BLOCK 852 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1759 Rte 88, Brick PERMIT NO. 11-1615

CONSTRUCTION PERMIT APPLICATION

C41-001384

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

I. IDENTIFICATION

1. Proposed Work Site at: 1759 Route 88 (Lauretton Plaza) Brick, NJ
2. Name of Owner in Fee: Lauretton Plaza LLC
   Tel. (732) 892.4441 e-mail _____
   Address PO Box 1802, Point Pleasant, NJ 08742
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Pharos Contracting Tel. (732) 892-4441
   Address PO BOX 1802 e-mail _____
   315-3K Hawthorne Ave Point Pleasant, NJ
   License No. OR, if new home, Builder Reg. No. — Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): —
   Federal Emp. ID No. 22-3402045 FAX: ( ) _____
5. Architect or Engineer Miller Sawarese Associates Contact _____
   Address 149 W. 36th St, NY, NY 10018 e-mail _____
   Tel. (212) ~~212~~ - 704-4044 FAX: (212) 216-9286
6. Responsible Person in Charge once Work has Begun John Gazonas
   Tel. (732) 892-4441 FAX: (732) 892-4449

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 240		
2. Electrical	40 ✓		
3. Plumbing			
4. Fire Protection	75 ✓	75 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 21	2	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ ~~376~~	77	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

- ☐ Minor Work — making 2 tenant spaces from one for future tenant
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☑ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

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		[illegible]	4/27/11	5/5/11 HA			5-24-11		JK
☑ Electrical					5-10-11	SF			
☐ Plumbing									
☑ Fire Protection					5/6/11	KEN			
☐ Elevator		Eng	Exempt		5/4/11	EEC			
TOTAL COST	$400.00								

III. PLAN REVIEW (optional)

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Pharos Contracting

Address 313-315 Hawthorne Pl
Point Pleasant, NJ 08742

Telephone (732) 892-4941

Signature _____

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

OFFICE DATE RECEIVED: 4-29-11 NC,ZO

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	NC	4/29/11							ZA-11-00357
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

IMPORTANT
A.H.B.T. - EXEMPT

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

1 HVP

Date Received / Control # 6/6/11

Date Issued / Permit # 11-1615

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

Block 852 Lot 4 Qualification Code

Work Site Location 1759 Rte 88 Brick, NJ

Owner in Fee: Laurelton Plaza LLC

Tel. (732) 892.4441 e-mail JohnO'Hara@Contracting.com

Address PO Box 1802, Ft Pleasant Bch. NJ 08742
(street / municipality / zip code)

Contractor: E-lectric Corp Tel. (732) 237 0900

Address 50 Brittany dr Bayville NJ 08721 e-mail

Contractor License No. 12507 Exp. Date 3/12

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

Federal Emp. ID No. 043726113 FAX: (732) 237.9909

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed COMMERCIAL

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: 5-10-11 Approved by: JT
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/10/11
Approved by: JT

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/16/11
Approved by: JT

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			6/20/11	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	N	76	8-15-11	DD
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit Out- Shell for Interior Remodel

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

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

Reliable®

Model F1FR56 Series Quick Response Standard Spray

Bulletin 014 Rev. E

Model F1FR56 Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Vertical Sidewall
Horizontal Sidewall

Model F1FR56 Recessed Sprinkler Types

Standard Pendent/F1/F2/FP
Horizontal Sidewall

Model F1FR56 Concealed Sprinkler Types

Standard Pendent

Listing & Approvals

1. Underwriters Laboratories Inc. and Certified for Canada (cULus).
2. Factory Mutual Approvals (FM)
3. Loss Prevention Council (LPCB, UK)
4. VdS Schadenverhütung GmbH

UL Listing Category

Sprinklers, Automatic & Open (VNIV)
Quick Response Sprinkler

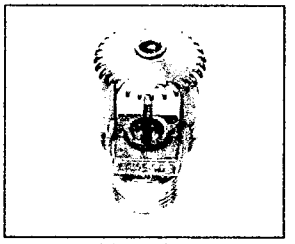
Product Description

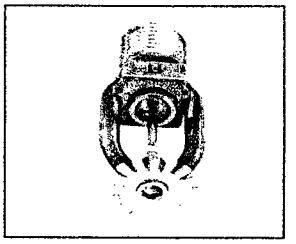
Reliable Models F1FR56 Series Sprinklers are quick response sprinklers which combine the durability of a standard sprinkler with the attractive low profile of a decorative sprinkler.

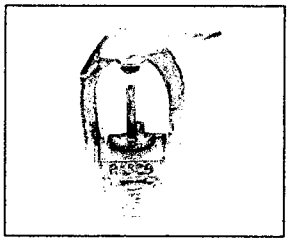
The Models F1FR56 Series Recessed automatic sprinklers utilize a 3.0 mm frangible glass bulb. These sprinklers have demonstrated response times in laboratory tests which are five to ten times faster than standard response sprinklers. This quick response enables the Model F1FR56 Series sprinklers to apply water to a fire much faster than standard sprinklers of the same temperature rating.

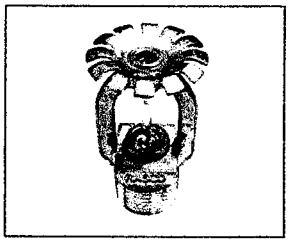
The glass bulb consists of an accurately controlled amount of special fluid hermetically sealed inside a precisely manufactured glass capsule. This glass bulb is specially constructed to provide fast thermal response.

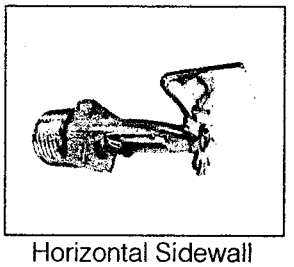
At normal temperatures, the glass bulb contains the fluid in both the liquid and vapor phases. The vapor phase can be seen as a small bubble. As heat is applied, the liquid expands, forcing the bubble smaller and smaller as the liquid pressure increases. Continued heating forces the liquid to push out against the bulb, causing the glass to shatter, opening the waterway and allowing the deflector to distribute the discharging water.

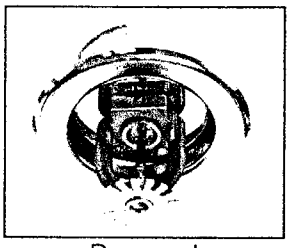

Upright

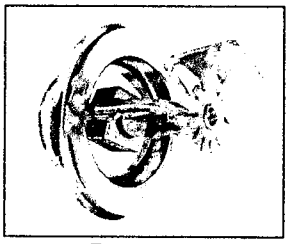

Pendent

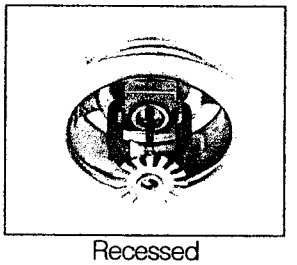

Vertical Sidewall


Conventional


Horizontal Sidewall


Recessed Pendent/F1/F2


Recessed Horizontal Sidewall


Recessed Pendent/FP

Application

Quick response sprinklers are used in fixed fire protection systems: Wet, Dry, Deluge or Preaction. Care must be exercised that the orifice size, temperature rating, deflector style and sprinkler type are in accordance with the latest published standards of the National Fire Protection Association or the approving Authority Having Jurisdiction. Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Reliable Automatic Sprinkler Co., Inc., 103 Fairview Park Drive, Elmsford, New York 10523

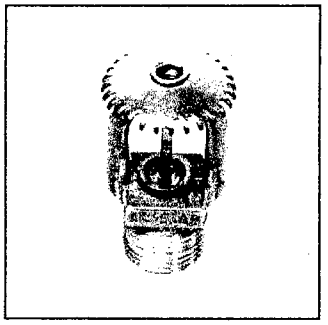
Model F1FR56 Quick Response Upright, Pendent & Conventional Sprinklers

Installation Wrench: Model D Sprinkler Wrench

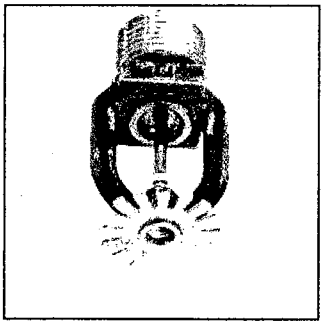
Installation Data:

Nominal Orifice	Thread Size	Nominal K Factor		Sprinkler Height	Approval Organization	Sprinkler Identification Number (SIN)	
		US	Metric			Upright	Pendent
Standard-Upright (SSU) and pendent Deflectors Marked to Indicate Position							
½" (15mm)	½" NPT(R½)	5.6	80	2.25" (57mm)	1, 2, 3, 4	RA1425[1]	RA1414 [1][2]
Conventional-Install in Upright or Pendent Position							
15mm[1]	½" NPT(R½)	5.6	80	57mm	3,4	RA1475	

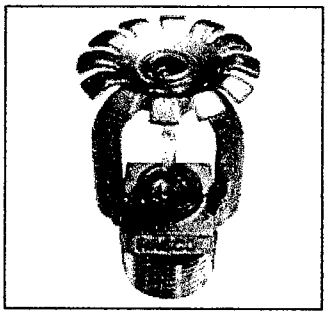
[1] cULus listed corrosion resistant (Polyester coated) sprinkler.
[2] Polyester coated FM approved sprinkler.



Upright



Pendent



Conventional

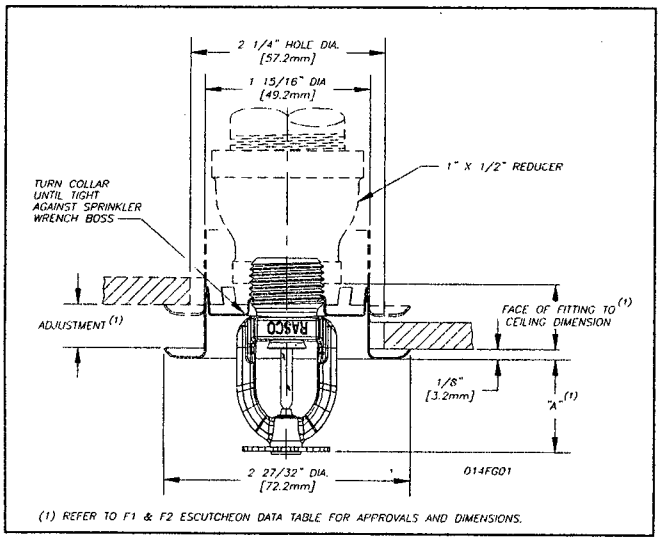
Model F1FR56 Quick Response Recessed Pendent Sprinkler

Installation Wrench: Model GFR2 Sprinkler Wrench

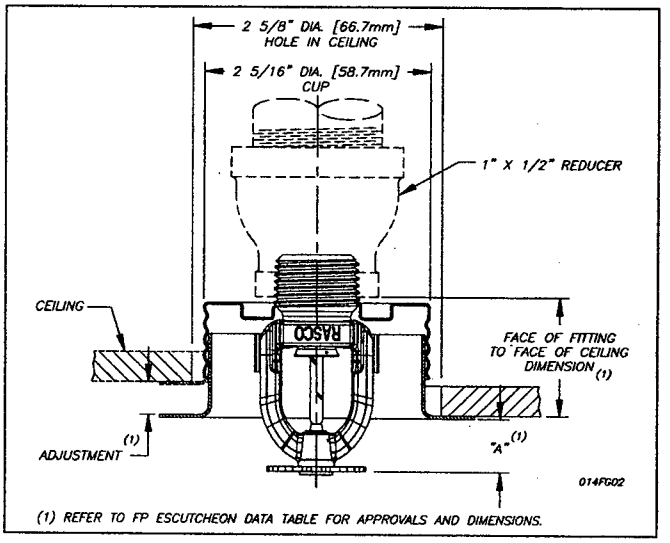
Installation Data:

Nominal Orifice	Thread Size	K Factor		Sprinkler Height	Sprinkler Identification Number (SIN)
		US	Metric		
½" (15mm)	½" NPT(R½)	5.6	80	2.25" (57mm)	RA1414

[1] Refer to escutcheon data table for approvals and dimensions.



Model F1FR56/F1 or F2



Model F1FR56/FP

Model F1FR56 Quick Response Concealed Pendent Sprinklers

Installation Wrench: Model RC1 Sprinkler Wrench

Technical Data:

Nominal Orifice	"K" Factor		Thread Size	Model	Temp. Rating		Max. Ambient Temp	Bulb Color	Approvals	Sprinkler Identification Number(SIN)
	US	Metric			Sprinkler	Cover				
½" (15mm)	5.6	80	½" NPT	F1FR	135°F/57°C	135°F/57°C	100°F/38°C	Orange	1, 2	RA1414
½" (15mm)	5.6	80	½" NPT	F1FR	155°F/68°C	135°F/57°C	100°F/38°C	Red	1, 2, 4(1)	RA1414
½" (15mm)	5.6	80	½" NPT	F1FR	175°F/79°C	165°F/74°C	100°F/38°C	Yellow	1, 2	RA1414
½" (15mm)	5.6	80	½" NPT	F1FR	200°F/93°C	165°F/74°C	100°F/38°C	Green	1, 2	RA1414

(1) For VdS only = 155°F/68°C Norbulb and 1/2" [12,7mm] adjustment.

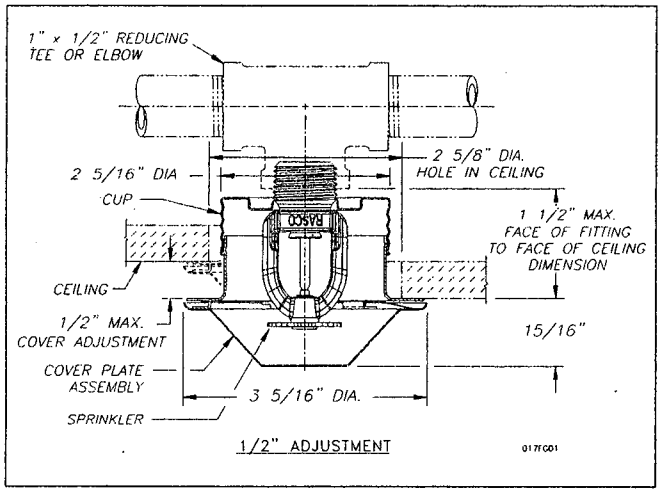


Figure 1

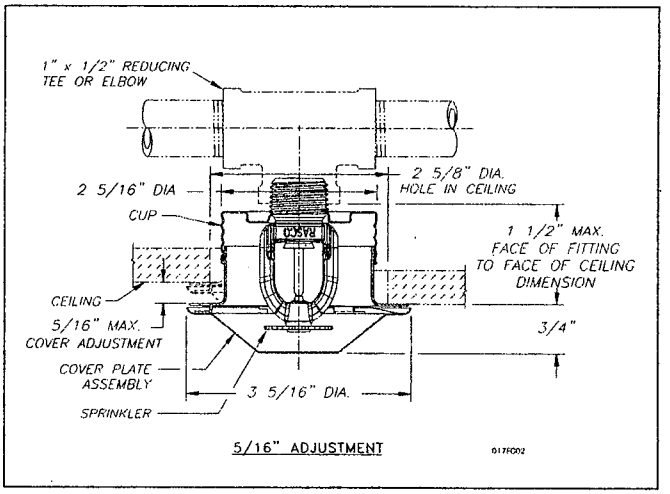


Figure 2

Installation Aid

A protective cap is included for use during installation. **Important:** The F1FR56 Sprinkler with Model CCP cover plate is not an FM Approved combination.

Installation

Quick response sprinklers are intended for installation as specified in NFPA 13. Quick response sprinklers and standard response sprinklers should not be intermixed.

The Model F1FR56 Recessed Quick Response Sprinklers are to be installed as shown. The Model F1 or F2 Escutcheons illustrated are the only recessed escutcheons to be used with the Model F1FR56 Sprinklers. The use of any other recessed escutcheon will void all approvals and negate all warranties.

When installing Model F1FR56 Sprinklers, use the Model D Sprinkler Wrench. Use the Model GFR2 Wrench for installing F1FR56 Recessed Pendent Sprinklers. Any other type of wrench may damage these sprinklers.

NOTE: A leak tight ½" NPT (R1/2) sprinkler joint can be obtained with a torque of 8-18 ft-lbs (10,8 - 24,4 N-m). Do not tighten sprinklers over maximum recommended torque. It may cause leakage or impairment of the sprinklers.

The Model F1FR56/ CCP Concealed Sprinkler uses the ½" orifice, ½" NPT (R1/2), 135°F (57°C), 155°F (68°C), 175°F (79°C) or 200°F (93°C) Model F1FR56 Pendent Sprinkler with a threaded Model CCP cup which is factory attached to the sprinkler. The assembly is completed by the installation of the attractive, low profile, 135°F (57°C) or 165°F (74°C) rated Model CCP push on cover plate assembly. The cover plate and sprinkler cup assemblies are joined using a cover plate skirt with flexible tabs for threaded engagement. A choice of two cover plate assemblies provide either ½" (13mm) or 5/16" (8mm) of cover adjustment.

Do not install these sprinklers in ceiling which have positive pressure in the space above.

After a 2⅝" (67mm) diameter hole is cut in the ceiling, the sprinkler is easily installed with the Model RC1 Wrench. A Teflon* based thread sealant should be applied to the sprinkler threads only. The Model RC1 Wrench is then used to engage the sprinkler wrenching surfaces and to install the sprinkler in the fitting. When inserting or removing the wrench from the sprinkler/cup assembly, care should be taken to prevent damage to the sprinkler. DO NOT WRENCH ON ANY OTHER PART OF THE SPRINKLER. The cover plate is then pushed onto the cup. Final adjustment is made by hand turning the cover plate until the skirt flange makes full contact with the ceiling. Cover plate removal requires turning in the counter clockwise direction.

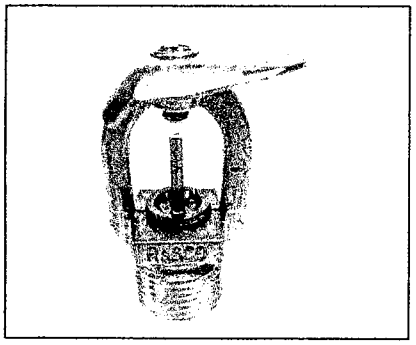
*DuPont Registered Trade Mark

Model F1FR56 Quick Response Vertical Sidewall Sprinkler

Installation Wrench: Model D Sprinkler Wrench
Installation Position: Upright or Pendent
Approval Type: Light Hazard Occupancy
Installation Data:

Nominal Orifice	Thread Size	Nominal K Factor		Sprinkler Height	Approval Organizations	Sprinkler Identification Numbers (SIN)
		US	Metric			
½" (15mm)	½" NPT (R1/2)	5.6	8.0	2.25" (57mm)	1,2,3,4	RA1485
15mm	½" NPT (R1/2)	5.6	8.0	2.25" (57mm)	4(1)	

(1) LPC Approval is for pendent position only.



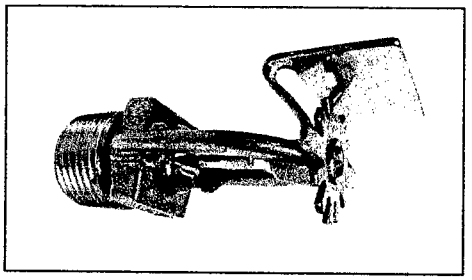
Vertical Sidewall

Sprinkler Type	Deflector to Ceiling Distance (Min. - Max.)
Upright	4" (102mm) - 12" (305mm)
Pendent	4" (102mm) - 12" (305mm)

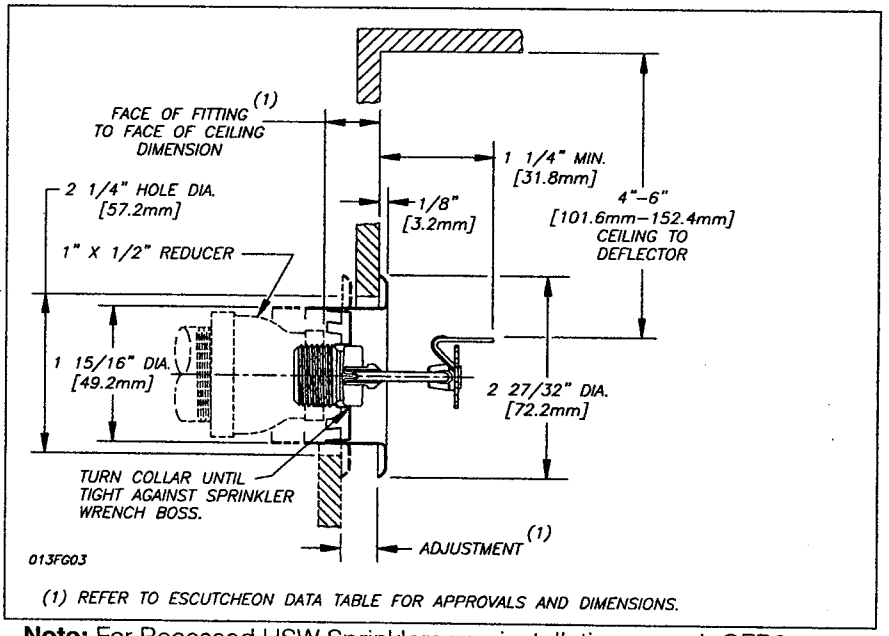
Model F1FR56 Quick Response Horizontal Sidewall Sprinkler

Deflector: HSW
Installation Wrench: Model D Sprinkler Wrench
Installation Data: Horizontal Sidewall

Nominal Orifice	Thread Size	Nominal K Factor		Sprinkler Height	Approval Organizations and Type of Approval		Sprinkler Identification Numbers (SIN)
		US	Metric		Light Hazard	Ordinary Hazard	
½" (15mm)	½" NPT (R1/2)	5.6	80	2.63" (67mm)	1,2	1	RA1435



Horizontal Sidewall



Note: For Recessed HSW Sprinklers use installation wrench GFR2.

After installation, inspect all sprinklers to ensure that there is a gap between the cover plate and ceiling and that the four cup slots are open and free from any air flow impediment to the space above.

Concealed cover plate/cup assemblies are listed only for use with specific sprinklers. The use of any other concealed cover plate/cup assembly with the Model F1FR56 Pendent Sprinkler or the use of the Model CCP Concealed cover plate assembly on any sprinkler with which it is not specifically listed my prevent good fire protection and will void all guarantees, warranties, listings and approvals.

Glass bulb sprinklers have orange bulb protectors to minimize bulb damage during shipping, handling and installation. REMOVE THIS PROTECTION AT THE TIME THE SPRINKLER SYSTEM IS PLACED IN SERVICE FOR FIRE PROTECTION. Removal of the protectors before this time may leave the bulb vulnerable to damage. RASCO wrenches are designed to install sprinklers when covers are in place. REMOVE PROTECTORS BY UNDOING THE CLASP BY HAND. DO NOT USE TOOLS TO REMOVE THE PROTECTORS.

Temperature Ratings

Classification	Sprinkler Temperature		Max. Ambient Temp.	Bulb Color
	°C	°F		
Ordinary	57	135	100°F (38°C)	Orange
Ordinary	68	155	100°F (38°C)	Red
Intermediate	79	175	150°F (66°C)	Yellow
Intermediate	93	200	150°F (66°C)	Green
High [1]	141	286	225°F (107°C)	Blue

[1] Not available for recessed sprinklers.

Escutcheon Data [1]

Escutcheon Model	Approvals	Adjustment	"A" Dimension	Face of Fitting to Ceiling or Wall Dimension
F1	1, 3, 4	Max Recess Min Recess	1½" (38.1mm) ¾" (19.1mm)	3/16" - 15/16" (5mm - 24mm)
F2	1, 2, 3, 4	Max Recess Min Recess	1 ½" (38.1mm) 1" (25mm)	3/16" - 11/16" (5mm - 17mm)
FP Push-on/ Thread-off	1, 4	Max Recessed Min Recessed	7/16" (11mm) 15/16 (24mm)	1½" (38.1mm) 1" (25.4mm)

[1] SIN: RA1435 - cULus and FM permits use with F1 or F2 escutcheons for light hazard only.

Maintenance

The Models F1FR56 and F1FR56 Recessed Sprinklers should be inspected quarterly and the sprinkler system maintained in accordance with NFPA 25. Do not clean sprinklers with soap and water, ammonia or any other cleaning fluids. Remove dust by using a soft brush or gentle vacuuming. Remove any sprinkler which has been painted (other than factory applied) or damaged in any way. A stock of spare sprinklers should be maintained to allow quick replacement of damaged or operated sprinklers. Prior to installation, sprinklers should be maintained in the original cartons and packaging to minimize the potential for damage to sprinklers that would cause improper operation or non-operation.

Sprinkler Types

Standard Upright
Standard Pendent
Conventional
Recessed Pendent
Vertical Sidewall
Horizontal Sidewall
Recessed Horizontal sidewall
Concealed pendent

Maximum Working Pressure

175 psi (12 bar)
100% Factory tested hydrostatically to 500 psi (34.5 bar)

Finishes [1]

Standard Finishes		
Sprinkler	**Escutcheon**	**Cover plate**
Bronze Chrome Plated White Polyester Coated [4][5]	Brass Chrome Plated White Painted	Chrome White
Special Application Finishes		
Sprinkler	**Escutcheon**	**Cover plate**
Bright Brass [3] Black Plated Black Paint [2] Off White [2] Satin Chrome	Bright Brass Black Plated Black Paint Off White Satin Chrome	Bright Brass Satin Off White Black Paint Black Plated

[1] Other finishes and colors are available on special order. Consult the factory for details.
[2] cULus Listed only.
[3] 200°F (93°C) maximum.
[4] cULus listed "corrosion resistance" applies to SIN Numbers RA1425 (Upright) and RA1414 (Pendent) in standard black or white.
[5] FM Approvals finish as "Polyester coated" applies to SIN Number RA1414 (Pendent) in standard black or white.

Ordering Information

Specify:

1. Sprinkler Model
2. Sprinkler Type
3. Orifice Size
4. Deflector Type
5. Temperature Rating
6. Sprinkler Finish
7. Escutcheon Type
8. Escutcheon Finish (where applicable)
9. Cover plate Model
10. Cover plate Thread size
11. Cover plate Temperature
12. Cover plate Adjustment
13. Cover plate Finish

Note: When Model F1FR56 Recessed sprinklers are ordered, the sprinklers and escutcheons are packaged separately.

CONSTRUCTION PERMIT

Date Issued 6/6/11
Control # C-11-001384
Permit # 11-1615

IDENTIFICATION Block: 852 Lot: 4 Qualifier
Work Site Location: 1759 ROUTE 88 Splitting 1 tenant space into 2 for future 2nd ten Brick Township, NJ
Owner in Fee LAURELTON PLAZA OFFICES, LLC
PO BOX 1802 PT PLEASANT BEACH NJ 08742
Telephone:

Contractor PHAROS CONTRACTING
Address 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-
Telephone: 732/892-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3402045

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

VANILLA BOX Splitting one (1) tenant space into (2) for a future tenant. Existing Gloria Nilson Realty to stay in existing split space. Tenant Fit Up needed for future

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

Estimated Cost of Work $11,900

Construction Official

Date 6/6/11

PAYMENTS (Office Use Only)

Building	$240
Electrical	$40
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$376
Check No.	3326
Cash	$0
Credit	$0
Collected By	

450
426

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

- [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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/6/11

Date Issued / Permit # 11-1615

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

Block 123 Lot 1 Qualification Code _____

Work Site Location [illegible]

Owner in Fee: [illegible] LLC

Tel. ( ) _____ e-mail _____

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. ( ) _____

Address _____ e-mail _____

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. [illegible] FAX: ( ) [illegible]

B. FIRE PROTECTION CHARACTERISTICS

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

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

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

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

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ 700.00

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Cellar Fire head [illegible]

[illegible]

Water Supply Source [illegible]

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)	5	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other PLAN REVIEW Int. Alt		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 5-6-11

Approved by: [illegible]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/6/11

Date Issued / Permit # 11-16-15

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

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

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

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6/6/11
Control #
Date Issued
Permit # 11-1615

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

Block 952 Lot 4 Qualification Code

Work Site Location 1759 Rt 88 Brick, NJ

Owner in Fee: [illegible] Plaza LLC

Tel. (732) 892.4441 e-mail [illegible]

Address PO Box 1802, Pt Pleasant Bch, NJ 08742 (street, municipality, zip code)

Contractor: E-lectric Corp Tel. (732) 237 0900

Address 50 Brittany dr Bayville NJ 08721 e-mail

Contractor License No. 12507 Exp. Date 3/12

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

Federal Emp. ID No. 043726113 FAX: (732) 237.9909

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 5-10-11 Approved by: TJ
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/10/11
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant Fit Out. Shell for Interior Remodel

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/6/11
Control #

Date Issued
Permit # 11-1615

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

Block ______ Lot ______ Qualification Code ______

Work Site Location ______

Owner in Fee: ______

Tel. ( ) ______ e-mail ______

Address ______ (street / municipality / zip code)

Contractor: E-lectric Corp Tel. (732) 237-0900

Address 50 Brittany Ar Bayville NJ 08721 e-mail ______

Contractor License No. 12507 Exp. Date 3/12

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

Federal Emp. ID No. 043772613 FAX: (732) 237-9909

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[✓] Electric Plans Approved

Date: 5-10-11 Approved by: JT

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5/10/11

Approved by: ______

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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

Dates (Month/Day)

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.

ELECTRICAL CONTRACTOR STATE OF NEW JERSEY LICENSED 12507

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit out Steel for Interior Remodel

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

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 6/6/11

Date Issued Permit # 11-1615

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

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

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

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

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shell for future tenant

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

FEE (Office Use Only)

$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/6/11
Control #

Date Issued
Permit # 11-1615

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Stucco for future tenant

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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