17-0658

BLOCK 1170 LOT 10.03 QUALIFICATION CODE _____ ADDRESS (SITE) 150 Allaire Ave PERMIT NO. 17-0658

CONSTRUCTION PERMIT APPLICATION

C16-003854

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

I. IDENTIFICATION

1. Proposed Work Site at: 150 Allaire Ave Back of
2. Name of Owner in Fee: Meridian Health Realty
   Tel. (732) 776-3871 e-mail _____
   Address 51-71 Davis Ave (street) Neptune (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Pharos Contracting Tel. (732) 892.4441
   Address 315-319 Hawthorne Ave e-mail ScottH@pharoscontracting.com
   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. 223 402 045 000 FAX: (732) 892.4449
5. Architect or Engineer Menlo Engineer Contact Mike Marinelli
   Address 614 Cleveland Ave e-mail _____
   Tel. (732) 846-8585 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Scott Heyser
   Tel. (732) 892.4441 xt 217 FAX: (732) 892.4449
   732-245-9434 Cell

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1010	✓	
2. Electrical	150 -	✓	
3. Plumbing	150 -	✓	
4. Fire Protection	100 -	✓ 116	117
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	57 -	2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1417	119	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
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 ____		

COMMERCIAL

Rolled Plans

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 Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	10,000.	LH	8/8/16	8/09/17		KEL	07/17/17		KEL
☑ Electrical	6,500			8/16/16		PJC	3/1/17		PB
☑ Plumbing	2,500				9-8-16				
☑ Fire Protection	1,100			8/12/16			3/1/17		
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/07/2017
Control Number C-16-003854
Permit Number 17-0658
Permit Issue Date 03/06/2017
Certificate Number 17-0658

Certificate

Construction Code Division

(Certificate of Approval)

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:

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: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - MERIDIAN FITNESS & WELLNESS (PHASE 2) ...1800 s.f. TRAINING ROOM

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/07/2017

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

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 Charles Contracting Co Inc

Address PO Box 1802
Point Pleasant Beach NJ 08742

Telephone (732) 892-4441

Signature _____ Scott Thayser

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

- Contractor said spoke w/ Chris & zoning not needed
- No one in zoning or anywhere!

Scott:
732-245-9434

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☐	☑
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/2/17

Date Issued / Permit # 17-0658

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

Owner in Fee: Meridian

Tel. (732) 776.3871 e-mail

Address 51-71 Davis Ave, Neptune NJ

Contractor: Pharis Contracting Co Inc (street / municipality) Tel. (732) 892.4441 (zip code)

Address 315-319 Hawthorne Ave e-mail Scott H@pharoscontracting.com
Point Pleasant Beach NJ 08742

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

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

Federal Emp. ID No. 223 402 045 000 FAX: (732) 892.4449

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: Scott Heyser

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior alteration of new 1800sf Group training room.

~~Build Canopy at Entrance to Fitness~~

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	02/17/17	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/17/17
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/29/17
Approved by: KEH

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
~~Above ceiling~~ Line #545			4/3/17	MK
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ~~7/10/17~~ Pen	7/10/17		7/26/17	Pen
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed B

Constr. Class Present ____ Proposed 2B

No. of Stories 1

Height of Structure 24' ft.

Area — Largest Floor 1800SF 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 $ 20,200.00
3. Total (1+ 2) $ 20,200.00

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

COMMERCIAL

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 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/6/17
Control #
Date Issued
Permit # 17-0658

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 08753

Owner in Fee: Meridian Health

Tel. 732 776 3871 e-mail

Address 51-71 Davis Ave, Neptune NJ

Contractor: B. Spontak Plumbing Heating Cooling LLC, Tel. (877) 758-6265
(street, municipality, zip code)

Address 870 Chivas Dr e-mail Plumb.NJ@gmail.com
Toms River, NJ 08753

Contractor License No. 12598 Exp. Date 06/02/2017

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 2" Public Water X Private Well

Est. Cost of Plumbing Work $ 2500

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: 3-8-17
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				
Rough	4-3-17		4-21-17	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-21-17	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	7-10-17		7-19-17	

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: Bryan Spontak

Print name here: Bryan Spontak

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COMMERCIAL

COMMERCIAL

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

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.

Plans 4-5 line Group Training Room ok.

① missing lock at door and bars

② sheetrock not complete

③ need someone to kill power to check exit lights and smoke det.

④ Mr Body around Scott was not on site.

7-10-17 pm Final many things not complete

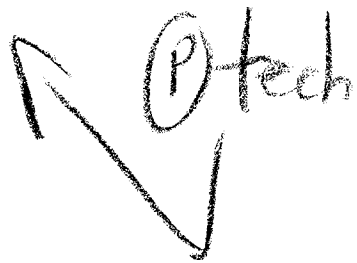
8-3-17 Gen. Abbey Collins

7/18/17 pm - Final Rear exterior lights not installed for exit lights

@tech

COMMERCIAL

4-3-17
Update permit Electric for Dryer
Test DWV wash
7-10-17
Washer & Dryer not Installed



ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/6/17
Control #
Date Issued
Permit # 17-0658

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

Owner in Fee: Meridian Health Realty

Tel. (732) 776-3871 e-mail

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

Contractor: **Wave Electric Company, LLC** Tel. (732) 380-4392

Address **3 Sheila Drive** e-mail

Tinton Falls, NJ 07724

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 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,500.00

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 A Ivo

Print name here: Vincent A Ivo

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Interior alt. ~~to~~

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~16~~		Lighting Fixtures	
~~6~~		Receptacles - Existing	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
		Communications Points	
~~4~~		Alarm Devices/F.A.C. Panel Existing	
		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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date 3/17/17 Approved by: PSE
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/20/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/18/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other above ceiling			4-3-17 MR	
Service				
Final			7-10-17 MR	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

[redacted]N SUBCODE
[redacted]nNICAL SECTION

Date Received
Control # 3/6/17

Date Issued
Permit # 17-0658

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

Block 1190 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave Brick, NJ

Owner in Fee: Meridian Health

Tel. (732) 714-3871 e-mail

Address 51-71 Davis Ave Neptune NJ
street municipality zip code

Contractor: Premier Fire Systems Tel. ( )

Address 2 Elm Court e-mail
Hillsborough NJ 08844

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P200447.

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

Fire Alarm Contractor No. Exp. Date 4/16

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

Federal Emp. ID No. 223 82 8273 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 $ 800.00

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

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

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

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Existing

Method of Alarm/Suppression System Supervision

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL 17

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:
[ ] Fire Protection Plans Approved
Date: 3/10 Approved by: KW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-26-17
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				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/6/17
Control #
Date Issued
Permit # 17-0658

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

Block 1170 Lot 10103 Qualification Code

Work Site Location 150 Allaire Ave Group Training
Brick NJ

Owner in Fee: Meridian Health

Tel. (732 776 3871 e-mail

Address 51-71 Davis Ave Neptune, NJ

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

Address 870 Chinn Dr. e-mail Plumb.NJ@gmail
Toms River NJ 12598 6/2/2017

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 800.00

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

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

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

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: Bryan Spontak

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add GAS Line for Dryer

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
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: 3/10 Approved by: KD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO CA
Date: 7-26-17
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			7/11/17	
Other				

UCC F110 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 3/6/17
Control # C-16-003854
Permit # 17-0658

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

Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753
Telephone:

Contractor: PHAROS CONTRACTING
Address: 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-
Telephone: (732) 892-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3402045

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - MERIDIAN FITNESS & WELLNESS (PHASE 2) ...1800 s.f. TRAINING ROOM

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $30,000

D. Newman Jr. INP 3/1/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$1,010
Electrical	$150
Plumbing	$150
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$57
CO Fee	
Other	$0
Total	$1,467
Check No.	21937
Cash	$0
Credit	$0
Collected By	

03/06/17 [illegible] 00155887613

BUILDING $1010.00
ELECTRIC $150.00
PLUMBING $150.00
FIRE $100.00
DCA $57.00
CHECK $1467 -CO

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Pharos Contracting

FAX-EMAIL

To:	Melanie	**From:**	Pharos Contracting-Karen
Fax:	732.262.2941	**Pages:**	5 including this page
Phone:		**Date:**	7.24.17
Re:	Meridian 150 Allaire. Brick, NJ	**CC:**	
	Permit # 17-0658		

X **Urgent** **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Good Afternoon
Report attached as requested.
Thank you!

1170 10.03

INSPECTION AND TESTING FORM

DATE: 3/24/17
TIME: 0730

SERVICE ORGANIZATION
Name: Garden State Fire & Security
Address: 87 Main Street Aberdeen NJ 07747
Representative: Matt Scherf
License No.: P00800
Telephone: 732-566-5661

PROPERTY NAME (USER)
Name: Meridian Fitness & Health
Address: 150 Allaire Rd, Brick, NJ
Owner Contact:
Telephone:

MONITORING ENTITY
Contact: affiliated
Telephone: 800-434-4000
Monitoring Account Ref. No.: 751148

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse Priority
- ☐ RF
- ☑ Other (Specify): GSM Fire Communicator Radio

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (Specify):

Control Unit Manufacturer: HONEYWELL
Model No.: Vista 32FB
Circuit Styles: SLC
Number of Circuits: 4
Software Rev.:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
3	SLC	3	Manual Fire Alarm Boxes
			Ion Detectors
40	SLC	40	Photo Detectors
2	SLC	2	Duct Detectors
			Heat Detectors
1	SLC	1	Waterflow Switches
			Supervisory Switches
2	SLC	2	Other (Specify): Sprinkler Tamper

Alarm verification is disabled _____ enabled YES .

INSPECTION, TESTING AND MAINTENANCE

ALARM NOTIFICATION APPLICANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
16	Y	16	Horns
			Chimes
24	Y	24	Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: 5

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify):

SIGNALING LINE CIRCUITS

Quality and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity: _____ Style(s): _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Normal Voltage: 120VAC Amps: 15

Overcurrent Protection: Type: MOV Amps: _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: BREAKER

(b) Secondary (Standby): 12VDC Storage Battery: Amp-HR Rating: 14 AH

Calculated capacity in: _____ Amp-HRs to operate system for _____ hours.

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid

☐ Nickel-Cadmium ☐ Other (specify): _____

☑ Sealed Lead-Acid

(c) Emergency or standby system used as a backup be primary power supply, instead of using a secondary power supply:

_____ Emergency standby system described in NFPA 70, Article 700

YES Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	☑	☐		
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (Specify)	☑	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Units	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDs	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	☑	☑	
Load Vintage	☑	☑	
Discharge Test	☑	☑	
Charger Test	☑	☑	
Specific Gravity	☐	☐	
TRANSIENT SUPPRESSORS	☐	☐	
REMOTE ANNUNCIATORS	☑	☑	Panel

NOTIFICATION APPLIANCES

Audible	☑	☑	
Visible	☑	☑	
Speakers	☐	☐	
Voice Clarity	☐	☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments: _____

INSPECTION, TESTING, AND MAINTENANCE

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

COMBINATION SYSTEMS	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☑	☑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	☑	☑		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☑		
Trouble Signal Restoration	☑	☑		
Supervisory Signal	☑	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE			WHO	TIME
Building Management	☐	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other (Specify)	☑	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 3/24/17 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Matt Scherf Date: 3/24/17

Signature: _____

Name of Owner or Representative: _____ Date: 3/24/17

Signature: _____

17-0658

Date Update Issued 3/6/17
Control # C-16-003854+A
Permit # +A
17-0658+A

PERMIT UPDATE

IDENTIFICATION Block: 1170 Lot: 10.03 Qualifier

Work Site Location: 150 ALLAIRE AVE Brick Township, NJ

Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753

Telephone:

Contractor: PHAROS CONTRACTING
Address: 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-
Telephone: (732) 892-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3402045

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - MERIDIAN FITNESS & WELLNESS (PHASE 2) ...UPDATE +A - ALARM SYSTEM

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $300

D. Newman Jr./mr 3/1/17
Construction Official Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$117
Check No.	21937
Cash	$0
Credit	$0
Collected By	CW

03/06/17 001558#7620
X003 SERV 003
#0654 DCA $1.00
CHECK $1.00

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

PREMIER FIRE SYSTEMS

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

P00647	04/30/2013 to 04/30/2016
Permit ID	Date Issued Lapse Date

Richard E. Constable, III
Commissioner

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

Subcode Official Review

Date: Tuesday, August 16, 2016

To: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1
NEPTUNE, NJ 07753

RE: Electrical Subcode
Block: 1170 Lot: 10.03 Qual:
150 ALLAIRE AVE
Permit Number: +A Control Number: C-16-003854+A
Last Submit Date: Thursday, August 11, 2016

Dear 150 ALLAIRE AVENUE PARTNERS LLC,

Your request is hereby denied based upon the following infractions.

1. Permit application does not reflect the quantities and scope of work on plan. List correct number of devices, equipment, controllers and service equipment on application.

2. Indicate electrical components on plan that are existing, if applicable, and components that are proposed.

Sincerely,

Patrick Callahan, Subcode Official

CC:

Resubmit
1/5/17

faxed - 732-892-4449

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

Subcode Official Review

Date: Monday, January 09, 2017

To: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1
NEPTUNE, NJ 07753

RE: Building Subcode
Block: 1170 Lot: 10.03 Qual:
150 ALLAIRE AVE
Permit Number: Control Number: C-16-003854
Last Submit Date: Wednesday, September 21, 2016

RESUBMIT LH
SUBCODES
DATES 1/25/17

Dear 150 ALLAIRE AVENUE PARTNERS LLC,

Your request is hereby denied based upon the following infractions.

01/09/2017 - FAILED

1. Pg. E2.0 specified on SHEET INDEX, Pg. G0.1, missing from both sets of Plans. Please provide TWO (2) signed/sealed copies of same.

Sincerely,

Ken Kiseli, Subcode Official

CC:

* * * Communication Result Report (Jan. 9. 2017 11:12AM) * * *

1)
2)

Date/Time: Jan. 9. 2017 11:11AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
7791	Memory TX	97328924449	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

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

Subcode Official Review

Date: Monday, January 09, 2017

To: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1
NEPTUNE, NJ 07753

RE: Building Subcode
Block: 1170 Lot: 10.03 Qual:
150 ALLAIRE AVE
Permit Number: Control Number: C-16-003854
Last Submit Date: Wednesday, September 21, 2016

Dear 150 ALLAIRE AVENUE PARTNERS LLC,

Your request is hereby denied based upon the following infractions.

01/09/2017 - FAILED

1. Pg. E2.0 specified on SHEET INDEX, Pg. G0.1, missing from both sets of Plans. Please provide TWO (2) signed/sealed copies of same.

Sincerely,

Ken Kisell, Subcode Official

CC:

Page 1

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

Subcode Official Review

Date: Tuesday, September 20, 2016

To: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1
NEPTUNE, NJ 07753

RE: Fire Subcode
Block: 1170 Lot: 10.03 Qual:
150 ALLAIRE AVE
Permit Number: Control Number: C-16-003854
Last Submit Date: Friday, September 09, 2016

Dear 150 ALLAIRE AVENUE PARTNERS LLC,

Your request is hereby denied based upon the following infractions.

Supplied fire sprinkler installer license is expired, please supply new license. —ok—

Need fire tech, plan, and fire alarm contractor license for work being completed.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit after Building
1/5/17

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
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 Bnlk, NJ

Owner in Fee: Meridian Health Realty

Tel. (732) 776-3871 e-mail

Address 51-71 Davis Ave, Neptune NJ
street municipality

Contractor: Wave Electric Company, LLC Tel. (732) 380-4392
zip code

Address 3 Sheila Drive e-mail
Tinton Falls, NJ 07724

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 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,500.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Vincent A Nu

Print name here: Vincent A Nu

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Interior alt. ~~to existing~~

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures New	
6		Receptacles - Existing	
1		Switches New	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights New	
		Communications Points	
4		Alarm Devices/F.A.C. Panel - Existing	
		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

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

PREMIER FIRE SYSTEMS

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

P00647	04/30/2016 to 04/30/2019	
Permit ID	Date Issued	Lapse Date

Charles A. Richman
Commissioner

Department of Community Affairs

150 Allaire

Fire Sprinkler System

Permit ID Date Issued Lapse Date

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

+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 Allaire Ave, Brick, NJ

Owner in Fee: Meridian Health Realty

Tel. 732 714.3871 e-mail

Address 51-71 Davis Ave., Neptune, NJ
(street, municipality)

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

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 $ 300.00 100

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	
4		Alarm Devices/F.A.C. Panel Horns/Strobes	
4		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

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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

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.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

Garden State Fire & Security Alarm Co Inc
Michael A Ash
144 Lower Main Street
Aberdeen NJ 07747

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

02/20/2014 TO 01/31/2017
VALID

34BF00008000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

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Department Of DCA Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

GARDEN STATE FIRST SECURITY ALARM CO INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Alarm System

P00800 — Permit ID
03/28/2013 to 04/30/2016 — Date Issued / Lapse Date

Richard E. Constable, III
Commissioner

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

+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 Allaire Ave, Brick, NJ

Owner in Fee: Meridian Health Realty

Tel. 732 776.3871 e-mail

Address 51-71 Davis Ave., Neptune, NJ
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 $ 300.00 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant 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	
4		Alarm Devices/F.A.C. Panel Horns/Strobes	
4		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	

Existing / Everyone was inspected on shell Inspection

COMMERCIAL

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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # +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 Allaire Ave, Brick, NJ

Owner in Fee: Meridian Health Realty

Tel. 732 774-3871 e-mail

Address 51-71 Davis Ave., Neptune, NJ

Contractor: Garden State Fire & Security (street / municipality) Tel. (732) 566-5661 (zip code)

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 $ 300

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

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

Fire Suppression/Standpipe System:
[ ] New OR [ ] 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: STEVE DULOCK

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Relocate / Install
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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
Other				

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