BLOCK 1170 LOT 10.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1696 Rt #88, BRICK PERMIT NO. 12-0468

NEW HOME

CONSTRUCTION PERMIT APPLICATION

C-11-02842

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

I. IDENTIFICATION

1. Proposed Work Site at: 1696 Rt #88, BRICK NJ
2. Name of Owner in Fee: ROTOLO HOWARD REALTY, LLC.
   Tel. (732) 223-7471 e-mail _____
   Address 525 JACK MARTIN BLVD, BRICK NJ. 08723
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BLUE ROCK CONSTRUCTION Tel. (609) 747-7758
   Address 1712 HANCOCK LANE e-mail _____
   BURLINGTON, NJ 08016
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 01-0548802 FAX: (609) 747-7768
5. Architect or Engineer FELDMAN & FELDMAN Contact DAVE FELDMAN
   Address 49 County Rd. 537 West Colts Neck NJ 07722 e-mail _____
   Tel. (732) 761-8182 FAX: (732) 761-8185
6. Responsible Person in Charge once Work has Begun JOHN T. BYRNE, JR.
   Tel. (~~215~~) ~~591-2777~~ 609 747-7758 FAX: (609) 747-7768

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1,337	40	50
2. Electrical	440	40	50
3. Plumbing	288	130	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 141		
9. State Permit Surcharge Fee		2	1
10. Subtotal	$ 215		
11. Cert. of Occupancy			
12. Other EP	150		
13. TOTAL	$ 2653	142	51

+C 60 60

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	24 ft.	
3. Area — Largest Floor	1480 sq. ft.	+D
4. New Building Area	2960 sq. ft.	P. 120
5. Volume of New Structure	36176 cu. ft.	120
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

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	100,000		8/2/2012	10/6/11 8/28/12		MT			
☒ Electrical	40,000							6/13/12	
☒ Plumbing	29000			10/13/11			2/2/12	6/9/12	
☒ Fire Protection	18000			10/13/11					
☒ Elevator	35000	Emy	10/5/11		10/5/11				
TOTAL COST	244,000.00								

8/6/12

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: OFFICE
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/1/2013
Control Number C-11-002842
Permit Number 12-0468
Permit Issue Date 3/2/2012
Certificate Number 12-0468

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1696 ROUTE 88 Medical Office Building Brick Township, NJ Block: 1170 Lot: 10.01 Qual:

Owner in Fee: ROTOLO & HOWARD REALTY ASSO LLC

Owner Address: 2401 RTE 35 MANASQUAN NJ 08736

Telephone:

Contractor BLUE RIDGE CONSTRUCTION INC

Address 1712 Hancock Lane BURLINGTON NJ 08016

Telephone: (609) 747-7758 Fax:

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

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: COMMERCIAL ADDITION

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: $215.00
Check Number: 4980
Collected By: Kim Bogan

Date Printed: 8/1/2013

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

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

*****TEMPORARY UNTIL 1" TAPS DONE****

CERTIFICATE OF COMPLIANCE

Date 2-19-13

NAME R.C.Associates

ADDRESS 2401 Rte 35 Ste A Manasquan NJ 08736

PROPERTY LOCATION 1696 Route 88 W 1ST FLOOR ONLY

Account No 17308006-0 Block 1170 Lot 10.01

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.

12-0468

For the Authority Diane Oplure

CONSTRUCTION PERMIT

Date Issued 3/2/12
Control # C-11-002842
Permit # 12-0468

IDENTIFICATION Block: 1170 Lot: 10.01 Qualifier
Work Site Location: 1696 ROUTE 88 Medical Office Building Brick Township, NJ
Owner in Fee ROTOLO & HOWARD REALTY ASSO LLC
2401 RTE 35 MANASQUAN NJ 08736
Telephone:

Contractor BLUE RIDGE CONSTRUCTION INC
Address 1712 Hancock Lane BURLINGTON NJ 08016
Telephone: (609) 747-7758
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
COMMERCIAL ADDITION

Note: If constuction 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 $201,000

Construction Official 3-1-12 Date

PAYMENTS (Office Use Only)

Building	$1,337
Electrical	$440
Plumbing	$270
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$141
CO Fee	$215.00
Other	$150
Total	$2,653
Check No.	4980
Cash	$0
Credit	$0
Collected By	

+50 2703

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

001 SERV.001
#0468
BUIL $1,337.00
ELECTRIC $440.00
PLUMBING $270.00
FIRE $100.00
DCA $141.00
DLR $215.00
EPA $150.00
CHECK $2653.00

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 3-15-12
Control # C-11-002842+A
Permit # 12-0468+A

IDENTIFICATION Block: 1170 Lot: 10.01 Qualifier
Work Site Location: 1696 ROUTE 88 Medical Office Building Brick Township, NJ
Owner in Fee ROTOLO & HOWARD REALTY ASSO LLC
2401 RTE 35 MANASQUAN NJ 08736
Telephone:

Contractor BLUE RIDGE CONSTRUCTION INC
Address 1712 Hancock Lane BURLINGTON NJ 08016
Telephone: (609) 747-7758
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:
ALARM SYSTEM (BURGLAR OR FIRE), SMOKES

Note: If constuction 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 $9,000

Construction Official 3-14-12 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$172
Check No.	5037
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

Called CO 3/14/12

PERMIT UPDATE

Date Update Issued 3-15-12
Control # C-12-000722
Permit # 12-0468+B

IDENTIFICATION Block: 1170 Lot: 10.01 Qualifier
Work Site Location: 1696 ROUTE 88 Medical Office Building Brick Township, NJ
Owner in Fee: ROTOLO & HOWARD REALTY ASSO LLC
2401 RTE 35 MANASQUAN NJ 08736
Telephone:

Contractor: BLUE RIDGE CONSTRUCTION INC
Address: 1712 Hancock Lane BURLINGTON NJ 08016
Telephone: (609) 747-7758
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:
SERVICE Temporary

Note: If constuction 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 $750

Construction Official

Date 3-14-12

PAYMENTS (Office Use Only)

Building	$0
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$51
Check No.	CH
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

Sticker w/ Certificate 6-15-12

6-21-12

PERMIT UPDATE

Date Update Issued
Control # C-12-002092
Permit # 12-0468+C

IDENTIFICATION Block: 1170 Lot: 10.01 Qualifier
Work Site Location: 1696 ROUTE 88 Medical Office Building Brick Township, NJ
Owner in Fee: ROTOLO & HOWARD REALTY ASSO LLC
2401 RTE 35 MANASQUAN NJ 08736
Telephone:

Contractor: BLUE RIDGE CONSTRUCTION INC
Address: 1712 Hancock Lane BURLINGTON NJ 08016
Telephone: (609) 747-7758
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:
WATER SERVICE CONNECTION 3/4" to 1" line

Note: If constuction 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 $150

Construction Official

6-14-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$60
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued
Control # C-12-002851
Permit # 12-0468+D

IDENTIFICATION Block: 1170 Lot: 10.01 Qualifier
Work Site Location: 1696 ROUTE 88 Medical Office Building Brick Township, NJ
Owner in Fee: ROTOLO & HOWARD REALTY ASSO LLC 2401 RTE 35 MANASQUAN NJ 08736
Telephone:
Contractor: BLUE RIDGE CONSTRUCTION INC
Address: 1712 Hancock Lane BURLINGTON NJ 08016
Telephone: 6097477758
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:
BACKFLOW PREVENTER/LAWN SPRINKLER, WATER SERVICE CONNECTION

Note: If constuction 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 $4,000

Construction Official

Date 3-6-12

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$120
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$120
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 3/2/12
Control #:
Date Issued:
Permit #: 12.0468

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

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 Rt #88 (street) BRICK (municipality), NJ 08723 (zip code)

Owner in Fee: Rotolo Howard Realty, LLC.

Tel. (732) 223-7471 e-mail

Address 525 Jack Martin Blvd, Brick, NJ 08723

Contractor: Abbott Mechanical Contrs Tel. (856) 795-1211

Address 2003 Old Cuthbert Rd e-mail

Cherry Hill NJ 08034

Contractor License No. 5020 Exp. Date 06-11

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

Federal Emp. ID No. 22-2700056 FAX: (856) 428-8454

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size 4 Public Sewer ✓ Private Septic

Water Service Size 1 Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 29,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: 2/2/12 Approved by: MM

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2-2-12

Approved by: WEW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 3-5-13

Approved by: JW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5/7/12	MM
Water			7/3/12	MM
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	7/3/12		7/17/12	MM
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			7/19/12	MM
Final	7/17/12	3/20/13	3/21/13	MM
	7/18/12			
	10/22/12			

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

[K] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RE-USE EXISTING SANITARY, WATER & GAS WITHIN BUILDING. DEMO ALL EXISTING FIXTURES & EQUIPMENT. ROUGH-IN FOR AND PROVIDE NEW FIXTURES. INSTALL NEW GAS FURNACES FOR 1ST & 2ND FLOOR

QTY.	FIXTURE/EQUIPMENT
2	Water Closet
	Urinal/Bidet
	Bath Tub
2	Lavatory
	Shower
	Floor Drain
6	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
2	Gas Piping - 2 FURNACES
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
(1)	Backflow Preventer
	Greasetrap
(1)	Sewer Connection
	Water Service Connection
	Stacks
1	Other LAUNDRY TRAY
2	Other a/c units

1" WATER 19 1ST FLOOR

UPDATE FOR BACKFLOW

FEE (Office Use Only)	
$	
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

Change of contractor only 3/13/12

12-0468

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # ~~GAL-002842~~

Date Issued
Permit #

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

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 Route 88 Brick, NJ

Owner in Fee Rotolo Howard Realty, LLC

Address 525 Jack Martin Blvd Brick, NJ 08723

Tel (732) 223-7471

Contractor DOTSON PLB. / Appletown PLB.

Address 4 FINDERNE RD TRENTON N.J. 08638

Tel (609) 883-7525 FAX (888) 503-4947

Contractor License No. 6338

Federal Emp. No. 412-80-1914

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 3-5-12

Approved by: J

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			5/7/12	FMK
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			7/17/12	mk
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			7/18/12	
Final		7/17/12	3/1/13	mk
		7/18/12		
		10/30/12		

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.

Gary Dotson

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
2	Water Closet
	Urinal/Bidet
2	Bath Tub
2	Lavatory
	Shower
2	Floor Drain
2	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
1	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
1	Water Service Connection
1	Stacks
	Other
	Other

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130
(rev. 01/04)

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

Call Bob 610-709-7758

PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received / Control # 12 0468 +C

Date Issued / Permit # 6-21-12

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

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 RT 88 Brick NJ 08723

Owner in Fee: Rotolo Howard Realty, LLC

Tel. (732) 223 7471 e-mail

Address 525 Jack Martin Blvd Brick NJ 08723

Contractor: Abbott Mechanical Contrs (street / municipality) Tel. (856) 795 7211 (zip code)

Address 2003 old Cuthbert Rd Cherry Hill NJ 08034 e-mail

Contractor License No. 5020 Exp. Date

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

Federal Emp. ID No. 22-2700056 FAX: (856) ~~795-7214~~ 429-8454

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer / Private Septic

Water Service Size Public Water / Private Well

Est. Cost of Plumbing Work ($) 150

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: A.J. Lagfar

Print name here: A.J. Lagfar

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK change 3/4" line to 1" line

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: 6/21/12 Approved by: MH

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-14-12

Approved by: RJ

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 3-7-13

Approved by: RJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water	7/3/12		7.09.12 PM	
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			3/1/13	MH
Yoke			7/3/12	MH

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	
1	Water Service Connection Replace	
	Stacks	
	Other	

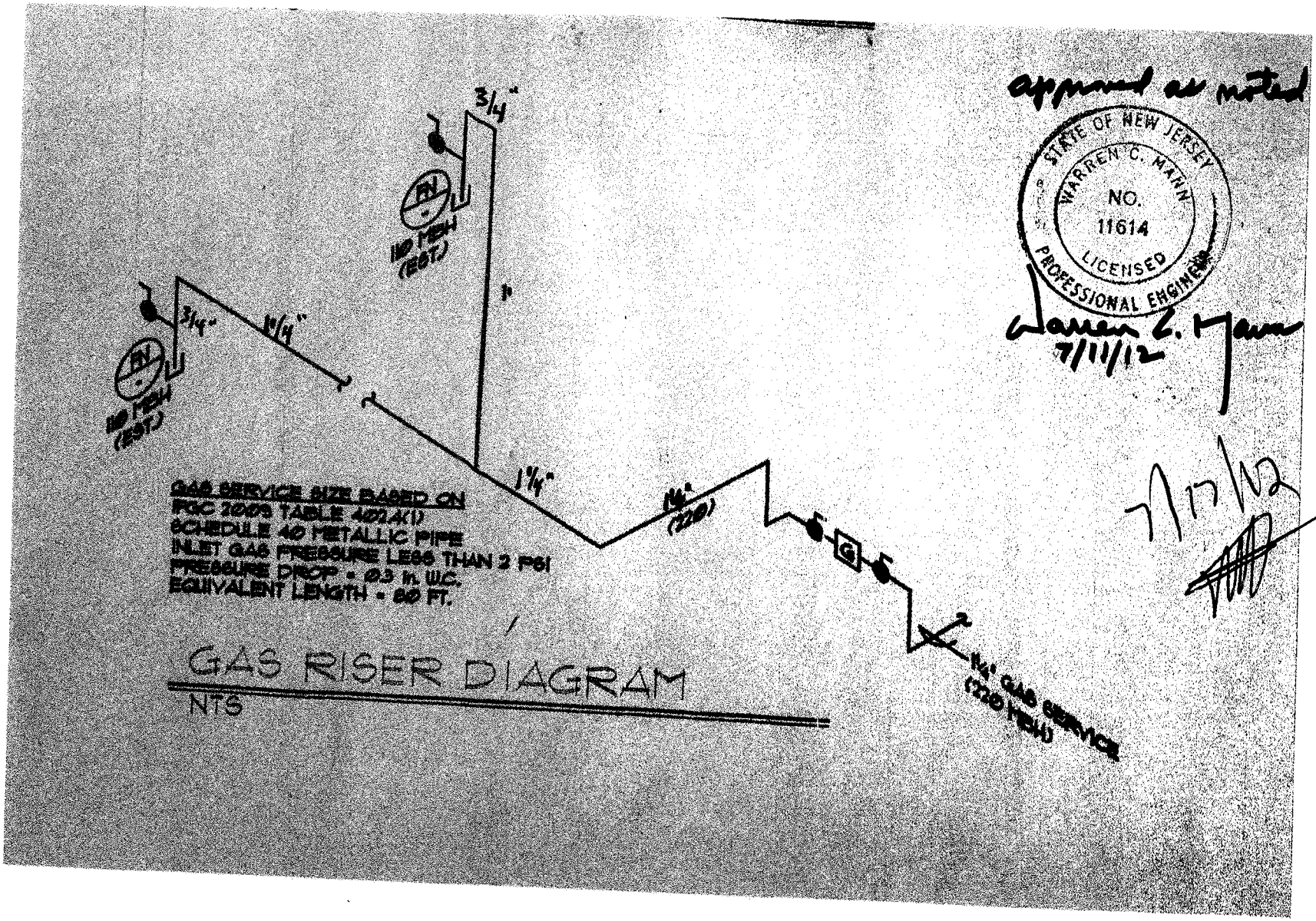
Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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


3/4"
110 MBH (EST.)
3/4"
1 1/4"
110 MBH (EST.)
1"
1 1/4"
1 1/4" (220)
1 1/4" GAS SERVICE (220 MBH)
GAS SERVICE SIZE BASED ON IFGC 2009 TABLE 402.4(1)
SCHEDULE 40 METALLIC PIPE
INLET GAS PRESSURE LESS THAN 2 PSI
PRESSURE DROP = .23 in. W.C.
EQUIVALENT LENGTH = 60 FT.
GAS RISER DIAGRAM
NTS
approved as noted
STATE OF NEW JERSEY
WARREN C. MANN
NO. 11614
LICENSED
PROFESSIONAL ENGINEER
7/11/12
7/11/12

ADDITIONAL PERMIT

8-9-12

PLUMBING SUBCODE
TECHNICAL SECTION

UPdate

Date Received
Control #

Date Issued
Permit # 120468-D

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

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 RT 88

Owner in Fee: ROTOLO + HOWARD REALTY ASSOC LLC

Tel. e-mail

Address 2401 RT 35 MANASQUAN NJ 08736
(street) (municipality) (zip code)

Contractor: DOTSON PLB. Tel. 609 885-7525

Address 4 FINDGANG RD e-mail

TRENTON N.J. 08650

Contractor License No. 6338 Exp. Date 6/13

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

Federal Emp. ID No. 412-80-1917 FAX:

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 $ 4,000

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: Jenny Dotson

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1	Backflow Preventer IRRIGATION	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] As Plans Required

[✓] Partial Underslab Utilities Approved

Date 8/10/12 Approved by

[ ] Plumbing Plans Approved

Date Approved by

Joint Plan Review Required

[ ] Bldg [ ] Elec [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date 8-17-12

Approved by

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date

Approved by

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water			9/5/12	MK
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Drain				
TCO				
Final	10/23/12	10/30/12	11/13/12	MK

U.C.C. P130 (rev. 11/09)
Internet version

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

BP-13-0004

New England Water Works Association

A Section of the American Water Works Association

Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property ROTOLO / HOWARD

Mailing Address 1696 RT. 88

BRICK, N.J.
(Town) (Zip)

Contact Person BOB LAYTON

Device Address 1696 RT.

BRICK, N.J.
(Town) (Zip)

Exact Device Location RIGHT REAR CORNER

Date 7/18/12

Examined by JOHN KAUFFMAN

Certificate # 6579

RPZ ☐ DCVA ☐ PVB ☑

Bronze ☑ Iron ☐ St.Steel ☐

Make FEBCO Model No. 765

Size 1" Serial No. 8793376

	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly				
	Check Valve No. 1	Check Valve No. 2	Relief Valve	Check Valve	Air Inlet
Initial Test	Closed Tight ☐ Leaked ☐ _____ PSID	Closed Tight ☐ Leaked ☐ _____ PSID	Opened at _____ PSID Did Not Open ☐	Closed Tight ☑ Leaked ☐ 1.6 PSID	Opened at 3.2 PSID Did Not Open ☐
Repairs					
Test After Repairs	Closed Tight ☐ _____ PSID	Closed Tight ☐ _____ PSID	Opened at _____ PSID	Closed Tight ☐ _____ PSID	Opened at _____ PSID
Condition of No. 2 Shutoff Valve	☐ Closed Tight ☐ Leaked				

Witnessed by:

PASS ☑ FAIL ☐

Remarks _____

Owner Agent

Water Works Official

State Official

Certified Tester

b:\cc&b\fillestform.doc

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 12-0468

Date Issued
Permit # 3/2/12

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

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 Rt #88 BRICK, NJ

Owner in Fee: Rotolo Howard REALTY, LLC.

Tel. (732) 223-7471 e-mail

Address 525 JACK MARTIN BLVD, BRICK 08723
(street) (municipality) (zip code)

Contractor: ABBOTT MECHANICAL CONTRACTORS Tel. (856) 795-1211

Address 2003 OLD CUTHBERT RD e-mail
CHERRY HILL NJ 08034

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed B

Constr. Class: Present Proposed 5B

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

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

Location: ONE IN CRAWLSPACE - ONE IN ATTIC

Total Cost of Fire Protection Work $ 2000

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS PIPING TO TWO NEW FURNACES - SYSTEMS LESS THAN 2000 CFM - NO SMOKE DETECTORS - NO FIRESPRINKLERS

Water Supply Source N/A

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Furnaces	2	90
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 3-1-12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-2-12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] CCO [ ] CA
Date: 3-6-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical	6/28/12			
Smoke Control				
TCO			6/28/12	
Flam/Combust Tanks				
Fireplace Venting				
Final			3/13/12	
Other				

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

C-11-002842+A

Date Received
Control # 3-15-12

Date Issued
Permit # 12-0468+A

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

Block 1170 Lot 10.01 Qualification Code

Work Site Location 1696 Rt. 88 (Allaire Street & Rt. 88) Brick, NJ

Owner in Fee: Rotolo & Howard Realty, LLC

Tel. X 732-223-7471 e-mail

Address 1696 Rt. 88 Brick 08723
street municipality zip code

Contractor: Schoolay Electric, Inc. Tel. (856) 424-7900

X Address ~~PO Box 3125, Cherry Hill~~ e-mail

1812 Garden Ave Cherry Hill NJ 08034

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

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

Fire Alarm Contractor No. 4769 (Electrical) Exp. Date

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

Federal Emp. ID No. 22-2009900 FAX: (856) 424-6777

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed B

Constr. Class: Present ____ Proposed 5B

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 $ 8,000.-

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

Fire Alarm System: [X] 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: ____
[ ] Fire Protection Plans Approved
Date: 3-9-12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-12-12
Approved by: KB

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	10-5-12			
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			10-8-12	
Flam/Combust Tanks				
Fireplace Venting				
Final			10-8-12	
Other				

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. Mathew F. Schooley, President
Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
New Fire Alarm System
Addressable FACP w/Batteries & DACT

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	34	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	16	130.-
Other Devices		
TOTAL	50	
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 Certificate of Completion

Business Name Rotolo & Howard Medical Office Building
Business Address 1696 Route 88, Brick, New Jersey
Telephone number
Supplier Total System Solutions Inc.

Installation Company Total System Solutions Inc.
Company Address 7107 Rising Sun Ave 2nd Flr
Telephone Number 215-941-1635
Business License Number BF00039400

1. Type(s) of System or Service

NFPA 72, Chapter 3 - Local

If alarm is transmitted to location(s) off premises, list wtiere signal is received:

Address: _____

Telephone: _____

NFPA 72, Chapter 3 - Emergency Voice/ Alarm Service

Quantity of voice/ alarm channels: _____ Single_____ Multiple_____

Quantity of speakers installed: _____ Quantity of speaker zones_____

Quantity of telephones or telephone jacks included in system: _____

NFPA 72, Chapter 5 - Auxiliary

Indicate type of connection:

Local energy Shunt Parallel telephone

Location of telephone numbers for receipt of signals: _____

NFPA 72, Chapter 5 - Remote Station

Alarm: _____

Supervisory: _____

NFPA 72, Chapter 5 - Proprietary

If alarms are retransmitted to a public fire service communications center or other, indicate location and telephone numbers of the organization receiving alarm:

Address: _____ Telephone: _____

Indicate how alarm is retransmitted: _____

NFPA 72, Chapter 5 - Central Station

Prime contractor: _____ Central station location: _____

_____

Means of transmission of signals from the protected premises to the central station:

McCulloh Multiplex One-way radio

Digital alarm communicator Two-way radio other

Means of transmission of alarms to the public fire service communications center:

(a) _____