BLOCK 852 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 13-3258

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-001810

I. IDENTIFICATION

1. Proposed Work Site at: 1753 Rt 88 W, Unit 2, Brick, 08724
2. Name of Owner in Fee: Mike Mullen/M&J Real Estate Venture
   Tel. (732) 803-4041 e-mail _____
   Address 89 Rwer Rd (street) Toms River (municipality), NJ 08753 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Peter Beshay Tel. (732) 551-8423
   Address 2747 Hooper Ave, 5-6 e-mail 89@yahoo.com
   Brick, NJ, 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Peter Beshay
   Tel. (732) 551-8423 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 218	+119	
2. Electrical	105	75	
3. Plumbing	75		
4. Fire Protection	105		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	15		
10. Subtotal	$		
11. Cert. of Occupancy	50		
12. Other			
13. TOTAL	$ 468	TC	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____ COMMERCIAL
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 CHANGE OF USE B-M

- ☑ Minor Work
- ☐ 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	Re-jection	Re-viewer
☐ Building		Ae		6/5/14	8/14	IW	8-27-14	7/22/14	
☑ Electrical					6/27/14	TF			
☐ Plumbing					6-25-14				
☐ Fire Protection				6/9/14			9-7-14		
☐ Elevator		Eng	Exempt		5/23/14	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/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

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/29/2014
Control Number C-14-001810
Permit Number 14-3258
Permit Issue Date 10/02/2014
Certificate Number 14-3258

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1753 ROUTE 88 Unit 2 (Cigar Lounge) Brick Township, NJ Block: 852 Lot: 3 Qual:

Owner in Fee: M&J REAL ESTATE VENTURE LLC%BICYCLE

Owner Address: 1753 RT 88 W BRICK NJ 08724

Telephone: (732) 803-4041

Contractor Peter Beshay

Address 2747 Hooper Ave. Brick NJ 08723

Telephone: (732) 551-8423 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 18

Description of Work/Use: TENANT FIT UP - CIGAR SHOP/LOUNGE ...INSTALL FRESH AIR EXCHANGE UNIT

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:

David J. Newman Jr

Construction Official

Fee: $50.00
Check Number:
Collected By: Jessica Bergalowski

Date Printed: 12/29/2014

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

1753 Rt. 88 W.
Unit 2

Cigar Shop/
Lounge

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 18
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

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 Peter Beshay

Address 2747 Hooper Ave, 5-6 - Brick, NJ, 08723

Telephone (732) 551-8423

Signature _____

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

UPDATE #A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 14-3258#A
Date Issued 10/2/14
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 3 Qualification Code

Work Site Location 1753 Rt 88 W, Unit 2
Brick, NJ, 08723

Owner in Fee: Michael Mullen

Tel. (732) 803-2041 e-mail

Address 89 River Wood DR Toms River 08755
street municipality zip code

Contractor: Vigilant Electrical Contractor Tel. (973) 985-0474

Address 745 So. Springfield Ave. e-mail Alty@AV-Electric.com
Springfield NJ 07081

Contractor License No. 17126 Exp. Date 3-2015

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

Federal Emp. ID No. 45-0905685 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000

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: Alfred Vigilante

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Fantech commercial Fresh AIR unit.

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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	3HP	Smoke Detector	
1	5.5HP	AIR Exchanger	

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: 8/20/14 Approved by: EC

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 8/20/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11-24-14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	PE 11/12/14		11/24/14	PE
Barrier-Free				

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

10/1/14

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 14-3258

Date Issued
Permit # 10/2/14

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

Block 85.02 Lot 3 Qualification Code

Work Site Location 1753 RT 88 W Brick NJ 08724
michael

Owner in Fee: Mullen.

Tel. (732) 803-4041 e-mail

Address 89 River Wood Rd Toms River 08755
street municipality zip code

Contractor: Eglestan Heating & Cooling Tel. (732) 267 6197

Address 767 Community Dr e-mail JimEglestan@aol.com
Brick NJ 08723

Contractor License No. or Builder Registration No. 13HO7112800 Exp. Date 12/31/14

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

Federal Emp. ID No. [redacted]46 46-4979864 FAX: ( )

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: James Eglestan

Print name here: James Eglestan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Fantech Commercial. Fresh air exchange unit.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	10/01/14	Rey
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/01/14
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/17/14
Approved by: KEH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO	30 Days		*11-20-14	
Other				
Final	*11-12-14		12-12-14	
Barrier-Free				

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

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 5460.00
3. Total (1+ 2) $ _____

*See Attached

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

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

[redacted] TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 1753 Rt 88 Legend Lounge PERMIT # 14-3258

ISSUED TO PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES BLOCK _____ LOT _____

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction:

1. Repair Emergency Sign/Light
2. Provide Clear headroom for drop fixtures. No less than 6'8"
3. Provide Flame spread and Smoke development rating for StyroFoam Wall Band Ceiling panels —
4. Handrail Req'd —
5. lever handles w/push button locks Remove deadbolt

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE.

DATE 11-12-14 BY MF
INSPECTOR

White - Original Yellow - Field Copy

11/12/14 - FAIL FINAL

EXHAUST SYSTEM:

1. - NEED WORKING CLEARANCE FOR SERVICE SWITCH/RECEPTACLE.

2. - MC CABLE CONNECTED TO PLASTIC PLATE/MUST BE METALLIC.

PJC

(E) tech +A

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

CIGAR

Date Received
Control # FP-3258

Date Issued
Permit # 10/2/14

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

Block 852 Lot 3 Qualification Code

Work Site Location 1753 Rt 88 W, Brick, NJ, 08724

Owner in Fee: Michael Mullen

Tel. (732) 803-4041 e-mail

Address 89 Riverwood DR (street) Toms River (municipality) 08755 (zip code)

Contractor: Peter Beshay Tel. (732) 551-8423

Address 2747 Hooper Ave S-6 e-mail

Brick, NJ, 08723

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:

Total Cost of Fire Protection Work $ 0

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:

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: 9/29/14

Approved by: FP

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 11-21-14

Approved by: FP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control			11-21-14	FP
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	11/21/14			
Other			11-21-14	FP

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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: Peter Beshay

Print name here:

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

DESCRIPTION OF WORK: Alowork AIR

Water Supply Source

Method of Alarm/Suppression System Supervision EXCHANGER

	NUMBER	FEE (Office Use Only) $ 100 PERM
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 VENTILATOR AIR EXCHANGE	1	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

APPLICATION FOR CERTIFICATE

Date Received	05/08/2014
Date Permit Issued	10/02/2014
Control #	C-14-001810
Permit #	14-3258
Date Issued	12/09/2014

IDENTIFICATION

Block 852 Lot 3 Qualifier

Work Site Location 1753 ROUTE 88 Unit 2 (Cigar Lounge) Brick Township, NJ

Owner in Fee M&J REAL ESTATE VENTURE LLC%BICYCLE 1753 RT 88 W BRICK NJ 08724

Telephone (732) 803-4041

Contractor Peter Beshay

Address 2747 Hooper Ave. Brick NJ 08723

Telephone (732) 551-8423

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous M Current

FINAL COST OF CONSTRUCTION: $ 8962
(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.

Final Building Inc

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - CIGAR SHOP/LOUNGE ...INSTALL FRESH AIR EXCHANGE UNIT

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: Peter Beshay
Owner/Agent

☑ OWNER

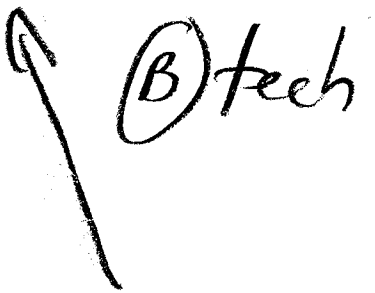
☐ AGENT

UCC F270 equiv.

Rec. TCO –

① Exit Sign in Basement Dont Work –

② Remove debris From Rear Exit



11-12-14 @ 8:00

Jason

- Hand rail to stairs (Reserved)
- Remove handle / label limiter area SPK
- OK - Remove bolt from rear door -
- Copy of flame spread paperwork OK
- Flame spread of wall - OK

F tech

Peter Beshay
17 53 Rt 34 W Unit 2.
Brick
Emer Contact 732 557 8423 (cell)

732 278 2776 George (2) Dakrat

APPLICATION FOR CERTIFICATE

Date Received 05/08/2014
Date Permit Issued 10/02/2014
Control # C-14-001810
Permit # 14-3258
Date Issued

IDENTIFICATION

Block 852 Lot 3 Qualifier

Work Site Location 1753 ROUTE 88 Unit 2 (Cigar Lounge) Brick Township, NJ
Owner in Fee M&J REAL ESTATE VENTURE LLC%BICYCLE 1753 RT 88 W BRICK NJ 08724
Telephone (732) 803-4041

Contractor Peter Beshay
Address 2747 Hooper Ave. Brick NJ 08723
Telephone (732) 551-8423
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 Previous M Current

FINAL COST OF CONSTRUCTION: $ 8962
(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 - CIGAR SHOP/LOUNGE ...INSTALL FRESH AIR EXCHANGE UNIT

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: Peter Beshay
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

14-3258
10/2/14

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

Block 852 Lot 3 Qualification Code

Work Site Location 1753 Rt 88 W, Brick, NJ, 08724

Owner in Fee: ~~Peter Bestow~~ michael mullen

Tel. (732) 833-4047 e-mail

Address 2747 Hooper Ave, 5-6 Brick, NJ, 08723
street municipality zip code

Contractor: ~~Peter Bestow~~ SUN ELECTRIC Tel. (732) 477-3500

Address 308 DRUM PT RD BRICK e-mail AZuccolo@SUNElectricNJ.com

Contractor License No. 7146 Exp. Date 3/31/16

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

Federal Emp. ID No. 22-2763732 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $3500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: ANTHONY ZUCCOLO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL LIGHTS/OUTLET FOR AWNING / LOWER TWO Ø BELOW COOLING

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
#7		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
		Communications Points	
8		Alarm Devices/F.A.C. Panel	
		COMMONS	
		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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 6/2/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6/2/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/21/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	PJC 11/12/14		11/21/14	AR
Barrier-Free				

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

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

11/12/14 - SEE 14-3258+A

9/30/14

PLUMBING SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received
Control # 14-3258

Date Issued
Permit # 10/2/14

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

Block 652 Lot 3 Qualification Code

Work Site Location 1753 RT 88W Brick 08724

Owner in Fee: michael mullen

Tel. (732) 803-4041 e-mail

Address 89 River-wood RD Toms River 08755
street municipality zip code

Contractor: Eglston Heating & cooling Tel. (732) 267 6190

Address 767 Community Dr Brick e-mail Jimeglston@aol.com

Contractor License No. 13VH07162800 Exp. Date 12/31/14

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

Federal Emp. ID No. 46-4979864 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4385-08

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 Eglston

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install Fantech commercial HRV Exchange unit

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	
1	Other Condensate Drain	

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: 10-1-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-12-14
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			11-12-14	

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

PERMIT UPDATE

Date Update Issued 10/2/14
Control # C-14-001810+A
Permit # +A
14-32581A

IDENTIFICATION Block: 852 Lot: 3 Qualifier
Work Site Location: 1753 ROUTE 88 Unit 2 (Cigar Lounge) Brick Township, NJ
Owner in Fee: M&J REAL ESTATE VENTURE LLC%BICYCLE 1753 RT 88 W BRICK NJ 08724
Telephone: (732) 803-4041

Contractor: Peter Beshay
Address: 2747 Hooper Ave. Brick NJ 08723
Telephone: (732) 551-8423
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 - CIGAR SHOP/LOUNGE ...UPDATE +A - ELECTRICAL WIRING FOR FRESH AIR EXCHANGE UNIT

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 $500

Construction Official [signature] Date 10/1/14

PAYMENTS (Office Use Only)

Building	$0
Electrical	$75
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$76
Check No.	Cash
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.

10/02/14 5:04PM 0015588N6049
X003 SERV 003
#32581
ELECTRIC $75.00
DCA $1.00
TOTAL $76.00

☑ 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

Date Issued 12/09/2014
Control Number C-14-001810
Permit Number 14-3258
Permit Issue Date 10/02/2014
Certificate Number 14-3258

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1753 ROUTE 88 Unit 2 (Cigar Lounge) Brick Township, NJ Block: 852 Lot: 3 Qual:

Owner in Fee: M&J REAL ESTATE VENTURE LLC%BICYCLE

Owner Address: 1753 RT 88 W BRICK NJ 08724

Telephone: (732) 803-4041

Contractor Peter Beshay

Address 2747 Hooper Ave. Brick NJ 08723

Telephone: (732) 551-8423 Fax:

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

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: TENANT FIT UP - CIGAR SHOP/LOUNGE ...INSTALL FRESH AIR EXCHANGE UNIT

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: 12/19/2014
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 12/19/2014
Conditions to be met:

Final Building Inspection

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/09/2014

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

10/2/14 Spoke to Contractor

CONSTRUCTION PERMIT

Date Issued 10/2/14
Control # C-14-001810
Permit # 3258

IDENTIFICATION Block: 852 Lot: 3 Qualifier
Work Site Location: 1753 ROUTE 88 Unit 2 (Cigar Lounge) Brick Township, NJ
Owner in Fee: M&J REAL ESTATE VENTURE LLC%BICYCLE 1753 RT 88 W BRICK NJ 08724
Telephone: (732) 803-4041

Contractor: Peter Beshay
Address: 2747 Hooper Ave. Brick NJ 08723
Telephone: (732) 551-8423
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 - CIGAR SHOP/LOUNGE ...INSTALL FRESH AIR EXCHANGE UNIT

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 $8,962

Construction Official David J. Newman Jr. Date 10/1/14

PAYMENTS (Office Use Only)	
Building	$218
Electrical	$65
Plumbing	$75
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$15
CO Fee	$50.00
Other	$0
Total	$488
Check No.	Cash
Cash	$0
Credit	$0
Collected By	

+50
538

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:

☑ 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.

BUILDING $218.00
ELECTRIC $65.00
PLUMBING $75.00
FIRE $65.00
DCA $15.00
$50.00
ZPA $50.00
TOTAL $538.00
$538.00
$0.00

RECEIVING CLERK CR
DATE REC'D 5-8-14

ZONING PERMIT APPLICATION

PERMIT # ZP-14-00068
DATE ISSUED 10/2/14

BLOCK: 852 LOT: 3 QUALIFIER: — SITE ADDRESS: 1753 Rt 88 w, unit 2

IDENTIFICATION:

1. NAME OF OWNER IN FEE: [redacted] michael mullen
   COMPLETE ADDRESS: 89 river wood DR
   Toms River, 08755
   PHONE # 732-803-4041 EMAIL: —

2. NAME OF APPLICANT: Peter Beshay
   APPLICANT ADDRESS: 2747 Hooper Ave, 5-6
   Brick, NJ, 08723
   PHONE # 732-551-8423 EMAIL: —

3. RESPONSIBLE PERSON FOR WORK: Peter Beshay
   PHONE# 732-551-8423 FAX#

4. SIGNATURE OF APPLICANT: Peter Beshay

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: nail salon
PROPOSED USE: Cigar shop / lounge

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: Tenant Fit-up

ZONING REVIEW:
DATE REVIEWED: 5/20/14 DATE DENIED: ___ DATE APPROVED: 5/23/14 INTLS: JSO

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 10/2/14
Application Number: ZA-14-00529
Application Date: 05/19/2014
Project Number:
Permit Number: ZP-14-01068
Fee: $50

Zoning Permit

Worksite Location: **1753 ROUTE 88 Brick Township, NJ**

Block: **852**
Lot: **3**
Qualifier:
Zone: **B-3**

Owner: **Michael Mullen**
Address: **89 River Wood Dr. BRICK, NJ 08724**

Applicant: **Peter Beshay**
Address: **2747 Hooper Ave. 5-6 Brick, NJ 08723**

Application Approved Date: 05/21/2014

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store Cigar Shop/ Lounge
Nonconforming Use is:

Work Description:
Tenant fit up -
from Nail Salon to Cigar Shop/Lounge change of use permitted uses in the B3 Zone.

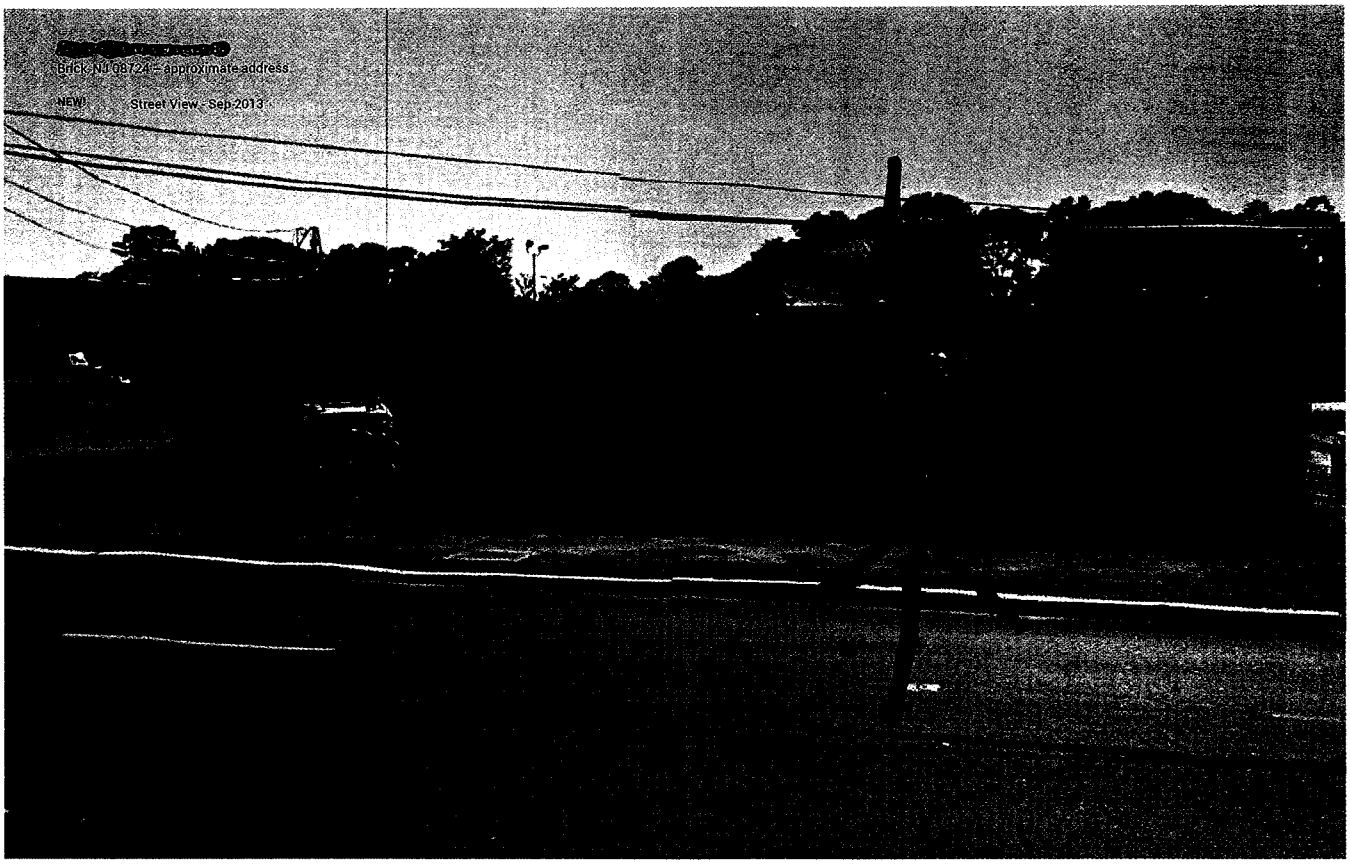
Additional Zoning permit is required for additional work and signs.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Tara B. Paxton, AICP/PP, Assistant Planner — 05/22/2014 Date

Michael P. Fowler, Township Planner — 5/23/14 **Date**


[redacted]
Brick, NJ 08724 - approximate address
NEW!
Street View - Sep 2013
Image capture: Sep 2013 NJ-88 © 2014 Google

STATE OF NEW JERSEY
APPLICATION FOR REGISTRATION OF EXEMPT CIGAR BAR OR CIGAR LOUNGE
(Pursuant to N.J.S.A. 26:3D-55 et seq. and N.J.A.C. 8:6)

SECTION 3
Affidavit of New Jersey Registered Architect or Licensed Professional Engineer in Support of Application for Registration of Exempt Cigar Bar or Cigar Lounge pursuant to N.J.S.A. 26:3D-55 et seq. and N.J.A.C. 8:6

1. This application is to register an establishment as a (check one):

☐ Cigar Bar ☒ Cigar Lounge

2. Business Name of Proposed Exempt Cigar Bar or Cigar Lounge:

LEGEND LOUNGE, LLC

3. I am (check applicable statement):

☐ A New Jersey Registered Architect.

☒ A New Jersey Licensed Professional Engineer.

4. The proposed exempt *cigar bar* or *cigar lounge* is enclosed from the nonsmoking establishment in which it is located by: (See definitions of italicized terms in Instructions.)

(a.) solid walls or windows;

(b.) a ceiling; and

c. a solid door. N/A

5. The ventilation system of the proposed exempt *cigar bar* or *cigar lounge* is separately exhausted from the nonsmoking areas of the establishment so that air from the proposed smoking area would not be recirculated to the nonsmoking areas and smoke would not be *backstreamed* into the nonsmoking areas. (See definitions of italicized terms in Instructions.)

6. Name of Individual Completing Form: Frank J. Baer JR. P.E.

7. Title: Chief Engineer

8. Signature:

9. Date: 3/11/14

State of New Jersey

County of Ocean

Subscribed and sworn to before me this

11 day of March, 2014.

Notary Public of the State of New Jersey

MY COMMISSION EXPIRES: Margaret A. Wallete

By

MARGARET A. WALLETE
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 5/24/2016
ID # 2139769

[redacted] to tenant NP 6/26/14

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

Subcode Official Review

Resubmit for Fire 8/19/14 LH

Date: Thursday, June 19, 2014

To: M&J REAL ESTATE VENTURE
LLC%BICYCLE
1753 RT 88 W
BRICK, NJ 08724

RE: Fire Subcode
Block: 852 Lot: 3 Qual:
1753 ROUTE 88
Permit Number: Control Number: C-14-001810
Last Submit Date: Thursday, June 12, 2014

Dear M&J REAL ESTATE VENTURE LLC%BICYCLE,

Your request is hereby denied based upon the following infractions.
1 Please confirm and clarify all building subcode plan review comments .
2 If smoking is permitted on site please identify ventilation system specifications to conform the the smoke removal mechanical and building code requirments for air exchange.

Sincerely,

Kevin Batzel, Subcode Official

CC:

7-17-14 @ 8:10
MAHOR
EXPLAINED
& AGAIN "

Occupancy	P/1,000 sq. ft.	CFM/ person
Correctional Facilities		
Cells	20	20
Education		
Laboratories	50	20
Training Shops	30	20
Food & Bev Service		
Cafeteria, fast food	100	20
Hotels, Motels, Resorts, Dormitories		
Conference Rooms	50	20
Dry Cleaners		
Commercial Laundry	10	25
Hospitals, Nursing and Convalescent Homes		
Patient Rooms	10	25
Specialty Shops		
Beauty	25	25
Dry Cleaners, Laundries		
Commercial Dry Cleaner	30	30
Food & Bev Service		
Bars & Cocktail Lounges	100	30
Dry Cleaners, Laundries		
Storage, Pick-up	30	35
Smoking Lounges	70	60
Offices		
Conference Rooms	50	20
Office Spaces	7	20
Reception Areas	60	20
Telecommunication Ctrs & Data Entry	60	20
Theaters		
Lobbies	150	20
Ticket Booths	60	20
Sports and Amusement		
Playing floors (gym)	30	20
Sports and Amusement		
Ballrooms and Discos	100	25
Bowling Alleys (Seating areas)	70	25
Game Rooms	70	25
Hospitals, Nursing & Convalescent Homes		
Operating Rooms	20	30
Hotels, Motels, Resorts, Dormitories		
Gambling Casinos	120	30

Occupancy	CFM/ sq. ft.
Education	
Corridors	0.1
Locker Rooms	0.5
Hospitals, Nursing and Convalescent Homes	
Autopsy Rooms	0.5
Public Spaces	
Corridors and Utilities	0.05
Elevators	1.0
Locker & Dressing Rooms	0.5
Public Restrooms	75 cfm per water closet or urinal
Retail Stores, Sales Floors and Showroom Floors	
Basement and Street	0.3
Dressing Rooms	0.2
Malls and Arcades	0.2
Shipping and Receiving	0.15
Storage Rooms	0.15
Upper Floors	0.2
Warehouses	0.05
Specialty Shops	
Automotive Service	1.5
Clothes and Furniture	0.3
Pet Shops	1.0
Sports & Amusement	
Ice Arenas	0.5
Swimming Pools (Pool & Deck Area)	0.5
Storage	
Repair Garages/Public Garages	1.5
Workrooms	
Darkrooms	0.5
Duplicating	0.5

Note: P/1,000 sq. ft. = persons per 1,000 square feet of building area.

Note a. Spaces unheated or maintained below 50 degrees F are not covered by these requirements unless the occupancy is continuous.

Where the ventilation rates in Table N are based on CFM/person

(1) $OL_n \times V_n$ is less than or equal to $OL_e \times V_e$ + no upgrade

(2) $OL_n \times V_n$ is greater than $OL_e \times V_e$ + upgrade

Where the ventilation rates in Table N are based on CFM/square footage

(3) $SF_n x V_n$ is less than or equal to $SF_e x V_e$ + no upgrade

(4) $SF_n x V_n$ is greater than $SF_e x V_e$ + upgrade

Where the ventilation rates in Table N are based on CFM/square footage and CFM/person

(5) $OL_n x V_n$ is less than or equal to $SF_e x V_e$ + no upgrade

(6) $OL_n x V_n$ is greater than $SF_e x V_e$ + upgrade

(7) $SF_n x V_n$ is less than or equal to $OL_e x V_e$ + no upgrade

(8) $SF_n x V_n$ is greater than $OL_e x V_e$ + upgrade

Where:

OL_n = the occupant load of the proposed occupancy based on Table N. When accepted by the administrative authority this occupant load can be reduced.

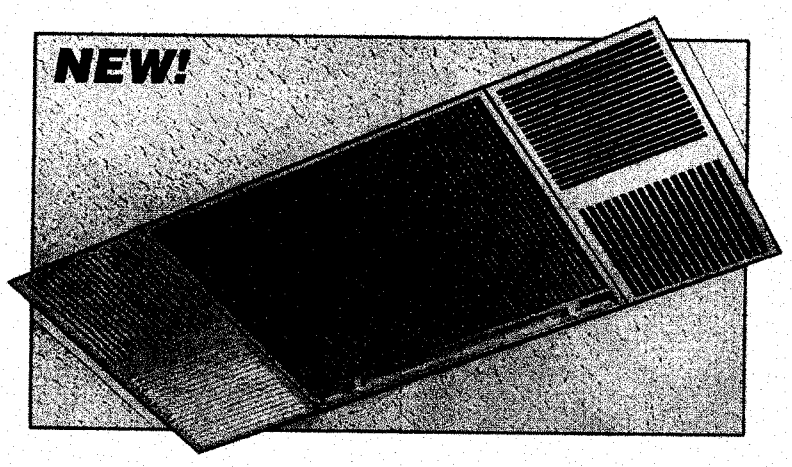
OL_e = the occupant load of the existing occupancy based on Table N.

SF_n = the square footage of the proposed occupancy.

COMMERCIAL INDOOR AIR QUALITY SOLUTIONS

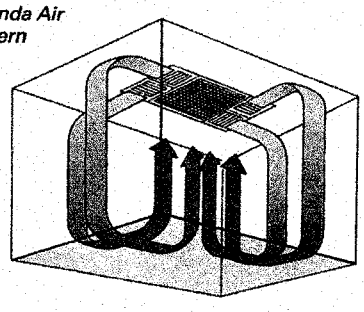
SMOKEMASTER®

High Efficiency Electronic Air Cleaner
Model X-11Q



Features 'Coanda' 4-way air pattern. Adjustable louvers allow airflow refinement.

Coanda Air Pattern



- Totally self-contained air cleaner.
- Ultimate 'flush with ceiling' mounted workhorse.
- Requires no filter replacement.
- Features industrial-rated electronic filtration cells.

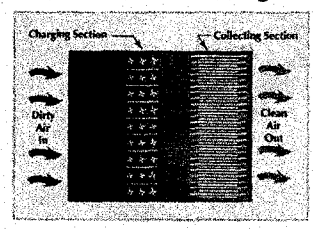
Superior performance and time tested design makes the Smokemaster® an excellent choice for removing tobacco smoke, pollen, mold spores and dust.

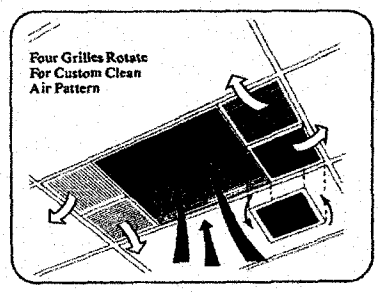
AIR QUALITY ENGINEERING

Manufacturer and Worldwide Distributor of Air Cleaning Systems for Over 25 Years

X-11Q FEATURES & SPECIFICATIONS

Electronic Air Cleaning





Smokers like clean air, too!

The Model X-11Q Electronic Air Cleaner:
- Comprehensive
- Inconspicuous
- Economical
- Quiet
- Assures your indoor air quality

FEATURES & BENEFITS

- High Efficiency - Removes dust, smoke, pollen and other particles using high efficiency electronic collector cells.
- Inconspicuous - The attractive grille fits flush with the ceiling and is completely inconspicuous! The cabinet is hidden in the unused space above the ceiling.
- Quiet - Three-speed controller is standard and allows for quiet operation without sacrificing effectiveness. It's ideal for private offices, conference rooms or other areas where noise levels may be a factor.
- Easy Installation - Special-mounting brackets simplify the installation and do not require any additional space above cabinet height of 13 5/8".
- COANDA Airflow - Effective 360° COANDA airflow gently and evenly distributes clean air and returns dirty air to the unit. COANDA airflow destratifies air and eliminates "stuffy" air pockets (shown right).
- Economical - Permanent electronic collector cells assure low operating cost by eliminating costly filter replacements. Moreover, because collector cells offer no airflow restriction, only limited horsepower is necessary, thus reducing noise and electrical draw.
- Comprehensive - Two activated carbon filters for odor control included.

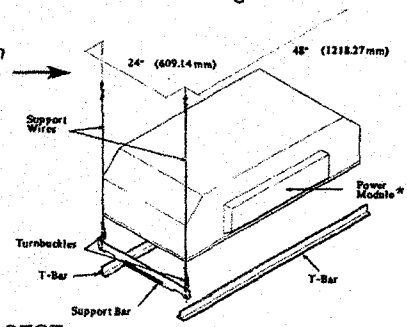
HOW THE X-11Q WORKS

Contaminant particles, such as those in tobacco smoke, receive an electrical charge as they pass into the electronic cell and are then attracted to oppositely charged collector plates, where they are held...similar to the way that metal filings collect to a magnet. The air vent provides dilution control of gaseous contaminants. Standard activated carbon filter adsorbs odors and gases to further freshen the air.

SPECIFICATIONS / MODEL X-11Q

Electrical Rating:	120V / 60 Hz
Low Speed:	500 CFM / 1.9 Amps
Medium Speed:	900 CFM / 2.2 Amps
High Speed:	1100 CFM / 2.6 Amps
Color:	White
Motor:	1/10 Hp shaded pole fan motor, fan motor vibration isolation mounted.
Dimensions:	46 3/4" L x 22 3/4" W x 13 5/8" H (Fits 2' x 4' tile opening. * Power module adds 2" width above drop ceiling. Contact factory for non-drop ceiling installation information.)
Installed Weight:	83 Lbs.
Shipping Weight:	107 Lbs.
Primary Filter Collection Area:	105.8 Sq. Ft.
Sorbent Media:	(2) Activated Carbon Filters, 10" x 22" x .5"
Air Cleaning Efficiency:	Up to 99.7% (ASHRAE 52-76)
Optional Accessories:	Remote Fan Speed Control Kit Electronic Cell Wash Tank and Detergent

Installation Schematic



AIR QUALITY ENGINEERING

7140 Northland Drive North, Brooklyn Park, MN 55428-1520 USA

FAX: (763) 531-9900 **EMAIL:** aqe@isd.net

WEB SITE: www.air-quality-eng.com **TOLL FREE:** 1-800-328-0787

51415 6/02

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

Subcode Official Review

Date: Wednesday, August 27, 2014

To: M&J REAL ESTATE VENTURE
LLC%BICYCLE
1753 RT 88 W
BRICK, NJ 08724

RE: Fire Subcode
Block: 852 Lot: 3 Qual:
1753 ROUTE 88
Permit Number: Control Number: C-14-001810
Last Submit Date: Thursday, August 21, 2014

resubmit to both 9/17/14

Dear M&J REAL ESTATE VENTURE LLC%BICYCLE,

Your request is hereby denied based upon the following infractions.
1- A air purifier is "not an air ventilation exchange " as indicated in the initial review. This has been refered to building sub code for further review .

Sincerely,

Kevin Batzel, Subcode Official

CC:

emailed both 9/3/14 MR

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

Subcode Official Review

Date: Wednesday, August 27, 2014

To: M&J REAL ESTATE VENTURE
LLC%BICYCLE
1753 RT 88 W
BRICK, NJ 08724

RE: Building Subcode
Block: 852 Lot: 3 Qual:
1753 ROUTE 88
Permit Number: Control Number: C-14-001810
Last Submit Date: Monday, August 11, 2014

Dear M&J REAL ESTATE VENTURE LLC%BICYCLE,

Your request is hereby denied based upon the following infractions.

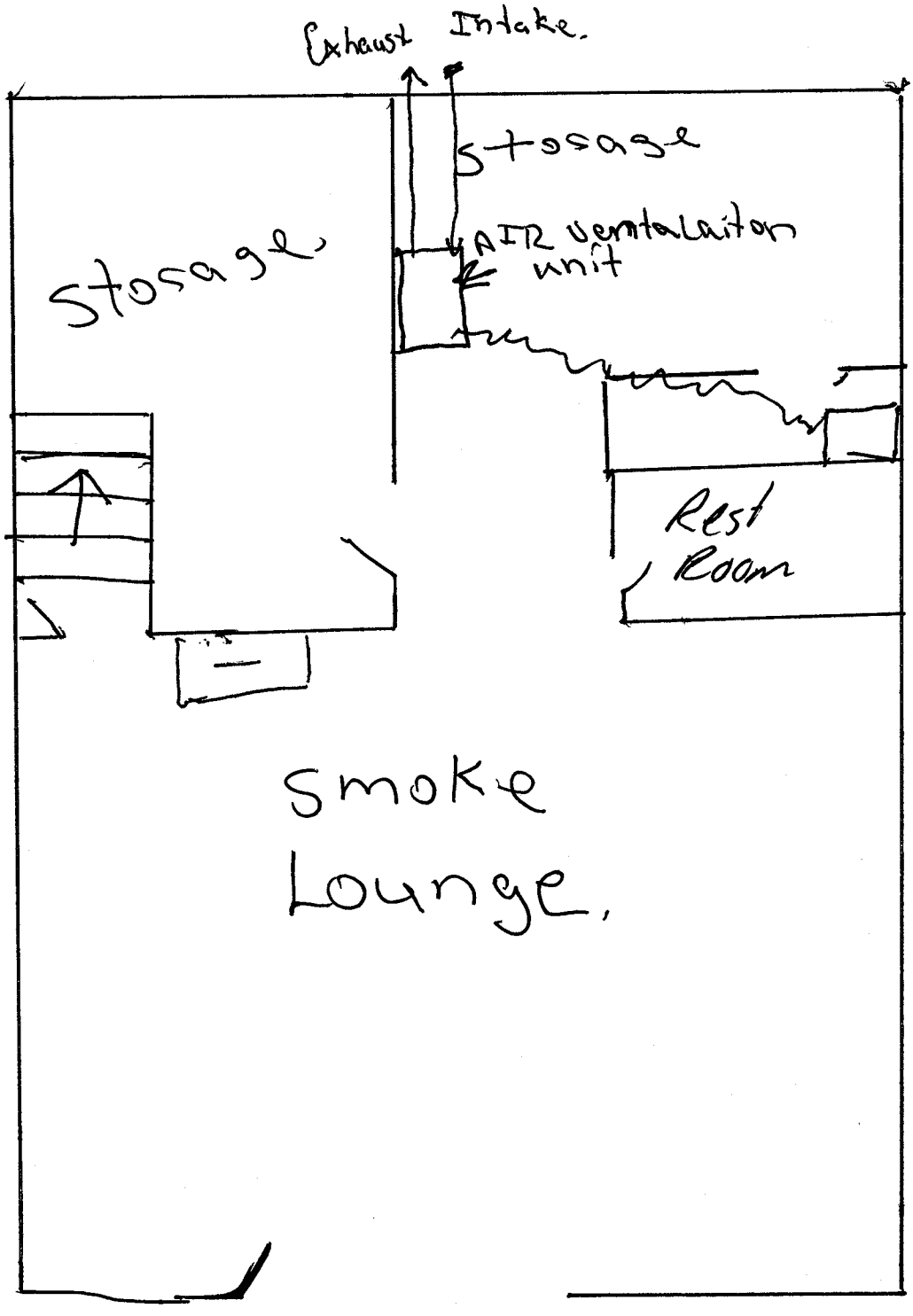
Provide proof or design for Air exchanges as required per NJAC 5:23-6.31 (n) NOTE: Air purifier does not meet this code requirement.

Sincerely,

Michael Vecchio, [redacted]

CC:

1753 RT 88W. Brick. 08724



Egleston Heating & Cooling
767 Community Dr
Brick NJ 08723
732 267-6197

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

Subcode Official Review

Date: Tuesday, July 22, 2014

To: M&J REAL ESTATE VENTURE
LLC%BICYCLE
1753 RT 88 W
BRICK, NJ 08724

resubmit to bldg.
8/11/14 MV

RE: Building Subcode
Block: 852 Lot: 3 Qual:
1753 ROUTE 88
Permit Number: Control Number: C-14-001810
Last Submit Date: Thursday, June 26, 2014

Dear M&J REAL ESTATE VENTURE LLC%BICYCLE,

Your request is hereby denied based upon the following infractions.

No improvement. No new items submitted.

Spoke with applicant to discuss what was needed.

Sincerely,

_____

Michael Vecchio

CC:

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

Subcode Official Review

Date: Friday, June 06, 2014

To: M&J REAL ESTATE VENTURE
LLC%BICYCLE
1753 RT 88 W
BRICK, NJ 08724

RE: Building Subcode
Block: 852 Lot: 3 Qual:
1753 ROUTE 88
Permit Number: Control Number: C-14-001810
Last Submit Date: Friday, May 23, 2014

Dear M&J REAL ESTATE VENTURE LLC%BICYCLE,

Your request is hereby denied based upon the following infractions.

Project is a change of use B to M

Provide a comprehensive floor plan to scale.

Be sure to include:

Dimension of all spaces
Sizes of all doors
Show all furnishings and fixtures
Indicate all isle clearances
Show all exit signs and lights

Sincerely,

Michael Vecchio

CC:

Resubmit to Bids only

7/21/14 MV
No New info Submitted?
Called Peter and will meet to discuss Rejections—

6/26/14

WSB engineering group, p.a.
Engineers • Planners • Surveyors
Landscape Architect
1018 Schenck's Mill Line Road
Toms River, New Jersey 08753-3338

(732) 244-7227 FAX (732) 505-8940

LETTER OF TRANSMITTAL

DATE	**8/11/14**	JOB NO.	**1810-215**
ATTENTION	**Peter Beshay**		
RE:	**Block 852, Lot 3**		
	1753 Route 88 West, Brick		

TO: **Peter Beshay**
2747 Hooper Avenue Bldg 5-9
Brick, NJ 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐ _____

COPIES	DATE	DWG. NO.	DESCRIPTION
5		**23773**	**amended Floor Plan to show basement area**

THESE ARE TRANSMITTED as checked below:

☐ For Approval ☒ For your use ☒ As requested ☐ For review and comment
☐ Returned for corrections ☐ For Bids Due _____
☐ _____

REMARKS:

COPY TO _____ SIGNED **Frank J. Baer, Jr., P.E.**

If enclosures are not as noted, kindly notify us at once.

Occupancy	P/1,000 sq. ft.	CFM/ person
Correctional Facilities		
Cells	20	20
Education		
Laboratories	50	20
Training Shops	30	20
Food & Bev Service		
Cafeteria, fast food	100	20
Hotels, Motels, Resorts, Dormitories		
Conference Rooms	50	20
Dry Cleaners		
Commercial Laundry	10	25
Hospitals, Nursing and Convalescent Homes		
Patient Rooms	10	25
Specialty Shops		
Beauty	25	25
Dry Cleaners, Laundries		
Commercial Dry Cleaner	30	30
Food & Bev Service		
Bars & Cocktail Lounges	100	30
Dry Cleaners, Laundries		
Storage, Pick-up	30	35
Smoking Lounges	70	60
Offices		
Conference Rooms	50	20
Office Spaces	7	20
Reception Areas	60	20
Telecommunication Ctrs & Data Entry	60	20
Theaters		
Lobbies	150	20
Ticket Booths	60	20
Sports and Amusement		
Playing floors (gym)	30	20
Sports and Amusement		
Ballrooms and Discos	100	25
Bowling Alleys (Seating areas)	70	25
Game Rooms	70	25
Hospitals, Nursing & Convalescent Homes		
Operating Rooms	20	30

Occupancy	P/1,000 sq. ft.	CFM/ person
Hotels, Motels, Resorts, Dormitories		
Gambling Casinos	120	30

Occupancy	CFM/ sq. ft.
Education	
Corridors	0.1
Locker Rooms	0.5
Hospitals, Nursing and Convalescent Homes	
Autopsy Rooms	0.5
Public Spaces	
Corridors and Utilities	0.05
Elevators	1.0
Locker & Dressing Rooms	0.5
Public Restrooms	75 cfm per water closet or urinal
Retail Stores, Sales Floors and Showroom Floors	
Basement and Street	0.3
Dressing Rooms	0.2
Malls and Arcades	0.2
Shipping and Receiving	0.15
Storage Rooms	0.15
Upper Floors	0.2
Warehouses	0.05
Specialty Shops	
Automotive Service	1.5
Clothes and Furniture	0.3
Pet Shops	1.0
Sports & Amusement	
Ice Arenas	0.5
Swimming Pools (Pool & Deck Area)	0.5
Storage	
Repair Garages/Public Garages	1.5
Workrooms	
Darkrooms	0.5
Duplicating	0.5

Note: P/1,000 sq. ft. = persons per 1,000 square feet of building area.

Note a. Spaces unheated or maintained below 50 degrees F are not covered by these requirements unless the occupancy is continuous.

Where the ventilation rates in Table N are based on CFM/person

(1) $OL_n \times V_n$ is less than or equal to $OL_e \times V_e$ + no upgrade

(2) $OL_n \times V_n$ is greater than $OL_e \times V_e$ + upgrade

Where the ventilation rates in Table N are based on CFM/square footage

(3) $SF_n x V_n$ is less than or equal to $SF_e x V_e$ + no upgrade

(4) $SF_n x V_n$ is greater than $SF_e x V_e$ + upgrade

Where the ventilation rates in Table N are based on CFM/square footage and CFM/person

(5) $OL_n x V_n$ is less than or equal to $SF_e x V_e$ + no upgrade

(6) $OL_n x V_n$ is greater than $SF_e x V_e$ + upgrade

(7) $SF_n x V_n$ is less than or equal to $OL_e x V_e$ + no upgrade

(8) $SF_n x V_n$ is greater than $OL_e x V_e$ + upgrade

Where,

OL_n = the occupant load of the proposed occupancy based on Table N. When accepted by the administrative authority this occupant load can be reduced.

OL_e = the occupant load of the existing occupancy based on Table N.

SF_n = the square footage of the proposed occupancy.

STATE OF NEW JERSEY
APPLICATION FOR REGISTRATION OF EXEMPT CIGAR BAR OR CIGAR LOUNGE
(Pursuant to N.J.S.A. 26:3D-55 et seq. and N.J.A.C. 8:6)

SECTION 3
Affidavit of New Jersey Registered Architect or Licensed Professional Engineer in Support of Application for Registration of Exempt Cigar Bar or Cigar Lounge pursuant to N.J.S.A. 26:3D-55 et seq. and N.J.A.C. 8:6

1. This application is to register an establishment as a (check one):

☐ Cigar Bar ☒ Cigar Lounge

2. Business Name of Proposed Exempt Cigar Bar or Cigar Lounge:

LEGEND LOUNGE, LLC

3. I am (check applicable statement):

☐ A New Jersey Registered Architect.

☒ A New Jersey Licensed Professional Engineer.

4. The proposed exempt *cigar bar* or *cigar lounge* is enclosed from the nonsmoking establishment in which it is located by: (See definitions of italicized terms in Instructions.)

(a.) solid walls or windows;

(b.) a ceiling; and

c. a solid door. N/A

5. The ventilation system of the proposed exempt *cigar bar* or *cigar lounge* is separately exhausted from the nonsmoking areas of the establishment so that air from the proposed smoking area would not be recirculated to the nonsmoking areas and smoke would not be *backstreamed* into the nonsmoking areas. (See definitions of italicized terms in Instructions.)

6. Name of Individual Completing Form: Frank J. Baer Jr. P.E.

7. Title: Chief Engineer

8. Signature:

9. Date: 3/11/14

State of New Jersey

County of Ocean

Subscribed and sworn to before me this

11 day of March, 20 14.

Notary Public of the State of New Jersey

MY COMMISSION EXPIRES: Margaret A. Wallete

By:

MARGARET A. WALLETE
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 5/24/2016
ID # 2139769

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 852 LOT: 3 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 1753-Rt 88 w, Brick, 08724
2. NAME OF OWNER IN FEE: michael mullen

   ADDRESS: 89 river wood DR PHONE #: (732) 803-4041

   Toms River, 08755 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Peter Beshay

   ADDRESS: 2747 Hooper Ave PHONE #: (732) 551-8423

   Brick, NJ, 08723 FAX #: ( ) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # ( ) _____
5. RESPONSIBLE PERSON FOR WORK: Peter Beshay

   ADDRESS: _____

PHONE #: ( ) _____ FAX #: ( ) _____ E-MAIL: _____

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 _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

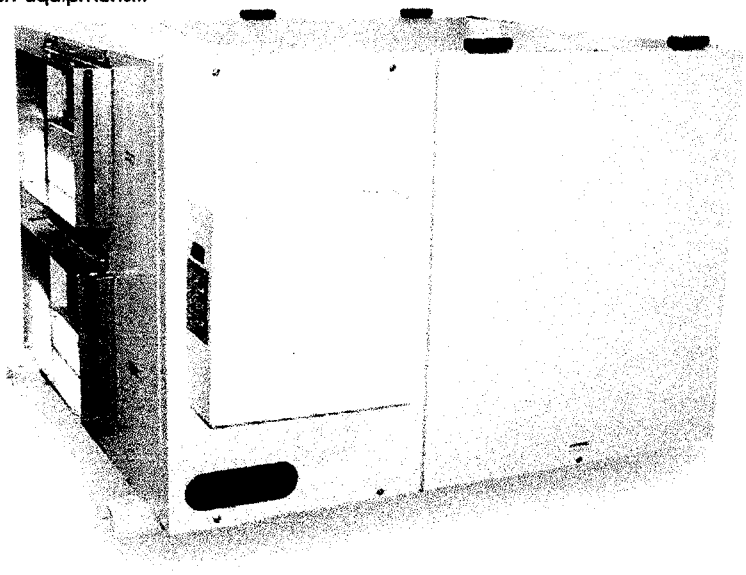
Fantech
Your Ventilation Solutions Company

Commercial
Heat Recovery Ventilators

Installation Manual

IMPORTANT - PLEASE READ AND SAVE THIS MANUAL BEFORE INSTALLING UNIT

CAUTION - Before installation, careful consideration must be given to how this system will operate if connected to any other piece of mechanical equipment, i.e. a forced air furnace or air handler, operating at a higher static. After installation, the compatibility of the two pieces of equipment must be confirmed by measuring the airflow's of the Heat / Energy Recovery Ventilators.
It is always important to assess how the operation of any HRV/ERV may interact with vented combustion equipment (i.e. Gas Furnaces, Oil Furnaces, Wood Stoves, etc.).
NEVER - install a ventilator in a situation where its normal operation, lack of operation or partial failure may result in the backdrafting or improper functioning of vented combustion equipment!!!



Your ventilation system should be installed in conformance with the appropriate provincial or state requirements or in the absence of such requirements with local building codes.

Light Commercial Model

SHR 6904 • SHR 11004

Eggleston Heating & Cooling 732-267-6197 - Jim.

Limited Warranty

- The heat recovery aluminum core has a lifetime warranty.
- Fantech HRV's have a warranty that is limited to 3 years on all parts from the date of purchase, including parts replaced during this time period. If there is no proof of purchase available, the date associated with the serial number will be used for the beginning of the warranty period.
- The motors found in all Fantech HRVs require no lubrication, and are factory balanced to prevent vibration and promote silent operation.
- The limited warranty covers normal use. It does not apply to any defects, malfunctions or failures as a result of improper installation, abuse, mishandling, misapplication, fortuitous occurrence or any other circumstances outside Fantech's control.
- Inappropriate installation or *maintenance may result in the* cancellation of the warranty.
- Any unauthorized work will result in the cancellation of the warranty.
- Fantech is not responsible for any incidental or consequential damages incurred in the use of the ventilation system.
- Fantech is not responsible for providing an authorized service centre near the purchaser or in the general area.
- Fantech reserves the right to supply refurbished parts as replacements.
- Transportation, removal and installation fees are the responsibility of the purchaser.
- The purchaser is responsible to adhering to all codes in effect in his area.

* *This warranty is the exclusive and only warranty in effect relative to the ventilation system and all other warranties either expressed or implied are invalid.*

TABLE OF CONTENTS

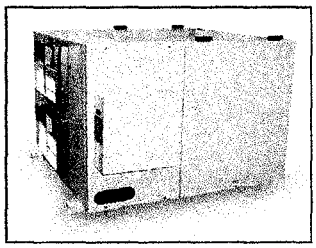
Understanding Fantech Product Numbers

SHR 6904
S = Side Ducting
H = Heat Recover
R = Remote Control Option

690 = 690cfm @0.4 W.G
4 = Four Ports

Fantech SHR 6904

Commercial Heat Recovery Ventilator

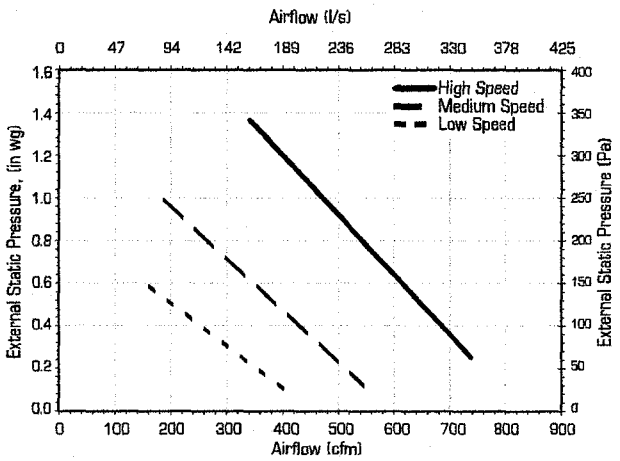


The SHR 6904 Commercial Heat Recovery Ventilation system (HRV) complements today's tight buildings. Fantech Heat Recovery Ventilators (HRV) are designed to supply air into a building while exhausting an equal amount of contaminated air to the outside. The aluminum heat exchange core transfers sensible energy between air steams resulting in tempering of the supply air and reduced loads on the HVAC system.

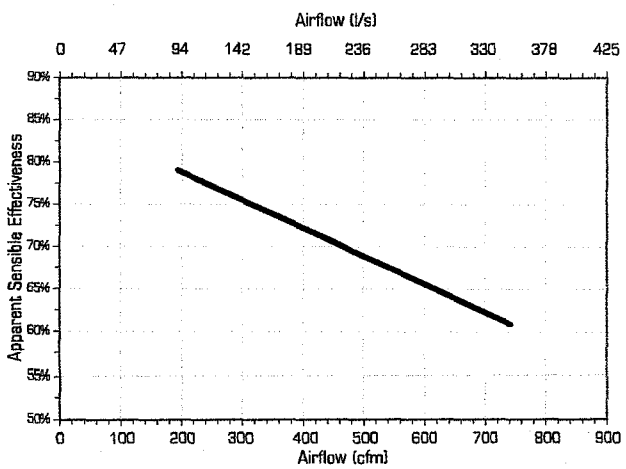
POWER & WEIGHT

• Volts	120V Total
• Amperage	5.5 Amps Total
• Weight	185 Lbs
• Shipping Weight	225 Lbs
• Blowers (x2)	115V, 60 Hz, 2.7 Amps
• Phase	Single Phase

Airflow Performance
Gross Supply



Heating Performance at 0°C



SPECIFICATIONS

CASE 20 gauge galvanized steel. Baked powder coated paint, antique white. Insulated with 1" (25 mm) foil-face fiberglass insulation to prevent condensation.

BLOWERS Two (2) German-manufactured, factory-balanced ebm™ motors with backward curved blades. Motors come with permanently lubricated sealed ball bearings to guarantee long life and maintenance-free operation.

ALUMINUM HEAT EXCHANGERS Fantech manufactures this fixed plate cross-flow heat exchanger using new 1100 alloy aluminum. Heat exchanger is engineered with a turbulence inducing geometry in order to maximize heat transfer while allowing an effective evacuation of condensate. The plates are hemmed and sealed to ensure no cross-contamination of airstreams. The aluminum core has a plastic handle for easy removal. The SHR 6904 features two cores each 12" x 12" (305 x 305 mm) with a 15" (380 mm) depth.

FILTERS Four (4) Washable Electrostatic Panel Type Air Filters, 11.75" (298mm) x 15" (380mm) x 0.25" (6mm).

MOUNTING Unit may be suspended by using threaded rod, not supplied, or placed on a platform.

CONTROLS External three (3) position (Low/Stand By/Medium) rocker switch that will offer continuous ventilation. In addition Fantech offers a variety of external controls.

DEFROST A preset defrost sequence is activated at an outdoor air temperature of 23°F (-5°C) and lower.

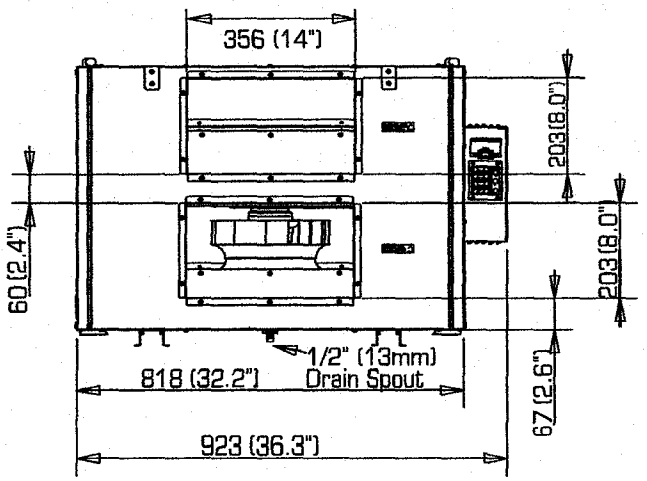
During the defrost sequence, the supply blower shuts down & the exhaust blower continues to ventilate for a few minutes. The unit then returns to normal operation, and continues cycle.

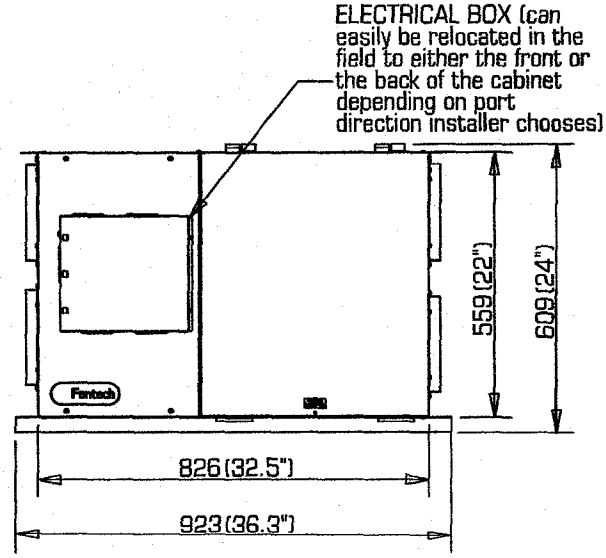
SERVICEABILITY Cores, filters and drain pans can be accessed easily from both sides of the HRV from hinged access panels. Cores conveniently slide out with only 15" (380mm) clearance. Blowers can be accessed from both sides of the HRV from fastened access panels. Blowers are easily removed by taking off the access panel and sliding the motor plates out of the HRV. A quick connect allows for fast inspection of blowers.

DRAIN Two 1/2" (13mm) OD (outside diameter) drain spouts provided, entire bottom of unit covered by pan.

SHR 6904 Commercial HRV

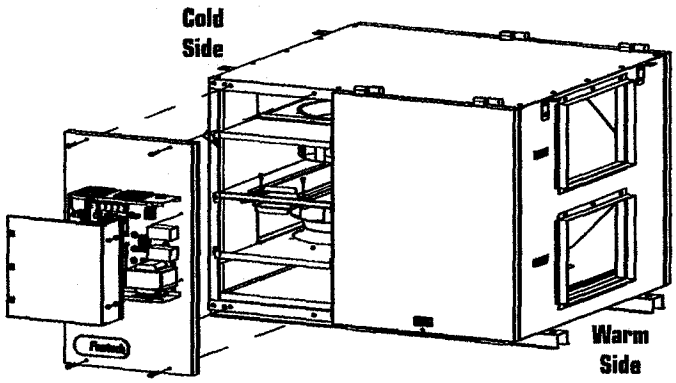
Dimensions



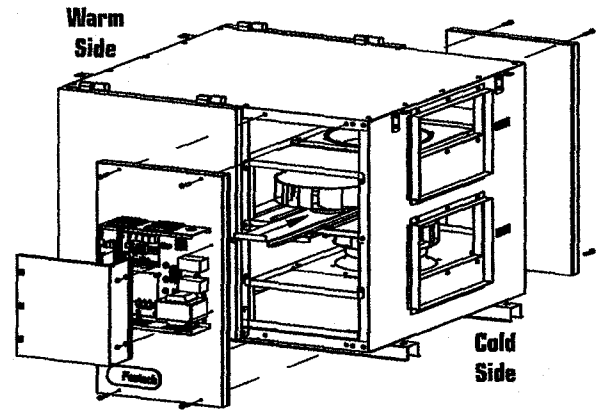


PORT CONFIGURATION

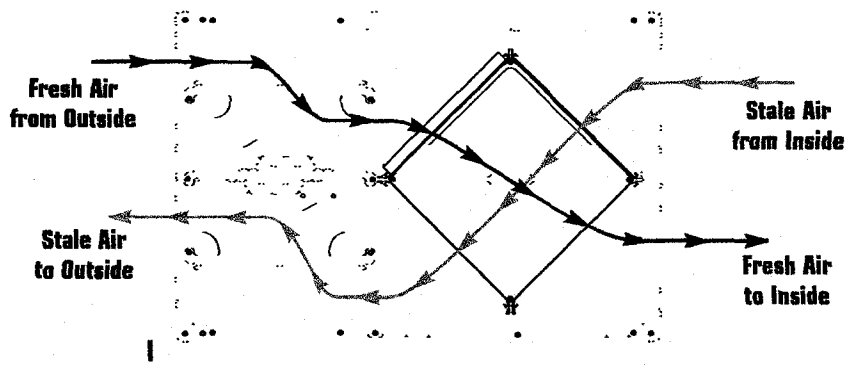
The unit has access doors on the front and back. Also, the main control panel may be moved from front to back allowing for ducting layout.



Standard Configuration as shipped from factory.



Airflow



INSTALLATION

LOCATION

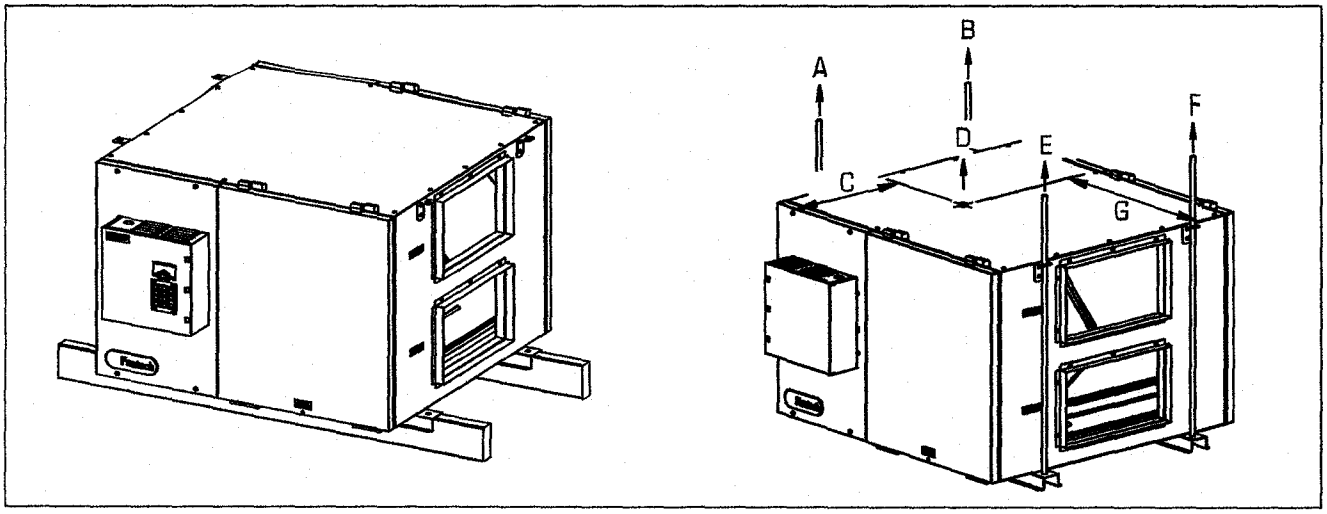
The HRV must be located in a heated space where it will be possible to conveniently service the unit. Typically the HRV would be located in the mechanical room, above a drop ceiling or an area close to the outside wall where the weatherhoods will be mounted. Attic installations are not normally recommended due to extreme temperatures, and difficulty in performing, required service & maintenance. If an attic is selected, special care should be taken in ensuring the unit will perform as intended. Unit may need to be protected with insulated shelter, built on site.

Connecting appliances to the HRV It is not recommended, including:

- clothes dryer
- kitchen exhaust hoods
- combustion venting
- central vacuum system

These appliance may cause lint, dust or grease to collect in the HRV , damaging the unit.

NOTE: Connecting any of these type of appliances to the HRV will invalidate your warranty

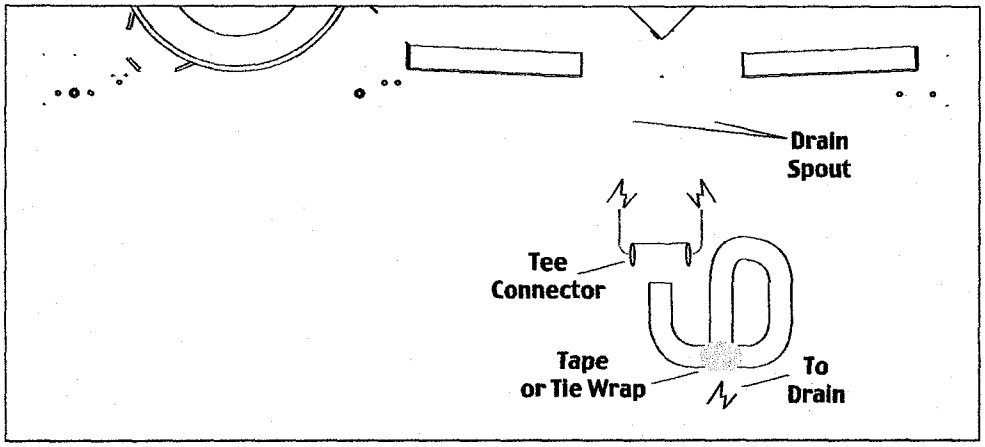


Model	A	B	C	D	E	F	G
SHR 6904	23.8Kg (52.5lbs)	22.5Kg (49.6lbs)	390mm (15.4")	85Kg (187lbs)	20Kg (44lbs)	18.8Kg(41.3lbs)	448mm (17.6")
SHR 11004	30.4Kg (67lbs)	27Kg (60lbs)	544mm (21.4")	109Kg (241lbs)	27.7Kg (61lbs)	24.3Kg (53.5lbs)	455mm (18")

Installing Drain Line

Through normal operation and including defrost mode, the HRV may produce some condensation. This water should flow into a nearby drain, or be taken away by a condensate pump. The HRV and all condensate lines must be installed in a space where the temperature is maintained above the freezing point. A "P" trap should be made in the drain line. This will prevent odors from being drawn back up into the unit.

Install the drain hose, making a "P" trap



INSTALLING DUCTS GOING TO / FROM OUTSIDE

INSTALLING THE DUCTING TO THE WEATHERHOODS

OUTSIDE WEATHERHOODS – The weatherhoods must have built-in "bird" screens with 1/4 inch (6.35 mm) minimum mesh to prevent birds and rodents from entering into the ductwork. Do not use smaller mesh as it will be very susceptible to plugging up. The preferred location of the weatherhoods is:

- No less than 10 ft. (3 m) apart from each other.
- At least 18 inches (457.2 mm) snow line or ground level.
- Supply hood must be kept away from sources of contaminant, such as automobile exhaust fumes, gas meters, garbage cans, containers, cooling towers, tar roofs, etc.
- Avoid prevailing winds, whenever reasonably possible.

The outside perimeter of the weatherhood must be sealed to prevent leakage into the building.

The design and size of the weatherhoods or louvers chosen by the installer must allow for adequate free area. Water and snow penetration of the system is minimized when the airflow does not exceed 1000 FPM (5.08 m/s) free area velocity.

DUCTING FROM THE WEATHERHOODS–TO AND FROM THE HRV – Galvanized sheet metal ducting with sufficient cross section with an integral single piece of insulated wrap with vapor barrier should be used to connect the HRV to the weatherhoods. Insulated flex duct may be used in moderation, if sized and installed properly. (Consult local codes)

A minimum R value of insulation should be equal to 4 (RSI 0.75) ,consult local codes.

All ducts should be sealed using a good bead of high quality caulking (preferably acoustical sealant) and a high quality aluminum foil tape, or other approved duct sealant.

INSTALLING DUCTS TO / FROM INSIDE

To maximize airflow in the ductwork system, all ducts should be kept short and have as few bends or elbows as possible. Forty-five degree are preferred to 90° elbows. Use "Y" tees instead of 90° elbows whenever possible.

All duct joints must be fastened with screws or duct sealant and wrapped with a quality duct tape to prevent leakage. Aluminum foil duct tape is recommended.

SUPPLY AIR DUCTING

In buildings without a forced air HVAC systems, fresh air should be supplied to all habitable areas. It should be supplied from high wall or ceiling locations. Grilles that diffuse the air comfortably such as Fantech grille (MGE (metal) or CG (plastic) grilles with "coanda effect" are recommended.

Optional inline duct heaters may be used to add heat if required.

Direct Connection to Furnace/ Air handler return duct

- Should you wish to hard duct the supply air directly into the cold air return of the HVAC systems, remember to check the airflow balance of the HRV with the HVAC systems fan both "on"and "off" to determine that it does not imbalance the HRV more than 10%. Make sure you respect the minimum distance from the supply air in of the HRV and the HVAC systems.

- It may be necessary to install a separate fresh air supply ductwork system if the heating is other than forced air.

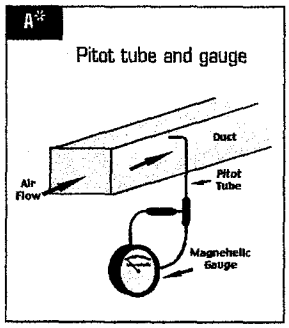
  When installing an HRV, the designer and installer should be aware of local codes that may require smoke detectors and/or firestats in the HVAC or HRV ductwork.
  Because an HRV is designed to bring fresh air into the building, structures may require supply voltage interrupt when smoke or flame sensors are triggered, or when a central fire alarm system is activated.

Exhaust Air ducting

The stale air exhaust system is used to draw air from the points in the building where the worst air quality problems occur. (See installation examples in the manual.)

AIR FLOW BALANCING

- The balancing procedure consists of measuring the exhaust air leaving the system and the supply air entering the system and ensuring that these two are equal. A deviation of 10% or less is acceptable.



A The duct's airflow velocity is generally measured with a magnehelic gauge and a pitot tube.

- To avoid airflow turbulence and incorrect readings, the airflow velocity should be measured on steel ducting a minimum of 3 duct cross-section from the unit or elbow and before any transition.

Note: A professional air balancer should be contacted to commission the system properly. A skilled HVAC Tech may complete the balance of air providing they possess the proper equipment. Call Fantech Technical support for assistance.

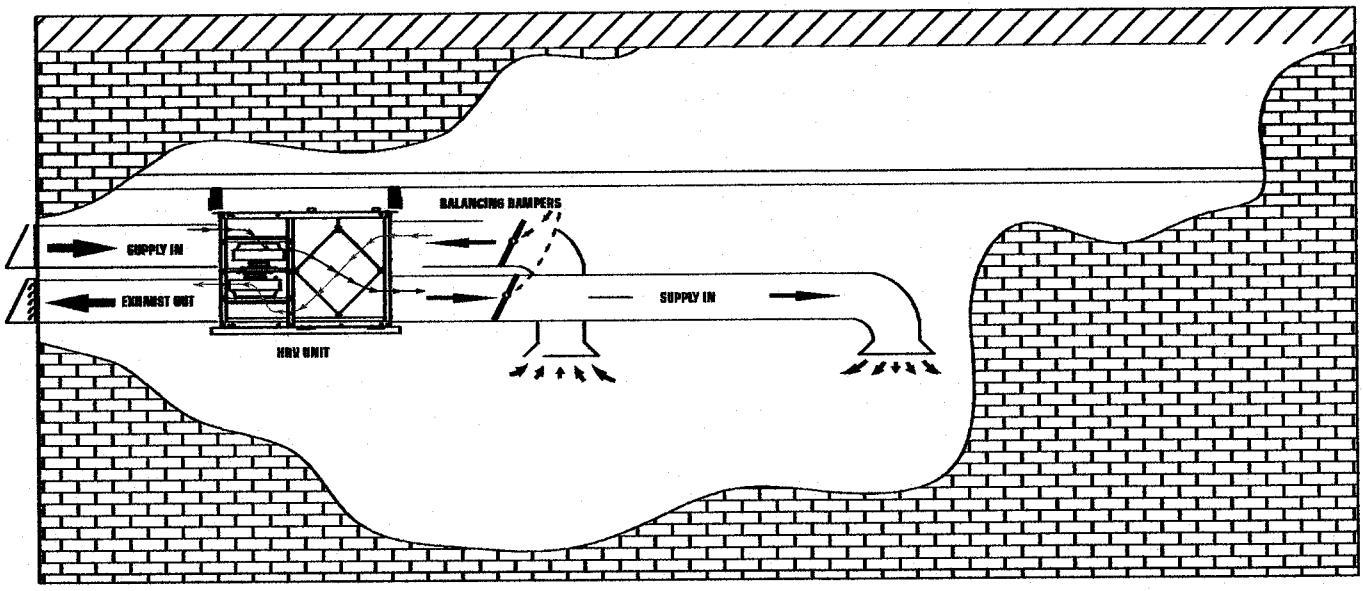
INSTALLATION EXAMPLES

*** Drawings are illustrations only and actual port locations and airflow directions may vary, consult unit spec sheets.**

It is the responsibility of the installer to ensure all ductwork is sized and installed as designed to ensure the system will perform as intended. The amount of air (CFM) that an HRV will deliver is directly related to the total external static pressure (E.S.P.) of the system. Static pressure is a measure of resistance imposed on the blower by length of duct work/number of fittings used in duct work, duct heater etc.

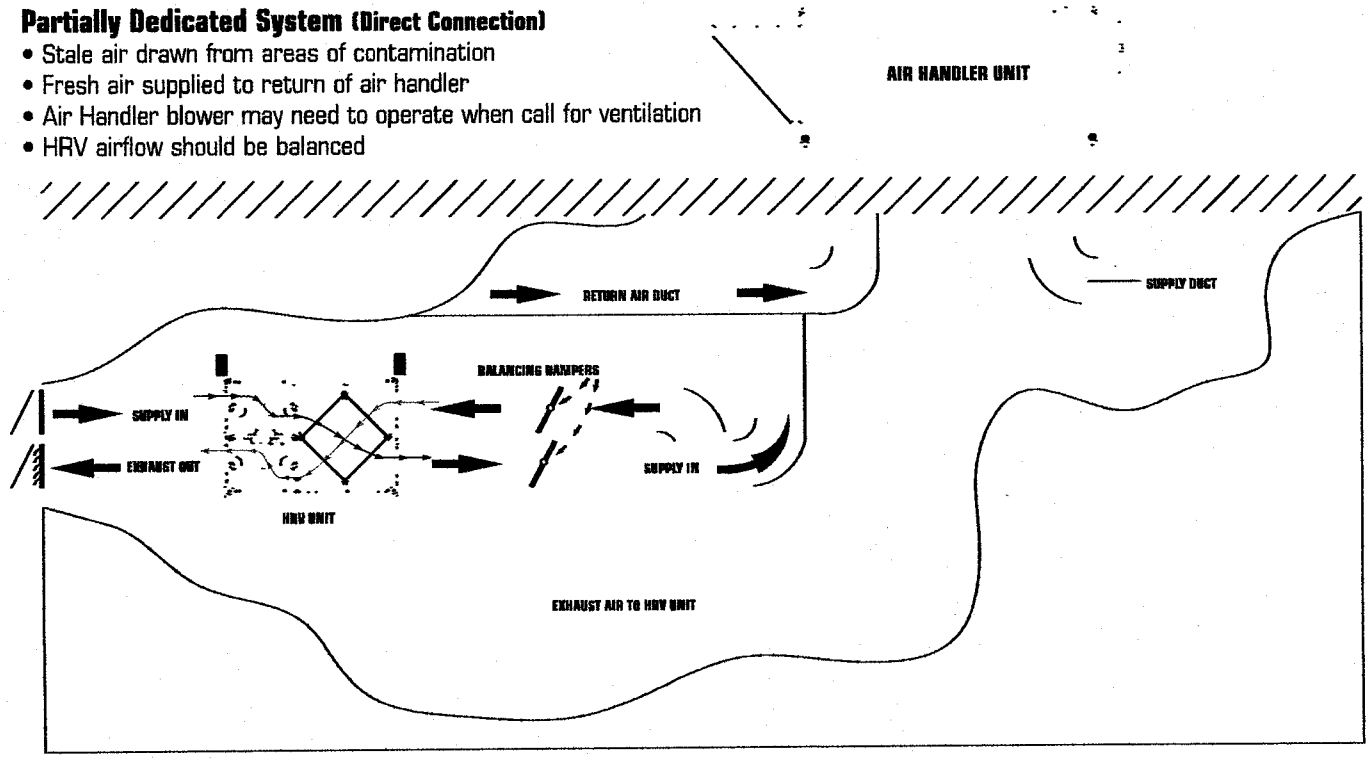
Fully Dedicated System

- Stale air drawn from areas of contamination
- Fresh air supplied to main areas
- HRV airflow should be balanced
- External heating or cooling coil may be needed if air is not able to mix comfortably.

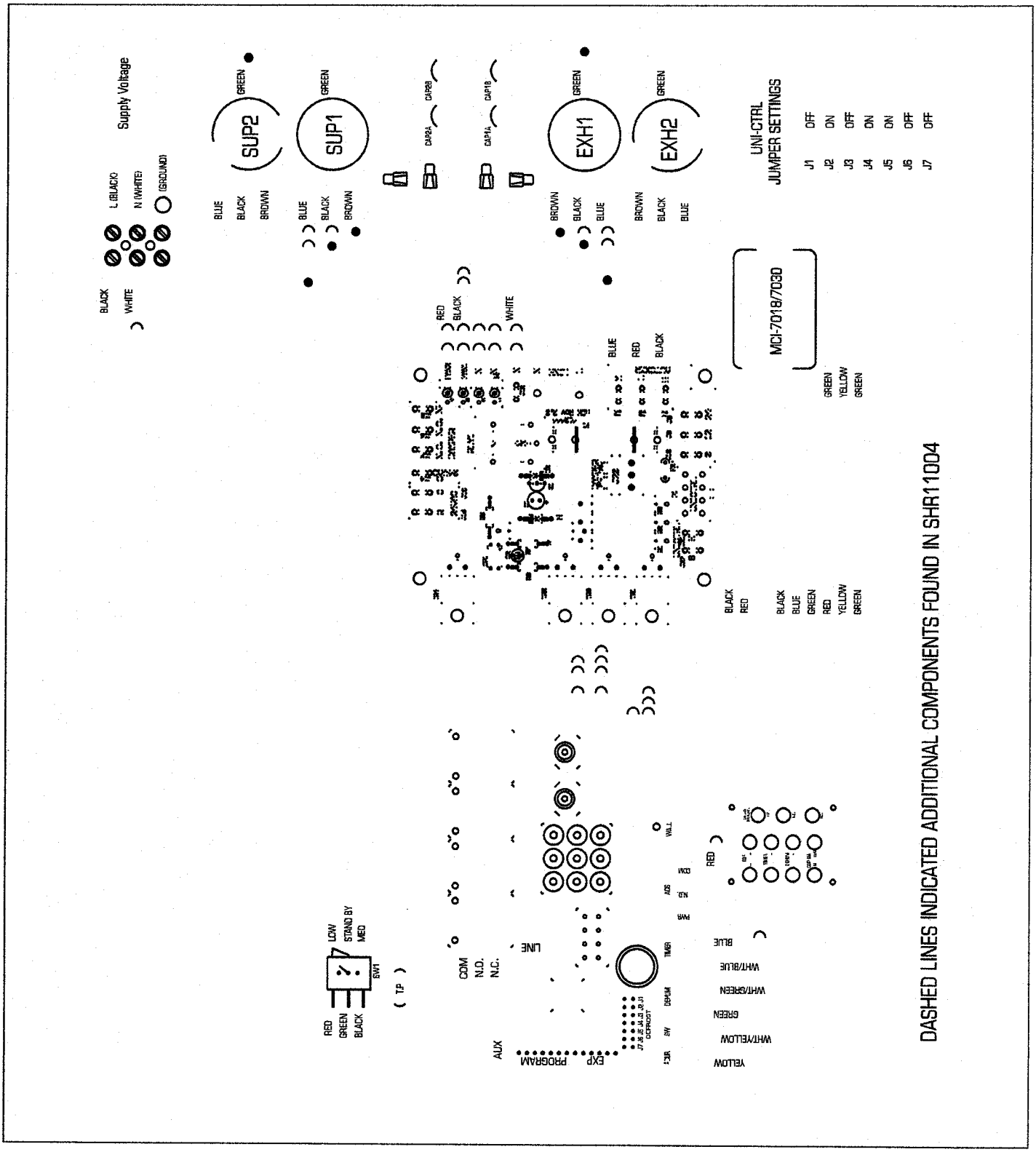


Partially Dedicated System (Direct Connection)

- Stale air drawn from areas of contamination
- Fresh air supplied to return of air handler
- Air Handler blower may need to operate when call for ventilation
- HRV airflow should be balanced



WIRING DIAGRAM SHR 6904 AND SHR 11004



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