(4 units)

TOWNSHIP OF BRICK

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

85-0113-N.
Site PLAN.

I. IDENTIFICATION

1. Proposed Work at: 1673 Hwy 88 West BRICK.
2. Owner Name: FRANK J. EDDINS Tel. ( ) 458-3600 8400108
   Address 60 Lewis LA.
3. Principal Contractor: FRANK J. EDDINS Tel. ( ) 458-3600
   Address 60 Lewis LA.
   Lic. No. or Builder Reg. No. — Federal Emp. No.
4. Architect or Engineer: Anderson + Davis Tel. ( ) 477-8900
   Address 1141 Route 70 Brick
5. Responsible Person in Charge of Work FRANK EDDINS Tel. ( ) 458-3600

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☒ Alteration
6. ☒ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 89,000
2. ☒	Plumbing	7,000
3. ☒	Electrical	4,000
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$100,000.

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units —

If other than new construction, enter no. of dwelling units:
Before Construction: —
After Construction: —
Net Gain (or loss): —

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☒ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: Office Bldg Addition
If Change in Use Group, Indicate Former: Same.

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other —

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1½
15. Height of Structure 27 Ft.
16. Area—Largest Floor 4,600 Sq. Ft.
17. Bldg. Area—All Fls. 6200 Sq. Ft.
18. Volume of Structure 49,600 Cu. Ft.
19. Total Land Area Disturbed 2 Ac. Sq. Ft.

835-10

31-36

LDS BR 10208841

C.C. Form F-100 (8/83)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This ~~dwelling~~ is to be occupied by myself and is not to be used for any purpose, other than single ~~family residential~~ use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE 4 Apr 86

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 835.10 LOT NO. 31-36 SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing		☐ Other			

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	4/24/86	D	5-7-86	KM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			4/20/86	OK	
☐	PLUMBING			4/24/86		
☐	ELECTRICAL					
☑	FIRE PROTECTION			5-7-86	CC	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
X	PLUMBING		1-9-87 AA	
_____	ELECTRICAL		1-8-87 OK 3x4 - 1st floor	
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

BUILDING	$ 347.25
PLUMBING	80.00
ELECTRICAL	
FIRE PROTECTION	70.00
OTHER _____	
SUBTOTAL	497.20
– LESS: 20% of subtotal (when plan review performed by state agency).	(49.72)
D.C.A. TRAINING FEE .0006 x 496.00	= 29.76
CERTIFICATE OF OCCUPANCY	74.58
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	651.26
DATE 6/2/86 Collected By Pato	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 7228
DATE ISSUED 6-2-86
REVISION DATE
Block 835.10 Lot 31-36
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner FRANK EDDINS
Address 60 LEWIS LA. BRICK N.J.
Tel. (201) 458-5600
Work Site Address 1673 Hwy 88 BRICK N.J.

Contractor SAME
Address SAME
Tel. ( ) 458 5600
Lic. No.
Federal Emp. No. 422-42-0870

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

AS PER SITE PLAN

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☒ Roofing
  - ☒ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed

No. of Stories 1.5
Height of Structure 25 Ft.
Area–Largest Floor 4600 Sq. Ft.
Total Building Area–All Floors 4600 Sq. Ft.
Volume of Structure 49600 Cu. Ft.
Total Land Area Disturbed 7900 Sq. Ft.
Estimated Cost of Building Work: $ 100,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 7228
DATE ISSUED 6-2-86
REVISION DATE
Block 835.10 Lot 31.36
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner FRANK J. EDDINS
Address 60 Lewis Ln.
BRICK N.J.
Tel. ( ) 458 5600
Work Site Address 1673 Hwy 88
BRICK N.J.

Contractor SAME
Address SAME
SAME
Tel. ( ) SAME
Lic. No. —
Federal Emp. No. 422-42-0870

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☑ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☑ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: Mun. Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ 25 -

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☑ Automatic FEE
Supervision Type: ☑ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

Smoke Detectors	7	$ 15
Emer. Lights	3	$
Exit Lights	4	$

Subtotal $ 40 -
Minimum Fire Protection Fee (If Applicable) $ 15 -
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40 -

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: BASEMENT
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: — Fuel Type GAS Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 7000

D. COMMENTS

Storage Area - Limited Area Spr. Sys.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 5-7-86
Approved By: [signature]

INSPECTIONS FINAL

☑ CO ☐ CCO ☑ CA
Date: 1-9-87
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☑ Fire Alarm Test				1-9-87
☐ Smoke Test				
☐ TCO				
☑ Other Spr. Sys.				1-9-87
☐ Other				
☐ Other				
☐ Other				

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 7228
DATE ISSUED 6-2-86
REVISION DATE 10-17-86
Block 23510 Lot 31.32
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Frank Eppars
Address Co Lewis La-
Brick
Tel. ( ) 458-5200
Work Site Address 1673 Hwy 88

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☑ Wet ☐ Dry ☐ Other FEE
Area Sprinkled: ☐ Full ☑ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised — Method:
Water Supply — Source: Size:
FD Connection Location:
Estimated Cost of Work: $ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ $

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ $

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems — Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank - Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

Additional Fees
↳ Sprinkler Sys. $20.00

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
	Units 3 + 4 C.O.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☐ Other				
☐ Other				
☐ Other				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 7228
DATE ISSUED 6-2-86
REVISION DATE
Block 835.10 Lot 31-36
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Frank Eggers
Address 60 Lacey Ct. Brick N.J.
Tel. ( ) 458-5600

Contractor Mark Hibbard
Address 1446 Lakewood Ave Brick
Tel. ( ) 458-2986
Lic.No./Bus. Permit #5968
Federal Emp. No.

Work Site Address 1623 Hwy 88 Brick

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	15
2	Lavatory/Sink	10		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher	5		Backflow Device	
1	Water Heater	15		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace			Vent Stack	10
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other Gas	15
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 40		COLUMN 2	$ 40

Fee	
COLUMN 1	$ 40
COLUMN 2	$ 40
SUBTOTAL	$ 80 —
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage —	Material	PVC	Size	4"
Building Sewer —	Material	PVC	Size	4"
Water Service —	Material		Size	Existing 3/4"
Venting —	Material	PVC	Size	1½-3"

Estimated Cost of Plumbing Work: $

D. COMMENTS

Comm'l alarm; gas 40. Fount.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
1-8-87	Backflow on Sprinkler 10-5-3 F
"	Check after Permit Rough-in

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 4/29/86
Approved By:

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date:
Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				10-22-86
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other Final	1-8-87			

U.C.C. Form F-130 (8/83)

MUNICIPALITY B.T.

CUT-IN-CARD

LOCATION _____ UTILITY CO P.P.

1673 Hwy 88 West BLK 83.T.10 LOT 31/36

OWNER _____ OCCUPANT #4

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

☑FINAL ☐TEMPORARY This approval void after _____ days

SERVICE 200A. RANGE _____ WATER HEATER _____

AIR COND — ELECT HEAT _____ MISC 1 Bath fan

COMMENTS 1st Floor only.

DATE 1-7-81 PERMIT# 15929 INSPECTOR K. Fodrea

Elec. 104 P. 11.10.80 Insp. Lic# 21

MUNICIPALITY B.T

CUT-IN-CARD

LOCATION _____ UTILITY CO P.P.

1673 Hwy 88 West BLK 83.T.10 LOT 31/36

OWNER Frank Eddins. OCCUPANT #3

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

☑FINAL ☐TEMPORARY This approval void after _____ days

SERVICE 150A. RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC 1 Bath Fan

COMMENTS 1st Floor only.

DATE 1-7-81 PERMIT# 01730 INSPECTOR K. Fodrea

Elec. 104 P. 11.10.80 Insp. Lic# 21

ROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT ______ P.S.I.	FOR ______ HOURS
AKAGE TEST	TOTAL MOUNT OF LEAKAGE MEASURED ______ GALS.	______ HOURS
	ALLOWABLE LEAKAGE ______ GALS.	______ HOURS
DRANTS	NUMBER INSTALLED	TYPE AND MAKE
	ALL OPERATE SATISFACTORILY	YES ☐ NO ☐
CONROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON	YES ☐ NO ☐
EMARKS	DATE LEFT IN SERVICE	
RTS A & B	NAME OF SPRINKLER CONTRACTOR	FOR PROPERTY OWNER (SIGNED) TITLE
GNATURES	FOR SPRINKLER CONTRACTOR (SIGNED)	DATE

PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

OCATION	SERVES BLDGS. 4" NORTH SIDE
TESTS EQUIRED	(1 HYDROSTATIC TEST OF ALL PIPING) (circled) 2 PNEUMATIC TEST OF ALL DRY PIPING 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

RINKLERS OR SPRAY OZZLES

MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING

PE AND ITTINGS — MATERIAL AND KIND CONFORMS TO NFPA STANDARD
IF NONE, EXPLAIN

RM VALVE OR FLOW DICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.

DRY PIPE VALVES

MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS — TIME TO TRIP THROUGH TEST PIPE — WITHOUT Q.O.D. MIN.	WITHOUT Q.O.D. SEC.	WITH Q.O.D. MIN.	WITH Q.O.D. SEC.	WATER PRESS. P.S.I.	AIR PRESS. P.S.I.	TRIP POINT AIR PRESS. P.S.I.	TIME WATER REACHED TEST OUTLET MIN.	SEC.	ALARM OPERATED PROPERLY YES	NO

IF NO, EXPLAIN

DELUGE & REACTION VALVES

OPERATION: PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐
PIPING SUPERVISED YES ☐ NO ☐ — DETECTING MEDIA SUPERVISED YES ☐ NO ☐
DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES ☐ NO ☐
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES ☐ NO ☐
IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	SEC.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI — FOR 2+ HOURS
DRY PIPING PNEUMATICALLY TESTED — YES ☐ NO ☐
EQUIPMENT OPERATE PROPERLY — YES ☐ NO ☐
IF NO, STATE REASON
DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE PSI — RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: PSI

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
—	—	—

EMARKS — DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN. 1/9/87

ART "C" GNATURES

NAME OF SPRINKLER CONTRACTOR	FOR PROPERTY OWNER (SIGNED)	TITLE
SHORE FIRE PROTECTION INC.	[signature]	

FOR SPRINKLER CONTRACTOR (SIGNED) Thomas A. Raake [signature] — [illegible] Fire Safety Official

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	_____	( ) _____	( ) _____
2. Lavatory	_____	( ) _____	( ) _____
3. Bath Tub	_____	( ) _____	( ) _____
4. Shower Stall	_____	( ) _____	( ) _____
5. Kitchen Sink	_____	( ) _____	( ) _____
6. Service Sink	_____	( ) _____	( ) _____
7. Laundry Tray	_____	( ) _____	( ) _____
8. Dishwasher	_____	( ) _____	( ) _____
9. Washing Machine	_____	( ) _____	( ) _____
10. Urinal	_____	( ) _____	( ) _____
11. Floor Drain	_____	( ) _____	( ) _____
12. Drinking Fountain	_____	( ) _____	( ) _____
13. Air Conditioner (water cooled)	_____	( ) _____	( ) _____
14. Dental Unit	_____	( ) _____	( ) _____
15. Lawn Sprinkler No. of Heads	_____	( ) _____	( ) _____
16. Fire Sprinkler No. of Heads	_____	( ) _____	( ) _____
17. _____	_____	( ) _____	( ) _____
18. _____	_____	( ) _____	( ) _____
Total		_____	_____

Gallons per minute _____

Size of Service _____ _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector

Furnace Room = Furnace

Attic Storage –

Exit Lights +

Emer Lighting - Common Areas.

Smk Detectors. Common Areas.

477-8900

Job 85077

Called 4/30/86

7
4
3
14

ANDERSON, BALLIS & LINDSTROM ASSOCIATES, INC.
Consulting Engineers
321 Mantoloking Road
BRICK, NEW JERSEY 08723

(201) 477-8900

LETTER OF TRANSMITTAL

DATE	JOB NO.
5/5/86	85077

ATTENTION: Tony Avello

RE: Frank Eckhos
Century 21

TO Brick Twsp Bldg Dept.
401 Chambers Bridge Road
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	NO.	DESCRIPTION
2			Revised to include (1) Emergency Lighting (2) Exit Lights (3) Smoke Detectors

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

Sprinkler system design to be submitted under seperate cover.

COPY TO _____ SIGNED: _____ P.E.
VICE PRESIDENT

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