BLOCK 853 LOT 243 QUALIFICATION CODE _____ ADDRESS (SITE) 848 Route 88 PERMIT NO. 17-3494

CONSTRUCTION PERMIT APPLICATION

C17-00341

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

I. IDENTIFICATION

1. Proposed Work Site at: 848 Rt 70 Brick
2. Name of Owner in Fee: B-Tech, LLC
   Tel. 732-674-1670 e-mail _____
   Address Eatontown NJ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Matting Construction Tel. 848-207-6038
   Address 22 Toms River Rd e-mail Vinmatting@aol
   Jackson NJ 08527
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04456800
   Federal Emp. ID No. 26-2015033 FAX: 732-928-3347
5. Architect or Engineer Jeff Schneider Contact Jeff
   Address PO Box 356 Bay Head e-mail jeff@jeffschneider
   Tel. 732-892-8155 FAX: 732-892-4331
6. Responsible Person in Charge once Work has Begun Vincent Matting
   Tel. 848-207-6038 FAX: 732-928-3347

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 8000		
2.	Electrical	630		
3.	Plumbing	1161-	200	150
4.	Fire Protection	196-		145-
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	438	28-	4-
10.	Subtotal 2	$ 76		
11.	Cert. of Occupancy	150		
12.	Other EP	200-		
13.	TOTAL	$ 10884-	228-	329-

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 25'6" ft.	
3.	Area — Largest Floor 6,000 sq. ft.	
4.	New Building Area _____ sq. ft.	
5.	Volume of New Structure 60,000 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. 5 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Tenant Fit Up

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	344,600	MP			10/12/17	KBK			
☒ Electrical	20,000	7/31/17			9/6/17	RE			
☒ Plumbing	10,000				9-7-17				
☒ Fire Protection	400			9/11/17					
☐ Elevator		Cy	8/28/17		8/28/17				
TOTAL COST	375,000								

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 M
   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 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

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									
☐ 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. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/30/2018
Control Number C-17-003414
Permit Number 17-3494
Permit Issue Date 10/19/2017
Certificate Number 17-3494

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 848 ROUTE 70 LAWYERS OFFICE Brick Township, NJ Block: 853 Lot: 2 Qual:

Owner in Fee: BTACH LLC

Owner Address: 125 WYCKOFF ROAD EATONTOWN NJ 07724

Telephone: (732) 674-1670

Contractor Mattina Construction, LLC

Address 22 Toms River Road Jackson NJ 08527

Telephone: (848) 207-6038 Fax: (732) 928-3347

License Number or Builders Registration Number: Federal Emp. Number: 26-2015033

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 60

Description of Work/Use: TENANT FIT UP - LAW 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: $150.00
Check Number: 2787
Collected By: Christopher Winters

Date Printed: 11/30/2018

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

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**	☑	☐
emailed MUA on 4/24/18 MFF			
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
TCO until 7/24/18 (inspection was on 4/24/18 rec'd from eng. on 4/24/18) MFF Passed 11/19/18 rec'd in bldg. 11/30/18 MFF			
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)

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 5/3/18

NAME B-Tach LLC

ADDRESS 125 Wyckoff Rd. Eatontown, NJ 07724-1881

PROPERTY LOCATION 848 Rt. 70

Account No 12443204-0 Block 853 Lot 2

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/19/17

Date Issued / Permit # 17-3494

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

Block 853 Lot 2 Qualification Code

Work Site Location 848 Rt 70 Brick

Owner in Fee: B-Tech LLC

Tel. (732) 674-1670 e-mail mhobbie@hchlawyers.com

Address Edgewater NJ

Contractor: Matting Construction (street) (municipality) Tel. (848) 207-6038 (zip code)

Address 22 Toms River Rd e-mail Vinmatting@aol.com

Jackson NJ 08527

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 848-207-6038

Federal Emp. ID No. _____ FAX: (___) _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Vincent E Matting

Print name here: Vincent E Matting

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fit up for law office

COMMERCIAL

JOB SUMMARY (Office Use Only) letter for roof in jacket installation

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 10/12/17 VCH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 10/12/17

Approved by: VCH

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [✓] CCO [ ] CA

Date: 5-1-18

Approved by: TS

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			* 12-21-17	
Sheathing * 11/30/17			12/13/17 PM letter	
Insulation * 1-9-18			* 1-11-18	
Above ceiling			2/26/18 PM	
Energy				
Mechanical				
TCO				
Other				
Final * 3/26/18 PM x 4/5/18 PM			5/4/18 PM	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories 1

Height of Structure 25'6" ft.

Area — Largest Floor 6,000 sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure 60,000 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 200,000 +/-
3. Total (1+ 2) $ 200,000

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)

$ _____

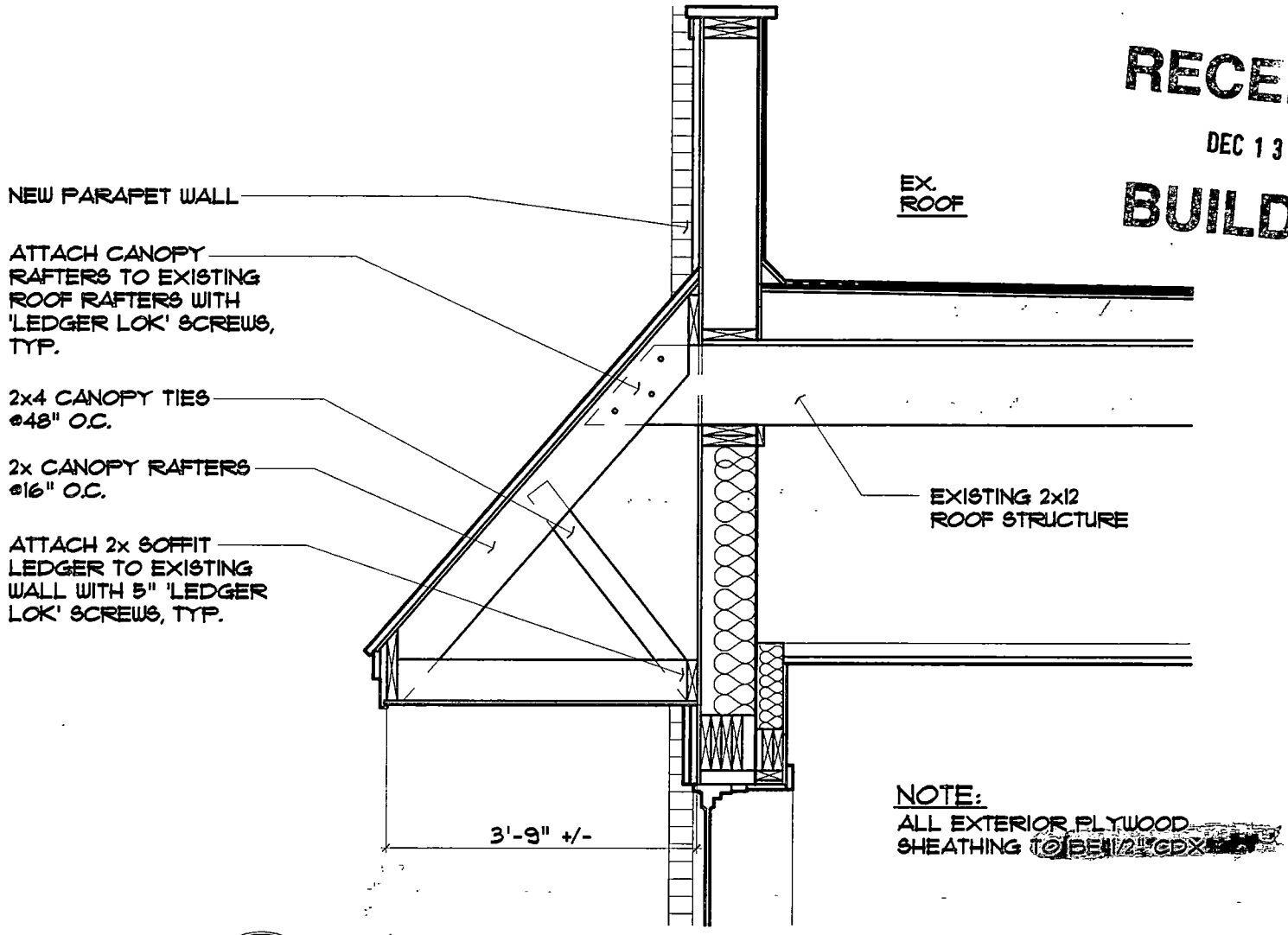
Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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



1
SK-1

Front Canopy Fastening Detail

SCALE: 1/2"=1'-0"

SK-1

HOBBIE OFFICES
848 NJ Highway Route 70
Lot(s) 2&3, Block 853
Brick, New Jersey

date: December 7, 2017
project number: 1626

JEFF SCHNEIDER ARCHITECT
P.O. BOX 356 BAY HEAD, NJ 08742
p. (732) 892-8155 f. (732) 892-4331

Jeffrey G. Schneider
New Jersey Architect
AI015[illegible]

Jeff Schneider Architect

P.O. Box 356
Bay Head, NJ 08742
(732) 892-8155
jeff@jeffschneiderarchitect.com

September 10, 2018

Subcode Official
Department of Community Development & Land Use
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

RECEIVED
JAN 11 2018
BUILDING

Re: BTACH LLC, Law Offices
848 NJ State Highway Route 70
Township of Brick, New Jersey
Control Number: C-17-003414

Dear Sir,

With regards to the previously submitted plans for the above referenced project, please note the following:

Delete the insulation in the floor and interior walls.

The front facing wall shall not be packed-out and R-20 insulation shall be installed.

Thank you for your time.

Sincerely,

Jeffrey G. Schneider, AIA

FILE COPY

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 848 Rt 70

PERMIT NUMBER 17-3494 BLOCK 853 LOT 243

~~OWNER~~ Insul.

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Ok to sheetrock North, South and West wall and one side of Interior walls
2) Need D.P. to comment on EAST wall Framing + Insul. Detail
3) Need D.P. to comment on New 2"x6" wall in Basement
4) Need D.P. to comment on Sound Insul in all Ceilings, Floors and Interior walls
5) Firestop all visible penetrations in EAST wall above ceiling to outside canopy

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 1-9-18 INSPECTOR

Jeff Schneider Architect

P.O. Box 356
Bay Head, NJ 08742
(732) 892-8155
jeff@jeffschneiderarchitect.com

September 10, 2018

Subcode Official
Department of Community Development & Land Use
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Re: BTACH LLC, Law Offices
848 NJ State Highway Route 70
Township of Brick, New Jersey
Control Number: C-17-003414

Dear Sir,

With regards to the previously submitted plans for the above referenced project, please note the following:

Delete the insulation in the floor and interior walls.

The front facing wall shall not be packed-out and R-20 insulation shall be installed.

Thank you for your time.

Sincerely,

Jeffrey G. Schneider AIA

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 848 Rt 70, Brick

PERMIT NUMBER 17-3494 BLOCK _____ LOT _____

~~OWNER~~ Final

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1. Need support midspan Rear 2nd Railing.
2. Front Roof facia Stone area Architect site visit need water Tight door (gaskets) also corners with water ~~in~~ inside leaks thru Roof.
3. Rubber Roof not properly installed many bubbles and wrinkles. Architect to comment. (corners and leads)
4. Gasket all Ext door with saddles make water Tight.
5. Architect to comment on Lack of Emergency Light Basement and Stairwells.

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 3/28/18 INSPECTOR _____

manufacturer spec and min/max code

Jeff Schneider Architect

P.O. Box 356
Bay Head, NJ 08742
(732) 892-8155
jeff@jeffschneiderarchitect.com

April 3, 2018

Building Inspector
Department of Community Development & Land Use
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Re: BTACH LLC, Law Offices
848 NJ State Highway Route 70
Township of Brick, New Jersey
Permit Number 17-3494

Roof has major Bubbles and wrinkles not good poor install

Dear Sir,

This letter is in response to you correspondence dated 3/28/18 regarding the building inspection. The following are responses to your request for corrections:

Item#1: The General Contractor will provide supports at mid-span locations of the ADA railing assembly.

Item#2: The General Contractor will provide watertight gaskets at the jambs and sill of the door which accesses the roof storage area. The General Contractor will also provide a lock to prevent the door from inadvertently opening.

Item#3: The Owner has been made aware of your concern regarding the roof installation and has decided that it meets his requirements.

Item#4: The General Contractor will provide watertight gaskets at jambs and sills for all doors separating interior and exterior spaces.

Item#5: The General Contractor shall install additional emergency and exit lights to basement and stairwells as per the attached Sheet #A101 with revision date of 3/30/18.

Sincerely,

Jeffrey G. Schneider AIA

#3 - no good called Architect 732 892 8155
Also Builder Vinnie - 848-207 6038
#3 on letter must state Roof meets min code also min manufacturer specs.

Catherine L. Bravo, PE
538 Nettleton Drive
East Windsor, NJ 08520

April 12, 2018

Building Code Official
Brick Township Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Subject: **Law Office**
848 Route 70 West
Brick, NJ 08723

In response to concerns raised in the installation of the EPDM roof recently installed on the above referenced project, I have conducted a site inspection. The purpose of my visit was to determine if the installation was done consistent with manufacturer's specifications and if the wrinkles and other imperfections in the placement of the membrane will compromise the integrity of the roofing system.

After meeting with the General Contractor and the roofing Contractor in conjunction to my site visit, and my review of the provided warranty documentation & manufacturer's specifications, I feel confident in certifying that the roofing has been installed to manufacturer's specifications.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Catherine L. Bravo, PE
License # GE31528

CLB/cb

BRICK TOWNSHIP
RECEIVED
APR 13 2018
BUILDING DEPARTMENT

853/2

MOHAWK
INDUSTRIES, INC.
LYERLY PLANT

RECEIVED
APR 2 8 2014
BUILDING

NVLAP®
FOR THE SPECIFIC SCOPE OF ACCREDITATION UNDER NVLAP LAB CODE 100156-0

REFERENCE TEST#: 246168G11-RP1 DATE: 9/09/14
CLIENT: MOHAWK INDUSTRIES, INC.

TEST METHOD CONDUCTED: 16CFR1630 (FF 1-70)
SURFACE FLAMMABILITY OF ~~CARPETS AND RUGS~~

SAMPLE IDENTIFICATION:
Indentification: TAILORED FIT (BC345)
Color.....: 831
Roll#.....: 3243995
Backing.....: A (WELDLOK)

PURPOSE AND SCOPE:
THE STANDARD PROVIDES A TEST METHOD TO DETERMINE THE SURFACE FLAMMABILITY OF CARPETS AND RUGS WHEN EXPOSED TO A STANDARD SMALL SOURCE OF IGNITION. IT IS APPLICABLE TO ALL TYPES OF CARPETS AND RUGS USED AS FLOOR COVERING MATERIAL REGARDLESS OF THEIR METHOD OF FABRICATION OR WHETHER THEY ARE MADE OF NATURAL OR SYNTHETIC FIBERS OR FILMS.

TEST PROCEDURE:
FLAMMABILITY WAS DETERMINED IN ACCORDANCE WITH 16CFR CHAPTER II--CONSUMER PRODUCTS SAFETY COMMISSION, PART 1630--STANDARD FOR THE SURFACE FLAMMABILITY OF CARPETS AND RUGS (FF 1-70), COMMONLY REFERRED TO AS ~~Pill Test~~. FOR PURPOSES OF THIS TEST, AN INDIVIDUAL SPECIMEN MEETS THE TEST CRITERIA IF THE CHARRED PORTION DOES NOT EXTEND TO WITHIN 1.0 INCH OF THE EDGE OF THE FLATTENING FRAME. THE ACCEPTANCE CRITERIA IS BASED ON AT LEAST SEVEN (7) OF EIGHT (8) SPECIMENS MEETING THE TEST CRITERIA IN ORDER TO CONFORM TO THIS STANDARD.

TEST RESULTS:

#1	#2	#3	#4	#5	#6	#7	#8	ACCEPTANCE CRITERIA
3.50	3.50	3.50	3.63	3.63	3.38	3.50	3.38	PASS

APPROVED BY: Joel F. Hayes

MOHAWK
INDUSTRIES, INC.
LYERLY PLANT

RECEIVED
APR 2 6 2019

NVLAP®
FOR THE SPECIFIC SCOPE OF ACCREDITATION UNDER NVLAP LAB CODE 100166-0

BUILDING

REFERENCE TEST#: 246168G11-RP1 DATE: 9/12/14
CLIENT: MOHAWK INDUSTRIES, INC.
TEST METHOD CONDUCTED: ASTM E662
STANDARD TEST METHOD FOR SPECIFIC OPTICAL DENSITY OF SMOKE GENERATED BY SOLID MATERIAL (FLAMING) ALSO REFERRED TO AS NFPA 258

SAMPLE IDENTIFICATION:
Identification.: TAILORED FIT (BC345)
Color.....: 831
Roll#.....: 3243995
Backing.....: A (WELDLOK)

PURPOSE AND SCOPE:
THIS FIRE-TEST-RESPONSE METHOD COVERS THE DETERMINATION OF THE SPECIFIC OPTICAL DENSITY OF SMOKE GENERATED BY SOLID MATERIAL AND ASSEMBLIES MOUNTED IN THE VERTICAL POSITION WITH THICKNESS UP TO AND INCLUDING 1".

TEST PROCEDURE:
TEST SPECIMENS ARE EXPOSED TO AN IRRADIANCE OF 2.5 WATTS/CM² FROM A RADIANT HEATER IN A CLOSED CHAMBER, MAINTAINED UNDER POSITIVE PRESSURE. A PHOTOMETRIC SYSTEM WITH A VERTICAL LIGHT SOURCE IS USED TO MEASURE THE VARYING LIGHT TRANSMITTANCE AS SMOKE ACCUMULATES IN THE FLAMING MODE. THE CHAMBER TEMPERATURE IS 95°F.
TEST RESULTS:

Specimen:	1	2	3	Avg.
Maximum Specific Optical Density (DM)	184	182	174	180
Time to DM (Minutes)	4	5	5	5
Clear Beam (DC)	17	16	13	15
DM, Corrected (DMC)	167	167	161	165
Specific Optical Density @ 1.5 min.	72	86	66	75
Specific Optical Density @ 4.0 min.	182	180	161	174
Specimen Weight (grams)	11	11	11	11

STATEMENT OF UNCERTAINTY:
ESTIMATED COEFFICIENT OF VARIATION FLAMING 3.6% NON-FLAMING 8.3%

APPROVED BY:

MOHAWK
INDUSTRIES, INC.
LYERLY PLANT

RECEIVED
APR 2 6 2018 CW

NVLAP®
FOR THE SPECIFIC SCOPE OF ACCREDITATION UNDER NVLAP LAB CODE 100166-0

BUILDING

REFERENCE TEST#: 246168G11-RP1 DATE: 9/20/14
CLIENT: MOHAWK INDUSTRIES, INC.
TEST METHOD CONDUCTED: ASTM E648
CRITICAL RADIANT FLUX OF FLOOR COVERING SYSTEMS USING A RADIANT HEAT ENERGY SOURCE (ALSO REFERED TO AS FEDERAL TEST METHOD 372 AND NFPA 253)

SAMPLE IDENTIFICATION:
Identification: TAILORED FIT (BC345)
Color.....: 831
Roll#.....: 3243995
Backing.....: A (WELDLOK)

PURPOSE AND SCOPE:
THIS FIRE-TEST-RESPONSE METHOD MEASURES THE CRITICAL RADIANT FLUX AT FLAME-OUT. THE IMPOSED RADIANT FLUX SIMULATES THE THERMAL RADIATION LEVELS LIKELY TO IMPINGE ON THE FLOORS OF A BUILDING WHOSE UPPER SURFACES ARE HEATED BY FLAMES, HOT GASES, OR BOTH. IN THEORY, IF A ROOM FIRE DOES NOT IMPOSE A RADIANT FLUX THAT EXCEEDS THIS CRITICAL LEVEL ON A CORRIDOR FLOOR COVERING SYSTEM, FLAME SPREAD SHOULD NOT OCCUR.

TEST PROCEDURE:
A SPECIMEN IS MOUNTED HORIZONTALLY IN A RADIANT PANEL WITH AN AIR-GAS FUELED RADIANT ENERGY SOURCE. THE SPECIMEN IS IGNITED BY AN OPEN FLAME PILOT BURNER. THE DISTANCE BURNED TO FLAME OUT IS CONVERTED TO WATTS/CM² AND REPORTED AS CRITICAL RADIANT FLUX.

TEST ASSEMBLY:
Mounted on: GRC Board Installation Type: Glue Down

TEST RESULTS:	SPECIMEN #1	SPECIMEN #2	SPECIMEN #3
Critical Radiant Flux	0.93 Watts/cm²	0.75 Watts/cm²	0.59 Watts/cm²
Total Burn Length	21 cm	29 cm	36 cm
Flame Front out	9 minutes	15 minutes	8 minutes

Average Critical Radiant Flux: 0.76 Watts/cm²

Estimated Standard Deviation: 0.17 Watts/cm²

Coefficient of Variation: 22.4

STATEMENT OF UNCERTAINTY:
ESTIMATED 20 % OF TESTED VALUE

APPROVED BY: Jarrod F. Hargis

MOHAWK INDUSTRIES, INC. – LYERLY PLANT *5081 HWY 114 * LYERLY, GA 30730

ELECTRICAL SUBCODE
TECHNICAL SECTION

LAW OFFICES

Date Received 10/19/17
Control #
Date Issued
Permit # 17-3494

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

Block 853 Lot 243 Qualification Code
Work Site Location 848 Rt 70 Brick

Owner in Fee: B-Tech, LLC
Tel. 732 674-1670 e-mail DHobbie@hcblawyers.com
Address Eatontown NJ

Contractor: M.S. ELECTRIC LLC (street / municipality) Tel. 732 6204747 (zip code)
Address 3174 Johnson Ave e-mail
Manchester N.J 08759
Contractor License No. 16270 Exp. Date 3/18
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 20-1020474 FAX: 732 323-0152

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 20,000

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: MARK SALAMA
Print name here: MARK SALAMA

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fit Up for 2 offices

QTY.	SIZE	ITEMS	FEE (Office Use Only)
120		Lighting Fixtures	
100		Receptacles	
50		Switches	
		Detectors	
		Light Poles	
4		Motors—Fract. HP	
20		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
294		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	
2	16	KW Central A/C Unit	
2	1	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: 9/6/17 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9/6/17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 3/22/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	PJC 11/30/17		12-5-17	
Barrier-Free				
Trench				
Temp. Serv.				
~~Constr. Serv.~~	ABOVE CEILING		2/16/18	PJC
TCO				
Other	TRench for Signs		1-26-18	
Service				
Final	3-13-18		3-21-18	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Update

Date Received 10/19/17 (4/25/17)
Control #
Date Issued
Permit # 17-3494-HB

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 853 Lot 2 & 3 Qualification Code

Work Site Location 848 STATE HWY 70
BRICK, NJ 08724

Owner in Fee: BTACH LLC

Tel. 732-674-1610 e-mail

Address 125 Wyckoff Rd Eatontown
street municipality zip code

Contractor: JM SECURITY Tel. (732) 929-2636

Address 591 FISCHER BLVD e-mail
TOMS RIVER, NJ 08753

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222362411 FAX: (732) 270-1277

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 825.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date 10-13-17 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 10-13-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3/22/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12-5-17	MW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 3-13-18			MW	
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:

Print name here: Gerard Mekia

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Panel 2KP 6 Door ST Motions 1 Siren 1 Radio 10 Smokes 3 Carbons 6 Pulls 4 Strobes 7 H/S 1 Exterior H/S

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
13		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
33		Communications Points	
1		Alarm Devices/F.A.C. Panel KP	
1			
48		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 $

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.

10/19/17

Date Received
Control #

Date Issued
Permit # 17-3494

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Block 853 Lot 2 13 Qualification Code ______

Work Site Location 848 Rt 70 Brick

Owner in Fee: B-Tech, LLC

Tel. (732) 674-1670 e-mail Dhobbie@hcblawyers.com

Address Eatontown NJ
street municipality zip code

Contractor: Robert Kowalski Tel. (732) 684-1766

Address 3422 Thistle Ave e-mail RobJeannexxx
Toms River NJ 08753 @GMAIL.COM

Contractor License No. 9769 Exp. Date 6-2017

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

Federal Emp. ID No. 208260873 FAX: (732) 929-2907

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______

Building Sewer Size 4" Public Sewer ✓ Private Septic ______

Water Service Size 1" Public Water ✓ Private Well ______

Est. Cost of Plumbing Work $ 10,000

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: [signature]

Print name here: Robert Kowalski

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New plumbing.

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	$
1	Urinal/Bidet	
	Bath Tub	
6	Lavatory	
	Shower	
4	Floor Drain	
2	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
3	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
~~2~~	Other ~~HVAC~~	

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: 9-7-17
Approved by: [signature]

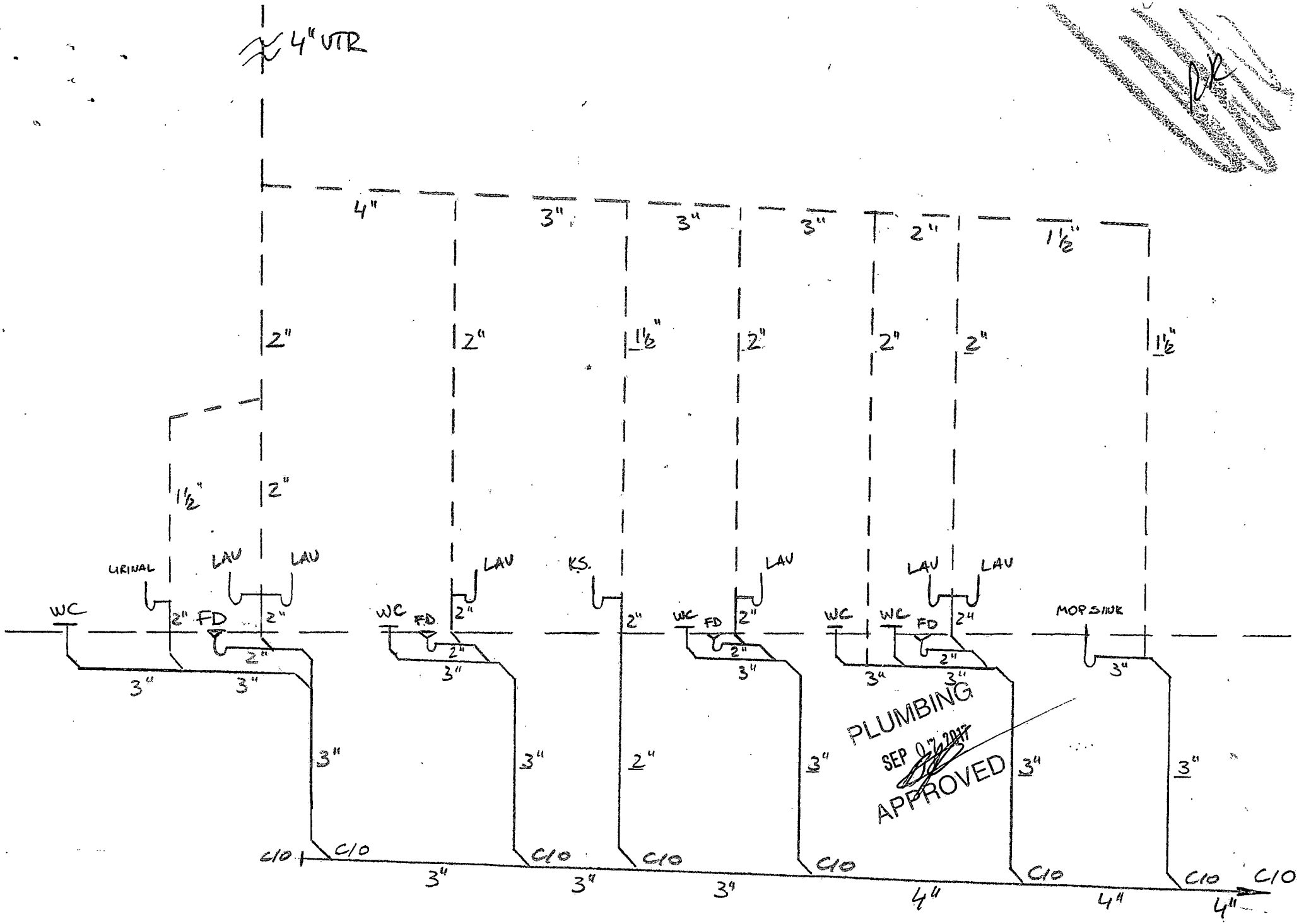
SUBCODE APPROVAL for CERTIFICATE
~~[ ] CO~~ [ ] CCO [ ] CA
Date: 3-28-18
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
~~Slab~~ Partial Rough			11-29-17	[initial]
Rough	12-12-17		12-15-17	[initial]
Water			12-12-17	[initial]
Sewer			12-12-17	[initial]
~~Fixtures~~ Above ceiling			2-26-18	[initial]
Gas Equipment				ok JD 12-26-17
Gas Piping			12-12-17	[initial]
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	3-21-18		3-28-18	[initial]

Ok To dump Test
upgrade 1" pex undersized
Add 1" pex pipe cw
Submit New pipe Diagram

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

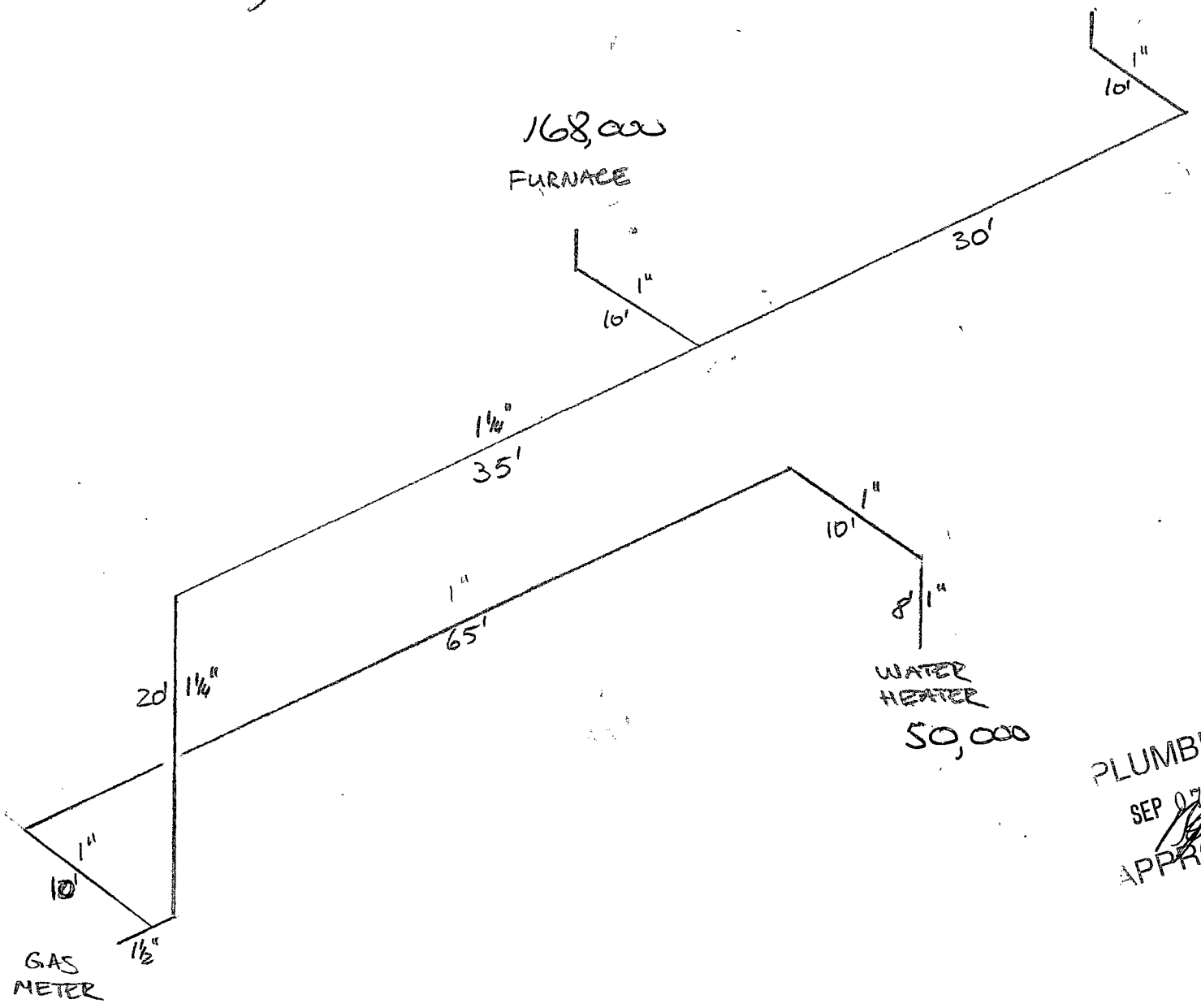


PLUMBING
SEP 07 2017
APPROVED

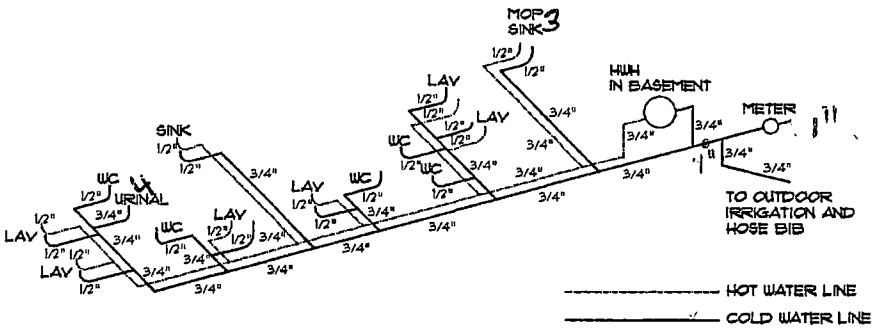
388 000

VM
168,000
FURNACE

168,000
FURNACE



PLUMBING
SEP 07 2017
APPROVED



1 P101 Plumbing Riser Diagram

SCALE: 1/2"=1'-0"

HVAC

~~PLUMBING~~ SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/19/17
Control #
Date Issued
Permit # 17 3494 +A

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

Block 853 Lot 297 Qualification Code
Work Site Location 848 RT 70 Brick

Owner in Fee: B-Tach, LLC
Tel. 732 674-1670 e-mail Dbobbie@bcblawyers.com
Address Eatontown NJ
street municipality zip code

Contractor: Prism HVAC Tel. 732 278-7122
Address 1608 Ramsey Ct. e-mail prismhvac@comcast.net
Toms River, NJ 08753

Contractor License No. 19HC00638500 Exp. Date 6-30-18
Home Improvement Contractor Registration No. or Exemption Reason 13VH01483700
Federal Emp. ID No. 200221612 FAX: 732 573-0696

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
15,000-

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:
Print name here: Dan Rockin
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
2- RTU w/ Duct

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	
2	Other condensate drains	

COMMERCIAL

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

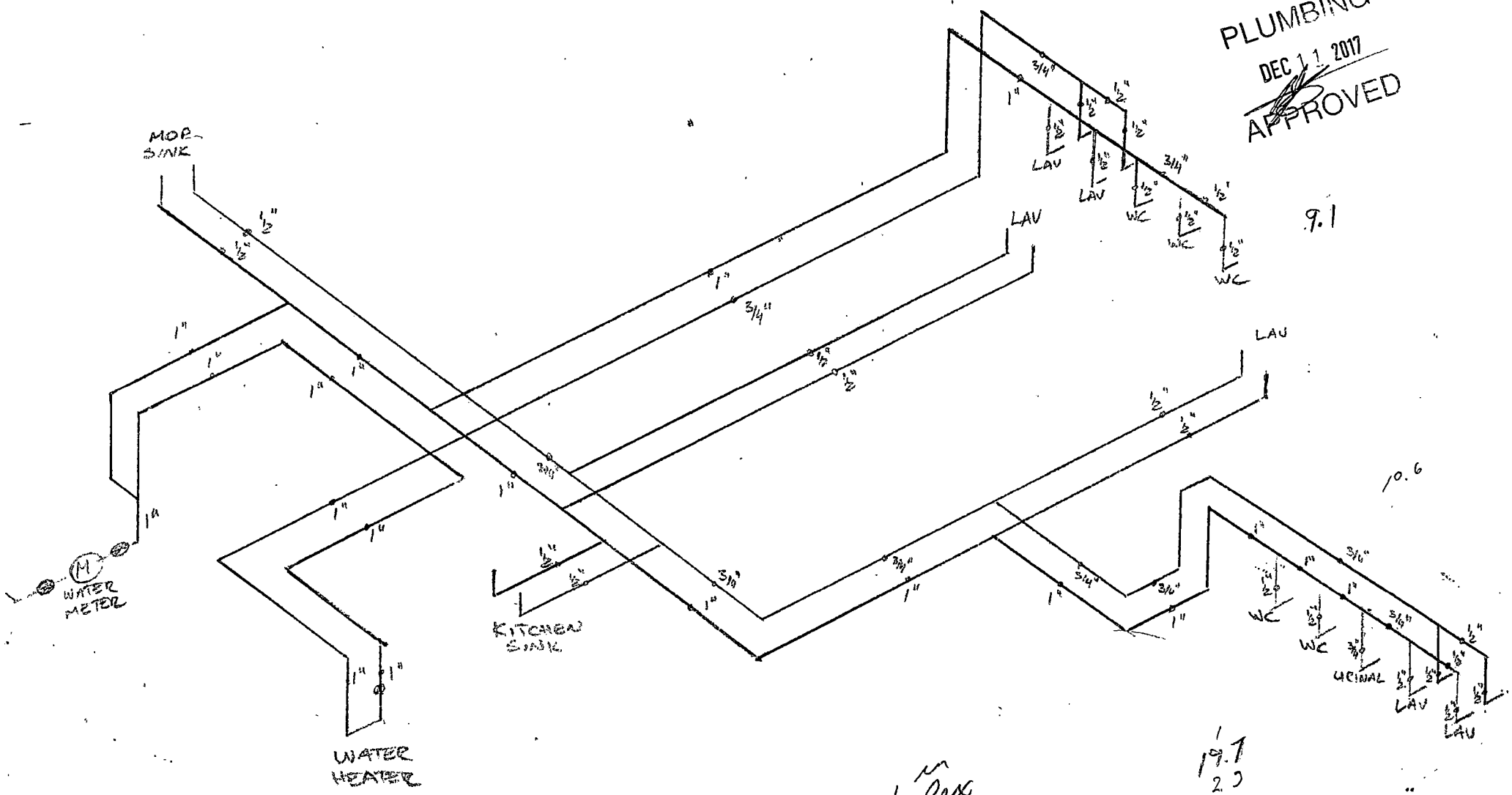
JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9-21-17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-28-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			12-26-17	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			3-28-18	

RECEIVED
DEC 0 7 2017
BUILDING

PLUMBING
DEC 11 2017
APPROVED



B mod Occup 2560

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/19/17
Control #
Date Issued
Permit # 17-3494

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

Block 853 Lot 213 Qualification Code

Work Site Location 848 Rt 70 Brick

Owner in Fee: B-Tech, LLC

Tel. 732 674-1670 e-mail bhobbie@hblawyers.com

Address Eatontown NJ
street municipality

Contractor: Prism HVAC Tel. 732 278-7122

Address 1608 Ramsey Ct. e-mail prismhvac@comcast.net
Toms River, NJ 08753

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 13VH01483700

Federal Emp. ID No. 200221612 FAX: 732 573-0696

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: Roof

Total Cost of Fire Protection Work $ 400

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: Dan Rockh

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 2 - RTU - w/Duct

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 [✓] Gas [ ] Oil [ ] Solid	2	
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:
[✓] Fire Protection Plans Approved
Date: 10/25 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/31/17
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			3/28/18	
Flam/Combust Tanks				
Fireplace Venting				
Final			11/1/17	
Other			11/2/17	

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

Update 10/19/17 9/26/17

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/19/17
Control #
Date Issued
Permit # 17-3494-FB

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

Block 853 Lot 2 & 3 Qualification Code

Work Site Location 848 STATE HWY 70
BRICK, NJ 08724

Owner in Fee: BTech LLC

Tel. 732 674-1610 e-mail

Address 125 Wyckoff Rd Eatontown NJ
street municipality zip code

Contractor: JM SECURITY Tel. (732) 929-2636

Address 591 FISCHER BLVD e-mail
TOMS RIVER, NJ 08753

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

Federal Emp. ID No. 223262411 FAX: (732) 270-1277

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 $ 825-

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10/19/17 Approved by: LTO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/19/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/28/17
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			3/28/18 LTO	
Flam/Combust Tanks				
Fireplace Venting				
Final	3/21/18		11/28/17	
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: GERARD MELIA

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

DESCRIPTION OF WORK Panel 2 Keypads 6 Doors 4 motions 1 Siren 1 Radio
Water Supply Source 10 Smokes 3 Carbons 6 Pulls 4 Strobes 4 H/S
Method of Alarm/Suppression System Supervision 1 Exterior H/S

	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)	13	
Supervisory Devices (i.e., tampers, low/high air)	8	
Signaling Devices (i.e., horn/strobes, bells)	14	
Other Devices		
TOTAL	0	
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 $

FIRE ALARM INSPECTION REPORT

Inspection Date 2/20/18

AZ License # P00439 Fire Alarm License # 34FA0081800

Contractor JM Security Communications Phone # (732)929-2636

Business Hobbie, Corrigan + Berlucio Phone

Manager Name: Danielle

Business Address 848 State Highway 70

City BRICK State NJ ZIP 08724

System Class B Style B / ADDRESSABLE

Test Standard: NFPA 72 ☑ Manufacturer's Instructions ☑

Please complete all of the following sections. All "no" answers must be explained in comments.

CONTROL EQUIPMENT

PANEL FUNCTIONS

1. All alarms received? Yes ✓ No ____ N/A ____
2. All circuits supervised? Yes ✓ No ____ N/A ____
3. Ground Fault Indication tested successfully? Yes ✓ No ____ N/A ____
4. Power supply tested successfully? Yes ✓ No ____ N/A ____
5. Fuses rating verified? Yes ✓ No ____ N/A ____
6. Interfaced equipment connections tested successfully? Yes ✓ No ____ N/A ____
7. All lamps and LEDs operational? Yes ✓ No ____ N/A ____
8. Secondary power supply tested successfully? Yes ✓ No ____ N/A ____
9. Zone labeling is correct? Yes ✓ No ____ N/A ____
10. Annunciator panel is operational? Yes ✓ No ____ N/A ____

AUDIBLE

11. # of horns 8 tested successfully? Yes ✓ No ____ N/A ____
12. # of chimes ____ tested successfully? Yes ____ No ____ N/A ✓

13. # of speakers _____ tested successfully? Yes _____ No _____ N/A ✓

14. Other _____ tested successfully? Yes _____ No _____ N/A ✓

15. Is sound level at least 15 dbs above ambient noise level? Yes ✓ No _____ N/A _____

16. # of strobes 12 tested successfully? Yes ✓ No _____ N/A _____

17. # of lights _____ tested successfully? Yes _____ No _____ N/A ✓

18. Other _____ tested successfully? Yes _____ No _____ N/A ✓

19. 100% of signaling devices tested? Yes ✓ No _____ N/A _____

ALARM INITIATING DEVICES AND CIRCUITS

20. # Manual stations 5 tested successfully? Yes ✓ No _____ N/A _____

21. # Flow switches _____ tested successfully? Yes _____ No _____ N/A ✓

22. # Smoke detectors 11 tested successfully? Yes ✓ No _____ N/A _____

23. All smoke detectors cleaned using an approved method? Yes _____ No _____ N/A ✓

24. Sensitivity of smoke detectors tested successfully? Yes _____ No _____ N/A ✓
(Every two years) Last test date: _____

25. # Duct smoke detectors 2 tested successfully? Yes ✓ No _____ N/A _____

26. Duct smoke detectors-anemometer test results within manufacturer's specifications? Yes _____ No _____ N/A ✓

27. Duct smoke detectors successfully shut down AUHs on alarm? Yes ✓ No _____ N/A _____

28. Duct smoke detectors tied into fire alarm? Yes ✓ No _____ N/A _____

29. # Heat detectors _____ tested successfully? Yes _____ No _____ N/A ✓

30. Sprinkler tamper switches reported to panel properly? Yes _____ No _____ N/A ✓

31. Other _____ Yes _____ No _____ N/A ✓

32. 100% of all initiating devices tested? Yes ✓ No _____ N/A _____

AUXILLARY FUNCTIONS/INTERFACED EQUIPMENT

33. All smoke/fire damper(s) close completely on Alarm?	Yes	No	N/A ✓
34. All smoke fire dampers tied into alarm?	Yes	No	N/A ✓
35. All magnetic door holders release fire doors on alarm?	Yes	No	N/A ✓
36. All door lock releases tested successfully?	Yes	No	N/A ✓
37. All door releases tied into alarm?	Yes	No	N/A ✓
38. Positive pressure fans tested successfully?	Yes	No	N/A ✓
39. Smoke removal fans tested successfully?	Yes	No	N/A ✓
40. Hood extinguishing system tie in tested successfully?	Yes	No	N/A ✓
41. Elevator recall tested successfully?	Yes	No	N/A ✓
42. Voice evacuation tested successfully?	Yes	No	N/A ✓
43. Clean gas system tested successfully?	Yes	No	N/A ✓
44. Other_____	Yes	No	N/A ✓

BATTERIES

Date on Batteries 2/20/18

45. Charger test successful?	Yes ✓	No	N/A
46. Discharge test successful?	Yes	No	N/A ✓
47. Load voltage test successful?	Yes ✓	No	N/A
48. Open circuit voltage test successful?	Yes	No	N/A ✓
49. Primary battery load voltage test successful?	Yes ✓	No	N/A
50. Lead acid battery specific gravity test successful?	Yes	No	N/A ✓

CENTRAL STATION MONITORING

51. Is the system monitored by central station? Yes ✓ No_____ N/A_____

52. If so, were alarm/flow, tamper/supervisory, and trouble signals received by central station? Yes ✓ No_____ N/A_____

53. Central (monitoring) station name: SECURALL MONITORING

54. Phone # 1800 624 - 1180

TECHNICIAN COMMENTS: System Normal

The person completing this report attests to the truthfulness and accuracy of the information contained herein.

Technician Joseph Lugo, Jr. _____

Printed Name **Signature**

Need for final
3/28

1. Knox keys
2. Door label for FA room.
3. FA paperwork

TCO 60 3/22/18

3/28

1 Knox keys
2 Door Label for FA room
3 FA Paperwork

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 848 Rt 70

PERMIT NUMBER 17-3494 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric X Fire Code were in evidence and the following orders are hereby issued for their correction:

1 Program Fire Alarm to device | live test
2 Lower level Horn | strobes
3 Front Door key | Any keys to access
4 Mult FA door
Panel
5 install fire ext as discussed 3/2018
6 Duct detector mult units - verify
supervisory

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 3/21/17 INSPECTOR [signature]

INSPECTOR: K Shafer

JOB: J Tuch 735

SECTION: Tryst Park

TEMPERATURE: 40°

WEATHER: Pt Cloudy

DATE: 11-14-18

TYPE OF WORK: Final Eng (2nd)

LOCATION: 45 Kr 70

BLOCK: 53

LOT: 2/3

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		✓

COMMENTS REFERENCING ITEM NUMBER: (9) As-builts not received

* Bonding still open / Site is Safe for Final Eng

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

[signature]

MUNICIPAL ENGINEER

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.soildistrict.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: Brick Twp.

PROJECT: B-Tech, LLC -Site Plan

SCD NO: 18768

BLOCK NO.(S): 858

LOT NO.(S): 2 & 3

Final Compliance ☒ **Conditional Compliance** ☐

Block No.	Lot No.	Conditions
		Applicant remains responsible for permanent stabilization
858	2 & 3	848 Route 70

TOTAL FEES DUE: $ /

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: V. E. M.

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 5/1/18

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

APPLICATION FOR CERTIFICATE

Date Received 8/2/2017
Date Permit Issued 10/19/2017
Control # C-17-003414
Permit # 17-3494
Date Issued

IDENTIFICATION

Block 853 Lot 2 Qualifier

Work Site Location 848 ROUTE 70 LAWERS OFFICE Brick Township, NJ
Owner in Fee BTACH LLC
125 WYCKOFF ROAD EATONTOWN NJ 07724
Telephone (732) 674-1670

Contractor Mattina Construction, LLC
Address 22 Toms River Road Jackson NJ 08527
Telephone (848) 207-6038
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 26-2015033

ACTION

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

USE GROUP Previous B Current

FINAL COST OF CONSTRUCTION: $ 230400
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

JCP&L needs to move 2 Poles - we can not finish site work 100% until they do.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - LAW OFFICES

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. ~~Incomplete items~~ listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- ☐ OWNER
- ☒ AGENT

UCC F270 equiv.

APPLICATION FOR CERTIFICATE

Date Received 08/02/2017
Date Permit Issued 10/19/2017
Control # C-17-003414
Permit # 17-3494
Date Issued

IDENTIFICATION

Block 853 Lot 2 Qualifier

Work Site Location 848 ROUTE 70 LAWERS OFFICE Brick Township, NJ
Owner in Fee BTACH LLC
125 WYCKOFF ROAD EATONTOWN NJ 07724
Telephone (732) 674-1670

Contractor Mattina Construction, LLC
Address 22 Toms River Road Jackson NJ 08527
Telephone (848) 207-6038
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 26-2015033

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous B Current

FINAL COST OF CONSTRUCTION: $ 230400
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - LAW OFFICES

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/03/2018
Control Number C-17-003414
Permit Number 17-3494
Permit Issue Date 10/19/2017
Certificate Number 17-3494

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 848 ROUTE 70 LAWERS OFFICE Brick Township, NJ Block: 853 Lot: 2 Qual:

Owner in Fee: BTACH LLC

Owner Address: 125 WYCKOFF ROAD EATONTOWN NJ 07724

Telephone: (732) 674-1670

Contractor Mattina Construction, LLC

Address 22 Toms River Road Jackson NJ 08527

Telephone: (848) 207-6038 Fax: (732) 928-3347

License Number or Builders Registration Number: Federal Emp. Number: 26-2015033

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 60

Description of Work/Use: TENANT FIT UP - LAW 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: 07/02/2018
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 07/02/2018
Conditions to be met:

Needs ~~Final Fire Inspection~~. Needs Final Engineering Approval.

ACTING
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 05/03/2018

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

INSPECTION: K Shafer

JOB: B Tach SECTION: SP# 2785

TEMPERATURE: 60°s

INSPECTION: C Lovely

DATE: 4/24/18

TYPE OF WORK: Temp CO

LOCATION: 848 Rt 70

BLOCK: 853 LOT: 2-63

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk		✓
4. Road Pavement		✓
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		✓
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		✓

COMMENTS REFERENCING ITEM NUMBER:

(1) Site work pertaining to State/County Rds due to pole movement to be completed.

(2) All Bond work to be completed

RECOMMENDATIONS:

- ☒ TEMP. C.O. until July 24th, 2018
- ☐ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

848 Route 70 → Law Office

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 60
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP B

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER D Tank LLC DATE 4-29-18

PROPERTY ADDRESS 848 Rt 70 BLOCK 853 LOT 2.03

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	5	( )	10	( )	
4. LAVATORY	5	( )	5	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK	1	( )	2	( )	
8. SERVICE SINK	1	( )	3	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		20		

GALLONS PER MINUTE _____

SIZE of SERVICE 1"

DATE: 4-29-18 APPROVED BY: _____

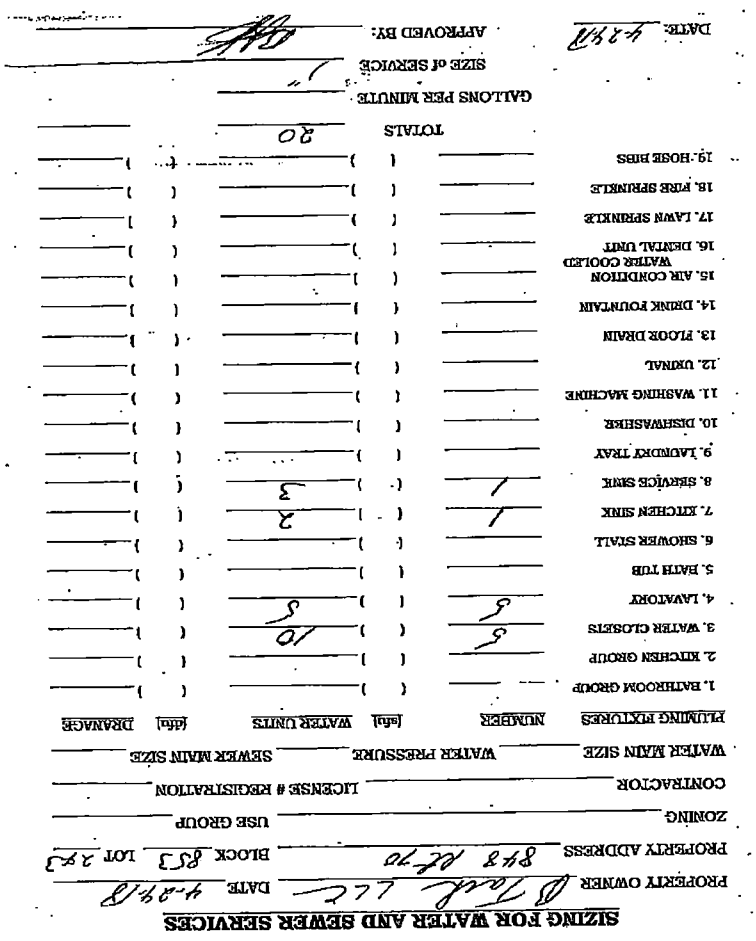
* * * Communication Result Report (Apr. 24. 2018 3:42PM) * * *

1)
2)

Date/Time: Apr. 24. 2018 3:41PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1457	Memory TX	97324585378	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



SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER [illegible] LLC DATE 4-24-18
PROPERTY ADDRESS 848 Alder BLOCK 853 LOT 243
ZONING USE GROUP
CONTRACTOR LICENSE # REGISTRATION
WATER MAIN SIZE WATER PRESSURE SEWER MAIN SIZE

PLUMBING FIXTURES	NUMBER	[sic] WATER UNITS	[sic] DRAINAGE
1. BATHROOM GROUP			
2. KITCHEN GROUP			
3. WATER CLOSETS	3	10	
4. LAVATORY	3	3	
5. BATH TUB			
6. SHOWER STALL			
7. KITCHEN SINK	1	2	
8. SERVICE SINK	1	3	
9. LAUNDRY TRAY			
10. DISHWASHER			
11. WASHING MACHINE			
12. URINAL			
13. FLOOR DRAIN			
14. DRINK FOUNTAIN			
15. AIR CONDITION WATER COOLED			
16. DENTAL UNIT			
17. LAWN SPRINKLE			
18. FIRE SPRINKLE			
19. HOSE BIBS			
TOTALS		20	

GALLONS PER MINUTE
SIZE of SERVICE 1"
APPROVED BY:
DATE: 4-24-18

853 2 17-3494

Accu-Flow Balancing Co.

CERTIFIED
BALANCE TEST REPORT
FOR

Project: Law Offices

Location: 848 NJ State Highway - Route 70
Brick, NJ 08724

Architect: Jeff Schneider Architect

Contractor: Mattina Construction, Inc.

Date: April 18, 2018

272 Titus Avenue - Suite 116
Warrington, PA 18976
Office: 267-483-5490
Fax: 267-483-5491

CERTIFICATION

PROJECT: Law Offices

LOCATION: 848 NJ State Highway Route 70
Brick, NJ 08724

THE DATA PRESENTED IN THIS REPORT IS AN EXACT RECORD OF SYSTEM PERFORMANCE AND WAS OBTAINED IN ACCORDANCE WITH NEBB STANDARD PROCEDURES. ANY VARIANCES FROM DESIGN QUANTITIES WHICH EXCEED NEBB TOLERANCES ARE NOTED THROUGHOUT THIS REPORT.

THE AIR DISTRIBUTION SYSTEMS HAVE BEEN TESTED & BALANCED AND FINAL ADJUSTMENTS HAVE BEEN MADE IN ACCORDANCE WITH NEBB "PROCEDURAL STANDARDS FOR TESTING, ADJUSTING, BALANCING OF ENVIRONMENTAL SYSTEMS" AND THE PROJECT SPECIFICATIONS.

NEBB TAB FIRM: Accu-Flow Balancing Co.
REG. NO. 3392 **CERTIFIED BY:** Michael Hensel **DATE:** 04/18/18

SUBMITTED AND CERTIFIED BY:

NEBB TAB FIRM: Accu-Flow Balancing Co.
TAB SUPERVISOR: Michael Hensel
REG. NO. 3392 **SIGNATURE:** Michael Hensel
DATE: 04/18/18 **CERTIFICATION EXPIRATION DATE:** March 31, 2019

Accu-Flow Balancing Co.

INSTRUMENT CERTIFICATION LIST

Manufacturer	Model	Serial No.	Calibration Test Date	Calibration Due Date
Alnor	Balometer / Flowhood 6461	70546189	11/12/17	11/12/18
Alnor	RVA801	A02984	01/05/18	01/05/19
Biddle	Tachometer	791511	01/08/18	01/08/19
Fluke	336 Clamp Meter	90458493	01/05/18	01/05/19
Shortridge	HydroData Multimeter HDM-250	W08127	06/27/17	06/27/18
Shortridge	Air Data Multimeter ADM-870	M91792	01/16/18	01/16/19
Shortridge	Velgrid	Part of ADM 870 Kit	01/16/18	01/16/19
Shortridge	Pitot tube	Part of ADM 870 Kit	01/16/18	01/16/19
Shortridge	Air Foil	Part of ADM 870 Kit	01/16/18	01/16/19
Shortridge	Temperature Probes	Part of ADM 870 Kit	01/16/18	01/16/19

Accu-Flow Balancing Co.

Abbreviations

Abbreviation	Represents	Abbreviation	Represents
A/L	Airlock	MAX	Maximum
ACH	Air Changes Per Hour	MER	Mechanical Equipment Room
Address	VAV Designation	MFG	Manufacturer
AHU	Air Handler Unit	MIN	Minimum
AK	Free Area	NA	Not Applicable
AMP	Amperage	NL	Not Listed
AMS	Air Monitor Station	NM	Not Measured
BCU	Blower Coil Unit	NO	Number
BHP	Break Horse Power	NP	Not Provided
BI / BO	Bag In / Bag Out	NR	Not Recorded
BLDG	Building	OA	Outside Air
BSC	Bio Safety Cabinet	OED	Open End Duct
Cal Fact	Calibration Factor	PD	Pitch Diameter
CD	Ceiling Diffuser	PRV	Power Roof Ventilator
CDWP	Condenser Water Pump	QTY	Quantity
CFM	Cubic Feet Per Minute	RF	Return Fan
CMD	Command	RH	Relative Humidity
CV	Constant Volume	RPM	Revolutions Per Minute
CVR	Constant Volume Return	RR	Return Register
CVS	Constant Volume Supply	RTU	Roof Top Unit
CWP	Chilled Water Pump	SA	Supply Air
CWS	Chilled Water Supply	SERV	Service
DEH	Dehumidifier	SERV. FACT.	Service Factor
DISCH	Discharge	SF	Supply Fan
DMP	Damper	SHV	Sheave
DP	Differential Pressure	SP	Static Pressure
EF	Exhaust Fan	SQ FT	Square Feet
EG	Exhaust Grille	SR	Supply Register
ERH	Electric Reheat	STR	Stair
ERU	Energy Recovery Unit	TDV	Triple Duty Valve
FCU	Fan Coil Unit	TEMP	Temperature
FPB	Fan Powered Box	TYP	Typical
FPM	Feet Per Minute	UK	Unknown
GPM	Gallons Per Minute	UV	Unit Ventilator
HP	Horse Power	VAV	Variable Air Volume Box
HWC	Hot Water Coil	VD	Volume Damper
HWP	Hot Water Pump	VFD	Variable Frequency Drive
HWS	Hot Water Supply	WC	Water Column
HZ	Hertz	WG	Water Gauge
ID	Identification	WMS	Wire Mesh Screen
LD	Linear Diffuser	WSHP	Water Source Heat Pump

NOTE: NOT ALL ABBREVIATIONS ARE USED IN THIS REPORT

Accu-Flow Balancing Co.

TABLE of CONTENTS

Accu-Flow Balancing Co.

Project: Law Offices Date: April 18, 2018

Summary Report

New RTU's and exhaust systems were balanced to achieve the design cfm listed. System design cfm is based on the calculated square footage of the areas served from (2) 7-1/2 ton units.

Refer to report and included marked up drawing:

272 Titus Avenue, Ste. 116 - Warrington, PA 18976 - Office: 267-483-5490 - Fax: 267-483-5491

accuflow@accuflowbalancing.com

AIR APPARATUS
TEST REPORT

PROJECT:	Law Offices		
UNIT/SYSTEM:	RTU-1 / Rooftop Unit	SERVICE:	1st Floor
LOCATION:	Roof	DRW #	M102

UNIT DATA		
MANUFACTURER / MODEL NUMBER	Daikin	DCG0902103BXXXAB
SERIAL NUMBER / DISCHARGE	1706325078	Vertical
SHEAVE MFG. / SHEAVE MODEL	Browning	7-1/4" O.D.
SHV. BUSHING / BORE	H1	1"
NO. OF BELTS / SIZE	1	AX51
NO. OF FILTERS / SIZE	4	16 x 20 x 2

MOTOR DATA			
HORSE POWER / RPM / FRAME	1.50	1745	N/L
VOLTS / PHASE / HZ	208-230	3	60
F.L. AMPS / S.F.	4.8		1.15
SHEAVE MFG. / SHEAVE MODEL	Browning		IVL40
SHV. BUSHING / BORE	———		7/8"
SHV. C.L. DISTANCE / SHV.ADJUSTMENT	18-1/4" C.L.		Maximum P.D.

TEST DATA	DESIGN	ACTUAL
TOTAL CFM	3000	3053
RETURN AIR CFM	2700	2739
OUTSIDE AIR CFM	300	314
TOTAL STATIC PRESSURE"	N/L	1.21"
EXTERNAL STATIC PRESSURE"	1.00"	0.81"
SUCTION PRESS." / DISCHARGE PRESS."	—— / ——	- 0.82" / + 0.39"
FAN R.P.M.	N/L	850
VOLTAGE	208-230	213
AMPERAGE	4.8	4.4
CORRECT ROTATION VERIFIED	———	Verified

REMARKS:	O/A = measured supply less measured return	
DATE: 04/18/18	READINGS BY: MRH / CD	PAGE: 1

GRILLE / REGISTER / DIFFUSER
TEST REPORT

PROJECT: Law Offices	
UNIT/SYSTEM: RTU-1 / Supply	DRAWING # : M102
GRD MANUF. N/L	TEST INSTRUMENT Balometer

GRILLE, REGISTER , DIFFUSER					DESIGN	ACTUAL	NOTES
AREA SERVED	NO.	TYPE	SIZE	INLET	CFM	CFM	
Office	1	CD	24 x 24	8"Ø	225	235	
Office	2	CD	24 x 24	8"Ø	250	251	
Office	3	CD	24 x 24	8"Ø	225	244	
Office	4	CD	24 x 24	8"Ø	225	234	
Office	5	CD	24 x 24	8"Ø	250	268	
Eagle Conference Room	6	CD	24 x 24	8"Ø	225	228	
Eagle Conference Room	7	CD	24 x 24	8"Ø	225	243	
Mens Room	8	CD	24 x 24	6"Ø	150	160	
Restroom	9	CD	24 x 24	6"Ø	125	133	
Rhino Conference Room	10	CD	24 x 24	8"Ø	250	238	
Reception 1st Floor	11	CD	24 x 24	10"Ø	350	341	
Vestibule	12	CD	24 x 24	8"Ø	250	247	
Open Office	13	CD	24 x 24	8"Ø	250	231	
					/	/	
Total					3000	3053	

REMARKS:

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GRILLE / REGISTER / DIFFUSER
TEST REPORT

PROJECT: Law Offices	
UNIT/SYSTEM: RTU-1 / Return	DRAWING # : M102
GRD MANUF. N/L	TEST INSTRUMENT Balometer

GRILLE, REGISTER , DIFFUSER					DESIGN	ACTUAL	NOTES
AREA SERVED	NO.	TYPE	SIZE	INLET	CFM	CFM	
Corridor	R-1	RG	24 x 24	14"Ø	900	855	
Corridor	R-2	RG	24 x 24	14"Ø	900	956	
Corridor	R-3	RG	24 x 24	14"Ø	900	928	
					/	/	
Total					2700	2739	

REMARKS:

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AIR APPARATUS
TEST REPORT

PROJECT:	Law Offices		
UNIT/SYSTEM:	RTU-2 / Rooftop Unit	SERVICE:	1st Floor
LOCATION:	Roof	DRW #	M102

UNIT DATA		
MANUFACTURER / MODEL NUMBER	Daikin	DCG0902103BXXXAB
SERIAL NUMBER / DISCHARGE	1709279861	Vertical
SHEAVE MFG. / SHEAVE MODEL	Browning	7-1/4" O.D.
SHV. BUSHING / BORE	H2	1"
NO. OF BELTS / SIZE	1	AX51
NO. OF FILTERS / SIZE	4	16 x 20 x 2

MOTOR DATA			
HORSE POWER / RPM / FRAME	1.50	1745	N/L
VOLTS / PHASE / HZ	208-230	3	60
F.L. AMPS / S.F.	4.8	1.15	
SHEAVE MFG. / SHEAVE MODEL	Browning	IVL40	
SHV. BUSHING / BORE	———	7/8"	
SHV. C.L. DISTANCE / SHV.ADJUSTMENT	18-1/4" C.L.	Maximum P.D.	

TEST DATA	DESIGN	ACTUAL
TOTAL CFM	3000	2978
RETURN AIR CFM	2700	2662
OUTSIDE AIR CFM	300	314
TOTAL STATIC PRESSURE"	N/L	1.40"
EXTERNAL STATIC PRESSURE"	1.00"	0.96"
SUCTION PRESS." / DISCHARGE PRESS."	—— / ——	- 0.86" / + 0.54"
FAN R.P.M.	N/L	860
VOLTAGE	208-230	212
AMPERAGE	4.8	4.5
CORRECT ROTATION VERIFIED	———	Verified

REMARKS:	O/A = measured supply less measured return	
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GRILLE / REGISTER / DIFFUSER
TEST REPORT

PROJECT: Law Offices	
UNIT/SYSTEM: RTU-2 / Supply	DRAWING # : M102
GRD MANUF. N/L	TEST INSTRUMENT Balometer

GRILLE, REGISTER , DIFFUSER					DESIGN	ACTUAL	NOTES
AREA SERVED	NO.	TYPE	SIZE	INLET	CFM	CFM	
Kitchenette	1	CD	24 x 24	10"Ø	360	339	
Open Office	2	CD	24 x 24	10"Ø	250	234	
Office	3	CD	24 x 24	8"Ø	225	218	
Office	4	CD	24 x 24	8"Ø	250	259	
Copy Room	5	CD	24 x 24	8"Ø	225	244	
Office	6	CD	24 x 24	8"Ø	225	228	
Office	7	CD	24 x 24	8"Ø	225	220	
Shark Conference Room	8	CD	24 x 24	8"Ø	225	232	
Shark Conference Room	9	CD	24 x 24	8"Ø	225	227	
Womens Room	10	CD	24 x 24	6"Ø	150	160	
Gator Conference Room	11	CD	24 x 24	8"Ø	260	250	
Restroom	12	CD	24 x 24	6"Ø	130	133	
Open Office	13	CD	24 x 24	8"Ø	250	234	
					/	/	
Total					3000	2978	

REMARKS:

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GRILLE / REGISTER / DIFFUSER
TEST REPORT

PROJECT: Law Offices	
UNIT/SYSTEM: RTU-2 / Return	DRAWING # : M102
GRD MANUF. N/L	TEST INSTRUMENT Balometer

GRILLE, REGISTER , DIFFUSER					DESIGN	ACTUAL	NOTES
AREA SERVED	NO.	TYPE	SIZE	INLET	CFM	CFM	
Corridor	R-1	RG	24 x 24	14"Ø	900	844	
Corridor	R-2	RG	24 x 24	14"Ø	900	887	
Corridor	R-3	RG	24 x 24	14"Ø	900	931	
					/	/	
Total					2700	2662	

REMARKS:

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CABINET EXHAUST FAN
TEST REPORT

PROJECT:	Law Offices	
SYSTEM:	Exhaust	DRAWING #: M102

FAN DATA	
FAN NUMBER	EF-1
LOCATION	Above Ceiling
AREA SERVED	Mens Room & Restroom
MANUFACTURER	Fan Tech
MODEL NUMBER	FR100

MOTOR DATA	
HORSEPOWER	19.5 (watts)
VOLTS / PHASE / HZ	115 / 1 / 60
AMPERAGE	0.17
RPM	N/L

TEST DATA	DESIGN	ACTUAL
CFM	100	94

REMARKS:

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GRILLE / REGISTER / DIFFUSER
TEST REPORT

PROJECT: Law Offices	
UNIT/SYSTEM: EF-1 / Exhaust	DRAWING # : M102
	TEST INSTRUMENT: Balometer

GRILLE, REGISTER , DIFFUSER					DESIGN	ACTUAL	NOTES
AREA SERVED	NO.	TYPE	SIZE	INLET	CFM	CFM	
Mens Room	E-1	EG	4"Ø	4"Ø	50	45	
Restroom	E-2	EG	4"Ø	4"Ø	50	49	
					/	/	
Total					100	94	

REMARKS:

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CABINET EXHAUST FAN
TEST REPORT

PROJECT:	Law Offices	
SYSTEM:	Exhaust	DRAWING #: M102

FAN DATA	
FAN NUMBER	EF-2
LOCATION	Above Ceiling
AREA SERVED	Womens Room & Restroom
MANUFACTURER	Fan Tech
MODEL NUMBER	FR100

MOTOR DATA	
HORSEPOWER	19.5 (watts)
VOLTS / PHASE / HZ	115 / 1 / 60
AMPERAGE	0.17
RPM	N/L

TEST DATA	DESIGN	ACTUAL
CFM	100	92

REMARKS:

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GRILLE / REGISTER / DIFFUSER
TEST REPORT

PROJECT: Law Offices	
UNIT/SYSTEM: EF-2 / Exhaust	DRAWING # : M102
	TEST INSTRUMENT: Balometer

GRILLE, REGISTER , DIFFUSER					DESIGN	ACTUAL	NOTES
AREA SERVED	NO.	TYPE	SIZE	INLET	CFM	CFM	
Womens Room	E-1	EG	4"Ø	4"Ø	50	45	
Restroom	E-2	EG	4"Ø	4"Ø	50	47	
					/	/	
Total					100	92	

REMARKS:

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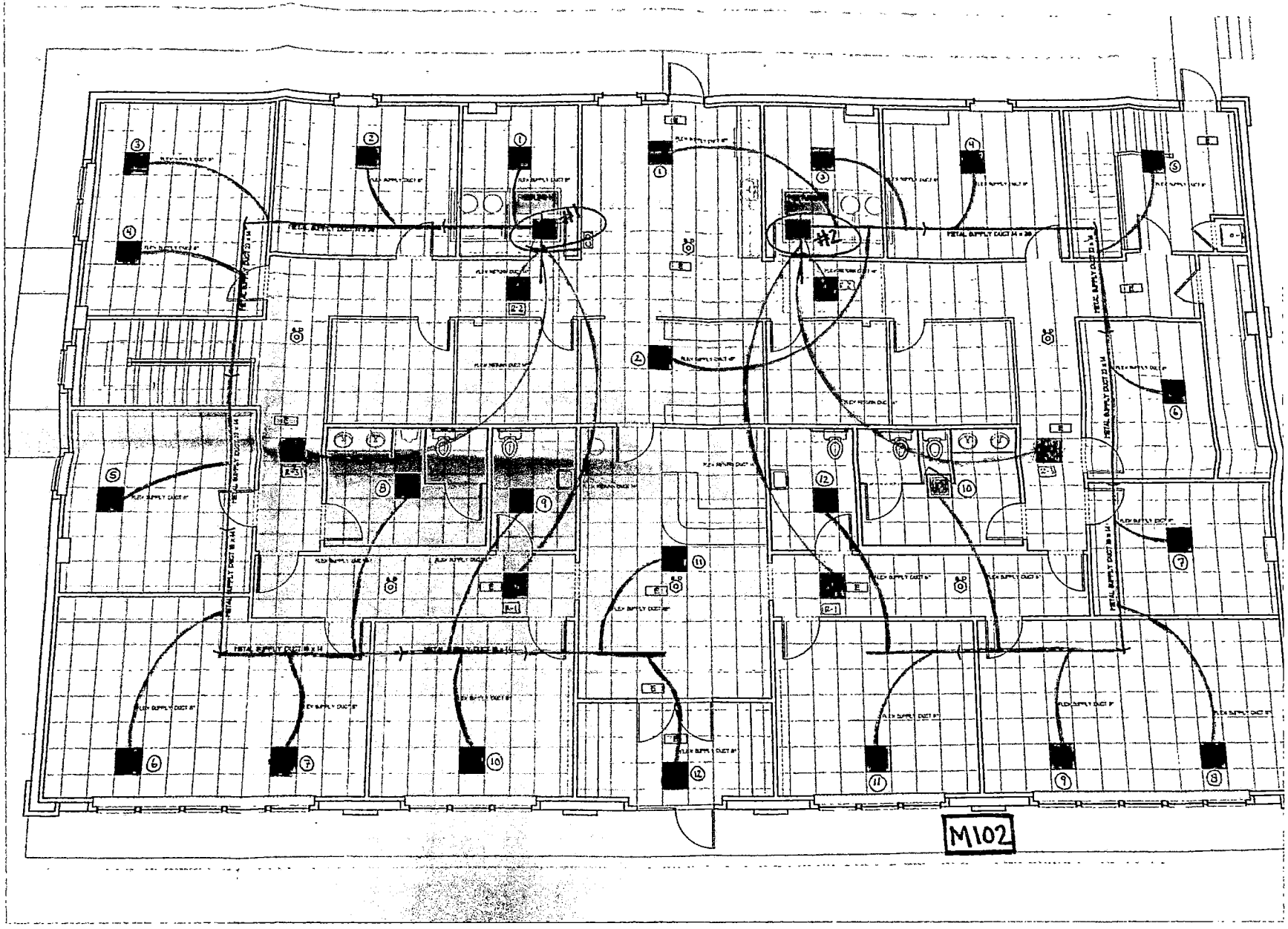
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M102