BLOCK 852 LOT 4-01 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 10-0435

CONSTRUCTION PERMIT APPLICATION

C10-00045

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

I. IDENTIFICATION

1. Proposed Work Site at 856 RT-70 Bricktown (Old Foot Locker)
2. Name of Owner in Fee: 7-Eleven
   Tel. 800 453-0711 e-mail ______
   Address 1075 Cross Keys S-Kruog Rd. Jersey City 08831 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: Bob Joseph Inc Tel. (732) 549-7924
   Address 37 Crowley Rd Edison e-mail ______
   License No. OR, if new home, Builder Reg. No. 3916 Exp. Date ______
   Federal Employee No. 22-2052318 FAX: 732 549-6710
5. Architect or Engineer ______ Contact ______
   Address ______ e-mail ______
   Tel. ( ) ______ FAX: ( ) ______
6. Responsible Person in Charge once Work has Begun Bob Joseph
   Tel. (732) 549-7924 FAX: (732) 549-6710

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 130		
2.	Electrical	130		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review	6		
8.	Subtotal	$ 6		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 130		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work		KB	2/22/10						
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	3000			2-23-10 DD			2-25-10		S
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	//////								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

(X Check if contractor.

Agent Name Bob Jaser & Inc

Address 37 Cranda Rd
Edison N.J.

Telephone (732) 548-7424

Signature Bob Jaser

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/01/2010
Control Number C-10-000451
Permit Number 10-0435
Permit Issue Date 03/09/2010
Certificate Number 10-0435

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 856 ROUTE 70 Brick Township, NJ Block: 852 Lot: 4.01 Qual:

Owner in Fee: 7-11

Owner Address: 1075 CRANBURY SOUTH RIVER ROAD JAMESBURG NJ 08831

Telephone: (800) 453-0711

Contractor BOB JOSEPH, INC

Address 37 CINDER ROAD EDISON NJ 08820

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

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SERVICE SERVICE UP-GRADE TO 600 I

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/01/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 3/9/10
Control # C-10-000451
Permit # 10-0435

IDENTIFICATION Block: 852 Lot: 4.01 Qualifier
Work Site Location: 856 ROUTE 70 Brick Township, NJ

Owner in Fee 7-11
1075 CRANBURY SOUTH RIVER ROAD
JAMESBURG NJ 08831
Telephone: (800) 453-0711

Contractor BOB JOSEPH, INC
Address 37 CINDER ROAD EDISON NJ
Telephone: (732) 549-7424
Lic. No. or Bldrs. Reg. No. 3916
Federal Employee. No. 22-2052318

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:
SERVICE SERVICE UP-GRADE TO 600 I

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 $3,000

Construction Official

3-1-10
Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$125
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$130
Check No.	33052
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

03/09/10 12:41PM 0015588631?
#01 REV.01

☐ 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.

$0435.
ELECTRIC $125.00
DCA $5.00
CHECK $130.00

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-0435
Date Issued 3/9/10
Permit #

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

Block 852 Lot 4.01 Qualification Code
Work Site Location 856 RT-70 (Old Foot Locker) Brick Town
Owner in Fee: T-Eleven
Tel. (800) 457-0711 e-mail
Address 1075 Chowberry S. River Rd. Toms River 08831
street municipality zip code
Contractor: Bob Joseph Inc Tel. 732 349-7424
Address 37 Cryder Rd Edison e-mail
Contractor License No. 3816 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-2052318 FAX: (732) 549-6210

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 — Date — Initial
[ ] No Plans Required 2-25-10
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-27-10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-25-10	MH
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.

Bob Joseph
Applicant's Signature/Contractor's Seal and Signature

2-22-10

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Service up-Grade To 600I

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	
		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	
1	600	AMP Service	75.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 10-0435
Date Issued 3/9/10
Permit #

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

Block 852 Lot 4.01 Qualification Code

Work Site Location 856 RT-70 (OLD FORT JACKSON) BRICK TOWN

Owner in Fee: 7- Eleven

Tel. (800) 457-0711 e-mail

Address 1075 Carribean S. Rich Rd. [illegible] 08?31
street municipality zip code

Contractor: Bob Joseph Inc Tel. (732) 547-7004

Address 37 Cinder [illegible] Rd Edison e-mail

Contractor License No. 5716 Exp. Date

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

Federal Emp. ID No. 22-2052318 FAX: (732) 547-6210

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 — Date — Initial

[ ] No Plans Required 2/25/10 [illegible]

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: ______

Approved by: ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free	1-410			
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free		[illegible]		
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.

[signature] 2-22-10

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
Service up-Grade To 600 I

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	
		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	
1	600	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 10-0435
3/9/10

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. _____ Exp. Date _____

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

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

[ ] 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	
		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	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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

Subcode Official Review

To: 1075 CRANBURY SOUTH RIVER ROAD
JAMESBURG, NJ 08831

CC:

RE: Electrical Subcode
Block: 852 Lot: 4.01 Qual:
856 ROUTE 70
Permit Number: Control Number: C-10-000451
Last Submit Date: Tuesday, February 23, 2010

Date: Tuesday, February 23, 2010

Dear 7-11,
Your request is hereby denied based upon the following infractions.

Please provide one line drawing for
service.

Provide AIC ratting from JCP&L & equipment spec,s.

02-23-10
attn: Bob Joseph
Fax # 732-549-6710

Sincerely,

Douglas Donohue,

02-24-10
Resubmit
See enclosed
fct

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

Subcode Official Review

To: 1076 CRANBURY SOUTH RIVER ROAD
JAMESBURG, NJ 08831

CC:

RE: Electrical Subcode
Block: 852 Lot: 4.01 Qual:
856 ROUTE 70
Permit Number: Control Number: C-10-000451
Last Submit Date: Tuesday, February 23, 2010

Date: Tuesday, February 23, 2010

Dear 7-11,
Your request is hereby denied based upon the following infractions.

Please provide one line drawing for
service.

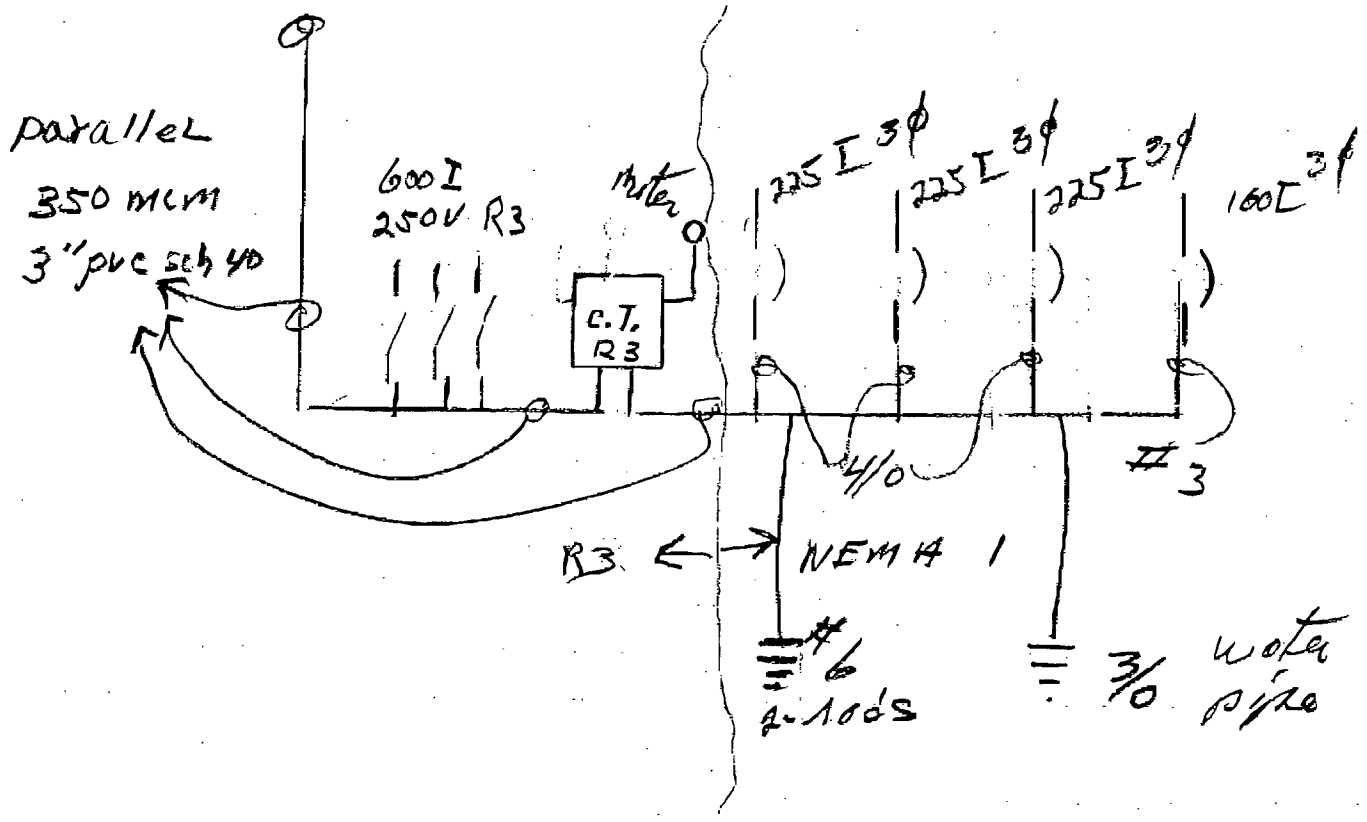
Provide AIC ratting from JCP&L & equipment spec,s.

02-23-10
attn: Bob Joseph-
Fax 732-
549-
6210

Sincerely,

Douglas Donohue,

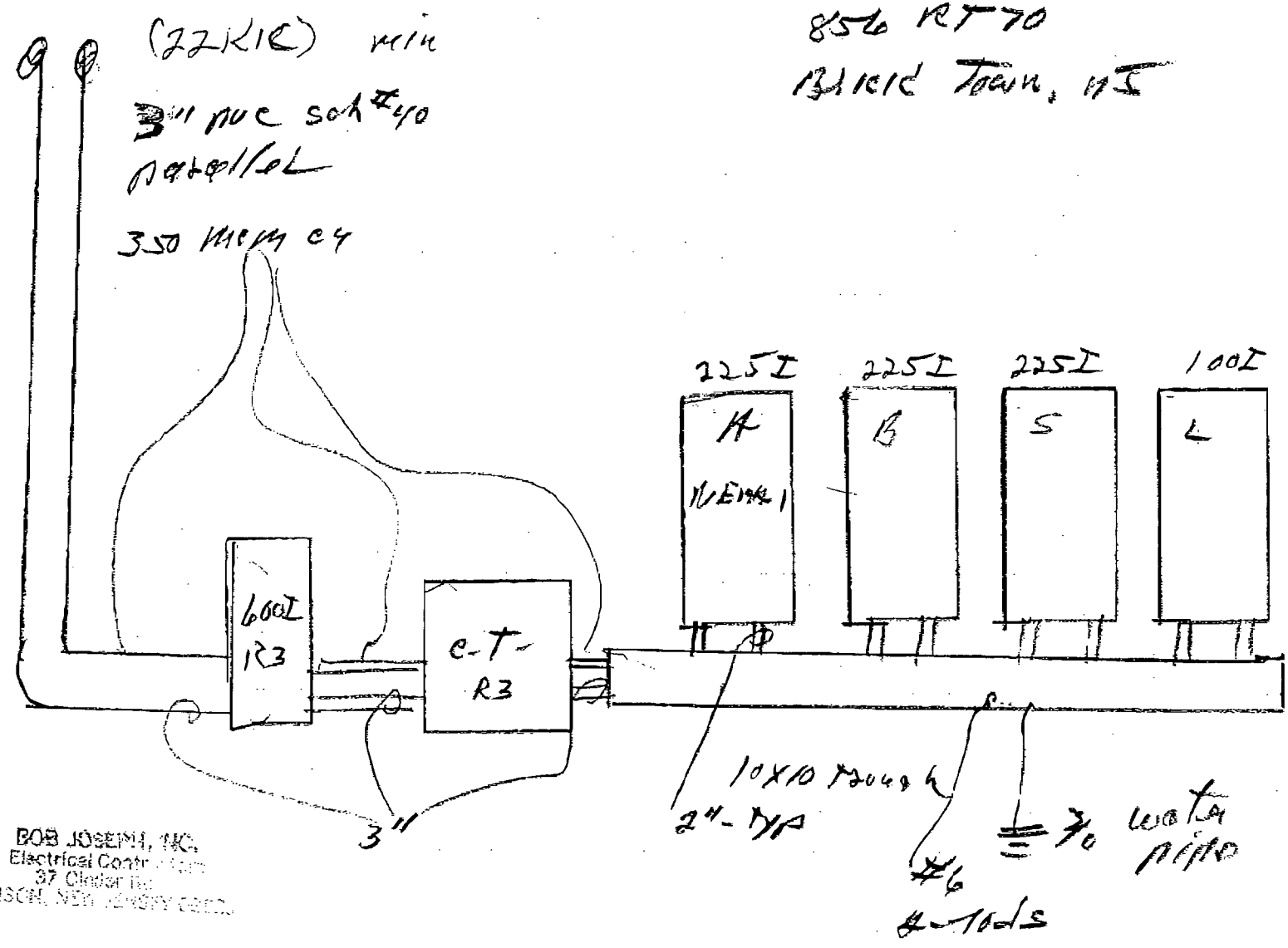
overhead
service 600A 120/208 (22kAic min)



7-Eleven
856 RT 70
Brick Town, NJ

BOB JOSEPH, INC.
Electrical Contractors
37 Chidor Rd.
EDISON, NEW JERSEY 08820

7-ELEVEN
856 RT 70
Brick Town, NJ



BOB JOSEPH, INC.
Electrical Contractors
37 Cindar Rd
EDISON, NEW JERSEY 08820

Jersey Central Power & Light
A FirstEnergy Company

732-549-6710

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

Date: 02/24/10

To: BOB JOSEPH INC

Inquire location:

856 Route 70 BRICK

The interrupting duty or fault current for the above location will be:

> under 10,000 Amps

> over 10,000 Amps

> If over 10,000 Amps - your interrupting duty for the specific transformer in question will be 21,660 Amps
(transformer size 150)

Debbie

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

Debbie Rumsey
Senior Layout Technician
Point Pleasant Line Dept

732-714-2830
Fax: 732-892-5828

E-Mail: drumsey@gpu.com

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

TRANSMISSION OK

JOB NO.	0914
DESTINATION ADDRESS	97325496710
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	02/23 15:11
USAGE T	00'41
PGS.	1
RESULT	OK

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

Subcode Official Review

To: 1075 CRANBURY SOUTH RIVER ROAD
JAMESBURG, NJ 08831

CC:

RE: Electrical Subcode
Block: 852 Lot: 4.01 Qual:
856 ROUTE 70
Permit Number: Control Number: C-10-000451
Last Submit Date: Tuesday, February 23, 2010

Date: Tuesday, February 23, 2010

Dear 7-11,
Your request is hereby denied based upon the following infractions.

Please provide one line drawing for service.

Provide AIC ratting from JCP&L & equipment spec,s.

02-23-10
attn: Bob Joseph
Fax # 732-549-6210

Sincerely,

Douglas Donohue,

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C10 - 00451

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 856 Route 70

DATE REVIEWED: 02-22-10

REVIEWED BY: CMP

CONTACT CALLED/FAXED: 732-549-7424 Bob Joseph

Rf message on machine - can not read writing of 7-11 address - 10x ——— ??

Can not process without it tl

02.23.10 electric. Contractor called back - 7-11 address 105 Cranberry South River Road - Jamesburg, NJ 0883-

Frank/plan review template