VIOLATION

BLOCK 1170 LOT 10.03 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 14-2376

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-002350

I. IDENTIFICATION

1. Proposed Work Site at: 150 Allaire Avenue
2. Name of Owner in Fee: Meridian Fitness & Wellness Attn: Brian Hever
   Tel. 732.751.0008 e-mail bhever@meridianhealth.com
   Address 1350 Campus Parkway, suite 110 (street) Neptune (municipality) NJ 07753 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: TBD Tel. ____
   Address ____ e-mail ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason ____
   Federal Emp. ID No. ____ FAX: ____
5. Architect or Engineer Rudy Fabiano, Fabiano Designs Contact Lisa Landers
   Address 6 S. Fullerton Ave Montclair NJ e-mail lisa1@fabianodesigns.com
   Tel. 973.746.5100 FAX: ____
6. Responsible Person in Charge once Work has Begun TBD
   Tel. Brian Hever Phone 732-776-3871

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 5400	11,000	20600
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	425-	680-	377
10. Subtotal	$		
11. Cert. of Occupancy	50-		
12. Other			
13. TOTAL	$ 5875-	11,680-	3,197

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	30'8" ft.	
3. Area — Largest Floor	38,000 sf sq. ft.	
4. New Building Area	n/a sq. ft.	
5. Volume of New Structure	n/a cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load	284	
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 X		

COMMERCIAL

IIa. PROPOSED WORK

- ☐ 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 Approval	Resubmission Rejection	Re-viewer
☒ Building	250,000	GC			6/17/14	MV	08/15/14		KH
☐ Electrical					9/26/14	TC			
☐ Plumbing				9-4-14	9-11-14	AB			
☐ Fire Protection				8/25/14					
☐ Elevator		Eng Exempt			6/12/14				
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL (primary use)
1. Use: Building Shell
2. Change in Use Group, Indicate Present: Select Group A-3
3. Change in Use Group, Indicate Proposed: Select Group

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

D. Construct. Classification: Present ____ Proposed 2B

III. PLAN REVIEW (optional)

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE F

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Bac
6. ☐ Hazardous Uses/Place
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

Fitout under separate permit

VIOLATION

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/02/2018
Control Number C-14-002350
Permit Number 14-2376
Permit Issue Date 07/24/2014
Certificate Number 14-2376

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 150 ALLAIRE AVE Brick Township, NJ Block: 1170 Lot: 10.03 Qual:

Owner in Fee: MERIDIAN FITNESS & WELLNESS

Owner Address: 1350 CAMPUS PARKWAY SUITE 110 NEPTUNE NJ 07753

Telephone: (732) 751-0008

Contractor NVC Construction Corporation

Address 450 Tilton Rd. Northfield NJ 08225

Telephone: (609) 703-7334 Fax: (609) 485-2077

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - MERIDIAN FITNESS & WELLNESS

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $50.00
Check Number:
Collected By: Matthew Fagen

Date Printed: 01/02/2018

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

BUILDING SUBCODE
TECHNICAL SECTION

Change of Contractor

Date Received
Control #
Date Issued
Permit # 14-2376

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

Block 1170 Lot 10.03 Qualification Code Job Super

Work Site Location 150 Alcalde Ave ~~Tot~~ Len Rubenstien
Brick NJ. 08724 732 688-8300 cell

Owner in Fee: Meridian Fitness + Wellness

Tel. ( ) e-mail

Address 1350 Campus Parkway Neptune 07753
street municipality zip code

Contractor: N.V.C. Construction Corp Tel. (609) 703-7334

Address 450 Tilton Road e-mail
Northfield NJ. 08225

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

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

Federal Emp. ID No. 223198640 FAX: (609) 485-2097

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(Phase 1)

12.00
Fri

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/31/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	See Back			
Footing Bonding				
Foundation				
Slab			*9-25-14 IW	
Frame *			*1-13-15 IW	
Insul Sys./Bracing			#2-3-15 IW	
~~Barrier Free~~ CC	*3/10/15 IW		*3-13-15 IW	
~~Insulation~~ Balance			4-23-15 IW	
Finishes -Base Layer				
~~Finishes -Final~~ Slab/Pool Area			4/2/15 IW	
~~Energy~~ CC + Frame Partial			*4-10-15 IW	
~~Mechanical~~ CC			*4-29-15 IW	
TCO	*7-2-15 IW		*7-15 IW	
Other Above ceiling pool area			10/14/15 IW	
Final			7/18/17 IW	
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 Prese _____ Proposed _____
If Industrialized Build
State Approved HUD

Est. Cost of Bldg. * See Attached
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $

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

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

B tech

change of contractor

Footings

9-3-14 MV 6 Lg Northern Most Piers Only

(3) Central Piers Req. & bearing value measured by 3rd Party (Sits on Fill)

9-10-14 MV (3) interior Central Piers (See Attached Arch. letter)

9-25-14 MV Slab was for Opened up area where plumb + Elect was ran and where Footings were installed

*Not By B Pool Area—

1-13-15 MV Partial Frame Appvd walls only on condition—

1) Arch/Eng to provide letter and plans for changes at curtain walls - (ALL)

2/3/15 MV Partial Frame Appvd—
Vestibule Area Only

3/10/15 MV— OC Req—

~~1) Not Enough~~

1) Wires must be full length uninterrupted pulled taught 4' O.C.

2) Arch to Provide certification for work concealed and performed w/o inspection— where temp Sales office was—

3-13-15 MV OC Appvd (Hand Rail Only) Entrance area, Juice bar, and Islands to pool Only

4/16/15 MV Partial O.C. + Frame Appvd/ OC. Not to include pool Area, Main Workout Rm, Children Area

9-29-15 MV " " Appvd - Frame Appvd for Rear Wall @ Pool Area (Need weld Cert) Childrens Area Only

7-7-15 MV— Rec. TCO 90 Days - Temp Appvd Exit now exists

All items still Require additional insp From 7-2-15

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 7/24/14

Date Issued / Permit # 14-2376

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

Block 1170 Lot 10.03 Qualification Code _____

Work Site Location 150 Allaire Avenue
Township of Brick, NJ

Owner in Fee: Meridian Fitness & Wellness Attn Brian Hewer

Tel. 732-751-0008 e-mail bhewer@meridian-health.com

Address 1350 Campus Parkway Suite 110 Neptune NJ 07753
street municipality zip code

Contractor: TBD Tel. _____

Address _____ e-mail _____

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/17/14	W
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 06/19/14
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/31/17
Approved by: KEH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/31/17	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed A-3

No. of Stories 1

Height of Structure 30'5" ft.

Area — Largest Floor 38,000 sq. ft.

New Bldg. Area/All Floors n/a sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load 284

Constr. Class Present 2B Proposed 2B

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 250,000
3. Total (1+ 2) $ 250,000 0

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

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: Lisa Landers

Print name here: Lisa Landers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

interior demolition and shell building upgrade.

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] 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 _____
- [X] Demolition

FEE (Office Use Only)

$ _____

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

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

10/14/15 pm Above ceiling pool Area. OK.

B tech

BUILDING SUBCODE
TECHNICAL SECTION

Update

Date Received 8/21/14
Control #
Date Issued
Permit # 14-2376+A

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Atlantic Ave.
Brickown NJ. 08724

Owner in Fee: Meridian Fitness + Wellness

Tel. (732 757-0008 e-mail

Address 1350 Campus Parkway Neptune 07753.
street municipality zip code

Contractor: N.V.C. Construction Corp. Tel. (609) 703 7331.

Address 458 Tilton Road e-mail
Northfield NJ 08225

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

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

Federal Emp. ID No. 229198640 FAX: (609) 485-2077

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Brian McMill

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Phase 2

*Brace top of walls every 48" O.C. Min

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/15/14	VCK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/15/14
Approved by: VCK.

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing Mezzanine Piers			11-19-14	
Footing Bonding				
Foundation				
Slab				
Frame Pool Walls Only			*5/5/15	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
*Final 11/25/15 BM			2/18/15	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present S Proposed A-3
No. of Stories 1
Height of Structure 30 ft.
Area — Largest Floor 38,000. sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load 284

Constr. Class Present 2B Proposed 2B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 400,000
2. Rehabilitation $
3. Total (1+ 2) $ 400,000

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

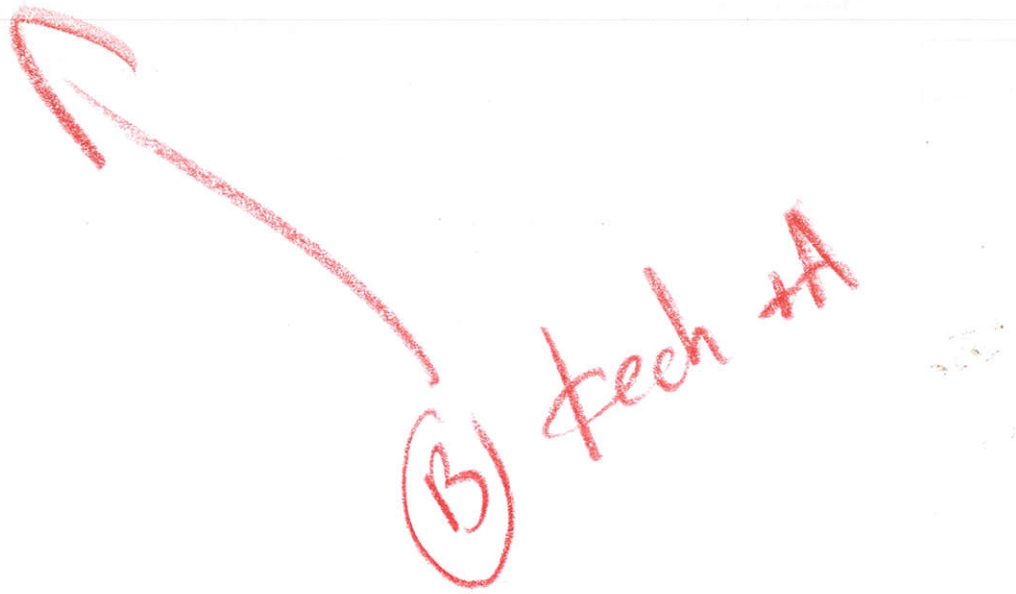
FEE (Office Use Only)
$

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

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

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

11/25/15 PM NOT Ready



update 14-2376+D

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 10-9-14
Permit #

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave. Belmar NJ.

Owner in Fee: Meridian Fitness + Wellness

Tel. (732 751-0008 e-mail

Address 1350 Campus Parkway Neptune 07753
(street) (municipality) (zip code)

Contractor: N.V.C. Construction Co LLC Tel. (609) 703-7334

Address 450 Tilton Road e-mail
Northfield NJ. 08225

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

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

Federal Emp. ID No. 223 198640 FAX: (609) 485-2077

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: Brian McMillan

Print name here: Brian McMillan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FITOUT - TEMP SALES OFFICE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10/08/14	KCH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/08/14
Approved by: KCH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/31/14
Approved by: KCH

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame *			10/17/14 MW	
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/30/14 MW	
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 2B Proposed 2B
Constr. Class Present Proposed
No. of Stories 1
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

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 50000
3. Total (1+ 2) $ 50000

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

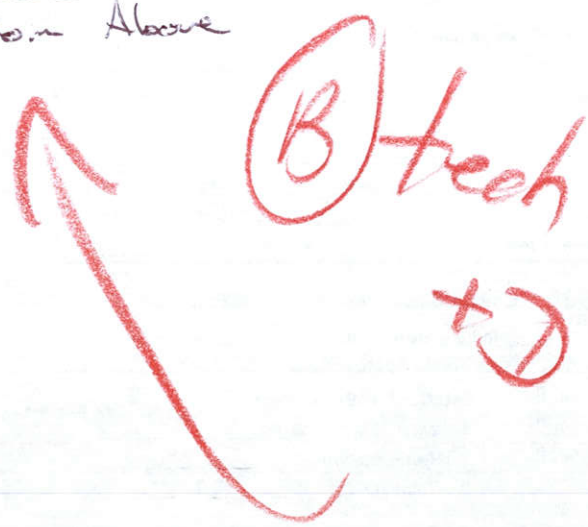
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

10/17/14 MW - ~~Final~~ Frame Rej — Stop Work

1) ~~Unit~~ Unit is being used without a C.O.
All work has been completed w/o insp —
1) Remove all drywall @ 1 3rd side
A) Not Built as plans, to underside of Deck
Arch to visit and provide As-Builts —
B) Wall not braced —

10/24/14 MW Frame Rej —

1) Remove top sheets of Drywall to Check how braces are screwed or provide Access to view from Above



DR#'s 3329 83400
3329 88319

- MAIN (600 AMP)
- TENANT (200 AMP) Update

ECTRICAL SUBCODE
ECHNICAL SECTION

Date Received 10-22-14
Control #
Date Issued
Permit # 14-2376 + B

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

170 Lot 10.03 Qualification Code

Site Location 150 Allaire Ave
Brick NJ. 08724

Owner in Fee: Meridian Fitness + Wellness

Tel. (732) 751-0008. e-mail

Address ~~PEMCO~~ 1350 Campus Parkway Neptune 07753
street municipality zip code

Contractor: PEMCO Tel. (732) 323-8784

Address 3208 Wilbur Ave e-mail
Manchester NJ 08759

Contractor License No. 11358 Exp. Date 3/15

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

Federal Emp. ID No. 223349998 FAX: (732) 323-8794

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2B Proposed 2B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 210,500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 9/26/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9/26/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [✓] CCO [ ] CA
Date: 11/30/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough SEE BACK.				
Barrier-Free				
Trench				
Temp. Serv.				
Constn. Serv.				
TCO SEE ATT. D			6/12/15	PJC
Other			7/21/15	PJC
Service				
Final			11/30/17	PJC
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			3/31/15	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Robert Prendergano

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: wire new facility Phase 2

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~242~~		Lighting Fixtures	
180		Receptacles	
25		Switches	
10		Detectors	
		Light Poles	
		Motors—Fract. HP	
48		Emergency & Exit Lights	
		Communications Points	
41		Alarm Devices/F.A.C. Panel	
2		Lite contacts w/ T/c	
477		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
~~1~~		Storable Pool/Spa/Hot Tub ~~Sauna~~	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
4		KW Central A/C Unit	
6		HP/KW Space Heater/Air Handler	
1	5	KW Baseboard Heat	
		HP Motors 1/+ HP	
1	225	KW Transformer/Generator	
1	800	AMP Service	
6		AMP Subpanels 4-125 1-300 1-600	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Sauna unit	

COMMERCIAL

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

SEE ATTACHED DOCS.

BLAKE – FOREMAN
(732) 674-0324

10/29/14 – PASS SLAB ROUGH

12/29/14 – PASS PARTIAL ROUGH.
NEED:
1. – BOX BACK SUPPORTS ON 2x6 WALLS.
2. – 3 WIRE SWITCH LOOPS.
3. – INSTALL SUBFEEDS TO INTERIOR WALLS.
PJC

2/2/15 – PASS PARTIAL ROUGH – VESTIBULE ~~AREA~~.
PJC

3/10/15 – PASS ~~ABOVE~~ – CEILING.
3/31/15 – PASS SERVICE / FAIL ABOVE – CEILING. NOT READY. (ARMSTRONG GRID SYSTEM – CHECK MANU. SPECS FOR SUPPORT)
PJC

4/15/15 – GROUP X SPIN, SOFT STUDIO ABOVE – CEILING
MAIN RECEPTION AREA (HIGH) NOT FOYER

4/21/15 – FIXTURES TIE-WIRES – MAIN SECTION.
5/5/15 – ROUGH: EMER. LTG. BY POOL.
8/25/15 – PASS CSST BOND
4/26/16 need to see connection / to see what was done

e-tech HB

PEMCO
ELECTRICAL FOREMAN –
BLAKE
(732) 674 – 0324

POOL AREA:
10/21/15 – PASS ABOVE – CEILING
PJC

update permit
10/29/14 FB

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 14-2376+F
Date Issued
Permit # 11/18/14

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Atlantic Ave Belle NJ.

Owner in Fee: Meridian Fitness + Wellness

Tel. (732) 751-0088 e-mail

Address 1350 Campus Parkway Neptune NJ 07753
street municipality zip code

Contractor: PEMCO Tel. (732) 323-8784

Address 3208 Wilbur Ave e-mail
Manchester NJ 08759

Contractor License No. 11358 Exp. Date 3/15

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

Federal Emp. ID No. 223347898 FAX: (732) 323-8794

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2B Proposed 2B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000.00

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: Robert Prendimano

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Wiring built in indoor Pool

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	$
1		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[~~ ~~] Electric Plans Approved
Date: 11/13/14 Approved by: TM

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

SUBCODE APPROVAL for PERMIT
Date: 11/13/14
Approved by: TM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11/30/15
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough BOND #1			11/24/14	PJ2
Barrier-Free				
Trench				
~~Temp. Serv.~~ EQUI. BOND			12/29/14	PJ2
Constr. Serv. +				
TCO NICHE UW.				
Other				
Service				
Final 11/25/15 TO			11/25/15 TO	
Barrier-Free				

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

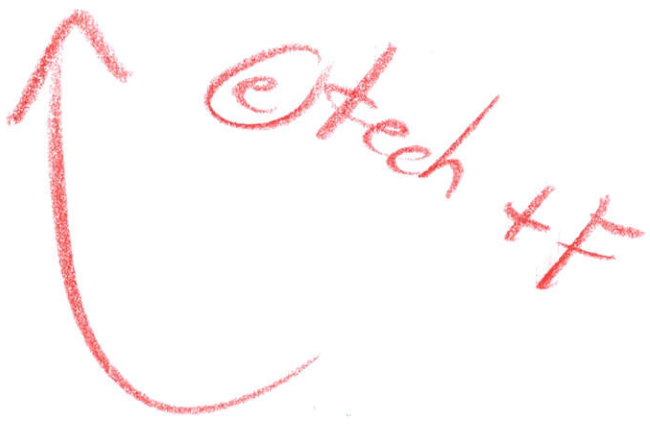
Final Inspection Pool

11/25/15

WATER BOND — NITCH

W.P. Cover 6125

LISTED 1095 Pool heater



PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received / Control # 9/12/14 C

Date Issued / Permit # 14-2376

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Atlantic Ave Belmar NJ. 08724

Owner in Fee: Meridian Fitness + Wellness

Tel. (732) 751-0008 e-mail

Address 1350 Campus Parkway Neptune 07753
street municipality zip code

Contractor: NAT Valenza Tel. (732 270-5374

Address 1941 Pilot AVE W.L.T. NJ 5951 e-mail

Contractor License No. 5951 Exp. Date 6/12/15

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present 2B Proposed 2B

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ ~~75,000~~ 125,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: NAT Valenza

Print name here: NAT Valenza

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rough + Finish for Fitness center Phase 2

COMMERCIAL

QTY	FIXTURE/EQUIPMENT
10	Water Closet
2	Urinal/Bidet
	Bath Tub
15	Lavatory
10/12	Shower
28	Floor Drain
2	Sink
	Dishwasher
4	Drinking Fountain
	Washing Machine
4	Hose Bibb
X 2	Water Heater
	Fuel Oil Piping
✓ 6	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
1	Sewer Connection
1	Water Service Connection
	Stacks
4	Other AC

FEE (Office Use Only) $

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9-11-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-19-17
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			9-22-14	
Rough			9-6-14 11-24-14	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping Test			10-14-14	
LPGas Tank				
Fuel Oil Piping				
Water pipe Rough			1-7-15	
TCO 6-29-15			6-29-15	
Final			7-19-17	
Office CMV 10-29-14				
Pool Drains			10-20-14	
Temp - 9/c			10-20-14	

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Dual check 1024

10-14-14

Test OK.

System was split

As built drawings required

10-29-14

LAV needs 60"

34" AFF

TRAP WARP

Mixing Valve

11-24-14

DWV - Rough → only

Pan

(P) Tech

+c

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update permit 10/29/14 (B)

Date Received / Control # 14-23760F

Date Issued / Permit # 11/18/14

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave
State Hwy 88, Brick, NJ 08724

Owner in Fee: Meridian Fitness & Wellness

Tel. 732 751-0008 e-mail

Address 1350 Campus Pkwy (street) Neptune (municipality) NJ. 07753 (zip code)

Contractor: Main Line Commercial Pools, Inc. Tel. (610) 715-2664

Address 441 Feheley Dr e-mail gavingrimes@mainlinepool
King of Prussia, PA 19406

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 23-210429 FAX: (610) 277-4276

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 $ 5,000

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: 10-30-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-19-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	3-27-15			
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11-25-15	
Above ceiling DWV			10-14-15	

3-27-15 Pool area floor drain

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: Gavin Grimes VP

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
new swimming pool and spa

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 swimming pool maindrain	

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

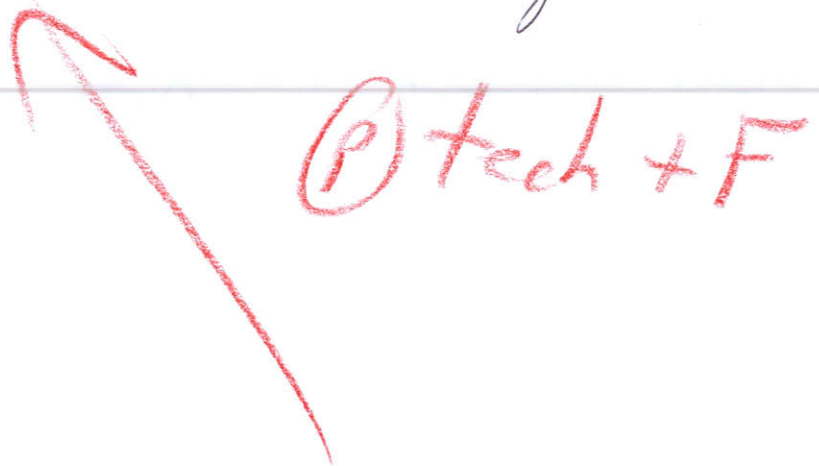
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

3-27-15

Not Done

3-31-15

Pool deck slab & rough - Pass



@ tech + F

A-3 Update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10-22-14
Control #
Date Issued
Permit # 14-237 to 6

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Alumaire Ave
Brick NJ. 08724

Owner in Fee: Meridian Fitness + Wellness

Tel. (732) 751-0008 e-mail

Address 1350 Campus Parkway Neptune 07753
street municipality zip code

Contractor: Ramco Brick Tel. (732) 267-4917

Address 3208 Wilbur Ave e-mail
Manchester NJ 08759

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 3/15

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

Federal Emp. ID No. 223347998 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 2B Proposed 2B

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 12,000.-

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Robert Prendemano

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	10	
Supervisory Devices (i.e., tampers, low/high air)	11	
Signaling Devices (i.e., horn/strobes, bells)	41	41
Other Devices Panel	1	
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 [X] Gas [ ] Oil [ ] Solid	6	
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10/22/14 Approved by: MJD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-22-14
Approved by: CCR

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			9/3/15	MJD
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			9/3/15	MJD
Smoke Control				
TCO 6 Gas			6/4/15	MJ
Flam/Combust Tanks				
Fireplace Venting				
Final	3/4	3/23/15	9/3/15	MJD
Other				

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3/11/15

- prior above ceiling
- reception, main hall, group x locker
3/23/15 - Locker room / hall & Attached ceilings

4/15/15 Above Ceiling - Spin room → Forward

4/24/15 Group x Locker rooms
Weightrooms above ceiling

6/10/15 TCO - 60 days Gym area
no products
Need:
Mem Tech results

8-7-15 Rich (Sales) - Need to check
SPK head / Ceiling tiles
(94th Area)

COMMERCIAL

(F) tech + B

FABIANO

Michael -
will this be
enough to TCO
the sales office?
MF.

October 20, 2014

Mr. Michael Vecchio
Department of Community Development & Land Use
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Re: Meridian Fitness and Wellness, Brick, NJ

Dear Mr. Vecchio:

In reference to 150 Allaire Avenue and specifically the Temporary Sales Office CO, the structure has been modified accordingly:

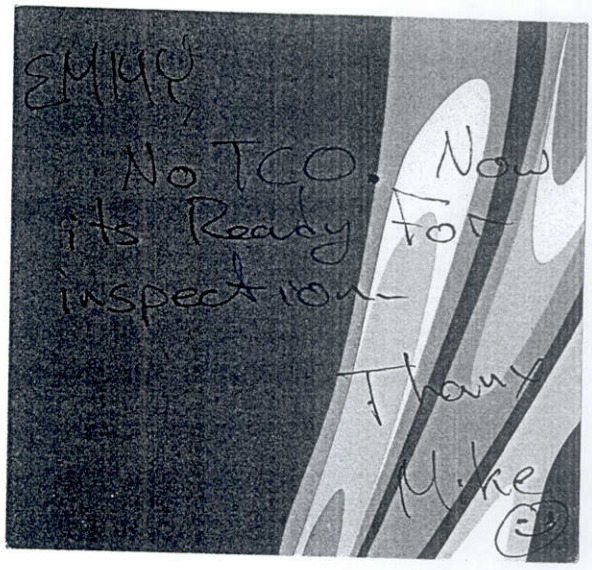
6" metal studs, 18 gauge at 16" o.c. up to 16'0", braced @ 48" o.c. with batt insulation and 5/8" gypsum both sides.

Please contact our office with any questions or concerns.

Regards,

Rudy Fabiano, AIA
Architect

RF/kf



6 S. FULLERTON AVE
MONTCLAIR, NJ 07042
TEL. 973.746.5100
FAX. 973.746.5103
WWW.FABIANODESIGNS.COm

Honeywell Security

Battery & Power Budget Calculator

☐ Apply UL Power Limits? (Required to maintain UL Listing including UL864)

☑ Commercial Fire Installation

☐ Commercial Burg Installation

Facility Information

Location:	Meridian Health
Account #:	
Model:	
Engineer:	
Date:	10/9/2014

Enter Standby and Alarm Times

Battery Standby (hours):	24
Alarm Duration (minutes):	5

Battery Contigency Factor: 10%

Recommended Battery (AH): **10.9**

SELECTED PANEL MAXIMUM OUTPUT RATINGS

Select Panel from pulldown list: VISTA-32FBPT

	Polling Loop (mA)	Standby Auxiliary Power (mA)	Alarm Auxiliary Power (mA)	Panel Standby (mA)	Panel Alarm (mA)	Bell #1 Output (mA)	Bell #2 Output (if used; mA)	Maximum Panel Standby Output	Maximum Panel Alarm Output	Max Battery Supported by Panel
	128	1000	1700	300	470	1700	1700	1300	2800	34.4
								Total Standby	Total Alarm	
Calculated Current Draw	0	85	280	Calculated Bell Draw		400	0	85	680	
								Standby Budget	Alarm Budget	
Power Budget	128.0	915.0	1420.0	Bell Power Budget		1300.0	1700.0	1215.0	2120.0	
☐ Remove Unused Devices From List				External Bell Power Req'd (mA):			0.0	Ext. UL Power Req'd (mA):		0.0

Grayed-out device(s) are not supported by selected panel

KEYPADS/INTERFACES	Enter Quantity	How many powered externally?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Alarm Current	Total External Current Required
[illegible]	0	0	[illegible]	[illegible]			0	0	0
[illegible]	0	0	[illegible]	[illegible]			0	0	0
6162	1	0	40	120			40	120	0
6162V	0	0	60	190			0	0	0
6162RF	0	0	120	210			0	0	0
6139/6139R	0	0	40	100			0	0	0
[illegible]	0	0	[illegible]	[illegible]			0	0	0
[illegible]	0	0	[illegible]	[illegible]			0	0	0
[illegible]	0	0	[illegible]	[illegible]			0	0	0
[illegible]	0	0	[illegible]	[illegible]			0	0	0
6160/6160CR	0	0	45	150			0	0	0
6160CR-2	1	0	45	160			45	160	0
6160PX	0	0	40	165			0	0	0
6160RF	0	0	50	150			0	0	0
6160V	0	0	60	190			0	0	0
6164US ☐ Using Relay?	0	0	55	210			0	0	0
6165EX	0	0	40	70			0	0	0
6460S	0	0	40	150			0	0	0
6460W	0	0	40	150			0	0	0
Tuxedo Family: TUXW/TUXS ☐ Backlight On?	0	0	140	340			0	0	0
Tux WiFi Family: TUXWIFIW/TUXSWIFI ☐ Backlight On?	0	0	140	350			0	0	0
FSA-8 Fire Zone Annunciator	0	0	35	65			0	0	0
FSA-24 Fire Zone Annunciator	0	0	35	130			0	0	0
Add'l Keypd (Enter # and Currents)	0	0	0	0			0	0	0
Add'l Keypd (Enter # and Currents)	0	0	0	0			0	0	0
Add'l Keypd (Enter # and Currents)	0	0	0	0			0	0	0
Add'l Keypd (Enter # and Currents)	0	0	0	0			0	0	0

2 WIRE & 4 WIRE SMOKE DETECTORS *(except Vplex Polling Loop detectors)*	Enter Quantity	How many powered externally?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Alarm Current	Total External Current Required
2 wire smoke detector (zone powered)	1		*Two-wire smoke detector current is built into the panel budgets. These fields are included to help you create a complete equipment list. The line below indicates if number of detectors exceeds panel capacity, or if the selected panel does not support 2-wire smoke detectors.*						
2 wire smoke detector (zone powered)	0								
2 wire smoke detector (zone powered)	0								
2 wire smoke detector (zone powered)	0		Quantity of 2 Wire Smoke Detectors OK for selected panel!						
12V 4 wire Smoke (Qnt'y & Currents)	0	0	0	0			0	0	0
12V 4 wire Smoke (Qnt'y & Currents)	0	0	0	0			0	0	0
12V 4 wire Smoke (Qnt'y & Currents)	0	0	0	0			0	0	0
12V 4 wire Smoke (Qnt'y & Currents)	0	0	0	0			0	0	0

MULTI-POWER DEVICES	Enter Quantity	How many powered externally?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Alarm Current	Total External Current Required
4208U [powered by polling loop]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208U [powered by panel aux power]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208U [powered externally]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SN [powered by polling loop]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SN [powered by panel aux power]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SN [powered externally]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SNF [powered by polling loop]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SNF [powered by panel aux power]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SNF [powered externally]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4208SNF (Class B to A Zone Converter)	0	0	40	40	0	0	0	0	0
4209U Grouped Zone Mux. Module	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4209U [powered externally]	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4297 Polling Loop Extender	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Add'l Device (enter quant. & currents)	0	0	0	0	0	0	0	0	0
Add'l Device (enter quant. & currents)	0	0	0	0	0	0	0	0	0
Add'l Device (enter quant. & currents)	0	0	0	0	0	0	0	0	0
Add'l Device (enter quant. & currents)	0	0	0	0	0	0	0	0	0

AUXILIARY POWERED DEVICES	Enter Quantity	How many powered externally?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Alarm Current	Total External Current Required
PS24 24 volt Power Supply Module	0	0	0	100			0	0	0
4100SM (no more than one per system)	0	0	25	25			0	0	0
4204: Enter no. of relays used	0	0	40	40			0	0	0
4204CF:Enter no. of relays used	0	0	80	80			0	0	0
4286 with warning speakers	0	0	220	300			0	0	0
5140DLM Backup Dialer Module	0	0	5	15			0	0	0
5800RP wireless repeater module	0	0	80	80			0	0	0
5881EN receiver	0	0	60	60			0	0	0
5883 hi-security receiver	0	0	80	80			0	0	0

...rking Module	0	0	88	88			0	0	0
...(enter quant. & currents)	0	0	0	0			0	0	0
...evice (enter quant. & currents)	0	0	0	0			0	0	0
...l Device (enter quant. & currents)	0	0	0	0			0	0	0
Add'l Device (enter quant. & currents)	0	0	0	0			0	0	0
Communicators									
7845GSM/7845i-GSM	0	0	10	10			0	0	0
7845i/7845i-ENT	0	0	10	10			0	0	0
GSMX4G .	0	0	65	250			0	0	0
GSMV4G	0	0	10	10			0	0	0
iGSMV4G	0	0	10	10			0	0	0
IPGSM-4G	1	0	0	0			0	0	0
GSMCF/iGSMCF Fire Communicator	0	0	10	10			0	0	0
Vista-GSM4G/Vista-GSM4GCN (Vista-21iP only)	0	0	10	10			0	0	0
7847i/7847i-E Internet Communicator	0	0	75	75			0	0	0
Add'l Device (enter quant. & currents)	0	0	0	0			0	0	0
Add'l Device (enter quant. & currents)	0	0	0	0			0	0	0
PIR Motion Detectors (non Vplex)									
IS215T ☑ LED Active?	0	0	10	7			0	0	0
IS215TCE	0	0	18	18			0	0	0
IS2260/IS2260T ☐ LED Active?	0	0	4	4			0	0	0
IS2460	0	0	9	9			0	0	0
IS2500LT	0	0	25	25			0	0	0
IS2535/IS2535T	0	0	20	20			0	0	0
IS2560/IS2560T	0	0	20	20			0	0	0
IS2560TC	0	0	25	25			0	0	0
IS310/IS320 Request to Exit (RTE)	0	0	35	35			0	0	0
997 Ceiling Mount PIR ☑ LED Active?	0	0	17	12			0	0	0
998 Wall Mount PIR ☐ LED Active?	0	0	13	13			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Dual Tech Motion Detectors (non Vplex)									
DT-515	0	0	20	20			0	0	0
DT-6100STC	0	0	35	35			0	0	0
DT-7235T	0	0	20	20			0	0	0
DT-7435/DT-7435C	0	0	30	30			0	0	0
DT-7450/DT-7450MIC	0	0	35	35			0	0	0
DT-7550	0	0	40	40			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0
Motion Detctrs (enter quant. & currents)	0	0	0	0			0	0	0

POLLING LOOP DEVICES	Enter Quantity	How many powered by 4297?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Alarm Current	Total External Current Required
4101SN Single Output Relay Module	0	0			7	0			
4190SN Two Zone SIM	0	0			2	0			
4191SN-WH	0	0			0.5	0			
4193SN Two Zone SIM	0	0			1.5	0			
4193SNP Two Zone SIM	0	0			1.5	0			
4209U	0	0			15.5	0			
DT7500SN ☐ LED Active?	0	0			2.6	0			
4293SN	0	0			1	0			
4939SN WH/BR/GY Surf Mt. Cntct.	0	0			1	0			
4944SN Recessed Contact	0	0			1	0			
4945SN-WH	0	0			0.5	0			
4959SN Overhead Door Contact	0	0			0.5	0			
5192SD Smoke Detector ☐ LED Active?	0	0			1.2	0			
5192SDT Smoke w/ Heat ☐ LED Active?	0	0			1.2	0			
5193SD Smoke Detector ☐ LED Active?	0	0			1.2	0			
5193SDT Smoke w/ Heat ☐ LED Active?	0	0			1.2	0			
998MX PIR ☐ LED Active?	0	0			1	0			
IS2500SN PIR ☐ LED Active?	0	0			1.6	0			
FG-1625SN Glass Break Detector	0	0			1	0			
Quest2260SN ☐ LED Active?	0	0			6	0			
Vplex-VSI Short Isolator	0	0			5	0			
Vistakey	0	0			2	0			
Add'l VPlex (enter qnt'y & current)	0	0			0	0			
Add'l VPlex (enter qnt'y & current)	0	0			0	0			
Add'l VPlex (enter qnt'y & current)	0	0			0	0			
Add'l Vplex (enter qnt'y & current)	0	0			0	0			

12V NOTIFICATION DEVICES ON BELL OUTPUT #1	Enter Quantity	How many powered externally?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Sounder Current from Panel Bell #1	Total Sounder Current (external)
Ouside Horn strobe	1	0		200				200	0
Inside Horn Strobe	1	0		200				200	0
Enter device name, quant., & current	0	0		0				0	0
Enter device name, quant., & current	0	0		0				0	0
Enter device name, quant., & current	0	0		0				0	0

12V NOTIFICATION DEVICES ON BELL OUTPUT #2 (IF USED)	Enter Quantity	How many powered externally?	Standby (aux pwr)	Alarm Current (Aux)	Polling Loop	Total Polling Loop	Total Standby Current	Total Sounder Current from Panel Bell #2	Total Sounder Current (external)
Enter device name, quant., & current	0	0		0				0	0
Enter device name, quant., & current	0	0		0				0	0
Enter device name, quant., & current	0	0		0				0	0
Enter device name, quant., & current	0	0		0				0	0
Enter device name, quant., & current	0	0		0				0	0

12V AUX POWER AND BELL CIRCUIT WIRE RUN DATA	Units	Wire Gauge(AWG)	Ohms per 1000 ft	Alarm Current Draw (mA)	Run Length	Actual Resistance (twin leads)	Voltage At EOL	Voltage Drop (Percent)
Panel Aux Power Wire Run (twin lead)	Feet	#14 AWG Solid	3.19	280.00	30	0.19	11.95	0.45
Panel Bell 1 Wire Run (twin lead)	Feet	#14 AWG Stranded	3.26	200.00	60	0.39	11.84	1.30

ire Run (twin lead)	Feet	<Select Wire Gauge>	0.00		0	0.00	12.00	0.00	

PS24 Power Supply

Battery & Power Budget Calculator

Standby/Alarm Durations (from top)	
Battery Standby (hours):	24
Alarm Duration (minutes):	5
Required Capacity (AH)	1.059
Use TWO identical batteries w/ this AH capacity	7.0

PS24 POWER SUPPLY MODULE, MAXIMUM CAPACITIES

	Panel 12V Standby (mA)	Panel 12V Alarm (mA)	Output A Standby (mA)	Output A Alarm (mA)	Output B Standby (mA)	Output B Alarm (mA)	PS24 PC Board (mA)	Maximum Total Standby Output	Maximum Total Alarm Output	Max. Battery Capacity
☐Using PS24 to back up Control Panel	385	1150	570	1700	570	1700	40	610	4180	34.4
								Total Standby	Total Alarm	
Equivalent panel load @ 24V	0.0	0.0	0	0	0	0	40	40	40	
(converted to 12VDC from 24V full-wave)								Standby Budget	Alarm Budget	
Power Budget	385.0	1150.0	570.0	1700.0	570.0	1700.0		570.0	4140.0	34.4

24V NOTIFICATION APPLIANCES Enter Device Names & Specifications	Enter Quantity	Which PS24 Output?	Device Standby Load (MA)	Device Alarm Load (MA)		Subtotal A Standby	Subtotal A Alarm	Subtotal B Standby	Subtotal B Alarm
24V Notification Appliance	0	Output A	0	0		0	0	0	0
24V Notification Appliance	0	Output A	0	0		0	0	0	0
24V Notification Appliance	0	Output A	0	0		0	0	0	0
24V Notification Appliance	0	Output A	0	0		0	0	0	0
24V Notification Appliance	0	Output A	0	0		0	0	0	0
24V Notification Appliance	0	Output A	0	0		0	0	0	0
24V Notification Appliance	0	Output B	0	0		0	0	0	0
24V Notification Appliance	0	Output B	0	0		0	0	0	0

24V BELL CIRCUIT WIRE RUN DATA	Units	Wire Gauge(AWG)	Ohms per 1000 ft	Total Alarm Current Draw (mA)	Run Length	Actual Resistance (twin leads)	Voltage At EOL	Voltage Drop (Percent)
PS24 Output A Wire Run (twin lead)	Feet	<Select Wire Gauge>	0.00	0.00	0	0.00	24.00	0.00
PS24 Output B Wire Run (twin lead)	Feet	<Select Wire Gauge>	0.00	0.00	0	0.00	24.00	0.00