BLOCK 1170.09 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 14-1109

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-000797

03-05-14P01:18 RCVD 732-796-3167

I. IDENTIFICATION

1. Proposed Work Site at: Brick Motor Inn 912 Rt 70
2. Name of Owner in Fee: A & Y Brothers - Yogesh Patel
   Tel. (732) 859-3969 e-mail Yogi1964@Yahoo.com
   Address 912 Rt 70, Brick NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Yogesh Patel Tel. (732) 859-3969
   Address 108 Fellswood Dr. e-mail Yogi1964@Yahoo.com
   Moorestown, NJ 08057
   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. _____ FAX: (856) 282-1133
5. Architect or Engineer NJ Architecture LLC Contact 973-960-9078
   Address 34 Woodhurst Dr, Voorhees, NJ
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____ Plans

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 750 ✓		
2. Electrical	290 ✓		
3. Plumbing	600 ✓		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	78 ✓		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1719 ✓		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

COMMERCIAL

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		CL			3/24/14	LV			
☐ Electrical					3/26/14	TD			
☐ Plumbing				4-27-14	4-25-14	[illegible]			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/4/2014
Control Number C-14-000797
Permit Number 14-1109
Permit Issue Date 4/24/2014
Certificate Number 14-1109

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 912 ROUTE 70 Brick Township, NJ Block: 1170.09 Lot: 2 Qual:

Owner in Fee: A & Y BROTHERS LLC

Owner Address: 108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone: (732) 796-3167

Contractor A & Y BROTHERS LLC

Address 108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone: (732) 796-3167 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL ...BATHROOM ALTERATIONS

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: 12/4/2014

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature Roger Patel Date 3/4/14

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

4/24/14

PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received
Control # ~~13-34073+A~~

Date Issued
Permit # 14-1109

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

Block 1170.09 Lot 2 Qualification Code

Work Site Location Brick Motor Inn
912 HWY 70 Brick, NJ

Owner in Fee: YOGESHI PATEL

Tel. (732) 859-3969 e-mail Yogi1964@Yahoo.Com

Address 108 Fellswood Dr, Moorestown, NJ 08057
street municipality zip code

Contractor: Warrenpipe PM Tel. (908) 822-8520

Address 326 Warrenville Rd e-mail
Green Brook NJ 08820

Contractor License No. 7874 Exp. Date

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

Federal Emp. ID No. 128-46-875. FAX: (908) 855-9382

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 $ $11,000.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Zbigniew Bevan

Print name here: Zbigniew Jeff Bevan.

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of fixtures.

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
20	Water Closet	$
	Urinal/Bidet	
20	Bath Tub	
20	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	
	Other	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ~~Approved by:~~
[ ] Plumbing Plans Approved
Date: 4-21-14 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4-23-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-21-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	5-7-14	5-16-14	5-22-14	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	7-10-14		7-21-14	

ATY 732 796 3167

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/1/2014
Control Number C-14-000797
Permit Number 14-1109
Permit Issue Date 4/24/2014
Certificate Number 14-1109

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 912 ROUTE 70 Brick Township, NJ Block: 1170.09 Lot: 2 Qual:

Owner in Fee: A & Y BROTHERS LLC

Owner Address: 108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone: (732) 796-3167

Contractor A & Y BROTHERS LLC

Address 108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone: (732) 796-3167 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL ...BATHROOM ALTERATIONS

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: 10/1/2014
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 10/1/2014
Conditions to be met:
Final building inspection

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

5-7-14

not ready

5-16-14

7-10-14 AD

As per Report Attached

(P) tech

Brick Motor Inn.
912 Rt 70
Brick, NJ 08724
Ph: 732-859-3969.

Rooms.

101 → Handicap.
102 → Regular Guest Room.
103 → Regular Guest Room.
104 → Regular Guest Room
105 → Regular Guest Room
106 → Regular Guest Room.
107 → Regular Guest Room.
108 → Regular Guest Room.
109 → Regular Guest Room.
110 → Regular Guest Room.
201 → Regular Guest Room
202 → Regular Guest Room.
203 → Regular Guest Room.
204 → Regular Guest Room.
205 → Regular Guest Room.
206 → Regular Guest Room.
207 → Regular Guest Room.
208 → Regular Guest Room.
209 → Regular Guest Room.
210 → Regular Guest Room.

Yogi

859-3969

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/24/14
Control #

Date Issued
Permit # 14-1109

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

Block 1170.09 Lot 2 Qualification Code

Work Site Location Brick Motor Inn
912 Rt 70, Brick, NJ 08724

Owner in Fee: A&Y Brother, LLC - YOGESH PATEL

Tel. 732-859-3969 e-mail Yogi1964@Yahoo.com

Address 108 Fellswood Dr, Moorestown, NJ 08057
street municipality zip code

Contractor: YOGESH PATEL Tel. 732-859-3969

Address 108 Fellswood Dr e-mail Yogi1964@Yahoo.com
Moorestown, NJ 08057.

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

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

Federal Emp. ID No. FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Yogesh Patel

Print name here: YOGESH PATEL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

* Change a carpet.
* Paint the Rooms.
* Change the tile in Bathrooms & Put new vanity.
* Change wall Location for Bath

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/24/14	IW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/25/14
Approved by: Ken

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 11/7/14
Approved by: Ken

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 *	11/10/14		11-10-14	IW
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
[ ] Other _____
[✓] Demolition

COMMERCIAL

FEE (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 25,000.00
3. Total (1+ 2) $ 25,000.00

* See Attached

U.C.C./F110 (rev. 11/09)
Internet version

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

TOMS RIVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 912 Rt 70 (Brick Motor lodge) PERMIT # 14-1109

ISSUED TO _____ BLOCK _____ LOT _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction: _____

1. No Prior inspections - Architect on Record to provide certification for work completed without inspection -
2. Lever handles required with push button locks -
3. Door stops -
4. Floors and misc finishes not installed -

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE.

DATE 7/10/14 BY _____
INSPECTOR

White - Original Yellow - Field Copy

From:
Nehal Jhaveri, RA
N J Architecture LLC
250 W. Main St, Suite 206, Moorestown, NJ 08057
njarchitects@gmail.com
Phone: 732-858-1652, Fax: 856-282-1133
Date: 07/11/2014

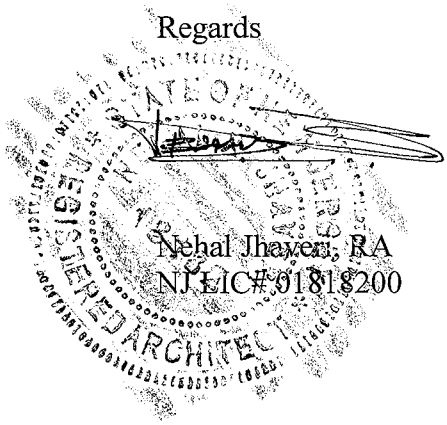
TO: BRICK TOWNSHIP, BUILDING CODE ENFORCEMENT

Re: BRICK MOTOR INN

SUBJECT: INTERIOR BATHROOM WALLS

Dear Sir,
As per your comment #1 in letter dated 071014, interior walls for the bathrooms that were moved are okay and as per the plans provided. Hope this letter can serve you as certification by us.
Please feel free to call us if you have any questions.

Regards



Nehal Jhaveri, RA
NJ LIC# 01818200

Not Accepted
7/21/14 RW
- Work Completed w/o insp require certification
- As Builts reqd (Drawings) for wall location Changes

From:
Nehal Jhaveri, RA
N J Architecture LLC
34 Woodhurst dr, Voorhees, NJ 08043
njarchitects@gmail.com
Phone: 732-858-1652, Fax: 856-282-1133
Date: 07/28/2014

TO: Yogesh Patel, BRICK MOTOR INN

Re: BRICK MOTOR INN

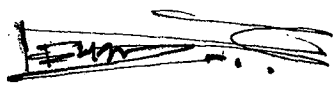
SUBJECT: On site visual inspection of the interior wall, ADA room.

Dear Mr. Patel

1. Please provide the side grab bar (42" long) at 12" from the rear wall, as per the plan. You have it at 6" only.
2. Please change toilet paper holder location as per the plan.
3. Shower compartment does not meet necessary clearances on the outside with the lavatory being there. You will NEED to take out the seat and install another horizontal bar 6" max. from the adjacent wall. 24" long.
4. For the sliding door hardware. We believe it does not meet the codes. YOU will need to find suitable hardware from a hardware company. ACCURATE LOCK & HARDWARE OR HAFELE are among the manufacturers who can provide you these.

When you are done with these changes please let us know so we can look at it and suggest conformity to the codes.
Hope this helps.

Thank you
Regards



Nehal Jhaveri, RA
NJ LIC# 01818200

Hard Copy to follow
7/31/14 NJ

From:
Nehal Jhaveri, RA
N J Architecture LLC
250 W. Main St, Suite 206, Moorestown, NJ 08057
njarchitects@gmail.com
Phone: 732-858-1652, Fax: 856-282-1133
Date: 07/30/2014

TO: BRICK TOWNSHIP, BUILDING CODE ENFORCEMENT

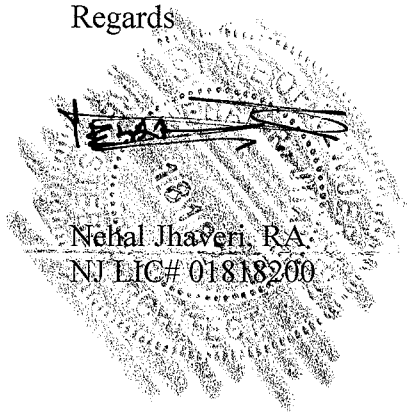
Re: BRICK MOTOR INN

SUBJECT: INTERIOR WALLS

Dear Sir,
We had conducted visual survey of the interior work done and it appears to be in compliance with codes. There were some correction needed for ADA rooms which we conveyed to the owner and they have rectified them or in the process of completing them. We believe the work meets the code requirements.

Please feel free to reach us should you have any concerns or questions.

Regards



Nehal Jhaveri, RA
NJ LIC# 01818200

OK
7/31/14

Submittal Sheet

LASCO BATHWARE

1603-BFSD with Seat and L-Shaped Grab Bar

USTC

DATE: _____ LASCO PLANT: _____

CUSTOMER: _____ JOB NAME: BRICK MOTOR INN

PO #: _____ SHIP TO: _____

QUOTE #: _____ QUANTITY: _____

_____ ___/___/___ _____ ___/___/___

PLUMBING CONTRACTOR APPROVAL DATE GENERAL CONTRACTOR APPROVAL DATE

_____ ___/___/___ _____ ___/___/___

ENGINEER APPROVAL DATE ARCHITECT APPROVAL DATE

To complete your order, this document must be signed and faxed to the LASCO Bathware Centralized Customer Service Center.
Fax (866) 544-5353 • Phone (800) 94 LASCO

1603-BFSD	
Int. Dim.	60"W x 34"D x 74⅞"H (1525 x 865 x 1900)mm
Ext. Dim.	62"W x 36¼"D x 76⅞"H (1575 x 920 x 1955)mm
Skirt Ht.	¾" (20mm) skirt, ½" (15mm) interior threshold
Weight	201.5 lbs. (91 kg.) gross
Material	**LASCOAT (Gelcoat)**
Warranty	LASCOAT Finished Products — Three Years
Code Listed	ADA/ANSI

WARNING: Due to government regulations regarding ADA compliance, all ADA compliant shower units with NO inside curb and a ¾" or 1" skirt, will have water escape onto bathroom floor. LASCO highly recommends you take the following precautions:

1. Install only the minimum number of ADA units without an interior curb and a ¾" or 1" skirt required for each job. If possible, install LASCO's barrier-free models that have a 1¾" or 2" high skirt, which have a ½" interior curb, reducing the amount of water that escapes from the shower.
2. When installing units with NO interior curb install a FLOOR DRAIN to control the water that escapes onto the bathroom floor.
3. Depending on your application, you may choose to install LASCO's vinyl flexible dam or removable threshold, which helps better retain water within the shower. However, these items may not necessarily meet ADA or other code requirements. Please check with your Local Building Authority for final approval.

STANDARD FEATURES

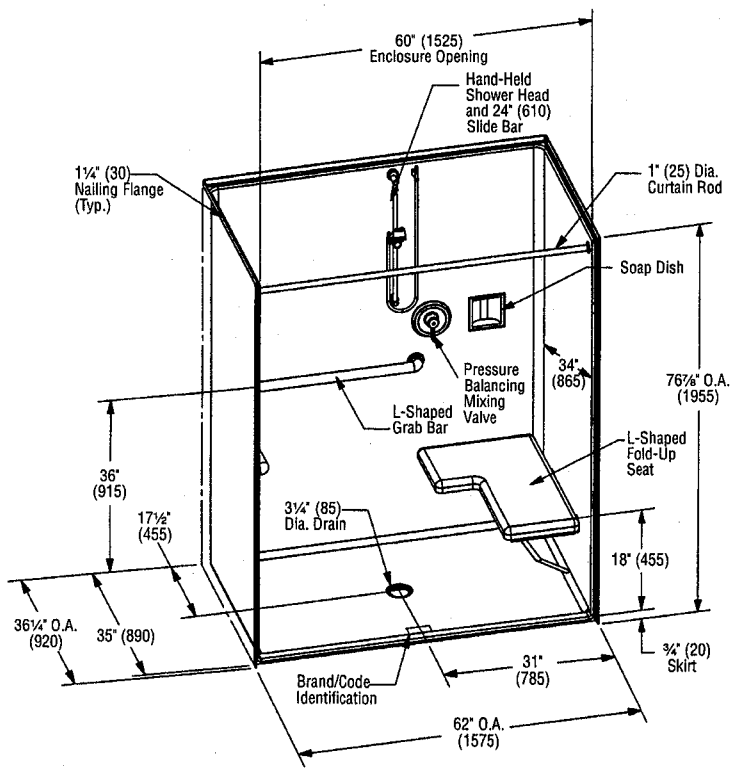
- ADA/ANSI compliant [when fully equipped]
- Barrier-free design
- Back fixture wall
- Center/center drain location
- Slip resistant, textured bottom [ASTM F-462]

RECOMMENDED ACCESSORIES

- ☐ Grab bars [1½" dia. (40mm)]:
  Adjacent seat: Horizontal L-shaped
  30" x 37¼" (760 x 945)mm
  - ☐ Stainless Steel ☐ Powder-Coated White
- ☐ L-shaped fold-up cushioned seat ☐ LH ☐ RH [adjacent fixture wall]
- ☐ Hand-held shower
- ☐ 24" (610mm) slide bar, vacuum breaker and 60" (1525mm) hose
- ☐ Pressure balancing mixing valve
- ☐ Soap dish
- ☐ Curtain rod ☐ Shower curtain
- ☐ Vinyl flexible dam
- ☐ Removable threshold
- ☐ Standard Colors: ☐ White ☐ Bone ☐ Almond ☐ Other _____
- ☐ Brass drain
- ☐ Additional accessories _____

For pricing of units and additional options, reference The Complete Works Price Book.

Please indicate custom changes on reverse side drawings.



PLEASE REFERENCE PAGE – i – FOR CODES AND PRODUCT SPECIFICATIONS

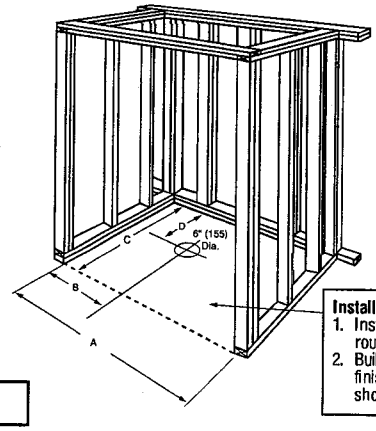
Submittal Sheet

LASCO BATHWARE

1603-BFSD
with Seat and L-Shaped Grab Bar

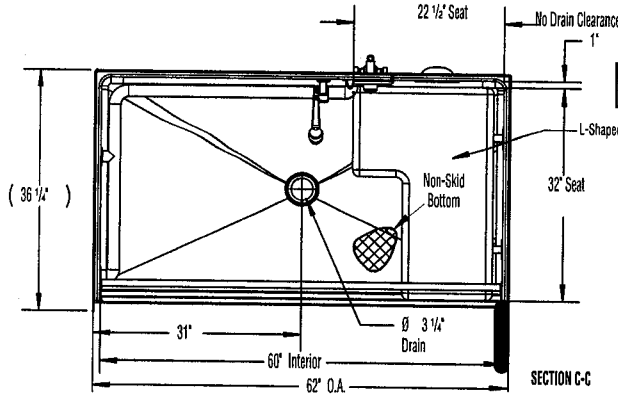
FRAMING DIMENSIONS

Dim. A	62⅛" (1580mm)
Dim. B	31" (790mm)
Dim. C	36¼" (920mm)
Dim. D	17½" (445mm)

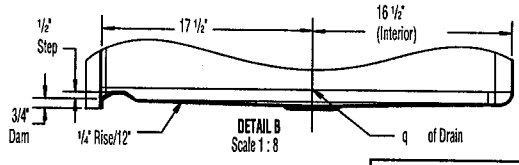


Installation Options:
1. Install in a recessed pit for rough-in floor installation.
2. Build sub-floor to level finished floor with top of shower threshold.

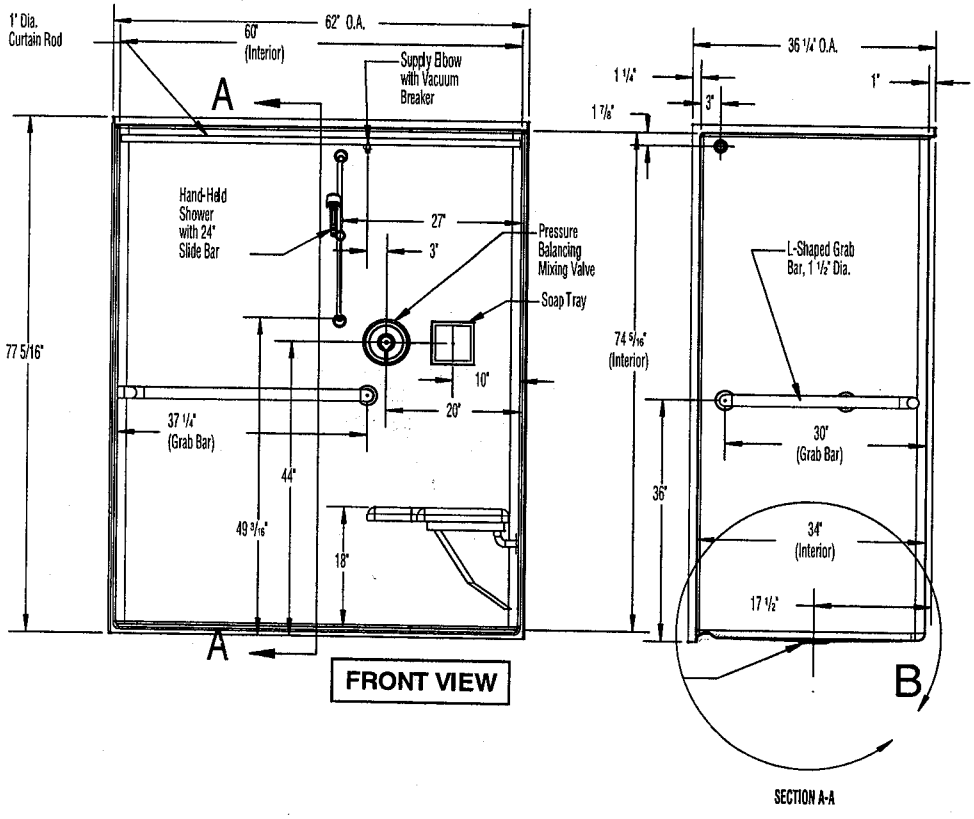
Please indicate changes needed.



TOP VIEW



SECTION VIEW



SIDE VIEW

Shell tolerance: +0, −⅜"
All other tolerances: ±1"

*Cal-Title 24 compliant when grab bar is mounted at 33" and valve at 40"

FAX TO THE LASCO BATHWARE CENTRALIZED CUSTOMER SERVICE CENTER

(866) 544-5353

[redacted] TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 912 Rt 70 PERMIT # 14-1109

ISSUED TO PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES BLOCK LOT

NOTICE DELIVERED TO ~~Rec~~ TCO 60 Days

Upon inspection, violations of the Sec. were in evidence.

The following orders are hereby issued for their correction:

* Signed/Sealed Copy of Architects letter
* Run Dryer Vent
* Finish Barrier Free Bathroom
* Reflective tape at Deck Step

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE.

DATE 7/31/14 BY MV
INSPECTOR

White - Original Yellow - Field Copy

From:
Nehal Jhaveri, RA
N J Architecture LLC
34 Woodhurst dr, Voorhees, NJ 08043
njarchitects@gmail.com
Phone: 732-858-1652, Fax: 856-282-1133
Date: 07/28/2014

TO: Yogesh Patel, BRICK MOTOR INN

Re: BRICK MOTOR INN

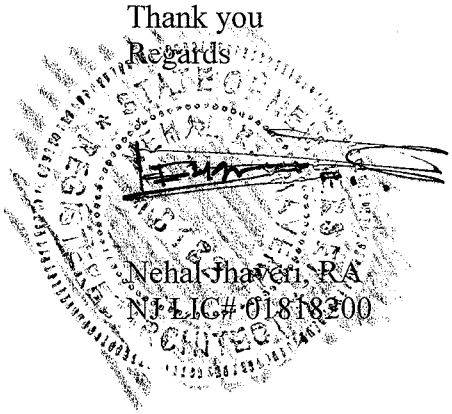
SUBJECT: On site visual inspection of the interior wall, ADA room.

Dear Mr. Patel

1. Please provide the side grab bar (42" long) at 12" from the rear wall, as per the plan. You have it at 6" only.
2. Please change toilet paper holder location as per the plan.
3. Shower compartment does not meet necessary clearances on the outside with the lavatory being there. You will NEED to take out the seat and install another horizontal bar 6" max. from the adjacent wall. 24" long.
4. For the sliding door hardware. We believe it does not meet the codes. YOU will need to find suitable hardware from a hardware company. ACCURATE LOCK & HARDWARE OR HAFELE are among the manufacturers who can provide you these.

When you are done with these changes please let us know so we can look at it and suggest conformity to the codes.
Hope this helps.

Thank you
Regards



Nehal Jhaveri, RA
NJ LIC# 0181800

From:
Nehal Jhaveri, RA
N J Architecture LLC
34 Woodhurst dr, Voorhees, NJ 08043
njarchitects@gmail.com
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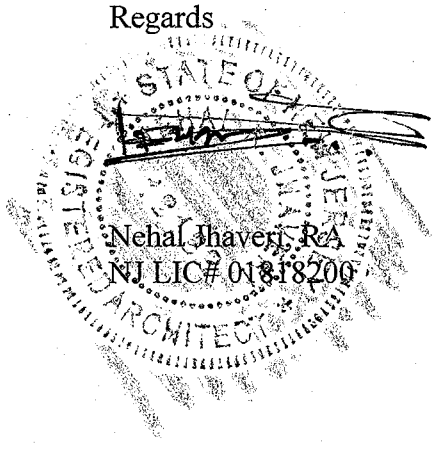


Nehal Jhaveri, RA
NJ LIC# 0181820

INSPECTOR: Russell Harris

DATE: Thurs. 7/31/14

JOB: Brick Motor Inn (A & Y Brothers, LCC) SECTION: N/A

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: 912 Route 70

TEMPERATURE: 80's

BLOCK: 1170.09 LOT: 2

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

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

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

APPLICATION FOR CERTIFICATE

Date Received 3/5/2014
Date Permit Issued 4/24/2014
Control # C-14-000797
Permit # 14-1109
Date Issued

IDENTIFICATION

Block 1170.09 Lot 2 Qualifier

Work Site Location 912 ROUTE 70 Brick Township, NJ

Owner in Fee A & Y BROTHERS LLC
108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone (732) 796-3167

Contractor A & Y BROTHERS LLC
Address 108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone (732) 796-3167
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

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

USE GROUP Previous R-1 Current

FINAL COST OF CONSTRUCTION: $ 46000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

(1) Signed / Sealed Copy of Architect letter
(2) Run Dryer Vent
(3) Finish Barrier Free Bathroom
(4) Reflective tape at Decksteps

DESCRIPTION OF WORK/USE:
Alteration ALTERATION - COMMERCIAL ...BATHROOM ALTERATIONS

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

SIGNED: Yogesh Patel
Owner/Agent

☑ OWNER

☐ AGENT

UCC F270 equiv.

Storm Drainage gutter!

~~BOWER~~ TOWNSHIP CONSTRUCTION INSPECTION DEPT.

Brick

FIELD CORRECTION NOTICE

LOCATION Brick motor INN PERMIT # 14-1109

ISSUED TO ~~PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES~~ BLOCK LOT

NOTICE DELIVERED TO

Upon inspection, violations of the Sec. were in evidence.

The following orders are hereby issued for their correction: units # / 105 WC CAN OK Trim And Toilet / Adjust Limit stop 120° MAX. / #104 OK Same / #103 OK CAPS / CAPS Same / 102 OK / 101 OK Handicap CAN OK Toilet & Trim / #211 OK Same / 212 OK MAP / 213 OK Same / #214 OK Faucet & Loose / Same OK 215 Same / 216 same / 217 OK / 218 OK Same / 219 Same / 220 Same / 106 Same / 107 OK Same / 108 OK Same / 109 same / 110 Same Diverter screw Missing 103 OK 106 OK 110 OK

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 7-10-14 BY

INSPECTOR

White - Original Yellow - Field Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/24/14
Control #
Date Issued
Permit # 14-1109

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

Block 1170.09 Lot 2 Qualification Code

Work Site Location 912 Rt 70
Buck NJ 08724

Owner in Fee: A+Y Brothers

Tel. 732 8593969 e-mail

Address SAME
street municipality zip code

Contractor: Bricktown Electrical Contracting Tel. (732) 262-9700

Address 1103 B. Industrial Parkway e-mail brickelectric@verizon.net
Brick, NJ 08724

Contractor License No. 12214 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 260471406 FAX: (732) 262-9702

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Hotel Utility Co.

Est. Cost of Elec. Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 3/26/14 Approved by: TO

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3/29/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/10/14
Approved by: PC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			5/24/14	TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/10/14	RSC
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: David Luongo

Print name here: Domenick Luongo

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

COMMERCIAL

QTY	SIZE	ITEMS	FEE (Office Use Only)
80		Lighting Fixtures	
80		Receptacles	
60		Switches	
		Detectors	
		Light Poles	
20	Both Ex.	Motors—Fract. HP	
		Emergency & Exit Lights	
20		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

4/24/14 Made to Paul Patel

CONSTRUCTION PERMIT

Date Issued 4/24/14
Control # C-14-000797
Permit # 14-1109

IDENTIFICATION Block: 1170.09 Lot: 2 Qualifier

Work Site Location: 912 ROUTE 70 Brick Township, NJ

Owner in Fee: A & Y BROTHERS LLC
108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone: (732) 796-3167

Contractor: A & Y BROTHERS LLC
Address: 108 FELLSWOOD DR MOORESTOWN NJ 08057

Telephone: (732) 796-3167
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:

ALTERATION - COMMERCIAL ...BATHROOM ALTERATIONS

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 $46,000

David J. Newman Jr 4/24/14
Construction Official Date

PAYMENTS (Office Use Only)

Building	$750
Electrical	$290
Plumbing	$600
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$78
CO Fee	
Other	$0
Total	$1,718
Check No.	1291
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

BUILDING $750.00
ELECTRICAL $290.00
PLUMBING $600.00
DCA $78.00
CHECK $1718.00

☑ 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:

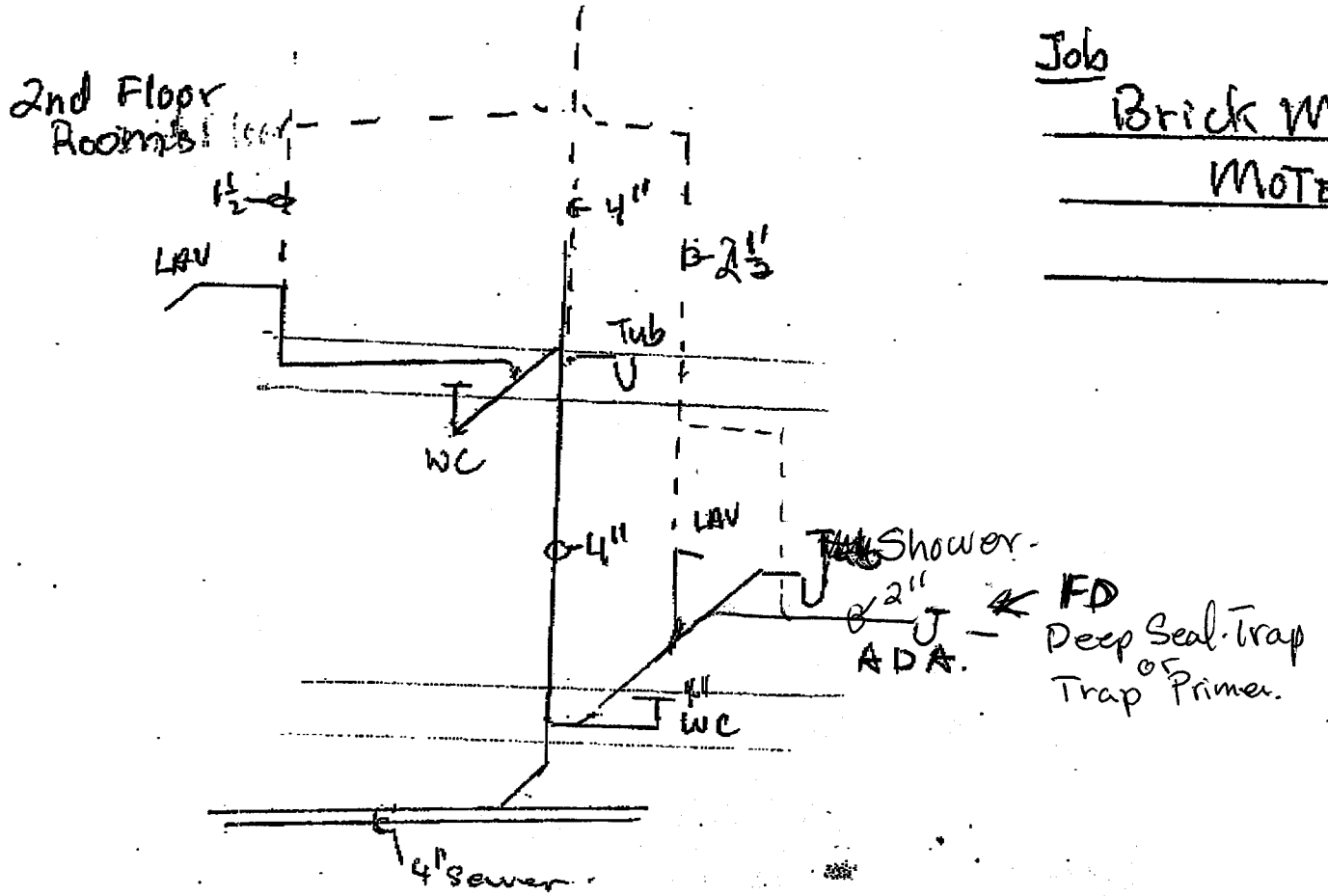
☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

Job

Brick Motor in Motel.



Plbg 4-20-17

Warrenville Pkl
326 Warrenville Rd
Green Brook
Lic. # 7824
Brian Benoy

Room # 101

Submittal Sheet

LASCO BATHWARE

1603-BFSD with Seat and L-Shaped Grab Bar

USTC

DATE: _____ LASCO PLANT: _____

CUSTOMER: _____ JOB NAME: Brick Motor Inn

PO #: _____ SHIP TO: 912 Rt 70

QUOTE #: _____ QUANTITY: _____ Brick, NJ 08724

PLUMBING CONTRACTOR APPROVAL ___/___/___ DATE

GENERAL CONTRACTOR APPROVAL ___/___/___ DATE

ENGINEER APPROVAL ___/___/___ DATE

ARCHITECT APPROVAL ___/___/___ DATE

To complete your order, this document must be signed and faxed to the LASCO Bathware Centralized Customer Service Center.
Fax (866) 544-5353 • Phone (800) 94 LASCO

1603-BFSD	
Int. Dim.	60"W x 34"D x 74⅞"H (1525 x 865 x 1900)mm
Ext. Dim.	62"W x 36¼"D x 76⅞"H (1575 x 920 x 1955)mm
Skirt Ht.	¾" (20mm) skirt, ½" (15mm) interior threshold
Weight	201.5 lbs. (91 kg.) gross
Material	**LASCOAT (Gelcoat)**
Warranty	LASCOAT Finished Products — Three Years
Code Listed	ADA/ANSI

WARNING: Due to government regulations regarding ADA compliance, all ADA compliant shower units with NO inside curb and a ¾" or 1" skirt, will have water escape onto bathroom floor. LASCO highly recommends you take the following precautions:

1. Install only the minimum number of ADA units without an interior curb and a ¾" or 1" skirt required for each job. If possible, install LASCO's barrier-free models that have a 1¾" or 2" high skirt, which have a ½" interior curb, reducing the amount of water that escapes from the shower.
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STANDARD FEATURES

- ADA/ANSI compliant [when fully equipped]
- Barrier-free design
- Back fixture wall
- Center/center drain location
- Slip resistant, textured bottom [ASTM F-462]

RECOMMENDED ACCESSORIES

- ☐ Grab bars [1½" dia. (40mm)]:
  Adjacent seat: Horizontal L-shaped
  30" x 37¼" (760 x 945)mm
  ☐ Stainless Steel ☐ Powder-Coated White
- ☐ L-shaped fold-up cushioned seat ☐ LH ☐ RH
  [adjacent fixture wall]
- ☐ Hand-held shower
- ☐ 24" (610mm) slide bar, vacuum breaker and 60" (1525mm) hose
- ☐ Pressure balancing mixing valve
- ☐ Soap dish
- ☐ Curtain rod ☐ Shower curtain
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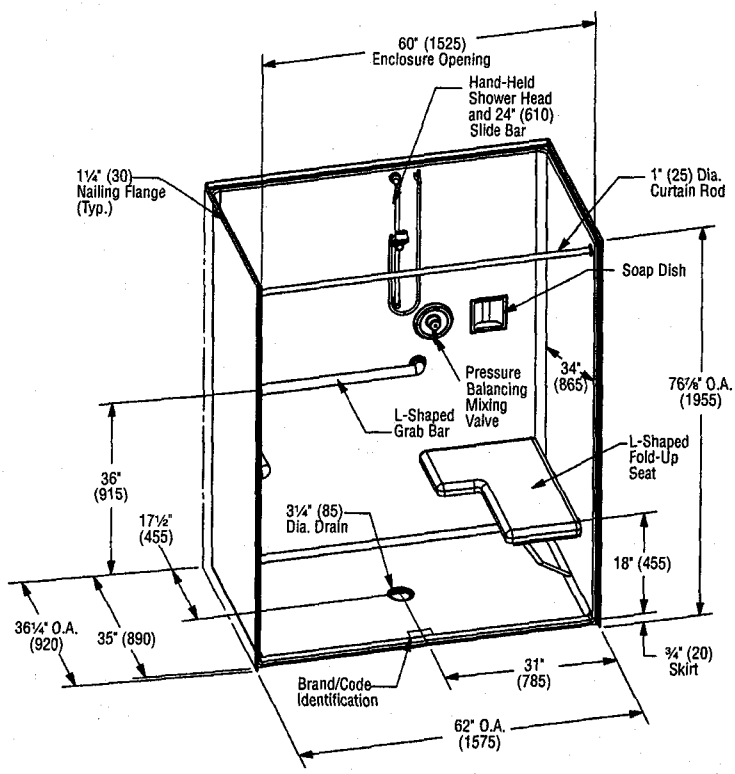
- ☐ Removable threshold
- ☐ Standard Colors: ☐ White ☐ Bone
  ☐ Almond ☐ Other _____
- ☐ Brass drain
- ☐ Additional accessories _____

For pricing of units and additional options, reference The Complete Works Price Book.

Please indicate custom changes on reverse side drawings.



PLEASE REFERENCE PAGE – i – FOR CODES AND PRODUCT SPECIFICATIONS

LASCO FreedomLine

Submittal Sheet

LASCO BATHWARE

1603-BFSD
with Seat and L-Shaped Grab Bar

FRAMING DIMENSIONS

Dim. A	62⅛" (1580mm)
Dim. B	31" (790mm)
Dim. C	36¼" (920mm)
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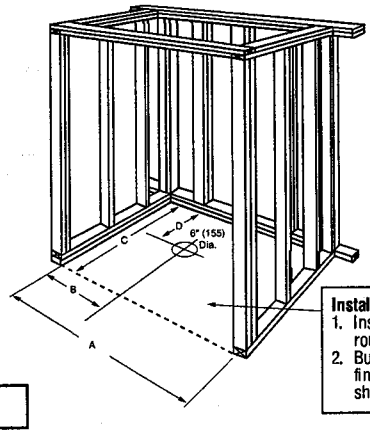
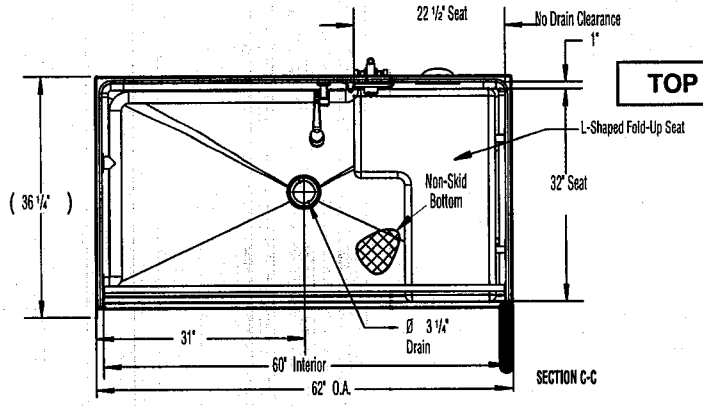
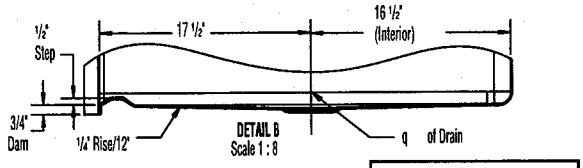
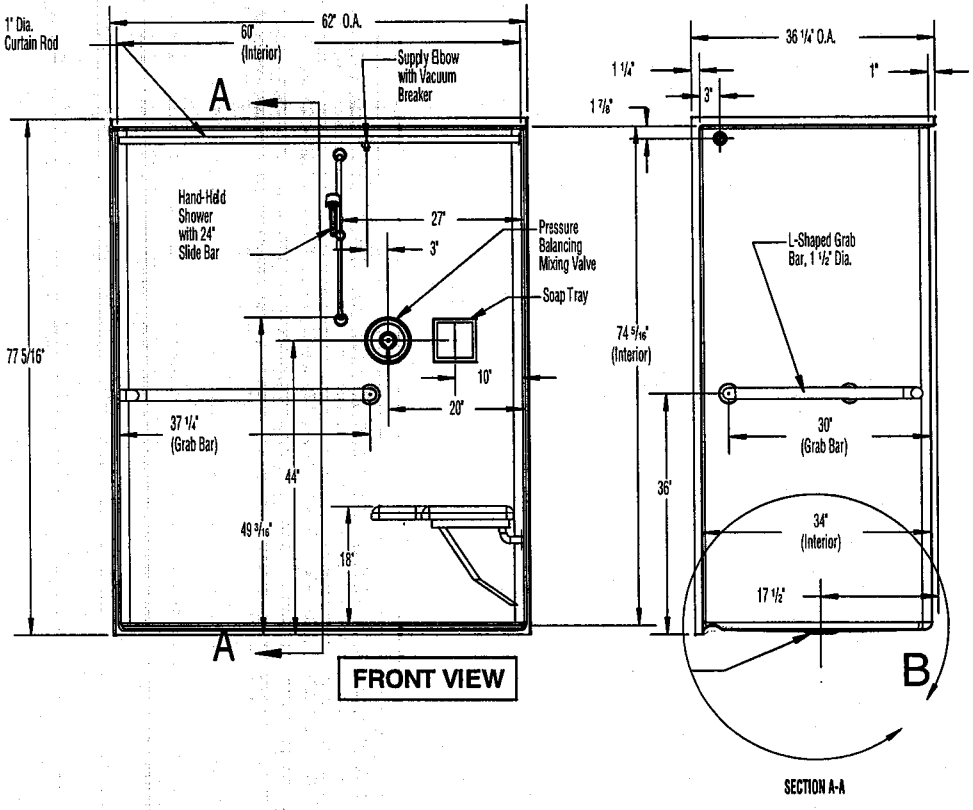


Installation Options:
1. Install in a recessed pit for rough-in floor installation.
2. Build sub-floor to level finished floor with top of shower threshold.

Please indicate changes needed.







SIDE VIEW

Shell tolerance: +0, −3/8"
All other tolerances: ±1"

*Cal-Title 24 compliant when grab bar is mounted at 33" and valve at 40"

FAX TO THE LASCO BATHWARE CENTRALIZED CUSTOMER SERVICE CENTER

(866) 544-5353

* * * Communication Result Report (Apr. 4. 2014 8:52AM) * * *

1)
2)

Date/Time: Apr. 4. 2014 8:51AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1956	Memory TX	918562821133	P. 1	OK	

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

4/4/14 Fax 856-282-1133

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

Subcode Official Review

Date: Thursday, April 03, 2014

To: A & Y BROTHERS LLC
108 FELLSWOOD DR
MOORESTOWN, NJ 08057

RE: Plumbing Subcode
Block: 1170.09 Lot: 2 Qual:
912 ROUTE 70
Permit Number: Control Number: C-14-000797
Last Submit Date: Wednesday, April 02, 2014

Dear A & Y BROTHERS LLC,

Your request is hereby denied based upon the following infractions.

Required floor drain still not shown.

Sincerely,

Bernie Reilly, Subcode Official

CC:

3/27/14 fax 856-282-1133

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

Subcode Official Review

Date: Thursday, March 27, 2014

To: A & Y BROTHERS LLC
108 FELLSWOOD DR
MOORESTOWN, NJ 08057

RE: Plumbing Subcode
Block: 1170.09 Lot: 2 Qual:
912 ROUTE 70
Permit Number: Control Number: C-14-000797
Last Submit Date: Wednesday, March 26, 2014

Dear A & Y BROTHERS LLC,

Your request is hereby denied based upon the following infractions.

A DWV drawing is required to show the plumbing for the reconfigured baths and drains.
A floor drain is required for the spill over from the ADA showers.

Sincerely,

Bernie Reilly, Subcode Official

CC:

Resubmit
4/2/14

** Transmit Confirmation Report **

P.1
BRICK TWP BUILDING DEP Fax:732-262-2941

Mar 27 2014 11:04am

Name/Fax No.	Mode	Start	Time	Page	Result	Note
8562821133	Normal	27,11:03am	0'30"	1	OK	

3127114 fax 856-282-1133

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1830

Subcode Official Review

Date: Thursday, March 27, 2014

To: A & Y BROTHERS LLC
108 FELLSWOOD DR
MOORESTOWN, NJ 08057

RE: Plumbing Subcode
Block: 1179.09 Lot: 2 Qual:
912 ROUTE 70
Permit Number: Control Number: C-14-000797
Last Submit Date: Wednesday, March 26, 2014

Dear A & Y BROTHERS LLC,

Your request is hereby denied based upon the following infractions.

A DWV drawing is required to show the plumbing for the reconfigured baths and drains.
A floor drain is required for the spill over from the ADA showers.

Sincerely,

Bernie Reilly, Subcode Official

CC: