BLOCK 382 LOT 1.02 QUALIFICATION CODE _____ ADDRESS (SITE) 116 Brick Blvd PERMIT NO. 12-0025

CONSTRUCTION PERMIT APPLICATION

C-11-064612

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

I. IDENTIFICATION

1. Proposed Work Site at: Wawa Food Market 997
2. Name of Owner in Fee: FNC Realty Corp
   Tel. (516) 869-2032 e-mail _____
   Address 3333 New Hyde park, Ste.100, New Hyde Park, NY 11042 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Jeb Construction Tel. (856) 697-0895
   Address 32 Gorgo Lane Newfield NJ 08344 e-mail joe@jebconstructioninc.com
   License No. OR, if new home, Builder Reg. No. 13VH03037500 Exp. Date 12/31/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223823326 FAX: (856) 697-4533
5. Architect or Engineer LMA Architects LLC Contact Oscar Martinez
   Address 921 Penllyn-Blue Bell Pike Blue Bell PA e-mail oscar@lynchmartinez.com
   Tel. (215) 641-4830 FAX: (215) 641-6769
6. Responsible Person in Charge once Work has Begun John Millard wawa Project Manager
   Tel. (609) 706-5417 FAX: (856) 983-7678

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 840		
2. Electrical	105		
3. Plumbing	90		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	25		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1160		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	one	
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	no change sq. ft.	
5. Volume of New Structure	no change cu. ft.	
6. Construction Classification	VB	
7. Total Land Area Disturbed	no change sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load	100#	
12. Max. Occupancy Load		

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	$8,000		RECD DEC 12 2011		12/20/11	MW			
☒	Electrical	$3,275				12/23/11	JT			
☒	Plumbing	$1,200				12/20/11	MW			
☐	Fire Protection									
☐	Elevator									
	TOTAL COSTS	$12,475								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ _____
   After Construction _____ _____
   Net Gain or Loss _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Mercantile
2. Use Group: M Mercantile
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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(e)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. (X) 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 12/9/11

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 John C Millard Project Manager Wawa Inc.

Address 260 W Baltimore Pike Wawa Pa 19063-5695

Telephone (609) 706-5417 cell

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/21/2012
Control Number C-11-004612
Permit Number 12-0025
Permit Issue Date 01/04/2012
Certificate Number 12-0025

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 116 BRICK BLVD. Brick Township, NJ Block: 382 Lot: 1.02 Qual:

Owner in Fee: FLOWER TIME, INC.% KIMCO REALTY

Owner Address: 3333 NEW HYDE PARK RD NEW HYDE PARK NY 11042

Telephone:

Contractor JEB CONSTRUCTION INC

Address 32 GORGO LANE NEWFIELD NJ 08344

Telephone: (856) 697-0895 Fax: (856) 697-4533

License Number or Builders Registration Number: Federal Emp. Number: 223823326

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL espresso machine/cabinets/counter tops/electric baking oven

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: $0.00
Check Number:
Collected By:

Date Printed: 02/21/2012 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 12.0025

Date Issued
Permit # 1/4/12

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

Block 382 Lot 1.02 Qualification Code

Work Site Location Wawa Food Market 997
116 Brick Blvd, Brick Twp, NJ 08723

Owner in Fee: FNC Realty Corp

Tel. (516) 869-2032 e-mail

Address 3333 New Hyde Park, Ste.100, New Hyde Park, NY 11042
(street) (municipality) (zip code)

Contractor: Karl Townsend Tel. (215) 651-1911

Address 4846 Cypress Avenue, Trevose, PA 19053 e-mail townsend1385@comcast.net

Contractor License No. 13049 Exp. Date 2012

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

Federal Emp. ID No. 182606276 FAX: (215) 953-6963

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Commercial Utility Co.

Est. Cost of Elec. Work $ 3,275.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved

Date 12/22/11
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date 2-21-12
Approved by: JJ

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-16-12	DT
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.

Karl Townsend
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install (1) 30 amp double pole circuit twist lock outlet for Espresso Machine
Install (1) 50 amp 3 pole circuit twist lock outlet for baking Oven
Install (3) Lighting Tracks and a total of (7) Heads

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	6.2	KW Oven/Surface Unit	
1	10.4	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. 10/06)
Internet version

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-0025

Date Issued / Permit # 1/4/12

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

Block 382 Lot 1.02 Qualification Code

Work Site Location Wawa Food Market 997
116 Brick Blvd, Brick Twp, NJ 08723

Owner in Fee: FNC Realty Corp

Tel. (516) 869-2032 e-mail

Address 3333 New Hyde Park ste.100, New Hyde Park, NY 11042
street municipality zip code

Contractor: Nielsen Plumbing Tel. (732) 920-1695

Address 241 Cherry Quay Rd Brick NJ e-mail ronaldnielsen@comcast.net

Contractor License No. 8568 Exp. Date

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

Federal Emp. ID No. 158-54-4466 FAX: (732) 920-1695

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,200.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 12/30/11
Approved by: MM

SUBCODE APPROVAL 12-22-11
[ ] CO [ ] CCO [✓] CA
Date: 2-21-12
Approved by: BC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	FINAL		02-16-12	PM

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install water line to new Espresso Machine and indirect water line to existing floor drain. Install water line to new baking oven and indirect water line to existing floor drain. Disconnect existing plumbing and reconnect existing plumbing where necessary.

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

indirect waste Condensate

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

U.C.C. F130 (rev. 10/06)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12.0025
Permit #

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

Block 382 Lot 1.02 Qualification Code

Work Site Location Wawa Food Market 997
116 Brick Blvd, Brick Twp, NJ 08723

Owner in Fee: FNC Realty Corp

Tel. (516) 869-2032 e-mail

Address 3333 New Hyde Park Ste.100, New Hyde Park, NY 11042
street municipality zip code

Contractor: JEB Construction Inc Tel. (856) 697-0895

Address 32 Gorgo Lane Newfield NJ 08344 e-mail joe@jebconstructioninc.com

Contractor License No. or Builder Registration No. 13VH03037500 Exp. Date 12/31/12

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

Federal Emp. ID No. 223823326 FAX: (856) 697-4533

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.

1/4/12

Signature Joseph Burgese, JEB Construction Inc

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing new cabinets and counter tops for new oven, espresso machine.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/26/11	KW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date 2/21/12
Approved by

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-16-12	LE
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group	Present M Mercantile	Proposed No change	
Constr. Class	Present VB	Proposed No change	
No. of Stories	One		
Height of Structure			Ft.
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors	no change		Sq. Ft.
Volume of New Structure	no change		Cu. Ft.
Total Land Area Disturbed	no change		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 8,000.00
3. Total (1+ 2) $ 8,000.00

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 12.0025
Permit #

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

Block 382 Lot 1.02 Qualification Code

Work Site Location Wawa Food Market 997
116 Brick Blvd, Brick Twp, NJ 08723

Owner in Fee: FNC Realty Corp

Tel. (516) 869-2032 e-mail

Address 3333 New Hyde Park Ste.100, New Hyde Park, NY 11042
street municipality zip code

Contractor: JEB Construction Inc Tel. (856) 697-0895

Address 32 Gorgo Lane Newfield NJ 08344 e-mail joe@jebconstructioninc.com

Contractor License No. or Builder Registration No. 13VH03037500 Exp. Date 12/31/12

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

Federal Emp. ID No. 223823326 FAX: (856) 697-4533

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 12/20/11 KW
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day) — Initial

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Mercantile Proposed No change
Constr. Class Present VB Proposed No change
No. of Stories One
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors no change Sq. Ft.
Volume of New Structure no change Cu. Ft.
Total Land Area Disturbed no change Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 8,000.00
3. Total (1+ 2) $ 8,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature Joseph Burgese, JEB Construction Inc

1/4/12

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing new cabinets and counter tops for new oven, espresso machine.

COMMERCIAL

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
- [X] Other Minor interior enhancement
- [ ] 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.

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12-0025

Date Issued / Permit # 1/4/12

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

Block 382 Lot 1.02 Qualification Code

Work Site Location Wawa Food Market 997
116 Brick Blvd, Brick Twp, NJ 08723

Owner in Fee: FNC Realty Corp

Tel. (516) 869-2032 e-mail

Address 3333 New Hyde Park ste.100, New Hyde Park, NY 11042
street municipality zip code

Contractor: Nielsen Plumbing Tel. (732) 920-1695

Address 241 Cherry Quay Rd Brick NJ e-mail ronaldnielsen@comcast.net

Contractor License No. 8568 Exp. Date

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

Federal Emp. ID No. 158-54-4466 FAX: (732) 920-1695

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,200.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/20/11
Approved by:

SUBCODE APPROVAL 12-22-11
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install water line to new Espresso Machine and indirect water line to existing floor drain. Install water line to new baking oven and indirect water line to existing floor drain. Disconnect existing plumbing and reconnect existing plumbing where necessary.

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

indirect waste (condensate)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 12.0025

Date Issued
Permit # 1/4/12

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

Block 382 Lot 1.02 Qualification Code

Work Site Location Wawa Food Market 997
116 Brick Blvd, Brick Twp, NJ 08723

Owner in Fee: FNC Realty Corp

Tel. (516) 869-2032 e-mail

Address 3333 New Hyde Park, Ste.100, New Hyde Park, NY 11042
street municipality zip code

Contractor: Karl Townsend Tel. (215) 651-1911

Address 4846 Cypress Avenue, Trevose, PA 19053 e-mail townsend1385@comcast.net

Contractor License No. 13049 Exp. Date 2012

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

Federal Emp. ID No. 182606276 FAX: (215) 953-6963

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Commercial Utility Co.

Est. Cost of Elec. Work $ 3,275.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 12/29/11
Approved by: BS

SUBCODE APPROVAL
[ ] 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.

Karl Townsend
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install (1) 30 amp double pole circuit twist lock outlet for Espresso Machine
Install (1) 50 amp 3 pole circuit twist lock outlet for baking Oven
Install (3) Lighting Tracks and a total of (7) Heads

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	6.2	KW Oven/Surface Unit	
1	10.4	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. 10/06)
Internet version

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12/9/11

Established 1803

Township of Brick
Building Department
401 Chambers Bridge Road
Brick Twp, NJ 08723

Wawa Food Market 997
116 Brick Blvd
Brick Twp, NJ 08723
Block: 382
Lot: 1.02

To Whom It May Concern,

I have enclosed a completed building permit application for minor interior work to be completed at above address.

Project Scope;
Installing new cabinets and counter tops for new baking oven and espresso machine.
Installing (1) 30 amp double pole circuit twist lock outlet for espresso machine.
Installing (1) 50 amp 3 pole circuit twist lock outlet for baking oven.
Installing (3) lighting tracks and a total of (7) heads.
Installing water line to new espresso machine and baking oven with indirect water lines to existing floor drains from both.

If you have any questions please don't hesitate to give me a call.

Sincerely,

John C. Millard
Corporate Project Manager Wawa Inc
E-mail: john.c.millard@wawa.com
609 706-5417
610 268-3056 Fax