BLOCK 1170 LOT 10.03 QUALIFICATION CODE _____ ADDRESS (SITE) 150 Allaire Ave, Brick PERMIT NO. 16-0567

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-15-005101

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

I. IDENTIFICATION

1. Proposed Work Site at: 150 Allaire Ave Brick NJ
2. Name of Owner in Fee: Meridian
   Tel. (732) 776-3871 e-mail _____
   Address 51-71 Davis Ave, Neptune NJ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Pharos Contracting Co Inc Tel. (732) 892-4441
   Address PO Box 1802 e-mail _____
   Point Pleasant Beach NJ 08742
   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. 223 402 145/000 FAX: (_____) _____
5. Architect or Engineer Miller Sawarese Assoc. Contact Mike Sawarese
   Address 34 Sycamore Ave, Little, Little Silver NJ 07739 e-mail _____
   Tel. (732) 530-1424 FAX: (732) 443-4220 ✓
6. Responsible Person in Charge once Work has Begun Scott Heyser
   Tel. (732) 892-4441 FAX: (732) 892 4449.

V. FEE SUMMARY (for office use only)

			Update	Update +D
1.	Building	$ 4088		
2.	Electrical	1389		150 ✓
3.	Plumbing	520		
4.	Fire Protection	131		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	513	34	
10.	Subtotal	$		
11.	Cert. of Occupancy	125		
12.	Other			
13.	TOTAL	$ 6896	309	150

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____ — +D
2. Height of Structure _____ ft. — 150 Ft. ✓
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft. — 1-DCA
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____ — 151 -
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- Int. ☑ Alteration Renovation
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	150,000				02/09/16	LEK			
☑ Electrical	60,000	CAP	10-1-15		1/19/16	PE	2/17/16		PE
☑ Plumbing	50,000				1-27-16				
☑ Fire Protection	9800			2/2/16			2/29/16		
☐ Elevator		Emy	1/4/16		1/4/16				

TOTAL COST 269,800.00

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 _____

COMMERCIAL

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

ROLLED PLANS ON 12/30/15

KLS

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Pharos Contracting Co. Inc.

Address PO Box 1802

Point Pleasant Beach, NJ 08742

Telephone (732) 892-4441

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/12/2017
Control Number C-15-005101
Permit Number 16-0567
Permit Issue Date 02/22/2016
Certificate Number 16-0567

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: 150 ALLAIRE AVENUE PARTNERS LLC

Owner Address: % 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753

Telephone: (732) 776-3871

Contractor PHAROS CONTRACTING

Address 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-

Telephone: (732) 892-4441 Fax: (732) 892-4449

License Number or Builders Registration Number: Federal Emp. Number: 22-3402045

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 79

Description of Work/Use: TENANT FIT UP - MEDICAL OFFICES

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: $125.00
Check Number: 21135
Collected By: Lauren Helmstetter

Date Printed: 01/12/2017

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 2/22/16

Date Issued
Permit # 16-0567

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

Block 1120 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave
Back Bldg
Owner in Fee Meridian
Address 51-71 Davis Ave
Neptune NJ
Tel. (732) 776-3871
Contractor Pharos Contracting Co. Inc.
Address PO Box 1802
Point Pleasant Beach
Tel. (732) 892.1441 FAX (732) 892.4449
Contractor License No. or Builder Registration No.
Federal Emp. No 223 402 045/000

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.

Signature Scott Heyser

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior Tenant fit out

JOB SUMMARY (Office Use Only) Frame & Insulation Remise w/AHU 3/15/16 - Pm

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	2/29/16	KELL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 04/26/16
Approved by: KELL

INSPECTIONS Type:	Failure	Failure	Approval	Initial
~~Footing~~ Above ceiling			4/7/16	PM
Footing Bonding				
Foundation				
Slab				
~~Frame~~ 3-3-16	PM		* 3/18/16 PM Partial	
Truss Sys./Bracing				
Barrier-Free				
Insulation			3/24/16	PM
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Remise w/AHU			4/7/16	PM
Mechanical				
~~Fire~~ Progress			3/31/16	PM
~~Other~~ Balance Frame			3/22/16	PM
Final Air Balance Report Rec'd 4/23/16			4/25/16	PM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed B
Constr. Class	Present	Proposed 2B
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor	9936	Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 150,000

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

FEE (Office Use Only)
$

COMMERCIAL

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

U.C.C. F110
(rev. 07/03)

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

* 3-3-16 BM ok to insulate [illegible]
letter from Roch Reguarding demising walls fastening, and Deflecto
including snow loads walls tied directly to purlins.

* 3-8-16 BM Frame ⓐ Rentish - Perimeter and Demising wall ok to insulate and Rock.
ⓑ need Rough Plumbing and Bracing and Blocking Both area - call reinspect.
ⓒ will check screw pattern on demising wall at next inspection.

Ⓑ tech

79 occup 7936 sq ft "B" use Update + A Meridian Health Rehabilitation

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 2/22/16

Date Issued Permit # 16-0567+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 12.03 Qualification Code

Work Site Location 150 Allaire Ave
Brick NJ 08724

Owner in Fee: Meridian

Tel. 732 776-3871

Address

Contractor: Garden State Fire & Security Tel. (732) 566-5661

Address 87 Main Street e-mail

Matawan NJ 07747

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00800

Fire Protection Equipment, NJ Div of Fire Safety Installer No. NICET

Fire Alarm Contractor No. 34FB000080 Exp. Date 01/31/2017

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

Federal Emp. ID No. 222095646 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 $ 18,000

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

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

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:
[V] Fire Protection Plans Approved
Date 2/18/16 Approved by: NJC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-18-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [V] CA
Date: 5-24-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5/26/16	VA
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

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: STEVE DULOCK

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

DESCRIPTION OF WORK:
Water Supply Source Low Voltage fire alarm
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	43	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	20	
Other Devices		
TOTAL	63	
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		

COMMERCIAL

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

Tampers

1. Rehab / Pool / Main labeled on Tiles
2. 3 Annunciator
3.

- knockers
- Alarm Reset ✓
- Above ground ✓
- Ext - 4/2016 (8) 3A40 ✓

Sprinkler ups/downs
* pool / hall / Tenant Rehab
hot gym

F tech +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

DR# 335082793

Date Received 2/22/16
Control #
Date Issued
Permit # 16-0567

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
Brick NJ

Owner in Fee: Meridian

Tel. (732) 776 3871 e-mail

Address 81 Davis Ave Neptune NJ
street municipality zip code

Contractor: Wave Electric Company Tel. (732) 684-7656

Address 26 Rose Street e-mail
Lincroft, NJ 07738

Contractor License No. 14664 Exp. Date 3/18

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

Federal Emp. ID No. 204242760 FAX: (732) 576-5084

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2B Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 60,000.00

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: Vincent Asaro 2/22/16

Print name here: Vincent Asaro.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MEDICAL OFFICE

QTY.	SIZE	ITEMS
135		Lighting Fixtures
215		Receptacles
46		Switches
		Detectors
20		Light Poles
3		Motors—Fract. HP
13		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
1	7	KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1	36	KW Central A/C Unit
1	4	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
13	1.5	HP Motors 1/+ HP
1	45	KW Transformer/Generator
1	200	AMP Service
2	150	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Existing

COMMERCIAL

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:

[✓] Electric Plans Approved
Date: 1/19/16 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 1/19/16
Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] COO [ ] CA
Date: 5/10/16
Approved by: PJC

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough SEE BACK				
Barrier-Free				
Trench				
Temp. Serv.				
~~Constr. Serv~~ ABOVE-CEILING			4/7/16	PJC
~~FCO~~			~~5/6/16~~	~~PJC~~
Other SLAB			2/26/16	PJC
Service			2/26/16	PJC
Final 4/25-16CO			5/6/16	PJC
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 3/~~28~~/16
Annual Pool Inspection
Date of Grounding and Bonding Certification

2/26/16 - PASS ROUGH - ~~EXTERIOR~~ WALLS (PJC)
DEMISING WALL.

3/22/16 - PASS ROUGH - FRONT AREA TO FIREWALL.

3/23/16 - PASS ROUGH - (PJC)
REAR AREA. PJC

4 25 16

REAR DOOR EMC LIGHT - OUTSIDE.

©tech

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/22/16
Control #
Date Issued
Permit # 16-0567 +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
Brick NJ 08724

Owner in Fee: 150 Allaire Ave Partners LLC

Tel. 732 776.3871 e-mail

Address 81 Davis Ave, Suite 1, Neptune NJ 07753
street municipality zip code

Contractor: Garden State fire & Security Tel. (732) 566-5661

Address 87 Main Street e-mail
Matawan NJ 07747

Contractor License No. FB34000080 Exp. Date 01/31/2017

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

Federal Emp. ID No. 222095646 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

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: Steve Dulock

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Low Voltage wiring

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 2/17/16 Approved by: RS

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

SUBCODE APPROVAL for PERMIT
Date: 2/17/16
Approved by: PO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/6/16
Approved by: PO

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/6/16	
Barrier-Free	4/25/16			

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

U.C.C. F120 (rev. 11/09)
Internet version

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

4/25/66 not complete

Otech +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update 3/28/16 MM

4/19/16

Date Received
Control #
Date Issued
Permit # 16-0567+C

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 ROAD / CONFERENCE SIDE BRICK, NJ

Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC

Tel. (732) 774-3871 e-mail

Address 81 DAVIS AVENUE NEPTUNE, NJ
street municipality

Contractor: SYSTEMS CONNECT, INC. Tel. (732) 223-3000
zip code

Address 1025 HIGHWAY 70 STE 1 e-mail
BRIELLE, NJ 08730 HARRY@SYSTEMSCONNECT.COM

Contractor License No. 561 TEL EXEMPT Exp. Date N/A

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

Federal Emp. ID No. 22-3547542 FAX: (732) 223-0088

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 11,170.00

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: Harry S. Montalto

Print name here: HARRY S. MONTALTO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALLATION OF 55 CATEGORY 6 CABLE RUNS & 4 CATV

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
55		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

COMMERCIAL

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:

[✓] Electric Plans Approved
Date: 4/19/16 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 4/19/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/2/16
Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/25/16	TG
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/2/16	TG
Barrier-Free				

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

over

4/25/16 NEED FINAL AGENDA complete
R/W on communication

(e) tech +C ↑

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/22/16

Date Issued / Permit # 16-0267

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
Brick, NJ 08724

Owner in Fee: Meridian

Tel. 732 776-3871 e-mail bhearn@meridianhealth.com

Address 51-71 Paris Ave, Neptune NJ
street municipality zip code

Contractor: B. Spontak Plumbing Heating Cooling LLC Tel. (877) 758-6265

Address 788 Vaughn Ave e-mail Plumb.nj@gmail.com
Toms River, NJ 08753

Contractor License No. 12598 Exp. Date 06/30/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 273269962 FAX: (732) 800-0243

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 3" Public Water X Private Well

Est. Cost of Plumbing Work $ 50,000

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:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-14-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			2-24-16	
Rough			3-14-16	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ Above Ceiling			4-7-16	
TCO 60 days			4-25-16	
Final 5-31-16			7-8-16	

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: Bryan Spontak

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New bathrooms and exam room sinks

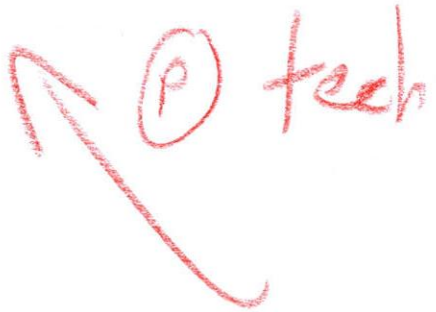
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
6	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
7	Lavatory	
	Shower	
3	Floor Drain	
5	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other condensate	

COMMERCIAL

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.

4-25-16 JD
TCO 60 days
~~paint gas pipe outside to HVAC unit~~
update permit ② HB's
5-31-16 JD
No update For ② HB's



OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	JC	12/28/15							ZA-15-01418
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

2-12-16 Sent Elec. & Fire denial via fax & email. GMR

2-19-16 Spk w/ Karen to inform permits are ready for pu. GMR

3/23/16 Called contractor. Ready for P/U