

BLOCK 1170LOT 5QUALIFICATION CODE 009-600009ADDRESS (SITE) 1722 RT 88PERMIT NO. 09-0076

CONSTRUCTION PERMIT APPLICATION

Home Depot

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

I. IDENTIFICATION

1. Proposed Work Site at: Construction Trailer
2. Name of Owner in Fee: RIV Construction Group
 Tel. (732) 431-5484 e-mail TCONSO@RIVConstruction.com
 Address 41 RT 34 South Suite 137 Colts Neck NJ 08033
3. Ownership in Fee: Public ☐ Private ☐ Municipality Colts Neck zip code 08033
4. Principal Contractor: RIV Tel. (732) 431-5484
 Address _____ e-mail _____
- 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. 54-1608702 FAX: (732) 431-5483
5. Architect or Engineer CASCO Contact Peter Puskuljian
 Address 1090 King George Post Rd e-mail _____
 Tel. (732) 661-1400 FAX: () _____
6. Responsible Person in Charge once Work has Begun
 Tel. 848 207-1838 FAX: (732) 431-5483

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>51</u>		
2. Electrical	<u>50</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>5</u>		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	<u>106</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>DP</u>	<u>11/20/05</u>	<u>11/17/05</u>	<u>1-7-9</u>	<u>AS</u>	<u>1/9/09</u>	<u>1-23-09</u>	

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

called 1/9/09



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/11/2009
Control Number C-09-000009
Permit Number 09-0076
Permit Issue Date 01/14/2009
Certificate Number 09-0076

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual: _____
Owner in Fee: RIV CONSTRUCTION GROUP
Owner Address: 41 ROUE 34 SOUTH SUITE 137 COLTS NECK NJ 08854
Telephone: (732) 431-5484
Contractor RIV CONSTRUCTION GROUP
Address 41 ROUE 34 SOUTH SUITE 137 COLTS NECK NJ 08854
Telephone: (732) 431-5484 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: CONSTRUCTION TRAILER TEMP OFFICE TRAILER FOR HOME DEPOT <COMMERCIAL>

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature

Date

12/30/98

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

TONY CORSD

Address

41 RT 34 South Suite 137

0145 Neck NJ 07722

Telephone

(732) 435-5484

Signature

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 5 Qualification Code _____

Work Site Location 1722 RT 88 Bail NJ

Existing 8500 (New Home Depot)

Owner in Fee: RIV CONSTRUCTION GROUP

Tel. (332) 431-5484 e-mail _____

Address 41 RT 34 South Suite 137 07722

Contractor: RIV CONSTRUCTION GROUP Tel. (332) 431-5484 zip code _____

Address 41 RT 34 South Suite 137 e-mail TCORSA@RIVCONSTRUCTION.COM

City/State NECK NJ

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

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

Federal Emp. ID No. 54-1608702 FAX: (332) 431-5483

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Required

☒ TRAVEL 1/19/09 Type: _____

☐ Footings/Foundations _____

☐ Structural/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO 1/23/09 CA _____

Date: 1/23/09 Other _____

Approved by: _____ Final _____

Barrier-Free _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 2135.00 months

U.C.C. F110
(rev. 12/07)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

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

Signature Raymond

Date Received _____
Control # _____
Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction Trailer

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 Trailer (Temp Office)

☐ Demolition

FEE (Office Use Only)
\$ _____

COMMERCIAL

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

09-0076
11/4/09



ELECTRICAL SUBCODE TECHNICAL SECTION



Home
Dept.

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

Block 1170 Lot 1700 200th St Qualification Code _____
Work Site Location 1700

Owner in Fee: K.H. Construction Group
Tel. (308) 431-5468 e-mail _____
Address 4143 54th Suite 137 Cheyenne WY Municipality _____ Zip code _____

Contractor: All-Phase Electric Tel. (308) 486 6886
Address 1031 Pennsylvania Ave e-mail _____
Winden WY 83462 2036

Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-2685729 FAX: (308) 486 6929

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 91500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required 1-2-9 JLS

☐ Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

☐ Electric Plans Approved
Date: _____ Approved by: _____
Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.
Other _____
Service _____
Barrier-Free _____

SUBCODE APPROVAL for PERMIT
Date: _____
Barrier-Free _____
Final _____
1-229 DD

Approved by: _____
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCA
Date: 1/25/98
Approved by: JLS
Date of Grounding and Bonding _____
Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Connect Temp Trailer from
Existing Building.

QTY. SIZE ITEMS

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors—Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- Pool Permit/with 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 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

100amp Trailer Temp.

FEE (Office Use Only)

\$

COMMERCIAL

Date Received
Control #
Date Issued
Permit #

09-0076
11/14/09

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



CONSTRUCTION PERMIT

Date Issued 01/14/2009
Control # C-09-000009
Permit # 09-0076

IDENTIFICATION Block: 1170 Lot: 5 Qualifier _____
Work Site Location: 1722 ROUTE 88 Brick Township, NJ Contractor RIV CONSTRUCTION GROUP
Owner in Fee RIV CONSTRUCTION GROUP Address 41 ROUE 34 SOUTH SUITE 137 COLTS NECK NJ 08854
41 ROUE 34 SOUTH SUITE 137 COLTS NECK NJ Telephone: (732) 431-5484
08854 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 431-5484 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 ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

CONSTRUCTION TRAILER TEMP OFFICE TRAILER FOR HOME DEPOT <COMMERCIAL>

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 \$3,635

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$51
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$106
Check No.	1349
Cash	\$0
Credit	\$0
Collected By	Inspection Account

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

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Frame

MAIN BEAMS: 12" JR I-BEAM
TYPE: OUTRIGGER
XMEMBER: 48" O.C.
HITCH: STANDARD WELDED
AXLES: (2) SINGLE LEAF, OVER SLUNG

Floor

BTM BOARD: SIMPLEX
JOISTS: 2X6, #2 S.P.F. TRANSVERSE @ 16" O.C.
INSULATION: 3 1/2" R-11 F/G UNFACED BATT
DECKING: 5/8" SQ EDGE PLYWOOD
FLOOR CVR: 1/8" TILE, FORTRESS WHITE
TRIM: STD PREFINISHED

Exterior Walls

STUDS: 2 X 4 FRAMING @ 16" O/C, 8' HIGH
PLATES: SGL 2X4 TOP & BOTTOM
SHEATHING: .10 STRUCTURAL GRADE
WALL CVR: 1/4" LFE PANELING (WILLIAMS BIRCH)
INSULATION: 3-1/2" R-11 F/G KRAFT FACED BATT
* PARTITIONS: 2 X 3 FRAMING @ 16" O/C, 8' HIGH
BASE TRIM: STANDARD PREFINISHED
SIDING: .019 VERT. ALUMINUM (#5100 COLONIAL WHITE)
TRIM: .019 ALUMINUM (#6300 DARK GREEN)

Roof

TRUSS TYPE: BOW TRUSS @ 16" O.C.
SHEATHING: 3/8" CDX PLYWOOD
INSULATION: 6" R-19 F/G KRAFT FACED BATT
CEILING: 2" PREFINISHED GYPSUM
ROOFING: 30 GA GALVANIZED
VENTING: ROOF VENTING PER CODE
TIE DOWN: MIN (4) OVER THE ROOF
GUTTER: STD DRIP RAIL

Doors

EXT. DR: 36" X 80" (ELIXER 502-14) W/14" X 14" VISION PANEL, STD LOCKSET
INT. DR: 30" X 80" H.C. (COLONIAL BIRCH) W/STD PRIVACY SET (RESTROOM)
INT. DR: 24" X 80" H.C. (COLONIAL BIRCH) W/STD PASSAGE SET (CLOSET)
INT. DR: 30" X 80" H.C. (COLONIAL BIRCH) W/STD PASSAGE SET (OFFICE)

Specifications For M05010 Standard for Northeast Region

Windows

STD SIZE: 46" W X 27" H HORIZONTAL SLIDER, MILL FRAME, SINGLE STRENGTH, UP 36"
BLINDS: 1" MINI BLINDS (ALABASTER)
BATH SIZE: 24" W X 15" H VENT WINDOW W/OBSCURE GLASS, DN 15"

Electric

LOAD CENTER: RECESSED (1) 120/240V. 1 PHASE 100 AMP, 1-1/4" EMT THRU FLOOR
LIGHTS: 48" 2 TUBE FLUORESCENT STRIP
LIGHTS: 60W, INCANDESCENT, WALL MTD UP 84"
LIGHTS: 60W, INCANDESCENT EXTERIOR LIGHT, UP 76"
EXIT: SELF LUMINOUS EXIT SIGNS, IF REQUIRED
SWITCH: 110V, 15A TOGGLE, UP 48"
RECEPTS: 110V, 15A, UP 14" (UNLESS NOTED)
RECEPTS: 110V, 15A, GFI, UP 48" (RESTROOM)
RACEWAY: (14/2 W/G MIN) COPPER ROMEX (TYPE NM-B 90C)

Plumbing

W/C: STD RESIDENTIAL 1.6 GALLON
LAV: 20" X 17" PLASTIC IN VANITY
WATER HTR: 6 GALLON ELECTRIC
SUPPLY: TYPE AL# COPPER
WASTE: SCHEDULE 40 PVC
MISC: 18" W X 20" MIRROR UP 52"

Heating/Ventilation/Air Conditioning

HEAT/COOL: BARD 2.2 TON CENTRAL W/10 KW HEAT
DUCT: IN CEILING
SUPPLY: 10" X 10" W/ADJUSTABLE DAMPER
RETURN: AT UNIT, AND GRILLES IN DOORS
THERMOSTAT: UP 48"

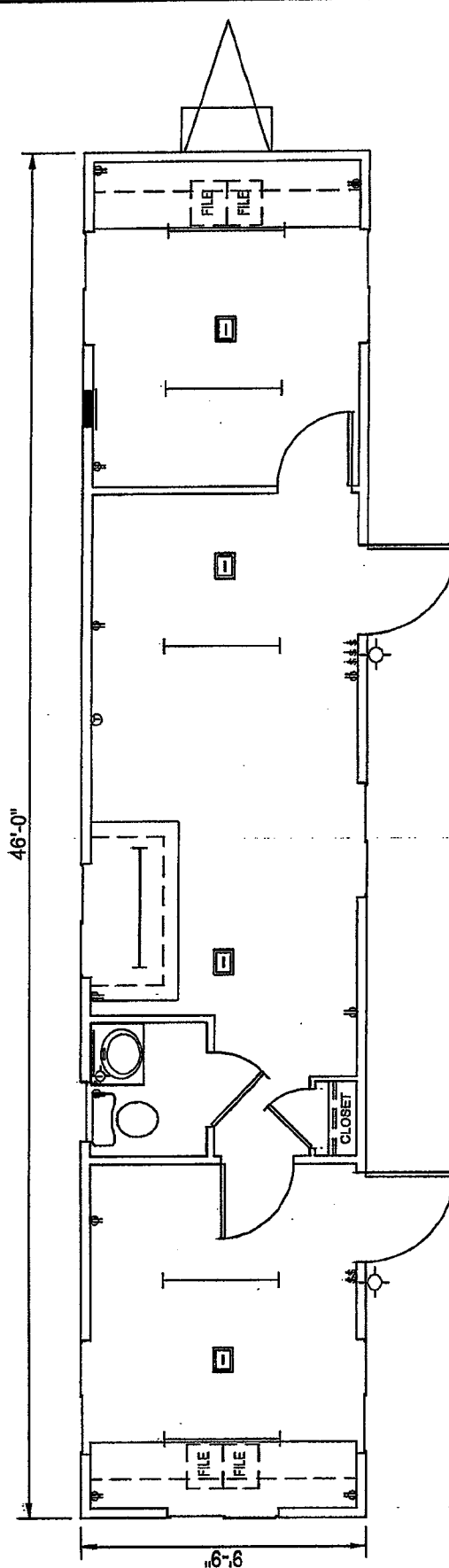
Interior Furnishings

DESK: 27" DEEP X 30" HIGH STD LAMINATED TOP W/3 FILE CABINET
SHELF: 12" DEEP SHELF DOWN 14"
PLAN TABLE: 6' LG X 3' DP, FOLDING W/CABINET

* OPTIONAL: MOVABLE INTERIOR PARTITIONS MAY BE INSTALLED

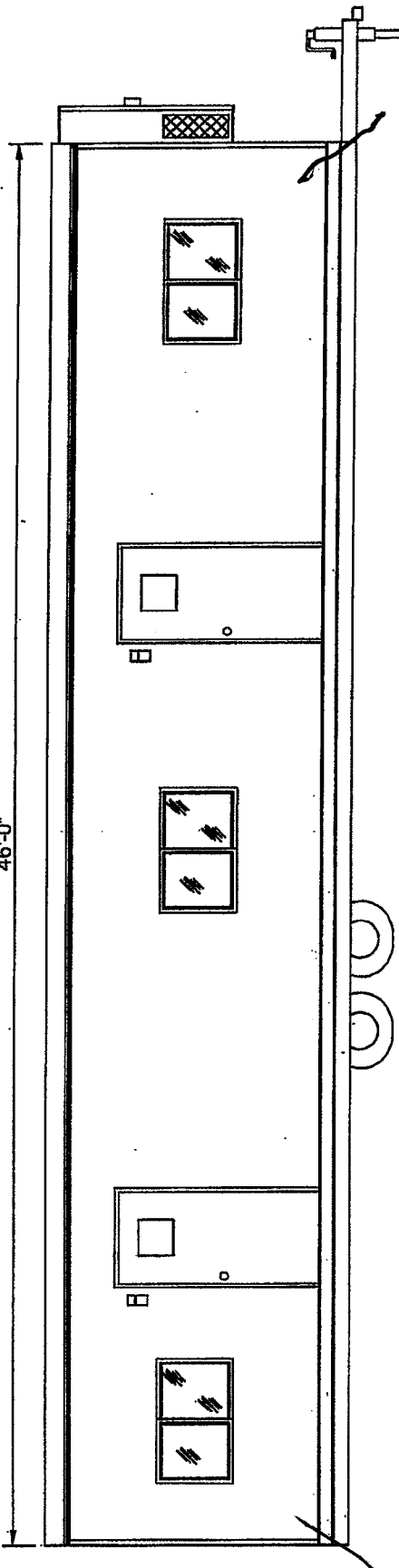
State Seals

MARYLAND, VIRGINIA, NEW JERSEY & CONNECTICUT

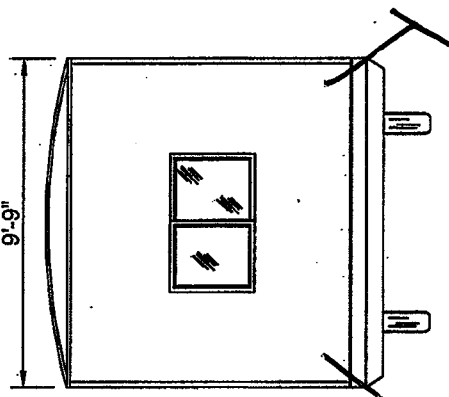


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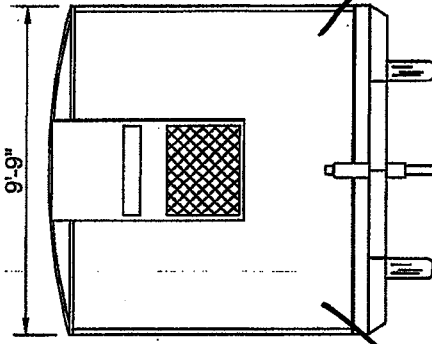
46'-0"



9'-9"



9'-9"



Anchor 4 corners

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(410) 931-5000

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THE UNITED STATES

(800) 762-1500

THE USE OF THIS
DRAWING FOR ANY
MEANS OTHER THAN
THAT INTENDED IS
STRICTLY PROHIBITED
WITHOUT THE PRIOR
WRITTEN CONSENT
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WILLIAMS SCOTSMAN

PROJECT

**MO5010 MOBILE OFFICE
NORTHEAST REGION**

DRAWING

ELEVATIONS

DWG BY: HOWARD SCARPOLA SERIAL#:

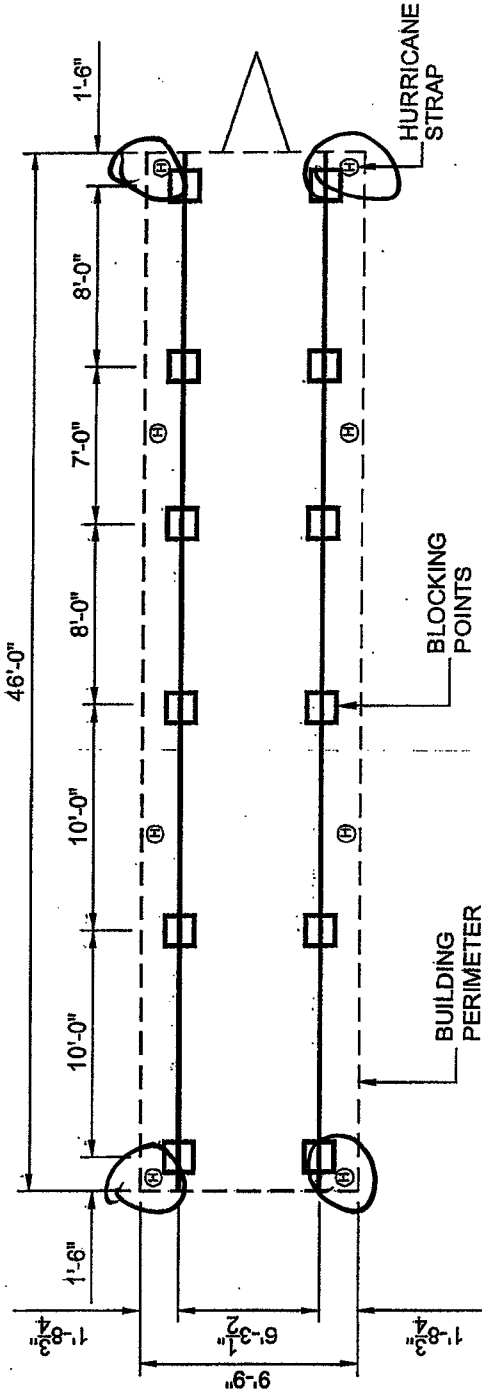
SR:

FILE#: MO5010E1 SCALE: 3/16"=1'

DWG #: A-2

DATE: 3/17/98

REV#: 0



VERIFY MAIN BEAM SPACING AND AXLE LOCATION BEFORE SETTING PIERS

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<u>PROJECT</u>		<u>DRAWING</u>			
MO5010 MOBILE OFFICE NORTHEAST REGION		BLOCKING PLAN			
DWG BY: HOWARD SCARPOLA		SERIAL#:		SR:	
FILE#: MO5010F1		SCALE:		1/8"=1'	
DWG #:		F-1		DATE: 3/17/98	
REV.#:		0			