
Public Address	Qty.____	Class____	Style____	Supervised____
Other:____	Qty.____	Class____	Style____	Supervised____
Other:____	Qty.____	Class____	Style____	Supervised____
Other:____	Qty.____	Class____	Style____	Supervised____
Other:____	Qty.____	Class____	Style____	Supervised____
Other:____	Qty.____	Class____	Style____	Supervised____

This system as specified herein has been inspected and test according to NFPA 72, 2013 edition, Chapter 14.

Technicians: John S, Chris C, Tyler C

Signed: [signature] Printed Name: Rich Trevelise Date: 6-3-21

DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE. (An additional sheet may be attached for system deficiencies)

Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed:________ Printed Name:________ Date:________

Organization:________ Title:________ Phone:________

*FIRE * SECURITY * ACCESS CONTROL * CCTV * SOUND * PA * INTERCOMS * TELEPHONE*

NFPA Initiating Device
Supplementary Record of Inspection and Testing

Test Start Date: 6-3-21 Completion Date: 6-3-21 Test Start Date:_____ Completion Date:_____
Number of Supplemental Pages Attached:_____

1. PROPERTY INFORMATION

Name of Property: Sr. Helpers Town Square
Address: 1930 Route 88, Brick, NJ

2. Initiating Device Information:

Number of Initiating Zones:_____ **Class:**_____ **Style:**_____
Number of Signaling Line Circuits: 1 **Class:** B **Style:** 4

Manual Pull Stations:	Qty. 5	Class B	Style 4	Supervised	Yes
Photoelectric Smoke Detectors:	Qty. 1	Class B	Style 4	Supervised	Yes
Ionization Smoke Alarms:	Qty._____	Class B	Style 4	Supervised	Yes
Duct Smoke Detectors:	Qty. 6	Class B	Style 4	Supervised	Yes
Combo Smoke C/O Detectors:	Qty._____	Class B	Style 4	Supervised	Yes
Heat Detectors:	Qty._____	Class B	Style 4	Supervised	Yes
Carbon Monoxide Detectors:	Qty. 6	Class B	Style 4	Supervised	Yes
Water Flow Switches:	Qty. 1	Class B	Style 4	Supervised	Yes
Kitchen Suppression:	Qty._____	Class B	Style 4	Supervised	Yes
Other:_____	Qty._____	Class B	Style 4	Supervised	Yes

3. Occupant Notification Appliance And Booster Information:

NAC Booster/Expander Location:_____
Outputs:_____ Outputs Used:_____ Voltage Start of Test:_____ End of Test:_____ Current:_____

NAC Booster/Expander Location:_____
Outputs:_____ Outputs Used:_____ Voltage Start of Test:_____ End of Test:_____ Current:_____

NAC Booster/Expander Location:_____
Outputs:_____ Outputs Used:_____ Voltage Start of Test:_____ End of Test:_____ Current:_____

NAC Booster/Expander Location:_____
Outputs:_____ Outputs Used:_____ Voltage Start of Test:_____ End of Test:_____ Current:_____

Horn/Strobes:	Qty. 12	Class B	Style Y	Supervised Yes
Strobes:	Qty. 21	Class B	Style Y	Supervised Yes
Bells:	Qty._____	Class_____	Style_____	Supervised_____
Speaker/Strobes:	Qty._____	Class_____	Style_____	Supervised_____
Speakers:	Qty._____	Class_____	Style_____	Supervised_____
Outdoor Horn/Strobe:	Qty. 1	Class B	Style Y	Supervised Yes
Other:_____	Qty._____	Class_____	Style_____	Supervised_____

4. Interface Component Information

A. Supervisory Signal Device Information

OS&Y Tampers:	Qty._____	Class B	Style 4	Supervised Yes
Butterfly Tampers:	Qty._____	Class B	Style 4	Supervised Yes
High/Low Pressure Switch:	Qty._____	Class B	Style 4	Supervised Yes
PIV Valve	Qty. 1	Class B	Style 4	Supervised Yes

5.1.2 Secondary Power

Type of Secondary Power: Battery Back Up

Location, if Remote From the Plant:

Calculated Capacity of Secondary Power to Drive the System:

In Standby Mode (Hours): 24 In Alarm Mode (Minutes): 5

5.2 Control Unit

[ ] This system does not have power extender panels.

[X] Power extender panels Exist.

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line				
Device Power		X	B	
Initiating Device		X	B	
Notification Appliance		X	B	
Other (Specify):				

7. REMOTE ANNUNCIATORS

Type	Location
LCD	Main Entrance

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	5	Conventional	Alarm	Dry Contact
Smoke Detectors	1	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	6	Addressable	Supervisory	Photoelectric
Combo Smoke-C/O		Addressable	Alarm/Supervisory	Photo/Electromechanical
Heat Detectors		Addressable	Alarm	Fixed and ROR
C/O Detectors	6	Addressable	Supervisory	Electrotechnical
Water Flow Switches	1	Addressable	Alarm	Dry Contact
Kitchen Suppression		Addressable	Alarm	Dry Contact

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Combination Audible and Visible	12	
Audible		
Visible	21	
Weather Proof / Outdoor	1	

Contractor's Material and Test Certificate for Aboveground Piping

Procedure: Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Name: Town Square Senior Helper

Property Address: 1930 Rt. 88 - Ste 14, Brick, NJ **Date:** 6/4/21

Plans

Accepted by Approving Authorities (Names): Brick Township Bureau of Fire Prevention

Address: 401 Chambersbridge Rd., Brick, NJ

Installation conforms to accepted plans: ☒ Yes ☐ No

Equipment use is approved: ☒ Yes ☐ No

If no, explain deviations:

Instructions

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance?: ☒ Yes ☐ No

If no, explain:

Have copies of the following been left on the premises?:

1. System components instructions ☐ Yes ☒ No
2. Care and maintenance instructions ☐ Yes ☒ No
3. NFPA 25 ☐ Yes ☒ No

Location of System

Supplies Buildings:
Tenant Space

Sprinklers

Make	Model	Year of Manufacture	Office Size	Quantity	Temperature Rating
Reliable	G556 conc pen	2021	1/2"	100	165
Reliable	F1FR up	2021	1/2"	40	155

Pipe and Fittings

Type of Pipe: black steel

Type of Fittings: cast iron

Alarm Valve or Flow Indicator

Alarm Device			Maximum Time to Operate Through Test Connection	
Type	Make	Model	Min	Sec
New - vane	Potter	WFD60	0	45

Dry Pipe Operating Test

Dray Valve			Q.O.D.		
Make	Model	Serial #	Make	Model	Serial #
N/A					

	Time to Trip Through Test Connection		Water Pressure	Air Pressure	Trip Point Air Press.	Time Water Reach Test Outlet		Alarm Operated Properly?	
	Min	Sec	PSI	PSI	PSI	Min	Sec	Yes	No
Without Q.O.D.									
With Q.O.D.									

Deluge and Preaction Valves

Operation: ☐ Pneumatic ☐ Electric ☐ Hydraulic

Piping Supervised? ☐ Yes ☐ No Detecting Media Supervised? ☐ Yes ☐ No

Does valve operate from the manual trip, remote, or both control stations? ☐ Yes ☐ No

Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No

If no, explain:

Make	Model	Each Circuit Operate Supv. Loss Alarm?		Each Circuit Operate Valve Release?		Maximum Time to Operate Release	
		Yes	No	Yes	No	Min	Sec
N/A		☐	☐	☐	☐		

Pressure Reducing Valve Test	Location & Floor	Make & Model	Setting	Static Pressure		Residual Pressure (Flowing)		Flow Rate
				Left (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)	Flow (gpm)
	N/A							

Test Description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 ½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 ½ psi (0.1 bars) in 24 hours.

Tests

All piping hydrostatically tested at 50 over psi static bars for 2 hrs If no, state reason:

Dry piping pneumatically tested ☐ Yes ☐ No

Equipment operates properly ☒ Yes ☐ No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☒ Yes ☐ No

Drain Test	Reading of gauge located near water supply test connection: 55 psi (bars)	Residual pressure with valve test in connection open wide: 45 psi (bars)

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping:

Verified by copy of the U-Form No. 85B ☐ Yes ☐ No — Other (explain): Existing

Flushed by installer of underground sprinkler piping ☐ Yes ☐ No

If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐ No — If no, explain:

Blank Testing Gaskets	Number Used	Locations	Number Removed
	none		

Welding

Welded Piping? ☐ Yes ☒ No
If yes:

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3? ☐ Yes ☐ No

Do you certify that welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue is removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Cutouts (Discs)

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? ☒ Yes ☐ No

Hydraulic Data Nameplate

Nameplate provided? ☑ Yes ☐ No — If no, explain:

Remarks

Date left in service with all control valves open:
6/4/21

Test Witnessed By

Name of Sprinkler Contractor:
Fire Pro Tech, Inc.

For Property Owner (signed) TITLE DATE

For Sprinkler Contractor (signed) Pat K. Linn TITLE Pres DATE 6/4/21

Additional Explanation and Notes:

Brick Township Fire

Fire Bureau <bureau@brickfire.org>

1930 Route 33 - Test Certificate

1 message

Erin Knelle <eknelle@oldforgebuilders.com> Thu, Jun 24, 2021 at 10:05 AM
To: "bureau@brickfire.org" <bureau@brickfire.org>
Cc: Jerry Heulitt <jheulitt@oldforgebuilders.com>

Good Morning,

Please find the attached fire sprinkler test certificate for the following project:

Town Square Adult Day Care

1930 Route 88

Brick, NJ 08724

Permit #21-0286

Thank you,

Erin Knelle

Project Coordinator

Old Forge Builders, Inc.

(P) 732-851-1098 Direct

(W) www.oldforgebuilders.com

(e) eknelle@oldforgebuilders.com

(a) 516 Rt 33, Bldg 2, Suite 2, Millstone, NJ 08535

TSB Fire Sprinkler Test Cert (Fire Pro Tech) 060421.pdf
2872K

HAROLD C. BAKER, AIA
ARCHITECT

20-Jan-21

Richard Orlando, Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Re: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 Route 88
Permit Number: Control Number: C-20-003974
Last Submit Date: Wednesday, January 13, 2021

Mr. Orlando:

Upon review of the Fire Subcode review letter we offer the following responses:

still need 1. Shop drawings to be supplied by fire protection contractor as a deferred submittal.
2. Cut sheet attached for the convection oven, it should not require a type 1 hood with an ansul system, it is all electric. The kitchen is a "warming Kitchen. A catering service is contracted to supply all pre-prepared foods for the center, no food prep or cooking will be provided in the Kitchen.
still need 3. The car is merely a prop, to be manually pushed into place in the building. All fluids, power, and operating engine parts will be removed prior to installation. Owner to provide certification of the car that the Owner purchases and supplies.
still need 4. Fire alarm shop drawings are to be supplied by the fire alarm contractor as a deferred submittal including notification device for the mall fire alarm system located in the lobby at the front desk.

Please feel free to contact me if you have any additional questions or concerns.

Respectfully,

Harold C. Baker, AIA
Architect

ARCHITECTURE
614.436.0555
673 HIGH STREET, SUITE 204
WORTHINGTON, OH 43085
DEVELOPMENT SERVICES
EMAIL: baker@bakerarchitects.com

Black Tie Classics

"They don't make cars the way they used to, so we sell cars they used to make!"

For an appointment call: (856) 309 8808 or fax: (856) 309 8804

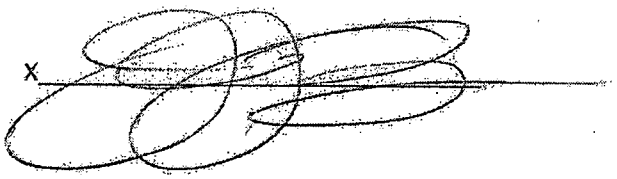
6 So. White Horse Pk. Stratford, NJ 08084

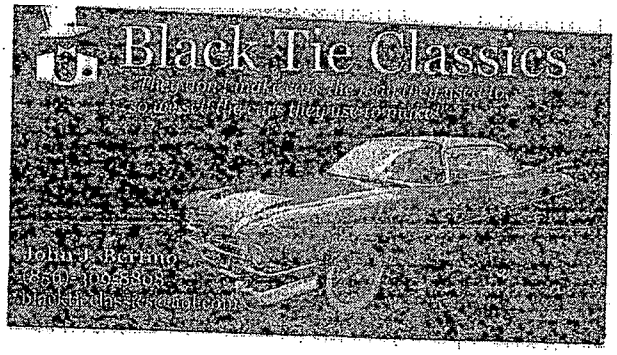
Date 5/24/2021

To whom it may concern.

Black Tie Classics certifies that the 1955 Oldsmobile purchased Vin #:558L27167 for use at Town Square Is completely void of fluids and power. The gas tank has also been removed.

My Dealer license 02812U see attachments.

X 



New Jersey
Motor Vehicle Commission

ACCOUNTING NUMBER
FOR COMMISSION USE
ONLY

BL20210750000572

267174

THIS IS TO CERTIFY THAT THE MOTOR VEHICLE COMMISSION HAS LICENSED

09788 11920 80840 ◄ CORPCODE

BLACK TIE CLASSICS LLC
6 SO WHITEHORSE PIKE
STRATFORD, NJ 08084

AS A USED MOTOR VEHICLE DEALER IN ACCORDANCE
WITH THE PROVISIONS OF N.J.S.A. 39: 10-19.

BRANCH ADDRESS Not Transferable

03-16-2021	03/2022	02812U
DATE OF ISSUE	EXPIRATION DATE	I.D. NUMBER

IN ANY INQUIRY, PLEASE INCLUDE I.D. NUMBER

B. Sue Fulton, Chief Administrator

BLC-1 (R 8/04)

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

Brick Township

CORRECTION NOTICE

ADDRESS _____

PERMIT NUMBER 21-0286 BLOCK _____ LOT _____

OWNER _____

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

(1) Fire alarm connect to mag locks

(2) Fire Sprinkler ID — Zone 4 — then description

(3) Silence feature to be active "strobe only"

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

DATE 6/4/21 INSPECTOR _____

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1149 **LOT** 5 **ADDRESS** 1930 RT 88. Suite 14

IDENTIFICATION:

1. WORK SITE ADDRESS 1930 RT 88. Suite 14, Brick
2. APPLICANT Old Forge Builders - GC
3. NAME OF OWNER IN FEE Brixmor
   - ADDRESS _____
   - PHONE _____ EMAIL _____
4. PRINCIPAL CONTRACTOR Old Forge Builders
   - ADDRESS 516 RT 33. Suite 2, Millstone NJ
   - PHONE (732) 851-1097 EMAIL admin@oldforgebuilders.com
5. ARCHITECT OR ENGINEER Harold C Boken AIA
   - ADDRESS 673 High ST. Worthington, OH
   - PHONE (614) 436-0555 EMAIL _____
6. RESPONSIBLE PERSON FOR WORK Steven Weber
   - ADDRESS 516 RT 33, Suite 2, Millstone NJ
   - PHONE 732-239-6094 EMAIL sweber@oldforgebuilders.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

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

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION _____

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

PERMIT UPDATE

Date Update Issued 4/12/21
Control # C-20-003974+E
Permit # 21-0286+E

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:

Contractor: OLD FORGE BUILDERS INC
Address: 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535
Telephone: (732) 915-2811
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:
TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER ...UPDATE +E - ACCESS CONTROL POINTS (ALARM)

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

Estimated Cost of Work $27,300

D. Newman Jr 4/2/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$52
CO Fee	
Other	$0
Total	$318
Check No.	1009
Cash	$0
Credit	$0
Collected By	CW

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

04/12/21 [illegible] 00155BW794/ XBOT SERV 005
ELECTRIC $150.00
FIRE $116.00
CHECK $318.00

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:
UPDATE REQUIRED FOR SPRINKLERS AND ALARMS

☑ 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.

PERMIT UPDATE

Date Update Issued 4/12/21
Control # C-20-003974+C
Permit # 21-0286+C

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:

Contractor: OLD FORGE BUILDERS INC
Address: 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535
Telephone: (732) 915-2811
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:
TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER ..UPDATE +C - SPRINKLERS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $20,000

Construction Official Date 4/12/21

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$290
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	
Other	$0
Total	$328
Check No.	1001
Cash	$0
Credit	$0
Collected By	

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.

PERMIT UPDATE

Date Update Issued 4/12/21
Control # C-20-003974+B
Permit # 21-0286+B

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC % PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:
Contractor: OLD FORGE BUILDERS INC
Address: 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535
Telephone: (732) 915-2811
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:
TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER ...UPDATE +B - ALARMS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $9,800

D. Neumann Jr. 4/2/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$175
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$19
CO Fee	
Other	$0
Total	$344
Check No.	1009
Cash	$0
Credit	$0
Collected By	CW

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

04/12/21 [illegible] 001358877947
#00284 ELECTRIC $150.00
FIRE $175.00

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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, February 02, 2021

To: CENTRO NP LAUREL SQ OWNER LLC %
PO BOX 4900 - DEPT 124
SCOTTSDALE, AZ 85261

RE: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: +B Control Number: C-20-003974+B
Last Submit Date: Tuesday, February 02, 2021

Dear CENTRO NP LAUREL SQ OWNER LLC %,

Your request is hereby denied based upon the following infractions.

1. Building has existng fire sprinkler system. Need permit update, plan and specifications for fire sprinkler work being perfomed. Please include copy of fire suppression contractor license.

2. Kitchen has commercial convention oven being installed. Need specifications on this apppliance as a fire suppressed hood may be needed.

3. Need all information about car being utilized. Please be advised, car will need to be completely void of fluids and power and be professionally certified to same. Fire sprinkler coverage will need to be addressed as well. Car creates an obstruction area for fire sprinkler.

4. Mall fire alarm system that monitors mall fire sprinkler system will need a white horn/strobe device located in front of unit by front desk. This is in addition to proposed fire alarm.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 3/23/21

HAROLD C. BAKER, AIA
ARCHITECT

20-Jan-21

Richard Orlando, Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Re: Fire Subcode
Block: 1149 Lot: 5 Qual:
1930 Route 88
Permit Number: Control Number: C-20-003974
Last Submit Date: Wednesday, January 13, 2021

Mr. Orlando:

Upon review of the Fire Subcode review letter we offer the following responses:

1. Shop drawings to be supplied by fire protection contractor as a deferred submittal.
2. Cut sheet attached for the convection oven, it should not require a type 1 hood with an ansul system, it is all electric. The kitchen is a "warming Kitchen. A catering service is contracted to supply all pre-prepared foods for the center, no food prep or cooking will be provided in the Kitchen.
3. The car is merely a prop, to be manually pushed into place in the building. All fluids, power, and operating engine parts will be removed prior to installation. Owner to provide certification of the car that the Owner purchases and supplies.
4. Fire alarm shop drawings are to be supplied by the fire alarm contractor as a deferred submittal including notification device for the mall fire alarm system located in the lobby at the front desk.

Please feel free to contact me if you have any additional questions or concerns.

Respectfully,

Harold C. Baker, AIA
Architect

BRICK TOWNSHIP
RECEIVED
JAN 22 REC'D
BUILDING DEPARTMENT

ARCHITECTURE
614.436.0555

673 HIGH STREET, SUITE 204
WORTHINGTON, OH 43085

DEVELOPMENT SERVICES
EMAIL: **baker@bakerarchitects.com**

2123121

PERMIT UPDATE

Date Update Issued
Control # C-21-000536
Permit # 21-0286+D

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Contractor OLD FORGE BUILDERS INC
Address 516 ROUTE 33 BLDG 2 STE 2 MILLSTONE NJ 08535
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC %
PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:
Telephone: (732) 915-2811 / (732) 239-6094
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:
TENANT FIT UP - TOWN SQUARE ADULT DAY CENTER ...UPDATE +D -SERVICE PANEL REPLACEMENT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$180
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$181
Check No.	002950
Cash	$0
Credit	$0
Collected By	KM

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $500

Construction Official Date 2/18/21

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

☑ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
UPDATE REQUIRED FOR SPRINKLERS AND ALARMS

☑ 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.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER **TS Adult Enrichment Center LLC** DATE **1/7/2021**

PROPERTY ADDRESS **1930 Route 88 Suite 14** BLOCK **1149** LOT **5**

ZONING _____ USE GROUP R5

CONTRACTOR **All-Star Plbg. & Heating** LICENSE # REGISTRATION **7112**

WATER MAIN SIZE 1" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	12	( )	60	( )	
4. LAVATORY	14	( )	14	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL	1	( )	2	( )	
7. KITCHEN SINK	1multi-bay 3 kit style 2 hand	( )	9.5	( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	1.5	( )	
12. URINAL	2	( )	8	( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN	2	( )	1	( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	**2**	( )	**3.5**	( )	
		TOTALS	**99.5**		

GALLONS PER MINUTE 68

SIZE of SERVICE 2.5"

DATE: 1/7/21 APPROVED BY: _____

* * * Communication Result Report (Jan. 7. 2021 3:47PM) * * *

1)
2)

Date/Time: Jan. 7. 2021 3:46PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
8803	Memory TX	BTMUA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER TS Adult Enrichment Center LLC DATE 1/7/2021

PROPERTY ADDRESS 1930 Route 88 Suite 14 BLOCK 1149 LOT 5

ZONING _____ USE GROUP R5

CONTRACTOR All-Star Plbg. & Heating LICENSE # REGISTRATION 7112

WATER MAIN SIZE 1" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	12	( )	60	( )	
4. LAVATORY	14	( )	14	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL	1	( )	2	( )	
7. KITCHEN SINK	[illegible]	( )	9.5	( )	
8. SERVICE SINK		( )		( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	1	( )	1.5	( )	
12. URINAL	2	( )	8	( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN	2	( )	1	( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS	2	( )	3.5	( )	
		TOTALS	99.5		

GALLONS PER MINUTE 68

SIZE of SERVICE 2.5"

DATE: 1/7/21 APPROVED BY: [signature]

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Ronald L. Wells
122 South Main Street
Ocean Grove NJ 07756

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

06/01/2020 TO 06/30/2022
VALID

19HC00060200
LICENSE/REGISTRATION/CERTIFICATION #

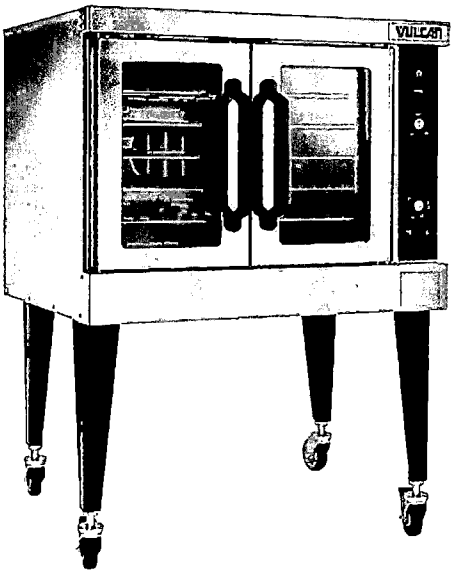
Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Item # _____ C.S.I. Section 11420

OVENS

VC4E SERIES
SINGLE DECK ELECTRIC CONVECTION OVENS



Model VC4ED
Shown with optional casters

NSF UL LISTED c UL LISTED

SPECIFICATIONS

Single section, electric convection oven, Vulcan Model No. (VC4ED) (VC4EC). Stainless steel front, sides and top. Painted legs. Independently operated stainless steel doors with double pane windows. Non-sag insulation applied to the top, rear, sides, bottom and doors. Porcelain enamel on steel oven interior measures 29"w x 22⅛"d x 20"h. Two interior oven lights. Five nickel plated oven racks measure 28¼" x 20½". Eleven position nickel plated rack guides with positive rack stops. Heated by electric solid sheath elements rated at 12 KW. Furnished with a two speed ½ H.P. oven blower-motor. Oven cool switch for rapid cool down. 208 or 240 volt, 60 Hz, 1 or 3 phase.

Exterior Dimensions:

40¼"w x 41⅛"d (includes motor & door handles) 37¾"d (includes motor only) x 54¾"h on 23¾" legs with feet. 23¾" legs can adjust an additional 1" in length. Legs with casters are adjustable from 28" to 29⅛" in length.

NSF listed. UL listed. UL listed to Canadian safety standards.

- ☐ **VC4ED** Solid state temperature controls adjust from 150° to 500°F. 60 minute timer with audible alarm.
- ☐ **VC4EC** Computer controls with digital time and temperature readouts. 99-hour timer with audible alarm. Roast and Hold cycle. One hundred programmable menu selections. Shelf I.D. programming.

STANDARD FEATURES

- ■ Stainless steel front, sides and top.
- ■ Painted legs.
- ■ Independently operated stainless steel doors with double pane windows.
- ■ 12.5 total KW.
- ■ ½ H.P. two speed oven blower-motor.
- ■ Moisture vent damper control.
- ■ Oven cool switch for rapid cool down.
- ■ Porcelain enamel on steel oven interior.
- ■ Five nickel plated oven racks with eleven rack positions.
- ■ One year limited parts and labor warranty.

OPTIONS

- ☐ Complete prison package.
  - ☐ Security screws only.
- ☐ Stainless steel legs.
- ☐ Casters.
- ☐ Simultaneous chain driven doors.
- ☐ 480V/60 Hz/1 or 3 phase.
- ☐ Second year extended limited parts and labor warranty.

ACCESSORIES

- ☐ Stainless steel rear motor enclosure.
- ☐ Extra oven rack(s).
- ☐ Rack hanger(s).
- ☐ Stainless steel drip pan.
- ☐ Stainless steel open stand with adjustable rack supports, stainless steel shelf and choice of adjustable feet or casters.
- ☐ Oven/steamer accessory kit. Includes stainless steel marine edge top. Requires 8" legs in lieu of standard legs.
- ☐ Down draft flue diverter for direct vent connection.

VULCAN
a division of ITW Food Equipment Group LLC
P.O. Box 696 ■ Louisville, KY 40201 ■ Toll-free: 1-800-814-2028 ■ Local: 502-778-2791 ■ Quote & Order Fax: 1-800-444-0602

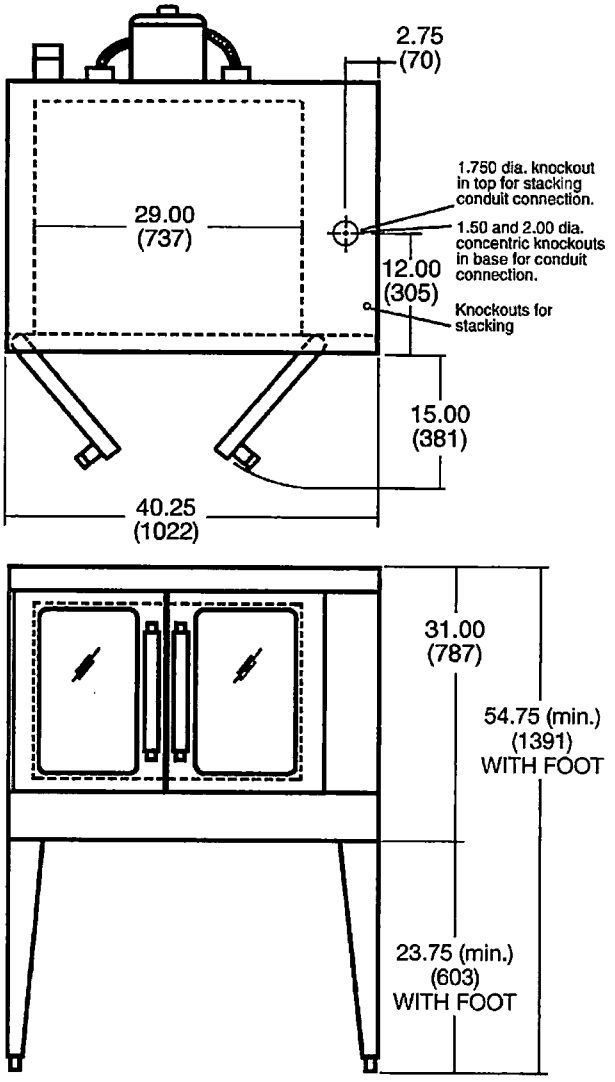
VC4E SERIES
SINGLE DECK ELECTRIC CONVECTION OVENS

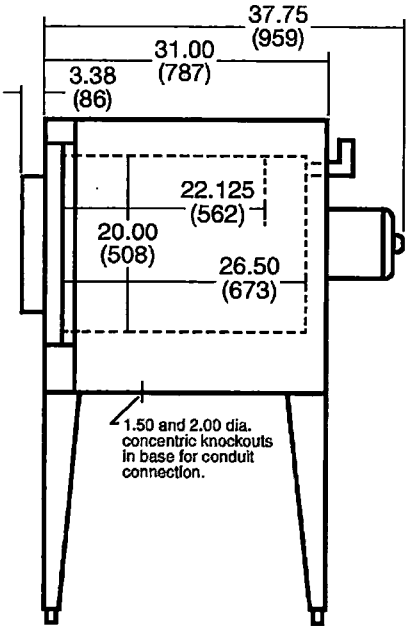
OPTIONAL VOLTAGES

- ☐ 480 volt, 60 Hz, 3 phase.
- ☐ 220/380 volt, 50 Hz, 1 phase, 3 wire.
- ☐ 220/380 volt, 50 Hz, 3 phase, 4 wire.
- ☐ 240/415 volt, 50 Hz, 3 phase, 4 wire.

CLEARANCES

	Combustible	Non-Combustible
Rear	2"	2"
Right Side	4"	4"
Left Side	1"	1"





MODEL NO.	TOTAL CONN. KW	3 PHASE LOAD KW PER PHASE			NOMINAL AMPS PER LINE WIRE									1 PHASE		WEIGHT			
					3 PHASE											WITH SKID & PACKAGING		WITHOUT SKID & PACKAGING	
					208 VOLT			240 VOLT			480 VOLT								
		X-Y	Y-Z	X-Z	X	Y	Z	X	Y	Z	X	Y	Z	208V	240V	LBS.	KG	LBS.	KG
VC4E	12.5	4	4	4.5	35	33	35	33	29	33	14	15	15	60	52	440	200	389	176

VULCAN
a division of ITW Food Equipment Group LLC
P.O. Box 696 ■ Louisville, KY 40201 ■ Toll-free: 1-800-814-2028 ■ Local: 502-778-2791 ■ Quote & Order Fax: 1-800-444-0602

Dynamic Balancing Corporation

93 Drs. James Parker Boulevard
Red Bank, NJ 07701

VENTILATION TEST REPORT

FACILITY: SENIOR HELPERS TOWN SQUARE
1930 ROUTE 88
BRICK, NEW JERSEY

SUITE 14

FOR: FRANKLEN SHEET METAL CO., INC.
122 SOUTH MAIN STREET
OCEAN GROVE, NEW JERSEY
07756

DATE: JULY 2021

THIS REPORT MEETS THE REQUIREMENTS OF NJAC 5:23-2.23 (H) 7.

PE SEAL

NJPE LIC. NO. 25808

DATE: JUL 07 2021

FILE NAME: SENIOR HELPERS BRICK 07-21

COMMENTS

JULY 2, 2021

SENIOR HELPERS TOWN SQUARE
NEW HVAC INSTALLATION

This report contains the results of the testing and balancing of the newly installed air distribution systems.

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 1

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 1 SUPPLY								
GARAGE 136	1	24	24	DRI		200		200
PUBLIC TLT. #3	2	24	24	DRI		50		55
PARK 137	3	24	24	DRI		100		105
PARK 137	4	24	24	DRI		100		105
STORAGE 140	5	24	24	DRI		100		110
PUBLIC TLT. #2	6	24	24	DRI		50		50
BOCCE COURT 000	7	24	24	DRI		170		175
BOCCE COURT 000	8	24	24	DRI		170		180
BOCCE COURT 000	9	24	24	DRI		170		170
BOCCE COURT 000	10	24	24	DRI		170		180
BOCCE COURT 000	11	24	24	DRI		170		160
HOUSEKEEPING 126	12	24	24	DRI		200		190
SERVERY 124	13	24	24	DRI		350		335
TLT./SHOWER 125	14	24	24	DRI		100		95
DINER 123	15	24	24	DRI		440		450
DINER 123	16	24	24	DRI		440		440
DINER 123	17	24	24	DRI		440		425
DINER 123	18	24	24	DRI		440		450
DINER 123	19	24	24	DRI		440		445
DINER 123	20	24	24	DRI		440		430
DINER 123	21	24	24	DRI		440		450
DINER 123	22	24	24	DRI		440		440
DINER 123	23	24	24	DRI		440		465
DINER 123	24	24	24	DRI		440		420
ART ROOM 121	25	24	24	DRI		200		210
ART ROOM 121	26	24	24	DRI		200		180
ART ROOM 121	27	24	24	DRI		200		195
ART ROOM 121	28	24	24	DRI		200		205
EXIT CORR.	29	24	24	DRI		100		110
MEN'S 119	30	24	24	DRI		150		140
MEN'S 119	31	24	24	DRI		150		155
WOMEN'S 118	32	24	24	DRI		150		160
WOMEN'S 118	33	24	24	DRI		150		145
						8000		8025
RTU - 1 RETURN		20	30					6525
RTU - 1 OUTSIDE AIR						1440		1500

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 2

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 2 SUPPLY								
LOBBY 101	1	24	24	DRI		200		175
TRANSITION 104	2	24	24	DRI		200		190
TRANSITION 104	3	24	24	DRI		200		200
LEARNING CTR. 135	4	24	24	DRI		350		340
LEARNING CTR. 135	5	24	24	DRI		350		330
OFFICES 105	6	24	24	DRI		300		310
OFFICES 105	7	24	24	DRI		300		320
OFFICES 105	8	24	24	DRI		300		295
STAFF TLT. 107	9	24	24	DRI		50		55
STORAGE 108	10	24	24	DRI		100		110
LOBBY 101	11	24	24	DRI		200		180
LOBBY 101	12	24	24	DRI		200		185
LOBBY 101	13	24	24	DRI		200		185
PUBLIC TLT. #1	14	24	24	DRI		50		50
MUSIC ROOM 134	15	24	24	DRI		250		255
MUSIC ROOM 134	16	24	24	DRI		250		245
MUSIC ROOM 134	17	24	24	DRI		250		240
MUSIC ROOM 134	18	24	24	DRI		250		265
						4000		3930
RTU - 2 RETURN		20	30					3180
RTU - 2 OUTSIDE AIR						680		750

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 3 RTU - 4

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 3 SUPPLY								
CITY HALL 100	1	24	24	DRI		275		260
CITY HALL 100	2	24	24	DRI		275		260
CITY HALL 100	3	24	24	DRI		275		275
CITY HALL 100	4	24	24	DRI		275		250
WORK STA. ROOM 111	5	24	24	DRI		150		140
ENROLLMENT DIR. 115	6	24	24	DRI		150		135
ASSIST. DIR. 114	7	24	24	DRI		150		160
DIRECTOR 113	8	24	24	DRI		150		165
SALON 116	9	24	24	DRI		400		375
SALON 116	10	24	24	DRI		400		365
SALON 116	11	24	24	DRI		300		275
STORAGE 117	12	24	24	DRI		150		140
CLINIC/NURSE 112	13	24	24	DRI		150		155
CARE MANAGER 110	14	24	24	DRI		100		110
BREAK ROOM 109	15	24	24	DRI		200		180
BOCCE COURT 100	16	24	24	DRI		300		280
OPEN SPACE 103	17	24	24	DRI		200		180
OPEN SPACE 103	18	24	24	DRI		200		185
OPEN SPACE 103	19	24	24	DRI		200		185
OPEN SPACE 103	20	24	24	DRI		200		190
OPEN SPACE 103	21	24	24	DRI		200		180
OPEN SPACE 103	22	24	24	DRI		200		185
						4900		4630
RTU - 3 RETURN		20	30					4025
RTU - 3 OUTSIDE AIR						625		605
RTU - 4 SUPLY								
BLUE HOUSE 132	1	24	24	DRI		250		260
BLUE HOUSE 132	2	24	24	DRI		250		265
HEALTH CLUB 131	3	24	24	DRI		300		310
HEALTH CLUB 131	4	24	24	DRI		300		315
HEALTH CLUB 131	5	24	24	DRI		300		290
HEALTH CLUB 131	6	24	24	DRI		300		330
HEALTH CLUB 131	7	24	24	DRI		300		325
						2000		2095
RTU - 4 RETURN		19	19					1745
RTU - 4 OUTSIDE AIR						320		350

VENTILATION TEST REPORT

JOB NAME: SENIOR HELPERS TWON SQUARE - BRICK N.J. DATE: 07-21

SYSTEM: RTU - 5 RTU - 6 EXHAUST FANS

DRI - DIRECT CFM READING INSTRUMENT USED

AREA SERVED:	OPENINGS OUTLET	DIMENSIONS W	L	K FACTOR		DESIGN CFM		ACTUAL CFM
RTU - 5 SUPPLY								
SPORTS PUB 133	1	24	24	DRI		240		265
SPORTS PUB 133	2	24	24	DRI		240		255
SPORTS PUB 133	3	24	24	DRI		240		250
SPORTS PUB 133	4	24	24	DRI		240		260
SPORTS PUB 133	5	24	24	DRI		240		260
						1200		1290
RTU - 5 RETURN		19	19					1120
RTU - 5 OUTSIDE AIR						150		170
RTU - 6 SUPPLY								
THEATER 128	1	24	24	DRI		500		485
THEATER 128	2	24	24	DRI		500		450
THEATER 128	3	24	24	DRI		500		495
THEATER 128	4	24	24	DRI		500		540
THEATER 128	5	24	24	DRI		500		505
THEATER 128	6	24	24	DRI		500		500
						3000		2975
RTU - RETURN		19	19			2505		2440
RTU - 6 OUTSIDE AIR						495		535
EF - 01						50		55
EF - 02						150		140
EF - 03						350		330
EF - 04						300		315
EF - 05						200		205
EF - 06						70		75
EF - 07						70		70
EF - 08						70		75
EF - 09						70		75
EF - 10						400		420

CERTIFICATE OF CALIBRATION

TSI Incorporated, Alnor Products, 500 Cardigan Road, Shoreview, MN 55126 USA
TEL: 1-800-874-2811 1-651-490-2811 FAX: 1-651-490-3824 www.alnor.com

ENVIRONMENT CONDITION		
TEMPERATURE	21.3	°C
RELATIVE HUMIDITY	31.8	%RH
BAROMETRIC PRESSURE	979	hPa

MODEL	Rotating Vane Anemometer RVA801
SERIAL NO.	A01052

CALIBRATION STANDARDS USED
Wind Tunnel Calibration System 192

☒ AS LEFT ☒ IN TOLERANCE
☐ AS FOUND ☐ OUT OF TOLERANCE

CALIBRATION DATA

TESTING POINTS	TEMPERATURE MEASURED IN °C Tolerance: ± 1.0 °C		
	CALIBRATION STANDARD	INSTRUMENT OUTPUT	ALLOWABLE RANGE
1	21.9	22.1	20.9 ~ 22.9

TESTING POINTS	VELOCITY MEASURED IN M/S Tolerance: ± (1.0% of reading + 0.02 m/s)		
	CALIBRATION STANDARD	INSTRUMENT OUTPUT	ALLOWABLE RANGE
1	0.509	0.513	0.484 ~ 0.534
2	0.763	0.767	0.735 ~ 0.791
3	1.016	1.016	0.986 ~ 1.046
4	2.539	2.535	2.494 ~ 2.584
5	5.073	5.034	5.002 ~ 5.144
6	7.625	7.579	7.529 ~ 7.721
7	20.306	20.304	20.083 ~ 20.529
8	30.512	30.448	30.187 ~ 30.837

* Indicates out of tolerance condition

Standard Conditions: Ambient Temperature = 21.1 °C, Barometric Pressure = 760.0 mmHg

TSI Incorporated does hereby certify that the above described instrument conforms to the original manufacturer's specifications (not applicable to As Found data) and has been calibrated using standards whose accuracies are traceable to the National Institute of Standards and Technology within the limitations of NIST's calibration services or have been derived from accepted values of natural physical constants or have been derived by the ratio type of self calibration techniques. The calibration ratio for this instrument is at least 1:1. TSI's calibration system meets ISO-9001:2015 and complies with ISO 10012:2003, Quality Assurance Requirements for Measuring Equipment. This report may not be reproduced, except in full, unless permission for the publication of an approved abstract is obtained in writing from the calibration organization issuing this report.

Measurement Variable	System ID Number	Date Last Calibrated	Calibration Due Date
DC Voltage	E003277	08-15-19	02-28-21
DC Voltage	E003276	08-15-19	02-28-21
Barometric pressure	E003271	08-27-20	08-31-21
Temperature	E003270	08-27-20	08-31-21
Pressure	E002740	08-24-20	02-28-21

Calibration procedure used: 100000005936

Chamnan Vue
Calibrated By

Sep. 30, 2020
Calibration Date

1000009451C-EN

TSI P/N 2000157

EVERGREEN TELEMETRY

Certificate of Calibration

Dynamic Balancing

Manufacturer	Evergreen Telemetry	Calibration Environment		
Product	Pressure / Velocity Module	Temperature	76	°F
Model	S-PVF-1	Rel. Humidity	32	%
SN	2100297A	Bar. Pressure	28.5	in Hg

☐ As Found ☒ As Left ☒ In Tolerance ☐ Out of Tolerance

Calibration Data

Measurement Variable	Test Point	Cal Standard	Allowable Range Min	Allowable Range Max	Test Instrument	
Barometric Pressure (in Hg)	Spec		-2% - 0.1	+ 2% + 0.1		
	1	20.0			20.1	
	2	28.7			28.8	
	3	33.0			33.1	
Differental Pressure (in wc)	Spec		-2%-.001	+2%+.001		
	1	10.00			9.999	
	2	2.000			1.997	
	3	0.5000			0.4997	
	4	0.0500			0.0501	
	5	-10.00			-10.047	
	6	-0.0500			-0.0499	
Low Velocity (FPM)	Spec		-3% - 7	+ 3% + 7		
	1	109			108	
	2	501			500	
Airflow (°F)	Spec		-3% - 7	+ 3% + 7		
	1	100			UPON	
	2	500			REQUEST	

Indicates out of tolerance condition ——————↑

NIST-Traceable Lab Calibration Standards

Variable	System ID	Calibration Last	Calibration Due
Pressure	7481227	5-Feb-20	5-Feb-22
Pressure	7568470	4-Feb-20	4-Feb-22
Pressure	1208000080	10-Jan-20	10-Jan-22
Velocity	2100190A	29-Mar-21	29-Mar-23

This instrument has been checked for accuracy, calibrated to manufacturer's specifications, and found to be within the specified tolerance unless otherwise stated. It has been calibrated using measurement standards traceable to the National Institue of Standards and Technology, or accepted intrinsic standards of measurement, or derived by the ratio type of self calibrated techniques.

Calibrated By

20-May-2021 Calibration Date

20-May-2023 Date Due

624 S. Perry Ln. #102, Tempe AZ 85281 ▪ 602-574-6192 ▪ info@evergreentelemetry.com ▪ www.evergreentelemetry.com

AIRDATA MULTIMETER CERTIFICATE OF RECALIBRATION

Customer ID: 019636 S/N: M16506
Customer: DYNAMIC BALANCING CORPORATION City: RED BANK State: NJ
As-Received Model #: ADM-870C Converted to Model #: Order #: R201447
PO #: Customer Eqpt ID#: Calibration Due Date:

This instrument has been calibrated using Calibration Standards which are traceable to NIST (National Institute of Standards and Technology). Test accuracy ratio is 4:1 for pressures and temperature. Quality Assurance Program and calibration procedures meet the requirements for ANSI/NCSL Z540-1, ISO 17025, MIL-STD 45662A and manufacturer's specifications. Calibration accuracy is certified when meters are used with properly functioning accessories only. All Uncertainties are expressed in expanded terms (twice the calculated uncertainty). This report shall not be reproduced, except in full, without the written approval of Shortridge Instruments, Inc. Results relate only to the item calibrated. For limitations on use, see Shortridge Instruments, Inc. Instruction Manual for the use of AirData Multimeters. Procedure used: Procedure for Differential Pressure, Absolute Pressure and Temperature Recalibration of AirData Multimeters SIP-CP02 Revision: 30 Dated: 04/04/16

Calibration Technician(s): B Babb Y. Yaulmeier Calibration Date: 06/03/2020
Calibration Approved by: B. [illegible] Title: Cal Tech Date: 06/04/2020

AS-Received By	Final Test By	Test By
Date 06/03/2020 Rh 54 %	Date 06/03/2020 Rh 58 %	Date NA Rh %
Ambient Temperature 77 °F	Ambient Temperature 77 °F	Ambient Temperature °F
Barometric Pressure 28.34 In Hg	Barometric Pressure 28.33 In Hg	Barometric Pressure In Hg
All within spec (YES) NO NA	All within spec (YES) NO	All within spec YES NO

ABSOLUTE PRESSURE TEST (In Hg)

TEST METER TOLERANCE = ± 2.0 % ± .1 In Hg AS-RECEIVED TEST WITHIN SPEC (YES) NO N/A See Notes

Pressure Standard: Helse #02-R	S/N: 41741/42451	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #12A-R	S/N: 45605/48491	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Helse #04-R	S/N: 41743/42453	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #14-R	S/N: 43412/45043-2	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #06-R	S/N: 41742/42452-1	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #16-R	S/N: 43413/45044	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Helse #08-R	S/N: 42186/43328	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #18-R	S/N: 44581/46845	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #10-R	S/N: 42203/43352	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #20-R	S/N: 44582/46847	As-Rcvd	Test 2	Test 3

Approx Set Pt	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff
14.0	14.40	14.5	.69	14.37	14.4	.21			
28.4	28.34	28.5	.56	28.33	28.4	.25	NA		
40.0	40.28	40.5	.55	40.31	40.4	.22			

DIFFERENTIAL PRESSURE TEST (in wc)

TEST METER TOLERANCE = ± 2.0 % ± 0.001 in wc AS-RECEIVED TEST WITHIN SPEC (YES) NO N/A See Notes

Pressure Standard: Helse #01-L	S/N: 41739/42449	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #11-L	S/N: 43165/44551-1	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Helse #01-R	S/N: 41739/42446	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #11-R	S/N: 43165/44730	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Helse #02-L	S/N: 41741/42454	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #12A-L	S/N: 45605/48490	(As-Rcvd)	Test 2	Test 3
Pressure Standard: Helse #03A-L	S/N: 45570/48461	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #13-L	S/N: 43415/45041	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #03A-R	S/N: 45570/48460	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #13-R	S/N: 43415/45039	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #04-L	S/N: 41743/42456	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #14-L	S/N: 43412/45045	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #05-L	S/N: 41740/42450	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #15-L	S/N: 43416/45042	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Helse #05-R	S/N: 41740/42447	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #15-R	S/N: 43416/45040	As-Rcvd	(Test 3)	Test 3
Pressure Standard: Helse #06-L	S/N: 41742/42455	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #16-L	S/N: 43413/45046	As-Rcvd	(Test 2)	Test 3
Pressure Standard: Helse #07-L	S/N: 42185/42186	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #17-L	S/N: 44579/46842	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #07-R	S/N: 42185/43326	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #17-R	S/N: 44579/46841	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #08-L	S/N: 42186/43329	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #18-L	S/N: 44581/46846	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #09-L	S/N: 42202/43351	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #19-L	S/N: 44580/46844	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #09-R	S/N: 42202/43350	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #19-R	S/N: 44580/46843	As-Rcvd	Test 2	Test 3
Pressure Standard: Helse #10-L	S/N: 42203/43353	As-Rcvd	Test 2	Test 3	Pressure Standard: Helse #20-L	S/N: 44582/46848	As-Rcvd	Test 2	Test 3

Approx Set Pt	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff
.0500	.0506	.0504	-.40	.0515	.0514	-.19			
.1250	.1251	.1250	-.08	.1238	.1238	0			
.2250	.2259	.2253	-.27	.2248	.2244	-.18			
1.000	1.020	1.020	0	1.012	1.011	-.10			
2.000	2.003	2.000	-.15	2.008	2.005	-.15	NA		
3.600	3.623	3.616	-.19	3.653	3.646	-.19			
4.400	4.422	4.437	.34	4.410	4.421	.25			
27.00	27.27	27.30	.11	27.35	27.40	.18			
50.00	50.08	50.02	-.12	49.95	49.96	.02			
Overange	NA	✓	NA	NA	✓	NA	NA		NA

Shortridge Instruments, Inc.
7855 East Redfield Road Scottsdale, Arizona 85260
(480) 991-6744 • Fax (480) 443-1267 • www.shortridge.com

ANALOG FLOWHOOD RECALIBRATION TEST REPORT

Customer: Dynamic Balancing Corporation City: Red Bank State: NJ Order #: R201448

Procedure used: SIP-CP04 Procedure for Recalibration of Analog Meters on a Flowhood and Repair of Analog Meters and Switches Rev 14 Dated: 08/07/2015

Calibration Equipment: FlowHood Stand Calibration Transfer Standard checked below is calibrated as a system with FlowHood Calibration Stand S/N 7401. Rated accuracy of system: ± 1.5% of Reading ± 3.5 cfm.

M99083	Calibration Date:	04/18 - 22/19	Calibration Due Date	04/2021 ☐
M98543	Calibration Date:	04/18 - 22/19	Calibration Due Date	04/2021 ☐
M99420	Calibration Date:	04/24 - 30/20	Calibration Due Date	04/2022 ☐
M96452	Calibration Date:	04/24 - 30/20	Calibration Due Date	04/2022 ☑

Tolerance is 3% of scale. Test readings shown for both the Master Meter and the Test FlowHood are not adjusted for the effects of local barometric pressure, temperature, or relative humidity.

Test One

Set Point	Master Meter CFM	Test Meter CFM								
		500 Scale			1000 Scale			2000 Scale		
		Reading	Offset	In Spec?	Reading	Offset	In Spec?	Reading	Offset	In Spec?
1	102	100	-2	Yes						
2	200	200	0	Yes						
3	293	300	7	Yes						
4	388	400	12	Yes	385	-3	Yes			
5	482	492	10	Yes	480	-2	Yes			
6	598				600	2	Yes			
7	697				700	3	Yes			
8	801				800	-1	Yes			
9	892				895	3	Yes	900	8	Yes
10	985				992	7	Yes	1000	15	Yes
12	1174							1200	26	Yes
14	1373							1400	27	Yes
16	1586							1600	14	Yes
18	1776							1800	24	Yes
20	1942							1950	8	Yes

Barometric Pressure: 2847 In Hg Temperature: 78.0°F Relative Humidity: 38.0%

FlowHood Model: CFM- 83 Serial Number: 1143 Within Spec: (± 3% of Scale) Yes

Notes:

Calibration standards used by Shortridge Instruments, Inc. are traceable to NIST (National Institute of Standards and Technology). This report shall not be reproduced except in full without the written approval of Shortridge Instruments, Inc. Results apply only to the item calibrated.

Test By: M. Giddens Date: 6/9/2020

Approved By: Y. Faulmann Title: Cal Mgr Date: 06/10/2020

Shortridge Instruments, Inc.
7855 East Redfield Road, Scottsdale, Arizona 85260
(480)991-6744 Fax (480)443-1267 www.shortridge.com

SECOM

Scope of Work

Overview:
Secom shall furnish and install a cloud access control system for seven (7) openings, three (3) of which will be in/out readers.

Head-End:
Furnish and install a new Alarm.com Access Control 8-door kit with one main controller and three expansion boards.

Door Applications:
#100A - Main Door: 1 multiclass reader, 2 maglocks, 2 door contacts, Request to Exit Motion Sensor and Push to Exit Button.
#101A - a/b Lobby Door: 2 multiclass readers, 2 delay-egress maglocks with bond sensor and integrated request to exit sensor, and piezo sounder. (2) Dummy crash bars to be installed.
#104B - a/b Transition Room Door: 2 multiclass readers, 1 delay-egress maglock with bond sensor and integrated request to exit sensor, and piezo sounder. Dummy crash bar to be installed.
#105B - a/b Offices: 2 multiclass reader, 1 delay-egress maglock with bond sensor and integrated request to exit sensor, and 1 Piezo Sounder. Dummy crash bar to be installed.
#112A - Clinic/Nurse Room to receive 1 Electric Strike, 1 multiclass reader, 1 rex motion sensor, 1 door contact and 1 piezo sounder.
#124A - Diner/Servery Door to receive 1 Electric Strike, 1 multiclass reader, 1 rex motion sensor, 1 door contact and 1 piezo sounder.
#126A - Housekeeping: 1 multiclass reader, 1 Electric Strike, 1 Request to Exit Motion Sensor, 1 door contact and 1 Piezo Sounder.

Credentials:
Provide twenty (20) proximity fobs.

[redacted]

Permits:
Fire Life Safety Permit
Low Voltage Permit

Project Inclusions:
Quote includes all parts, labor, cable, programming, testing, training, cloud hosting, and Secom Protection Plan.*

[redacted]