

BLOCK 470.01 LOT 16

QUALIFICATION CODE

ADDRESS (SITE) 595 Brick Blvd

PERMIT NO.

08-1049

REC'D APR 07 2008



CONSTRUCTION PERMIT APPLICATION

C08-001472

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

I. IDENTIFICATION

1. Proposed Work Site at: Wawa Food Market 923, 595 Brick Blvd.
2. Name of Owner in Fee: Wawa Inc.
 Tel. (609) 706-5417 e-mail john.c.millard@wawa.com
 Address 260 West Baltimore Pike, Wawa PA 19063
street municipality zip code
3. Ownership in Fee: Public ☐ Private ☒
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 12/31/08
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
 Federal Emp. ID No. 223823326 FAX: (856) 697-4533
5. Architect or Engineer Lynchmartinez Contact Oscar Martinez
 Address 20 S Maple St, Ambler PA 19002 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	\$ <u>240</u>		
2. Electrical	<u>40</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review \$			
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>16</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	<u>296</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories one
2. Height of Structure 19 ft.
3. Area — Largest Floor 4,138 sq. ft.
4. New Building Area no change sq. ft.
5. Volume of New Structure no change cu. ft.
6. Construction Classification 5B
7. Total Land Area Disturbed no change sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation
10. Wetlands yes ☐ no ☒
11. Max. Live Load 100#
12. Max. Occupancy Load 120

(office use only)

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)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
10,000						6-25-08		
1,200				4-20-08	W	5-15-08		

TOTAL COSTS 11,200

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/02/2008
Control Number C-08-001472
Permit Number 08-1049
Permit Issue Date 04/21/2008
Certificate Number 08-1049

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 595 BRICK BLVD. BRICK, NJ 08723 Block: 470.01 Lot: 16 Qual: _____
Owner in Fee: WAWA, INC
Owner Address: 260 W BALTIMORE PIKE WAWA PA 19063
Telephone: (609) 706-5417
Contractor: WAWA, INC
Address: 260 W BALTIMORE PIKE WAWA PA 19063
Telephone: (609) 706-5417 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M

Construction Classification: _____

Maximum Live Load: 0

Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S) REMOVING SELF CONTAINED DELI CASE AND INSTALLING CABINET. REPLACING ALL COUNTER TOPS AND POST MIX CABINET. AS NECESSARY PAINTING ALL INTERIOR WALLS AND DOORS.

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: _____

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name John C Millard Project Manager Wawa Inc.

Address 260 W Baltimore Pike Wawa Pa 19063-5695

Telephone (609) 706-5417 cell

Signature John C Millard For Wawa Inc 4/

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



BUILDING SUBCODE TECHNICAL SECTION



COMMERCIAL

Date Received 04/08/2008
Control # C-08-001472
Date Issued 4-31-08
Permit # 08-1049

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

Block 470.01 Lot 16 Qualification Code

Work Site Location: 595 BRICK BLVD. BRICK, NJ 08723

Owner in Fee: WAWA, INC

Address 260 W BALTIMORE PIKE WAWA PA 19063

Tel. (609) 706-5417

Contractor: JEB CONSTRUCTION INC

Address 32 GORGO LANE NEWFIELD NJ 08344

Tel. (856) 697-0895

Fax. (856) 697-4533

Contractor License No. or, if new home, Bldgs Reg. No.

Federal Employee No. 223823326

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

☐ Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 6/15/08

Approved by: [Signature]

INSPECTIONS

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 5/22/08

Reopen 6/11/08

Est. Cost of Bldg. Work:

1. New Bldg. \$0

2. Rehabilitation \$10,000

3. Total (1+2) \$10,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S), REMOVING SELF CONTAINED DELI CASE AND INSTALLING CABINET, REPLACING ALL COUNTER TOPS AND POST MIX CABINET, AS NECESSARY PAINTING ALL INTERIOR WALLS AND DOORS.

INSTALLING TWO RECEPTACLES.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6') Sq. Ft.

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$0

\$0

\$14

\$254



ELECTRICAL SUBCODE TECHNICAL SECTION



COMMERCIAL

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Date Received 04/08/2008
Date Issued 4-31-08
Control # C-08-001472
Permit # 08-1049

Block 470.01 Lot 16 Qualification Code

Work Site Location: 595 BRICK BLVD. BRICK, NJ 08723

Owner in Fee: WAWA, INC

Address: 260 W BALTIMORE PIKE WAWA PA 19063

Tel. (609) 706-5417

Contractor: KELLY KILOWATT ELEC CO INC

Address: P O BOX 886 LAKEWOOD NJ 08701-

Tel. 732/367-3030

Fax:

Lic No. 5918

Federal Employee No. 15-4362978

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

Pole/Pad # Temporary Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plan
Required

Joint Plan Review Required

Building Plumbing

Fire Elevator

Electrical Plans Approved

Date: 4/9/08

Approved by: [Signature]

INSPECTIONS

Type: Rough Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

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

SUBCODE APPROVAL

CO CCG-CA

Date: 5-13-08

Approved by: [Signature]

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contr Cert'd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptical

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Recepticle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



CONSTRUCTION PERMIT

Date Issued 4/21/2008
Control # C-08-001472
Permit # 08-1049

IDENTIFICATION Block: 470.01 Lot: 16 Qualifier _____
Work Site Location: 595 BRICK BLVD. BRICK, NJ 08723 Contractor WAWA, INC
Owner in Fee WAWA, INC Address 260 W BALTIMORE PIKE WAWA PA 19063
260 W BALTIMORE PIKE WAWA PA 19063 Telephone: (609) 706-5417
Telephone: (609) 706-5417 Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, INTERIOR ALTERATION(S) REMOVING SELF CONTAINED DELI
CASE AND INSTALLING CABINET. REPLACING ALL COUNTER TOPS AND POST MIX
CABINET. AS NECESSARY PAINTING ALL INTERIOR WALLS AND DOORS.

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$11,200

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$240
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$16
CO Fee	
Other	\$0
Total	\$296
Check No.	1000119356
Cash	\$0
Credit	\$0
Collected By	Inspection Account

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



BUILDING SUBCODE
TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block 470.01 Lot 16 Qualification Code _____

Work Site Location Wawa Food Markets 923

595 Brick Blvd. Bricktown, NJ 08723

Owner in Fee: Wawa Inc.

Tel. (609) 706-5417 e-mail john.c.millard@wawa.net

Address 260 West Baltimore Pike, Wawa Pa, 19063 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 12/31/2008

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	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☐ No Plans Required			Type					
☐ All			Footings					
☐ Footings			Footings Bonding					
☐ Foundation			Foundation					
☐ Frame			Slab					
☐ Other			Frame					
☐ Joint Plan Review Required:			Truss Sys./Bracing					
☐ Elec			Barrier-Free					
☐ Plumb			Insulation					
☐ Fire			Finishes-Base Layer					
☐ Elevator			Finishes-Final					
☐ CA			Energy					
☐ TCO			Mechanical					
☐ Other			Other					
☐ Final			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present M Mercantile Proposed No change Est. Cost of Bldg. Work:

Constr. Class Present 5B Proposed No change 1. New Bldg. \$ 10,000

No. of Stories One 2. Rehabilitation \$ 10,000

Height of Structure n/a 3. Total (1+2) \$ 10,000

Area — Largest Floor no change 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. _____

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 John C. Millard

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removing self contained deli case and installing cabinet. Replacing all counter tops and post mix cabinet. As necessary painting all interior walls and doors.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Sliding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other Minor interior enhancement
- ☐ Demolition

FEE (Office Use Only)

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

COMMERCIAL



4/5/08

Township of Brick
Municipal Building
401 Chambers Bridge Road
Brick Township NJ 08723

Wawa Food Markets 923
595 Brick Boulevard
Brick Township NJ 08723

Block 470.01 Lot 16

Mr. Newman

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

Project scope;
Removing self contained deli case and installing cabinet. Replacing all counter tops on existing cabinets painting interior wall and doors.

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

Sincerely ,

John C. Millard
Corporate Project Manager Wawa Inc
609 706-5417
Fax 856 983-7678



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 470.01 Lot 16 Qualification Code _____

Work Site Location Wawa Food Markets 923

595 Brick Blvd Bricktown, NJ 08723

Owner in Fee: Wawa Inc

Tel. (609) 706-5417 e-mail john.c.millard@wawa.com

Address 260 West Baltimore Pike Wawa Pa 19063

Contractor: Kelly Kilowatt Electric Tel. (732) 367-3030

Address PO Box 886 Lakewood, NJ 08701 e-mail Jon.Kellykilowatt@verizon.net

Contractor License No. 5918

Exp. Date _____

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

Federal Emp. ID No. 22-2235-701

FAX: (732) 363-3878

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as Commercial Utility Co. _____

Est. Cost of Elec. Work \$ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
Date	Initial	Type	Failure	Failure	Approval
☐ No Plans Required		Rough			
Joint Plan Review Required:					
☐ Building	☐ Plumbing	Barrier-Free			
☐ Fire	☐ Elevator	Trench			
☐ Elec. Plans Approved		Temp. Serv.			
Date: _____		Constr. Serv.			
Approved by: _____		TCO			
		Other			
		Service			
		Final			
		Barrier-Free			
SUBCODE APPROVAL					
☐ LCO	☐ CCO	☐ CA			
Date: _____		Temp. Cut-in-Card Date Issued			
		Final Cut-in-Card Date Issued			
Approved by: _____		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's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

U.C.C. F120 (rev. 10/06)
Internet version

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 2 receptacles

Date Received
Control #
Date Issued
Permit #

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with LWW 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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