BLOCK 1170 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1722 NJ STATE RT 88 PERMIT NO. 09-0158

CONSTRUCTION PERMIT APPLICATION

COF 664/682

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

I. IDENTIFICATION

1. Proposed Work Site at: 1722 NJ STATE ROUTE 88, BRICK, NJ
2. Name of Owner in Fee: THE HOME DEPOT
   Tel. (732) 926-3626 e-mail BRUCE_TALVY@HOMEDEPOT.COM
   Address 3096 (street) HAMILTON BLVD., (municipality) S. PLAINFIELD, NJ 07080 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: 848-207-1838 Tel. ( ) _____
   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. _____ FAX: ( ) _____
5. Architect or Engineer CASCO Suite 204 Contact PETER PLISKULOTIAN
   Address 1090 KING GEORGE POST RD, EDISON NJ 08837 e-mail _____
   Tel. (732) 661-1400 FAX: (732) 661-1399
6. Responsible Person in Charge once Work has Begun BRUCE TALVY
   Tel. (732) 926-3626 FAX: (732) 926-2972

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	65943	40	45
2.	Electrical	13125		
3.	Plumbing	2200		
4.	Fire Protection	1800	765	325
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$ 8074	14	
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy	35		
12.	Other 2 PSP	60	779	325
13.	TOTAL	$ 91237		400

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories (1) ONE	✓
2.	Height of Structure 36'-0" ft.	✓
3.	Area — Largest Floor 127,025 sq. ft.	21,309
4.	New Building Area 21,309 sq. ft.	✓
5.	Volume of New Structure 240,305 cu. ft.	✓ ADDITION
6.	Max. Live Load	100 PSF
7.	Max. Occupancy Load 4,070 PERSONS	3459
8.	If Industrialized Building: State Approved ____ HUD ____	—
9.	Total Land Area Disturbed _____ sq. ft.	
10.	Flood Hazard Zone _____	X
11.	Base Flood Elevation _____ ft.	N/A
12.	Wetlands yes ____ no ____	

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) 6/24/09 KA

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Resubmission Rejection	Re-viewer
☒	Building	4,350,000	2	2	1/16/09 KA			1/28/09	4/24/09 KA	KA
☒	Electrical	1,200,000.00				12/15/08	WM	3-17-09	U/D	
☒	Plumbing	275,000				12/22/08		3-23-09	U/D	
☒	Fire Protection	159,000				11-7-08		6-16-09		
☐	Elevator		Exempt	11/7/08	11/7/08			11/14/08		
	TOTAL COST									

4/20/09

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: RETAIL
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Present: M

C. MIXED USE -List secondary use(s): B, S1

D. Construct. Classification: Present II-B
   Proposed II-B

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

U.C.C. F100-1 (rev. 12/07)

COMMERCIAL

1335

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
12-15-05	Faxed sheet @ 3:00	

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

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 John R Patton Date 9.26.08

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

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

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

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

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

( ) Check if contractor.

Agent Name JOHN GINOCCHIO / CASCO

Address 1090 KING GEORGE POST RD.
EDISON, NJ 08837

Telephone (732) 661-1400

Signature

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building	_____	Energy	_____	Other _____
Electrical	_____	Barrier Free	_____	_____
Plumbing	_____	Flood Hazard	_____	_____
Fire Protection	_____	As Built Elevation Cert.	_____	_____
Mechanical	_____	Other	_____	_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/08/2009
Control Number C-08-004682
Permit Number 09-0158
Permit Issue Date 01/30/2009
Certificate Number 09-0158

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual:

Owner in Fee: THE HOME DEPOT

Owner Address: 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Telephone: (732) 926-3626

Contractor CASCO

Address 1090 KING GEORGE POST RD EDISON NJ 08837

Telephone: (732) 661-1400 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: Type I

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

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: 08/20/2009 or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 08/20/2009
Conditions to be met:
For Stocking Shelves and Merchandising Only

A60 for DN

Construction Official

See Conditions

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/08/2009 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/14/2009
Control Number C-08-004682
Permit Number 09-0158
Permit Issue Date 01/30/2009
Certificate Number 09-0158

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual:

Owner in Fee: THE HOME DEPOT

Owner Address: 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Telephone: (732) 926-3626

Contractor CASCO

Address 1090 KING GEORGE POST RD EDISON NJ 08837

Telephone: (732) 661-1400 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: Type I

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

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Conditions to be met:

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☐ 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: 10/09/2009 or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 10/09/2009
Conditions to be met:

Engineering Temporary until October 9, 2009 for Store Opening

Construction Official 8/14/09

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/14/2009

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/09/2009
Control Number C-08-004682
Permit Number 09-0158
Permit Issue Date 01/30/2009
Certificate Number 09-0158

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual:

Owner in Fee: THE HOME DEPOT

Owner Address: 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Telephone: (732) 926-3626

Contractor CASCO

Address 1090 KING GEORGE POST RD EDISON NJ 08837

Telephone: (732) 661-1400 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: Type I

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

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.

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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**
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☐ Partial or limited time period (years); see file

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☐ 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: 11/13/2009
Conditions to be met:

Engineering Temporary until November 13, 2009

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/09/2009

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/13/2009
Control Number C-08-004682
Permit Number 09-0158
Permit Issue Date 01/30/2009
Certificate Number 09-0158

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual:

Owner in Fee: THE HOME DEPOT

Owner Address: 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Telephone: (732) 926-3626

Contractor CASCO

Address 1090 KING GEORGE POST RD EDISON NJ 08837

Telephone: (732) 661-1400 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: Type I

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

Certificate Comments:

☑ **Certificate of Occupancy**
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☐ **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: $35.00
Check Number: 1354
Collected By: Inspection Account

Date Printed: 11/13/2009 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued 1-30-09
Control # C-08-004682+A
Permit # +A
09-0158 +A

IDENTIFICATION Block: 1170 Lot: 5 Qualifier
Work Site Location: 1722 ROUTE 88 Brick Township, NJ
Owner in Fee THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080
Telephone: (732) 926-3626

Contractor CASCO
Address 1090 KING GEORGE POST RD EDISON NJ 08837
Telephone: (732) 661-1400
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:
FIRE SUPPRESSION ALTERATIONS ADD/REMOVE/RELOCATE TO MATCH REMODELED BUILDING.

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$765
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$779
Check No.	4590
Cash	$0
Credit	$0
Collected By	

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 $10,000

Construction Official

1-30-09
Date

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:

01/30/09 3:48PM 0015508W8746
#002 SERV.002
#0158
FIRE $765.00
$14.00
$779.00

☐ 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 03-10-09
Control # C-09-000458
Permit # 09-0158+B

IDENTIFICATION Block: 1170 Lot: 5 Qualifier
Work Site Location: 1722 ROUTE 88 Brick Township, NJ
Owner in Fee THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080
Telephone: (732) 926-3626

Contractor CASCO
Address 1090 KING GEORGE POST RD EDISON NJ 08837
Telephone: (732) 661-1400
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), FIRE ALTERATIONS CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

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 $50,000

Construction Official

2-27-09
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$225
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$225
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.

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued ______
Control # C-09-000642
Permit # 09-0158+C

IDENTIFICATION Block: 1170 Lot: 5 Qualifier ______

Work Site Location: 1722 ROUTE 88 Brick Township, NJ

Contractor: CASCO
Address: 1090 KING GEORGE POST RD EDISON NJ 08837

Owner in Fee: THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Telephone: (732) 661-1400
Lic. No. or Bldrs. Reg. No. ______
Telephone: (732) 926-3626
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)

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 $3,000

K. Chrsn... for Dan Newman 3/11/09

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$44
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 6-19-09
Control # C-09-002073
Permit # 09-0158+E

IDENTIFICATION Block: 1170 Lot: 5 Qualifier
Work Site Location: 1722 ROUTE 88 Brick Township, NJ
Contractor CASCO
Address 1090 KING GEORGE POST RD EDISON NJ 08837
Owner in Fee THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080
Telephone: (732) 661-1400
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 926-3626
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:
COMMUNICATION POINTS

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 $50,000

Construction Official

6-15-09
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$60
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	S/a $85
CO Fee	
Other	$0
Total	W/a $145
Check No.	70332
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

06/19/09 12:51PM 0015581749 002
#0158
$60.00
$86.00
CHECK $146.00

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 8-10-09
Control # C-09-000746
Permit # 09-0158+D

IDENTIFICATION Block: 1170 Lot: 5 Qualifier
Work Site Location: 1722 ROUTE 88 Brick Township, NJ
Contractor CASCO
Address 1090 KING GEORGE POST RD EDISON NJ 08837
Owner in Fee THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080
Telephone: (732) 661-1400
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 926-3626
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL, LIGHT POLES CASCO HAS ISSUED A CHANGE BULLETIN 1B SITE AND BUILDING DATE 01-18-09

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 $52,800

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$1,200
Electrical	$45
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$90
CO Fee	
Other	$0
Total	$1,335
Check No.	13715
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.

09/10/09 3:27PM 001.0042148
WEB SERV.002

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.

BUILD $1200.00
ELECTRIC $45.00
DCA $90.00
TOTAL $1335.00

- [ ] 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.

CONSTRUCTION PERMIT

Date Issued 1-30-09
Control # C-08-004682
Permit # 09-0158

IDENTIFICATION Block: 1170 Lot: 5 Qualifier
Work Site Location: 1722 ROUTE 88 Brick Township, NJ
Owner in Fee: THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080
Telephone: (732) 926-3626

Contractor: CASCO
Address: 1090 KING GEORGE POST RD EDISON NJ 08837
Telephone: (732) 661-1400
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:
ALTERATION - -COMMERCIAL CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

PAYMENTS (Office Use Only)

Building	$65,850
Electrical	$13,125
Plumbing	$2,200
Fire Protection	$1,800
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8.065
CO Fee	
Other	$60
Total	$91,100
Check No.	43540
Cash	$0
Credit	$0
Collected By	

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 $5,975,000

Construction Official — Date 1-30-09

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.

01558 8743
DCA $8065.00
ZPA $30.00
EPA $30.00
CHECK $91100.00
#02 SERV.002
#0158
PLUMBING $2200.00
FIRE $1800.00
++++++

Elissa. 3/30

I recall you working with the Engineer concerning some lighting changes. Was the location of the poles one of the changes or just lighting intensity? Michael

INSPECTOR: Russell Harris

DATE: 11/11/09

JOB: Home Depot SECTION:

TYPE OF WORK: Final CO

WEATHER: Overcast/Rain

LOCATION: Rt.70 & Rt.88

TEMPERATURE: 50's

BLOCK: 1170 LOT: 5

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	See comment below	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	See comment below	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

5. Additional remediation will be required in the Spring. Item will remain open on the site bond.

7. Require meeting & schedule to ~~complete~~ review & start work to complete remaining site bond items.

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[Ec Cor] MUNICIPAL ENGINEER

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

INSPECTOR: Russell Harris

JOB: Home Depot SECTION:
Job#205234112548

WEATHER: Clear

TEMPERATURE: 60's

DATE: 10/9/09

TYPE OF WORK: Temp CO renewal

LOCATION: 1722 Route 88

BLOCK: 1170 LOT: 5

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:

5. Monitor lawn restorations. Check status of condition GN 10/30/09

Temp expires 11/13/09

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 Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: Russell Harris

JOB: Home Depot SECTION:

WEATHER: Clear

TEMPERATURE: 85+

DATE: 8/14/09

TYPE OF WORK: Final CO

LOCATION: 1722 Rt. 88

BLOCK: 1170 LOT: 5

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		✓ lawn areas require maintenance see letter
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	Merchandising Store.	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS: For Store Opening

☒ TEMP. C.O. Exp. October. 9th, 2009

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC Cor] MUNICIPAL ENGINEER

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code

Work Site Location The Home Depot

Owner in Fee: The Home Depot

Tel. (732) 926-5636 e-mail

Address 1722 NJ State Route 88 Brick NJ
(street / municipality)

Contractor: Homeland Security + Life Safety Systems Tel. (201) 955-9110 (zip code)

Address 22 Pershing Place e-mail

North Arlington, NJ 07031

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-12-9 AB

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Anti Theft system	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3/30/09
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 5 Qualification Code

Work Site Location The Home Depot

Owner in Fee: The Home Depot

Tel. (732) 926-3636 e-mail

Address 1722 NJ State Route 88 Brick NJ
(street) (municipality)

Contractor: Homeland Security + Life Safety Systems Tel. (201) 955-9110
(zip code)

Address 22 Pershing Place e-mail
North Arlington, NJ 07031

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000.00

3/19/09

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-19-09 AS

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application. Brad Baron
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Anti Theft System	

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

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

INSPECTOR: Russell Harris

DATE: 8/10/09

JOB: Home Depot SECTION:

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: NJSH Rnte 88

TEMPERATURE: 90+

BLOCK: 1170 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement		✓ striping / signage incomplete
5. Landscaping & Sodding		✓ L-scape incomplete Lawn requires maint.
6. Clean-up Procedures		✓ construction debris on site
7. Note on going construction in immediate area		✓ striping, Signage Landscaping
8. Safety		✓ stormwater spill off entry vestibule

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☒ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[EC] MUNICIPAL ENGINEER

I _____, Authorized representative of

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

INSPECTOR: Russell Harris

DATE: 8/10/09

JOB: Home Depot SECTION: off Rt.88 & Rt.70

TYPE OF WORK: Temp for stocking shelves.

WEATHER: Sunny/Clear

LOCATION: 1722 Rt.88

TEMPERATURE: 90+

BLOCK: 1170 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	signage/striping in progress
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓ lawn/l-scape issues
6. Clean-up Procedures		✓ ongoing
7. Note on going construction in immediate area		✓ ongoing site/bldg.
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☒ TEMP. C.O. for employee merchandising "only" till 8/20/09

☐ 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 Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: KShafer/RHarris

DATE: 7-2-09

JOB: Home Depot

SECTION: off Rt 88/70

TYPE OF WORK: Temp for Stacking Shelves

WEATHER: Pt Sunny

LOCATION: 1722 Rt 88

TEMPERATURE: 80°s

BLOCK: 1170 LOT: 5

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	✓ Signage/Striping Drive Aisles
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement		✓ ongoing @ Rt 88
5. Landscaping & Sodding		✓ ongoing
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		✓ ongoing
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: Store Employees Only

RECOMMENDATIONS:

☒ TEMP. C.O. for employee merchandising "only" until 8/10/09

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

CC Comments MUNICIPAL ENGINEER

I _____, Authorized representative of

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

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

CERTIFICATE OF COMPLIANCE

Date 7/6/09

NAME Home Depot 0912

ADDRESS 1722 Route 88 W Brick NJ 08724

PROPERTY LOCATION 1722 Route 88 W-Home Depot

Account No 17304002-2 Block 1170 Lot 5

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.

For the Authority Carol L Tunnell

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.ocscd.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: ~~TR~~ BRICK

PROJECT: Home Depot

SCD NO: 10036

BLOCK NO.(S): 1170

LOT NO.(S): 5

Final Compliance ☑ **Conditional Compliance** ☐

Block No.	Lot No.	Conditions
		ALL REMAINING AREAS TO BE HAY MULCHED PRIOR TO BLDG. OCCUPANCY

TOTAL FEES DUE: $

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: Tony Ma PIV

AUTHORIZED DISTRICT SIGNATURE:

DATE: 7/6/09

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

Revised 03/04

A5703

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0158

Date Issued / Permit # 1-30-09

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 NJ STATE ROUTE 88
BRICK, NJ 08724

Owner in Fee: THE HOME DEPOT

Tel. (732) 926-3626 e-mail bruce_talvy@homedepot.com

Address 3096 HAMILTON BLVD., S. PLAINFIELD, NJ 07080
street municipality zip code

Contractor: CASCO / Contractor to Follow Tel. (Tony 848 207 1838

Address e-mail

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.

Signature (CASCO FOR HOME DEPOT)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONVERT AN EXISTING 'COSTCO' MERCANTILE BUILDING INTO A 'HOME DEPOT' MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1/29/09	BA
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 8/13/09
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			* 2-13-09	JL
Footing Bonding				
Foundation				
Slab			* 2-13-09	JL
Frame			* 6-1-09	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Conservation			6-23-09	JL
Mechanical				
TCO — 60 DAYS			* 8/7/09	MM
Other				
Final N.R. 7-2-09			8/12/09	MM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
No. of Stories (1) ONE
Height of Structure 36 FT ft.
Area — Largest Floor 127,025 sq. ft.
New Bldg. Area/All Floors 21,300 sq. ft.
Volume of New Structure 240,305 cu. ft.
Max. Live Load
Max. Occupancy Load 4,070 PERSONS

Constr. Class Present IIB Proposed IIB

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $4,350,000.00
3. Total (1+ 2) $4,350,000.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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

FEE (Office Use Only)
$ COMMERCIAL

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

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

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

2-13-09 J.K SLAB COLUMN LINE 9-11 A-F

2-16-09 JK FOOTINGS LUMBER VESTIBULE / ENTRY-EXIT VESTIBULE

2-20-09 JK FOOTINGS GARDEN CENTER F-B4 0-1

2-24-09 JK FOOTING LOADING DOCK A-A.8 - 0.1 - 0.7

2-26-09 G.P " " " A-0.7A - column 1 - UNDERpinning

3-6-09 J.K PIERS 18 - GARDEN CENTER AREA

3-10-09 J.K PIERS @ LOADING DOCK

3-11-09 J.K SLAB @ LOADING DOCK / PARTIAL

3-16-09 JK SLAB @ LOADING DOCK / PARTIAL

3-20-09 JK SLAB @ LOADING DOCK / PARTIAL

3-24-09 J.K. PARTIAL FRAME / REAR OF BLDG PIERS FOR LUMBER ROOF

4-1-09 J.K PARTIAL FRAME / O.K

4-14-09 J.K SLAB O.K. GARDEN CENTER

4-20-09 J.K. PARTIAL FRAME REAR OF BLDG

4-24-09 J.K FRAME BALANCE REAR OF BLDG

5-21-09 JK SLABS

5-29-09 JK FRAME VESTIBULES

6-1-09 G.P FRONT SIGN

8/7/09 MF Recomend TCO

OK 1) Elect Rm. 1 Hr. Rating / Both sides

OK 2) Additional Exit Signage
- A) Data Room
- B) Appliance Center
- C) GCenter Auto Slidingdoors
- D) House plant enclosure

OK 3) Anchor rack in Garden Center (End Cap)

4) Cut sheet for HPE or 1" Clearance

OK 5) Knock out directionals at Energy light display at end of 4 Isle

BUILDING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 09/30/2008
Control # C-08-004682
Date Issued 01/30/2009
Permit # 09-0158

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: CASCO

Address 1090 KING GEORGE POST RD EDISON NJ 08837

Tel. (732) 661-1400 Fax.

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

Federal Employee No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Revised Tech

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION - -COMMERCIAL, CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 8/13/09
Approved by:

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other			8/13/09	
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed M
Constr. Class Present Type I Proposed Type I
Number of Stories
Height of Structure Ft.
Area - Largest Floor 21309 Sq. Ft.
New Bldg. Area / All Floors 100 Sq. Ft.
Volume of New Structure 3459 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.
2. Rehabilitation $4,350,000
3. Total (1+2) $4,350,100

TYPE OF WORK

- ☐ New Building
- ☑ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Addition	$93
Rehabilitation	$65,850
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5,881
TOTAL FEE	$71,824

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8-10-09

Date Issued / Permit # 09-0158 fd
C09-000746

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 Route 88
Brick NJ 08724

Owner in Fee: The Home Depot

Tel. (732) 926-3626 e-mail Bruce_talvy@homedepot.com

Address 3096 Hamilton Blvd, S Plainfield NJ 07080
street municipality zip code

Contractor: RIV Construction Group Tel. (732) 431-5484

Address 315 Rt 34 Suite 137 e-mail
Colts Neck NJ 07733

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

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

Federal Emp. ID No. [redacted] 54-1608072 FAX: (732) 431-5483

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 for Home Depot

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CASCO has issued a change Bulletin #13 (site and Building) Dated 1-18-09.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~ LIGHT POLES	8/7/09	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] 8/13/09
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/12/09	KA
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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

FEE (Office Use Only) COMMERCIAL

Administrative Surcharge $	1200
Minimum Fee $	85
State Permit Surcharge Fee $	
TOTAL FEE $	

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

Constr. Class Present IIB Proposed IIB

No. of Stories ONE

Height of Structure 36Ft ft.

Area — Largest Floor 127,025 sq. ft.

New Bldg. Area/All Floors 21,309 sq. ft.

Volume of New Structure 240,305 cu. ft.

Max. Live Load

Max. Occupancy Load 4,070 Persons

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ $50,000
3. Total (1+ 2) $

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

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

MIKE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0158

Date Issued / Permit # 1-30-09

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 NJ STATE ROUTE 88 BRICK, NJ 08724 (NEW HOME DEPOT OLD COSTCO)

Owner in Fee THE HOME DEPOT

Address 3096 HAMILTON BLVD. S. PLAINFIELD, NJ 07080

Tel (732) 226-3626

Contractor CAGICO / Contractor To Follow

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size 8" Public Sewer ✓ Private Septic

Water Service Size 3" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ ~~400,000.00~~ $275,000.00

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: 2-16-09

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			02.25.09	PA
Rough			06.26.09	PA
Water				
Sewer				
~~Fixtures~~ STORM PIPING			04.03.09	PA
Gas Equipment				
Gas Piping			06.23.09	PA
~~LP Gas Tank~~ TRENCH DRAIN			03.19.09	PA
Fuel Oil Piping				
Solar				
TCO 60 DAYS			02.01.09	PA
FINAL	02.06.09	02.13.09	02.14.09	PA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
8	Water Closet
4	Urinal/Bidet
0	Bath Tub
9	Lavatory
0	Shower
8	Floor Drain
3	Sink
0	Dishwasher
2	Drinking Fountain
1	Washing Machine (POWER WASHER)
23	Hose Bibbs & HOSE REELS
2	Water Heater ELECTRIC
0	Fuel Oil Piping
1236	Gas Piping
0	LPGas Tank
0	Steam Boiler
0	Hot Water Boiler
1	Sewer Pump (SINK)
1	Interceptor/Separator
2	Backflow Preventer (DOUBLE CHECK)
0	Greasetrap
1	Sewer Connection (EXIST)
1	Water Service Connection (EXIST)
3	Stacks (VTR)
2	Other WATER & IRRG. METERS
3	Other VEND. MACHINE/COFFEE

189/C

FEE (Office Use Only)

$ 0 (PAID IN FULL)

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

02.02.09 PA

SLAB FOR UNISEX BATH & UTILITY ROOM + GANG BATHROOMS OK

02.10.09 PA

① DEMO + CAP PORTIONS OF EXISTING U/G IS OK. CORE DRILL ← 08-2648 PERMIT CUT+CAP 03.19.09 OK-PA

② SEWER FOR DRINKING FOUNTAIN BY OLD ENTRANCE IS OK

③ SLAB WORK COMPLETE IN BLDG EXCEPT FOR OIL SEPARATOR + FLOOR DRAIN

02.25.09 PA

① OIL SEPARATOR / FLOOR DRAIN INSTALLED - SLAB COMPLETE + ROOF DRAINS OK IN BLDG.

03.19.09 PA

✱ TRENCH DRAIN LOADING DOCK AREA OK!

03.31.09 PA

ROUGH FOR BOTH TOILET ROOMS AND LOUNGE SINK ONLY - OK

04.03.09 PA

① GARDEN CENTER TRENCH DRAINS + STORM PIPING UNDERGROUND COMPLETED.

06-24-09 PA

① DRINKING FOUNTAIN NOT READY - OK - 06.26.09 PA. - ROUGH COMPLETE

07.01.09 PA

① PAINT GAS PIPING ON ROOF AND NUMBER ROOFTOP UNITS - OK

② LADIES ROOM BARRIER FREE URINAL @ 34¾ AFF; OK

④ MENS ROOM OK - REST OF BUILDING NOT INSPECTED. OK

07.13.09 PA

⑤ RECOMMEND TCO - 60 DAYS

07.13.09 PA

① FIRE BACKFLOW TEST RESULTS OK

② TOOL MAINTAINENCE ROOM SINK NO HOT WATER - OK.

③ DRINKING FOUNTAIN BY GARDEN CENTER NO WATER. OK

07.14.09 PA

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Change of Contractor 12/22/08

Date Received / Control # 09-0158

Date Issued / Permit # 1-30-09

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 Route 88

Owner in Fee: Home Depot

Tel. ( ) e-mail

Address (street, municipality)

Contractor: Competitive Pipe Inc Tel. (732) 560 3871

Address 137 Wood Ave Middlesex NJ 08846 e-mail

Contractor License No. 10247 Exp. Date 06/09

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

Federal Emp. ID No. 22-3470443 FAX: (732) 560-9762

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: 12 22 08

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			02/4/09	PA

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	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	
	Stacks	
	Other	
	Other	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

QPCTMR

Physical Connection Permit No:

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Physical Connection Test & Maintenance Report

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test and Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test 07 /07 /09

Certification expires 1 year from date of test.

To:

From: (Name of Permit Holder)

Home Depot #0912
Route 70 and Route 88
Brick, NJ

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C.7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts
Model Number: 009M2 ☒RPZ ☐DCVA ☐PVB
Serial Number: A56003 Size 2 in.
Comments and Notations:

Location of Valve

Sprinkler Control Room
Irrigation Main

Tested by:
Pan Metro Services
Edison, NJ 08817
732-393-0100

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☒ at 10.0 psid Leaked ☐	Closed Tight ☒ at ____ psid Leaked ☐	Opened at 3.2 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ ____ psid	Closed Tight ☐ ____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Clifford Lyle Blevins
Certified Testers Signature: Clifford L Blevins
Certifying Authority: New England Water Works Association
Cert. ID#: 3829 Exp. Date: 10-31-09

Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

QPCTMR

Physical Connection Permit No:

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Physical Connection Test & Maintenance Report

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test and Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test 07 /07 /09

Certification expires 1 year from date of test.

To:

From: (Name of Permit Holder)

Home Depot #0912
Route 70 and Route 88
Brick, NJ

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C.7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts
Model Number: 009M2 ☒RPZ ☐DCVA ☐PVB
Serial Number: A57389 Size 2 in.
Comments and Notations:

Location of Valve

Sprinkler Control Room
Domestic Main

Tested by:
Pan Metro Services
Edison, NJ 08817
732-393-0100

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☒ at 8.2 psid Leaked ☐	Closed Tight ☒ at ____ psid Leaked ☐	Opened at 2.6 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ ____ psid	Closed Tight ☐ ____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Clifford Lyle Blevins
Certified Testers Signature: Clifford L. Blevins
Certifying Authority: New England Water Works Association
Cert. ID#: 3829 Exp. Date: 10-31-09

Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

QPCTMR 09/07

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test 7/13/09

To:
Home Depot # 0912
1722 Rt 88
Brick NJ, 08724

From: (Name of Permit Holder)
Fire Tech Automatic Sprinkler
121 Blackwood Barnsboro Rd
Sewell NJ 08080
James W Kennedy

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: AMES ☑RPZ ☐DCVA
Model Number: 400055 Size: 8" in.
Serial Number: 122636
Comments and Notations: NEW

Location of Valve

Fire Pump Room

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☑ Failed ☐	Closed Tight ☑ at 7 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☑ Leaked ☐ By-pass Used ☐	Closed Tight ☑ at 6 psid Leaked ☐	Opened at 2.5 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: James W Kennedy III
Certified Testers Signature: James W Kennedy III
Certifying Authority: ASSE
Cert. ID #: 9513 Exp. Date: 4/30/2011

Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-0158

Date Issued / Permit # 1-30-09

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 NJ STATE ROUTE 88
BRICK, NJ 08724

Owner in Fee: THE HOME DEPOT

Tel. (732) 926-3626 e-mail bruce_talvy@homedepot.com

Address 3096 HAMILTON BLVD., S. PLAINFIELD, NJ 07080
street municipality zip code

Contractor: CASCO/ CONTRACTOR to Follow Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as RETAIL STORE Utility Co. JCP&L

Est. Cost of Elec. Work $ 1,200,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 1/21/09 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-11-9
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	See Back			
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO	60 days		7-8-09	DD
Other				
Service			5-19-09	DD
Final			8-7-09	DD
Barrier-Free			8	

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 5-19-09

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
629		Lighting Fixtures
530		Receptacles
75		Switches
—		Detectors
22		Light Poles
49		Motors—Fract. HP
31		Emergency & Exit Lights
30		Communications Points
—		Alarm Devices/F.A.C. Panel
—		
—		TOTAL NUMBERS
—		Pool Permit/with UW Lights
2	?	Storable Pool/Spa/Hot Tub
—	—	KW Elec. Range/Receptacle
—	—	KW Oven/Surface Unit
2	4.5	KW Elec. Water Heater
—	—	KW Elec. Dryer/Receptacle
—	—	KW Dishwasher
—	—	HP Garbage Disposal
18	423	KW Central A/C Unit
18	26	HP/KW Space Heater/Air Handler
—	—	KW Baseboard Heat
26	—	HP Motors 1/+ HP
7	745	KW Transformer/Generator
2500	A	AMP Service
23	VERIOUS	AMP Subpanels 100-400A
—		AMP Motor Control Center
3	2.7	KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

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

2-3-9

Trench Back Area inside

2-26-9

Walk thru w/ Building Insp for separates of & from & Voltage Drop for Equipment

---

3-19-09

Back Walls Rough

OK
DD

3-31-09

Site Lights Repairs

OK
DD

4-2-09

Low Volt wire Botts

OK
DD

4-9-09

Site Lite Repairs

OK DD

6-1-09

Above Ceiling Back Offices

Above Ceiling London Door

OK DD

6-9-09

Lights in Garden Center

OK DD

6-10-09 Loading Dock Area

OK DD

6-25-09

Part Final Offices & Baths

OK

DD

6-29-09

Gen started in 10 sec

All Em Lites came on

7-14-09

Part Final

Loading Dock

Cash Rack

Battery Chargers

Roof Tops OK DD

7-22-09

Part Final

Cash Reg

8-6-09

Part Final

Garden Center

Lighting

Kitchens

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/6/09
Control # 09-0381
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 5 Qualification Code

Work Site Location Home Depot
1722 Route 88

Owner in Fee JSM @ Route 88 LLC
Address 1260 Stelton Road
Piscataway, NJ 08854

Tel ( )

Contractor Covicllo Electric Service
Address P.O. Box 546
Saddle Brook, NJ

Tel (201) 843-6566 FAX (201) 843-0828

Contractor License No. 9101

Federal Emp. No. 22-3224481

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
4		KW Elec. Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	2-11-09	AS

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 8-11-9
Approved by: AS

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-07-09	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06/15/2009
Date Issued 6-19-09
Control # C-09-002073
Permit # 09-0158+E

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: Mason Technologies, Inc.

Address 33 Ranick Road Hauppauge NJ 11788

Tel. (631) 234-6565 Fax. (631) 234-7826

Lic No.

Federal Employee No. 38-3665918

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $50,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Con'r ☒ Exempt Applicant

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initials
☒ No Plan Required	6/16/09	A.S.

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date 8-11-9
Approved by: A.S.

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-07-09	DP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge	
Minimum Fee	1
State Permit Surcharge Fee	$85
TOTAL FEE	$145

U.C.C. P12u (rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0158 E
Date Issued 3/30/09
Permit # C09-000642

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 The Home Depot

Owner in Fee: The Home Depot

Tel. (732) 926-3626 e-mail

Address 1722 NJ State Route 88 Brick NJ
(street) (municipality)

Contractor: Homeland Security + Life Safety Systems Tel. (201) 955-9110
(zip code)

Address 22 Pershing Place e-mail

North Arlington, NJ 07031

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,000.00

3/19/09

Called

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 3-29 AS

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-11-9
Approved by: AS.

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-07-09	AS
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. Bart Burton
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Anti Theft System	

COMMERCIAL

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

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick Township
Building Department (732) 262-1027

DR\UR # 318-312-996

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 1722 ROUTE 88 UTILITY CO

Brick Township, NJ BLK 1170 LOT 5

OWNER THE HOME DEPOT OCCUPANT THE HOME DEPOT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 1200 amp

INSTALLED BY CASCO LICENSE NO

DATE 05/19/2009 PERMIT # 09-0158 INSPECTOR Donohue

☐ FAXED IN Lic. No: 8914

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

732 262 8954

Date: 05/19/09

To: DOUG DONOHUE
BRICK TOWNSHIP
ELECTRICAL INSPECTOR

Inquire location: HOME DEPOT, 1732

The interrupting duty or fault current for the above location will be:

- under 10,000 Amps
- (over) 10,000 Amps
- If over 10,000 Amps - your interrupting duty for the specific transformer in question will be 32,250 Amps
(transformer size 1500 (277/480V))

Delard Lucey
JCP&L Co

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

Debbie Rumney
Senior Layout Technician
Point Pleasant Line Dept.

732-714-2830
Fax: 732-892-5828

E-Mail: drumney@gpu.com

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 08/10/09
Control #: C09-000746
Date Issued: 8-10-09
Permit #: 09-0158-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 5 Qualification Code

Work Site Location 1722 Route 88 Brick, NJ 08724

Owner in Fee: Home Depot

Tel. (732) 926-3626 e-mail

Address 3096 Hamilton Blvd. So. Plainfield, NJ

Contractor: All Phase Electric (street / municipality) Tel. (908) 486-6886 (zip code)

Address 1031 Pennsylvania Ave e-mail

Linden NJ 07036

Contractor License No. 8346 Exp. Date

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

Federal Emp. ID No. 22 2685729 FAX: (908) 486-7497

B. ELECTRICAL CHARACTERISTICS

Use Group Present* Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 4-23-9 AB
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-11-9
Approved by: AB

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-10-9	DD
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
4		Light Poles - RELOCATED	
		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		VERIZON PHONE BOX UNDERGROUND	

COMMERCIAL

Administrative Surcharge $ 46
Minimum Fee $ 5
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 12/07). 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 09-0158
Control #

Date Issued 1-30-09
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 5 Qualification Code

Work Site Location 1722 NJ STATE ROUTE 88
BRICK, NJ 08724

Owner in Fee THE HOME DEPOT

Address 3096 HAMILTON BLVD.
SOUTH PLAINFIELD, NJ 07080

Tel (732) 926-3626

Contractor CASCO / Contractor to Follow

Address

Tel ( ) FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Fuel Storage ~~Tank~~: CABINET - TOOL RENTAL CENTER

Fuel Type: [ ] *Flammable* OR [X] *Combustible* *Capacity* 50 GAL. GASOLINE

Total Cost of Fire Protection Work $ ~~$15,000.00~~ 150,000.00

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 (CASCO)

[ ] Certified Contractor [X] Exempt Applicant FOR HOME DEPOT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS PIPING SPRINKLERS TO FOLLOW

Water Supply Source

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	0	
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	36	
Fireplace Venting/Metal Chimney	0	
Other		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 11-17-08

Approved by: MB

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7/31/09

Approved by: KCR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System			7/28/09	RDP
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			7/28/09	RDP
Smoke Control				
TCO			7/6/09	RDP
Flam/Combust Tanks				
Fireplace Venting	4/16/09		7/28/09	RDP
Final			7-8-09	KCR
Other TEMP ONLY				

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

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 01/08/2009
Control # C-08-004682+A
Date Issued 1-30-09
Permit # +A 09-0155+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 5 Qualification Code

Work Site Location: 1722 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: FIRE MATERIALS GROUP

Address 2615 S INDUSTRIAL PARK AVENUE TEMPE AZ 85282

Tel. (480) 753-5444 Fax.

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

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

Fire Alarm Contractor No. P00164

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Type I Proposed Type I Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☑ Fire Plans Approved

Date: 1-12-09

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA 8 1009

Date:

Approved by: RLD

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression System			7/29/09	RLD
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			7/6/09	RLD
Final			7/29/09	RLD
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE SUPPRESSION ALTERATIONS, ADD/REMOVE/RELOCATE TO MATCH REMODELED BUILDING.

Water Supply Source

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type 1500	1	$100
Dry Pipe/Alarm Valves	1	$65
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	$600
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$14
TOTAL FEE		$779

U.C.C F140 (rev. 12/07)

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 2/25/2009
Control # C-09-000458
Date Issued 3-10-09
Permit # 09-0158+B

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: ADT SECURITY

Address 8607 Roberts Drive Suite 150 Atlanta GA 30350

Tel. (678) 585-5822 Fax.

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

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

Fire Alarm Contractor No.

Federal Employee No. 22-5818132104

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Type I Proposed Type I Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fire Suppression/Standpipe System: ☑ New or ☐ Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☑ Fire Plans Approved

Date: 2-27-09

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA 3/10/09

Date:

Approved by: KW

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			7/6/09	DSD
Suppression System			7/6/09	DSD
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			7/6/09	DSD
Final			7/6/09	DSD
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALARM SYSTEM (BURGLAR OR FIRE), FIRE ALTERATIONS, CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A HOME DEPOT MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER

Water Supply Source: CO. WATER

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)	9	
Supervisory Devices (tampers, low/high air)	13	
Signaling Devices (horn/strobes, bells)	125	
Other Devices annunciator	1	
TOTAL	148	$225.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		
TOTAL FEE		$225

COMMERCIAL

Called 3/2/09

U.C.C F140 (rev. 12/07)

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

4/11/09

1) Weldthru pipe inspection only - No testing performed

6/26/09

2 hr / 200 psi test for interior only

B 2
1170 5

1722
RT
28

Punch list for final

Front
Move Strobe

(Replacing) Pump Suction
2 Tampers Backflow Duer
Fire Lane Signage (No Stopping or Standing)
Fire Safety Plan
Annunciator pump room
Label all fire alarm devices
FDC Sign
Pump test only
Truss roof sign
Calculation Plates Fire Sprinkler
Exterior door signs

- Sprinkler
- Alarm Reports
- Pump

fire ext mounting
HVAC Labeling
Strobes exterior
3 Strobes by bath - lounge breakroom
Computer head to be specified heat

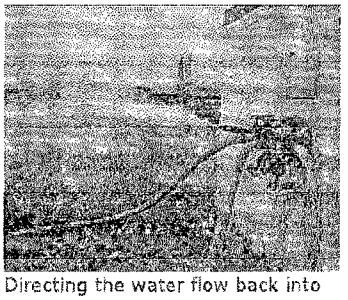
a recirculating system. Fire pumps rated larger than 2,500 gpm usually have flow meters for testing smaller pumps might need flow meters as well. Sometimes conditions don't permit full water flow o

Full Unit Inspections

Fire pumps (again, all types) should be inspected (and started) at least weekly to check the genera the pump, driver and controller. The inspections should include the pump itself, bearings, stuffing b supply suction and discharge, strainers, pump running and power off alarms, and fuel/power suppli gasoline fire pump inspections should also include batteries, oil level, cooling system, belts and hos general mechanical condition of the engine. Just like your car or truck, the diesel engine driver for a needs an annual tune-up and other maintenance specified by the manufacturer. An expert diesel m should do this work.

All functions of the fire pump controller should also be tested at least annually. The controller manu recommend a local expert to assist with these tests. After the tests are completed, you should get a describing which tests were conducted and settings of all time delay devices. The report should incl results for operation of the pump, driver and controller. A trending comparison of year-by-year resu early indication of problems before they are really serious.

Acceptance Testing



Directing the water flow back into the water supply source is recommended.

What about a newly installed fire pump? I think (and most insurers and Authorities Having Jurisdict that a special fire pump acceptance test is needed for every new fire pump installation. NFPA 20 rec acceptance tests of new fire pump installations and gives specific criteria in Chapter 11 (of the 199 The typical "three-point test" of the pump characteristic curve is a basic minimum flow test requirer recommend as many as five test points be taken on acceptance tests.

The fire pump controller unit is also put through its paces on an acceptance test. NFPA 20 calls for s starts and six automatic starts, and a minimum run time of 5 minutes for the pump driver. Electric must also be tested by measuring the voltages and electrical currents under various flow conditions (1999 version) now requires the use of voltmeters and ammeters on fire pump controllers to allow to be conducted safely. Diesel pumps must be started on both sets of batteries. The fire pump must not less than 60 minutes (total) during all of these tests.

Fire pump experts, including the manufacturers and installer, typically do acceptance tests. Insurer

QPCTMR 09/07

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☑	☐	☐
04/01-06/30	07/01-09/30	10/01-12/31	01/01-03/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test 7/13/09

To: Home Depot # 0912
1722 Rt 88
Brick NJ 08724

From: (Name of Permit Holder)
Fire Tech Automatic Sprinkler
121 Blackwood-Barnsboro Rd
Sewell NJ 08080
James W Kennedy

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Ames ☑RPZ ☐DCVA
Model Number: 4000SS Size: 8" in.
Serial Number: 122636
Comments and Notations: New

Location of Valve

Fire Pump Room

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☑ Failed ☐	Closed Tight ☑ at 7 psid Leaked ☐	Closed Tight ☑ at 6 psid Leaked ☐	Opened at 2.5 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☑ Leaked ☐ By-pass Used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: James W Kennedy III
Certified Testers Signature: James W Kennedy III
Certifying Authority: ABSE
Cert. ID #: 9513 Exp. Date: 4/30/2011

Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

Fire Sprinkler Hydraulic Data Plate

Project: THD-Brick, NJ Date: 7/20/09
Location: System #3 Sys #: 3
Contractor: _____ Zone: _____
Address: _____ Area: _____

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard: 13 System Type: Wet
Density/Area: .6 gpm/sf over 2000 sq. ft. area
Area/Sprinkler: 96.67 sf/sp. used 100 sq. ft. allowed
Mfg: Tyco Model: K17
Sprinkler Data: _____ orifice 1" k-factor 16.8 degree 286
Spkr's Flowing: 21 spkr. Hose: 500 gpm allowance
TOTAL SPRINKLERS ON SYSTEM: 459

SUMMARY OF FLOW

End Sprinkler Flow: _____ gpm @ _____ psi
Discharge of Flowing Sprinklers: _____
TOTAL DEMAND BASE OF RISER: 1457.88 gpm @ 77.195 psi
With Hose: _____ gpm With Rack: _____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 4/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class: _____ Maximum Height ____ ft. Minimum Clear Aisle Width ____ ft.
Fig. No (231-C): _____ Curve: ____ Spkr/Level to Flow: ____
Rack Demand: _____ gpm @ _____ psi @ ref. pt. _____
Backflow Preventer: Mfg. Ames Model 4000ss
(If Provided)

U.C.C F380
(12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THO - Brick, NJ Date: 7/20/09
Location: Entrance Canopy Sys #: 3
Contractor: _____ Zone: _____
Address: _____ Area: _____

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard: 13 System Type: Dry
Density/Area: .2 gpm/sf over 1950 sq. ft. area
Area/Sprinkler: 225 sf/sp. used 320 sq. ft. allowed
Mfg: Tyco Model: SW-20
Sprinkler Data: _____ orifice 3/4" k-factor 11.2 degree 200
Spkr's Flowing: 6 spkr. Hose: 250 gpm allowance
TOTAL SPRINKLERS ON SYSTEM: 459

SUMMARY OF FLOW

End Sprinkler Flow: _____ gpm @ _____ psi
Discharge of Flowing Sprinklers: _____
TOTAL DEMAND BASE OF RISER: 419.83 gpm @ 58.68 psi
With Hose: _____ gpm With Rack: _____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 6/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class: _____ Maximum Height _____ ft. Minimum Clear Aisle Width _____ ft.
Fig. No (231-C): _____ Curve: _____ Spkr/Level to Flow: _____
Rack Demand: _____ gpm @ _____ psi @ ref. pt. _____
Backflow Preventer: Mfg. Ames Model 4000SS
(If Provided)

U.C.C F380
(12/99)

Fire Sprinkler
Hydraulic Data Plate

Project: THD-Brick, NJ Date: 7/20/09
Location: High bay garden center Sys #: 3
Contractor: _____ Zone: _____
Address: _____ Area: _____

Hazard: LIGHT _____ OR-1(8') _____ OR-2(12') _____ EX-1 _____ EX-2 _____
NFPA Standard: 13 System Type: Dry
Density/Area: .5 gpm/sf over 2600 sq. ft. area
Area/Sprinkler: 86.42 sf/sp. used 100 sq. ft. allowed
Mfg: Tyco Model: ELO-231
Sprinkler Data: _____ orifice 3/4" k-factor 11.2 degree 286
Spkr's Flowing: 36 spkr. Hose: 500 gpm allowance
TOTAL SPRINKLERS ON SYSTEM: 459

SUMMARY OF FLOW

End Sprinkler Flow: _____ gpm @ _____ psi
Discharge of Flowing Sprinklers: _____
TOTAL DEMAND BASE OF RISER: 1753.3 gpm @ 130.09 psi
With Hose: _____ gpm With Rack: _____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 4/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel _____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL _____ CPVC _____ Copper _____

STORAGE

Commodity Class: _____ Maximum Height 16 ft. Minimum Clear Aisle Width 8 ft.
Fig. No (231-C): _____ Curve: _____ Spkr/Level to Flow: _____
Rack Demand: _____ gpm @ _____ psi @ ref. pt. _____
Backflow Preventer: Mfg. Ames Model 4000ss
(If Provided)

U.C.C F380
(12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THD-Brick, NJ Date: 7/20/09
Location: Low Bay Garden Center Sys #: 3
Contractor: _____ Zone: _____
Address: _____ Area: _____

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard: 13 System Type: Dry
Density/Area: .2 gpm/sf over 1950 sq. ft. area
Area/Sprinkler: 95 sf/sp. used 130 sq. ft. allowed
Mfg: Tyco Model: TY-13
Sprinkler Data: _____ orifice ½" k-factor 5.6 degree 286
Spkr's Flowing: 20 spkr. Hose: 250 gpm allowance
TOTAL SPRINKLERS ON SYSTEM: 459

SUMMARY OF FLOW

End Sprinkler Flow: _____ gpm @ _____ psi
Discharge of Flowing Sprinklers: _____
TOTAL DEMAND BASE OF RISER: 502.696 gpm @ 64.335
With Hose: _____ gpm With Rack: _____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 6/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class: _____ Maximum Height _____ ft. Minimum Clear Aisle Width _____ ft.
Fig. No (231-C): _____ Curve: _____ Spkr/Level to Flow: _____
Rack Demand: _____ gpm @ _____ psi @ ref. pt. _____
Backflow Preventer: Mfg. Ames Model 4000SS
(If Provided)

U.C.C F380 (12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THD - Brick, NJ
Location: Drive Thru Canopy
Contractor:
Address:

Date: 7/20/09
Sys #: 3
Zone:
Area:

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard:
System Type: Dry
Density/Area: .2
gpm/sf over 1950 sq. ft. area
Area/Sprinkler: 113.3
sf/sp. used 130 sq. ft. allowed
Mfg: Tyco
Model: TY-13
Sprinkler Data: orifice 1/2" k-factor 5.6 degree 286
Spkr's Flowing: 19 spkr. Hose: ___ gpm allowance
TOTAL SPRINKLERS ON SYSTEM: 459

SUMMARY OF FLOW

End Sprinkler Flow: ____ gpm @ ____ psi
Discharge of Flowing Sprinklers:
TOTAL DEMAND BASE OF RISER: 628.86 gpm @ 119.108
With Hose: ____ gpm With Rack: ____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 6/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class: Maximum Height ____ Minimum Clear ft. Aisle Width ____ ft.
Fig. No (231-C): Curve: Spkr/Level to Flow:
Rack Demand: gpm @ psi @ ref. pt.
Backflow Preventer: Mfg. Ames Model 4000SS
(If Provided)

U.C.C F380
(12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THD - Brick, NJ
Location: Tool Rental Center
Contractor:
Address: 1722 Rt. 88 Brick, NJ
Date: 7/20/09
Sys #: 1
Zone:
Area:

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard: 13 System Type: Grid
Density/Area: .4 gpm/sf over 2000 sq. ft. area
Area/Sprinkler: 96.67 sf/sp. used 100 sq. ft. allowed
Mfg: Tyco Model: ELO-231
Sprinkler Data: ____ orifice 5/4" k-factor 11.2 degree 286
Spkr's Flowing: 25 spkr. Hose: 500 gpm allowance
TOTAL SPRINKLERS ON SYSTEM:

SUMMARY OF FLOW

End Sprinkler Flow: ____ gpm @ ____ psi
Discharge of Flowing Sprinklers: 1003.49
TOTAL DEMAND BASE OF RISER: 1103.49 @ 41.56 psi
With Hose: 1503.49 gpm With Rack: ____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 4/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class: ____ Maximum Height 14 ft. Minimum Clear Aisle Width 4 ft.
Fig. No (231-C): ____ Curve: ____ Spkr/Level to Flow: ____
Rack Demand: ____ gpm @ ____ psi @ ref. pt. ____
Backflow Preventer: Mfg. Ames Model 4000SS
(If Provided)

U.C.C F380
(12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THO-Brick, NJ
Location: Aerosols Rack
Contractor:
Address:

Date: 7/20/09
Sys #: 2
Zone:
Area:

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard: 13
Density/Area: .6
Area/Sprinkler: 96.67
Mfg: Tyco
Sprinkler Data: orifice 1/2" k-factor 6.8/5.6 degree 286/155
Spkr's Flowing: 33 spkr.
TOTAL SPRINKLERS ON SYSTEM: 422-sys2 80-rack

System Type: Wet
gpm/sf over 2000 sq. ft. area
sf/sp. used 100 sq. ft. allowed
Model: K17/TY-FRB
Hose: 500 gpm allowance

SUMMARY OF FLOW

End Sprinkler Flow: ____ gpm @ ____ psi
Discharge of Flowing Sprinklers:
TOTAL DEMAND BASE OF RISER: 1765.28 gpm @ 78.258 psi
With Hose: ____ gpm With Rack: ____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Telgian Test Date: 4/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class:
Fig. No (231-C):
Rack Demand: 378.47 gpm @ 66.009 psi @ ref. pt. BR4
Backflow Preventer: Mfg. Ames Model 4000SS
(If Provided)

Maximum Height 16 ft.
Curve:

Minimum Clear Aisle Width 8 ft.
Spkr/Level to Flow: 6

U.C.C F380 (12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THD - Brick, NJ Date: 7/20/09
Location: Combustibles Rack Sys #: 1
Contractor: _____ Zone: _____
Address: _____ Area: _____

Hazard: LIGHT_____ OR-1(8') _____ OR-2(12') _____ EX-1 _____ EX-2 _____
NFPA Standard: 13 System Type: Wet
Density/Area: .6 gpm/sf over 2000 sq. ft. area
Area/Sprinkler: 96.67 sf/sp. used 100 sq. ft. allowed
Mfg: Tyco Model: K17/TY-FRB
Sprinkler Data: _____ orifice 1"/½" k-factor 16.8/5.6 degree 286/155
Spkr's Flowing: 34 spkr. Hose: 500 gpm allowance
TOTAL SPRINKLERS ON SYSTEM: 477 - system 1 80 - racks

SUMMARY OF FLOW

End Sprinkler Flow: _____ gpm @ _____ psi
Discharge of Flowing Sprinklers: _____
TOTAL DEMAND BASE OF RISER: 1875.56 gpm @ 44.928 psi
With Hose: _____ gpm With Rack: _____ gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Belgian Test Date: 4/18/06
City: Static 68 psi; Residual 60 psi; Flow 1862 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. X Diesel _____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL _____ CPVC _____ Copper _____

STORAGE

Commodity Class: _____ Maximum Height 16 ft. Minimum Clear Aisle Width 8 ft.
Fig. No (231-C): _____ Curve: _____ Spkr/Level to Flow: _____
Rack Demand: _____ gpm @ _____ psi @ ref. pt. _____
Backflow Preventer: Mfg. Ames Model 4000SS
(If Provided)

U.C.C F380
(12/99)

Fire Sprinkler Hydraulic Data Plate

Project: THD - Brick, NJ
Location: Polystyrenes Rack
Contractor:
Address:

Date: 7/20/09
Sys #: 1
Zone:
Area: Polystyrenes

Hazard: LIGHT ____ OR-1(8') ____ OR-2(12') ____ EX-1 ____ EX-2 ____
NFPA Standard: 13
Density/Area: .6
Area/Sprinkler: 96.67
Mfg: Tyco
Sprinkler Data: ____ orifice 1"/2" k-factor 16.8/16.6 degree 286/155
Spkr's Flowing: 29 spkr.
TOTAL SPRINKLERS ON SYSTEM: 477-sys1 80-racks

System Type: Grid/wet
gpm/sf over 2000 sq. ft. area
sf/sp. used 100 sq. ft. allowed
Model: K17/TY-FRB
Hose: 50 gpm allowance

SUMMARY OF FLOW

End Sprinkler Flow: ____ gpm @ ____ psi
Discharge of Flowing Sprinklers:
TOTAL DEMAND BASE OF RISER: 1727.68 gpm @ 44.286 psi
With Hose: 2127.68 gpm With Rack: 216.28 gpm

SUPPLY DATA

Location: Hydrant near NE corner of building
Test By: Tegian Test Date: 4/18/06
City: Static 68 psi; Residual 60 psi; Flow 1562 gpm
Fire Pump Rating: 1500 gpm @ 100 psi; Elec. XX Diesel ____

PIPE DATA

C-Factor: Aboveground = 120 Underground = 140
Pipe Type: Sched/40 X Lt. Wall X XL ____ CPVC ____ Copper ____

STORAGE

Commodity Class: High hazard Maximum Height 14 ft. Minimum Clear Aisle Width 8 ft.
Fig. No (231-C): ____ Curve: ____ Spkr/Level to Flow: ____
Rack Demand: ____ gpm @ ____ psi @ ref. pt. ____
Backflow Preventer: Mfg. ____ Model ____
(If Provided)

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. PROTECTED PROPERTY INFORMATION

Name of property: Home Depot

Address:

Description of property: Retail - Home Improvement

Occupancy type:

Name of property representative:

Address:

Phone: Fax: E-mail:

Authority having jurisdiction over this property:

Phone: Fax: E-mail:

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: Allek Security Systems Corp

Address: 161 Lincoln Highway Edison N.J. 08820

Phone: 732-321-0300 Fax: 732-548-6582 E-mail:

Service organization for this equipment:

Address:

Phone: Fax: E-mail:

Location of as-built drawings: Service Company Location of historical test reports:

Location of system operation and maintenance manuals:

A contract for test and inspection in accordance with NFPA standards is in effect as of

Contracted testing company: ADT Security Services

Address: 7895 Browning Rd. Pennsauken N.J. 08109

Phone: 856-665-6113 Fax: 856-661-4455 E-mail:

Contract expires: Contract number: Frequency of routine inspections:

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type:

Name of organization receiving alarm signals with phone numbers *(if applicable)*:

Alarm: ADT Phone: 888-238-2666

Supervisory: ADT Phone: 888-238-2666

Trouble: ADT Phone: 888-238-2666

Entity to which alarms are retransmitted: Phone:

Method of retransmission of alarms to that organization or location:

 NFPA 72 (p. 1 of 6)

FIGURE 4.5.2.1 Record of Completion.

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE *(continued)*

If Chapter 8, note the means of transmission from the protected premises to the central station:
☑ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐ N/A

If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level: _____

Site-specific software revision date: _____ Revision completed by: _____

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style: B Class: _____

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: 1 Style: _____ Class: B

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 1

Type of devices: ☑ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 6

Type of coverage: ☐ Complete area ☑ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☑ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☑ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: N/A

Type of coverage: _____

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☐ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 2

Type of coverage: ☐ Complete area ☑ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☑ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 5

Type of devices ☑ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: 0

Alarm verification on this system is: ☐ Enabled ☐ Disabled ☐ Set for _____ seconds

FIGURE 4.5.2.1 *Continued*

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System Number of valve supervisory switches: 5

Type of devices: ☑ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

6.2 Fire Pump

Type of fire pump: ☑ Electric ☐ Diesel

Type of fire pump supervisory devices: ☑ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Fire Pump Functions Supervised

☑ Fire pump power ☑ Fire pump running ☑ Fire pump phase reversal ☑ Selector switch not in auto

☐ Engine or control panel trouble ☐ Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel

Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1 ☑ Local ☐ Remote

Type: ☑ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.2 Annunciator 2 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.3 Annunciator 3 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered ☐ N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: 20 Style: Y Class: B

 NFPA 72 (p. 3 of 5)

FIGURE 4.5.2.1 *Continued*

8. ALARM NOTIFICATION DEVICES AND CIRCUITS *(continued)*

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device: _____ Horns: 123 With visual device: 64

Chimes: _____ With visual device: _____ Bells: _____ With visual device: _____

Visual devices without audible devices: _____ Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

☐ Hold-open door releasing devices ☐ Smoke management or smoke control

☐ Door unlocking ☐ Elevator recall ☐ Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Nominal voltage 120 VAC Amps 20 Amps

Overcurrent protection: Type Breaker Amps 1

Location (of primary supply panelboard): _____

Disconnecting means location: _____

10.2 Secondary Power

Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____

Number of standby batteries: 2 Amp hour rating: 18 amp hr.

Location of emergency generator: _____

Location of fuel storage: _____

Calculated capacity of secondary power to drive the system

In standby mode: _____ In alarm mode: _____

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☑ *NFPA 72* ☐ NFPA 70, *National Electrical Code*, Article 760

☐ Manufacturer's published instructions ☐ Other (please specify): _____

System deviations from referenced NFPA standards: _____

Signed: _____ Printed name: Joe Vieira Date: 9-24-09

Organization: Gillett Security Systems Title: Assistant Phone: _____

12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☐ *NFPA 72* ☐ NFPA 70, *National Electrical Code*, Article 760

☐ Manufacturer's published instructions ☐ Other (please specify):

☐ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

FIGURE 4.5.2.1 *Continued*

13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: Joe Viera Date: 7-24-09

Organization: Athek Security Title: _____ Phone: 732-351-0300

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

 NFPA 72 (p. 5 of 5)

FIGURE 4.5.2.1 *Continued*

ACTIVATES TIME DELAY EGRESS RELEASE	ACTIVATES DOOR HOLDER RELEASE	ACTIVATES AUDIBLE/VISUAL TROUBLE SIGNAL AT FACP/ANNUNCIATOR AND APPROVED CENTRAL STATION UPON LOSS OF COMMUNICATION CIRCUIT	ACTIVATES CONTROL RELAY FOR HVAC SHUTDOWN	ACTIVATES EXTERIOR WATERFLOW ALARM NOTIFICATION	ACTIVATES AUDIBLE/VISUAL NOTIFICATION THROUGHOUT THE FACILITY	ACTIVATES AUDIBLE/VISUAL SUPERVISORY SIGNAL AT FACP/ANNUNCIATOR AND APPROVED CENTRAL STATION	MONITORS AUDIBLE/VISUAL ALARM SIGNAL AT FACP/ANNUNCIATOR AND APPROVED CENTRAL STATION	POINT NUMBER	
X	X	X	X		X		X	14	PULL STATION EXPEDITER ROOM
X	X	X	X	X	X		X	21	RISER #1 WATERFLOW
X	X	X	X	X	X		X	22	RISER #2 WATERFLOW
X	X	X	X	X	X		X	23	RISER #3 WATERFLOW
X	X	X	X	X	X		X	24	IN-RACK RISER WATERFLOW
X	X	X	X	X	X		X	25	DRY SYSTEM WATERFLOW
		X				X		30	MONITOR MODULE NETWORK DIALER TROUBLE
		X				X		31	RISER #1 TAMPER
		X				X		32	RISER #2 TAMPER
		X				X		33	RISER #3 TAMPER
		X				X		34	IN-RACK RISER TAMPER
		X				X		35	DRY SYSTEM TAMPER
		X				X		40	DRY SYSTEM HIGH/LOW-AIR
		X				X		41	BACKFLOW TAMPER UPSTREAM
		X				X		42	BACKFLOW TAMPER DOWNSTREAM
		X				X		43	BYPASS TAMPER UPSTREAM
		X				X		44	BYPASS TAMPER DOWNSTREAM
		X				X		45	PUMP SUCTION TAMPER
		X				X		46	PUMP DISCHARGE TAMPER
		X				X		47	TEST HEADER TAMPER
		X				X		56	FIRE PUMP MAIN POWER
		X				X		57	FIRE PUMP RUNNING
		X				X		58	FIRE PUMP PHASE REVERSAL
		X				X		59	FIRE PUMP NOT IN AUTO
		X						81	CONTROL RELAY DELAYED EGRESS RESTROOM CORRIDOR
		X						82	CONTROL RELAY DELAYED EGRESS TRC REAR
		X						83	CONTROL RELAY DELAYED EGRESS TRC FRONT
		X						84	CONTROL RELAY DELAYED EGRESS OFFICE CORRIDOR
		X						87	CONTROL RELAY DELAYED EGRESS REAR LUMBER
		X						89	CONTROL RELAY DELAYED EGRESS REAR LEFT
		X						90	CONTROL RELAY DELAYED EGRESS RECEIVING AREA
		X						92	CONTROL RELAY DELAYED EGRESS GARDEN CENTER SIDE FRONT
		X						93	CONTROL RELAY DELAYED EGRESS GARDEN CENTER SIDE REAR
		X						94	CONTROL RELAY DELAYED EGRESS FRONT LEFT
		X						95	CONTROL RELAY DELAYED EGRESS FRONT CENTER
		X						101	CONTROL RELAY RTU #01
		X						102	CONTROL RELAY RTU #02
		X						103	CONTROL RELAY RTU #03
		X						104	CONTROL RELAY RTU #04
		X						105	CONTROL RELAY RTU #05
		X						106	CONTROL RELAY RTU #06
		X						107	CONTROL RELAY RTU #07
		X						108	CONTROL RELAY RTU #08
		X						109	CONTROL RELAY RTU #09
		X						110	CONTROL RELAY RTU #10
		X						111	CONTROL RELAY RTU #11
		X						112	CONTROL RELAY RTU #12
		X						113	CONTROL RELAY RTU #13
		X						114	CONTROL RELAY RTU #14
		X						115	CONTROL RELAY RTU #15
		X						116	CONTROL RELAY RTU #16
		X						117	CONTROL RELAY RTU #17
		X						118	CONTROL RELAY RTU #18
		X						120	CONTROL RELAY MAINTENANCE ROOM DOOR HOLDER
X	X	X	X		X		X	121	HEAT DETECTOR MAINTENANCE DOOR INSIDE
X	X	X	X		X		X	122	HEAT DETECTOR MAINTENANCE DOOR OUTSIDE
X	X	X	X		X		X	127	SMOKE DETECTOR ABOVE FACP

ALL FIRE ALARM SYSTEM CIRCUIT WIRING MUST ANNUNCIATE A TROUBLE SIGNAL DURING OPEN AND GROUND FAULT CONDITIONS. ADDITIONALLY ALL OUTPUT CIRCUITS ARE REQUIRED TO ANNUNCIATE A TROUBLE SIGNAL DURING A WIRE TO WIRE SHORT CONDITION. THE FIRE ALARM SYSTEM WILL BE TESTED BY THE

Fire Pump Acceptance Report

Property of	Acct No.	Index No-A/C
Home Depot		

City & State	Insurance Company	FMEA D.O.
Brick, NJ		

Conferred with	Title	Tested by	Date
		Fire Tech	07/01/09

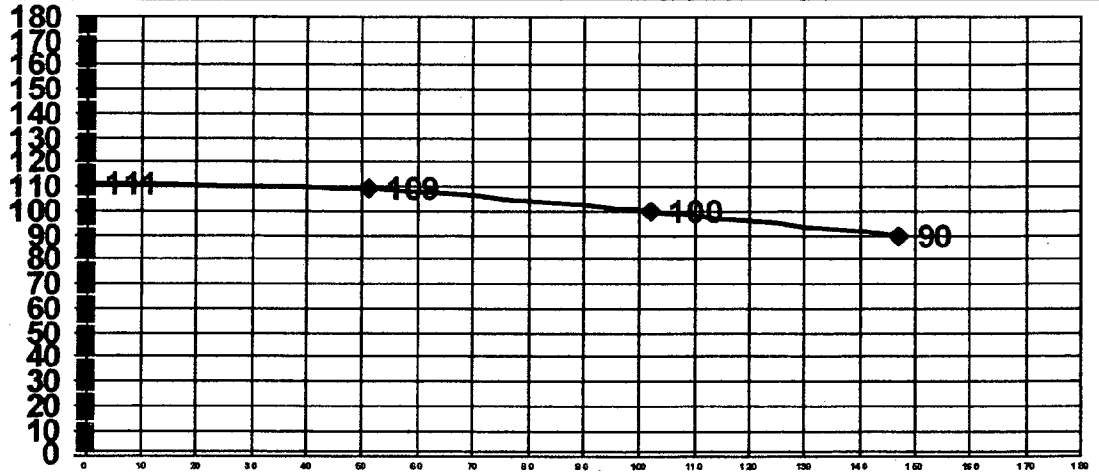
PUMP	Shaft	Manufacturer	Approved	Shop or Serial No	Model
	Horizontal X Vertical	Armstrong	X Yes No	613819	8x8x15FM
	Rated GPM	**Rated Head (PSI)**	**Rated RPM**	**Suction from**	**Tank Size** / **Tank Height**
	1500	100	1780	Tank	

IF VERTICAL TYPE	Vertical Distance Discharge Gauge to Water Level	Static FT / Pumping FT	RIGHT ANGLE GEAR DRIVE	Manufacturer / Model or Type	Shop or Serial No / Performance Smooth Rough	Approved Yes / No

DRIVER	Manufacturer	Approved	Shop or Serial No	Model or Type	Rated HP	Rated RPM
	Weg	X Yes No	12518OP3E40 570	ODP	125	1775
	Electric Motor	**Rated Volt**	**Operating Volt**	**Rated FL Amps**	**Amps at 150%**	**Phase** / **Cycles** / **Service Factor**
		230/460	480	142	154	3 / 60 / 1.15

CONTROLLER	Manufacturer	Approved	Start psi 140	Stop psi 155	Jockey Pump
	Metron	X Yes No	Manual X Press Drop	Manual	X Yes On psi 155
	Shop or Serial No / **Model or Type**		X Auto Water Flow	X Auto	No Off psi 170
	NA09N411611 / MP435125480C				

Speed RPM	Discharge Pressure PSI	Suction Pressure PSI	Net Head PSI	Streams No	Streams Size	Streams Pitot Press.	Gallons Per Minute	Percent of Rated Capacity	Volts	Amps
1792	168	57	111	0	0	Churn	0	0%	473	72
1788	158	49	109	2	1 ¾ "	18 18	772	51%	474	83
1781	135	35	100	3	1 ¾ "	32 32 32	1542	102%	471	133
1778	104	14	90	4	1 ¾"	38 28 40 42	2206	147%	470	154



Percent Rated Capacity

Notes:

Fire Pump Acceptance Report

Property of Home Depot	Acct No.	Index No-A/C

City & State	Insurance Company	FMEA D.O.
Brick, NJ		

Conferred with	Title	Tested by	Date
		Fire Tech	07/01/09

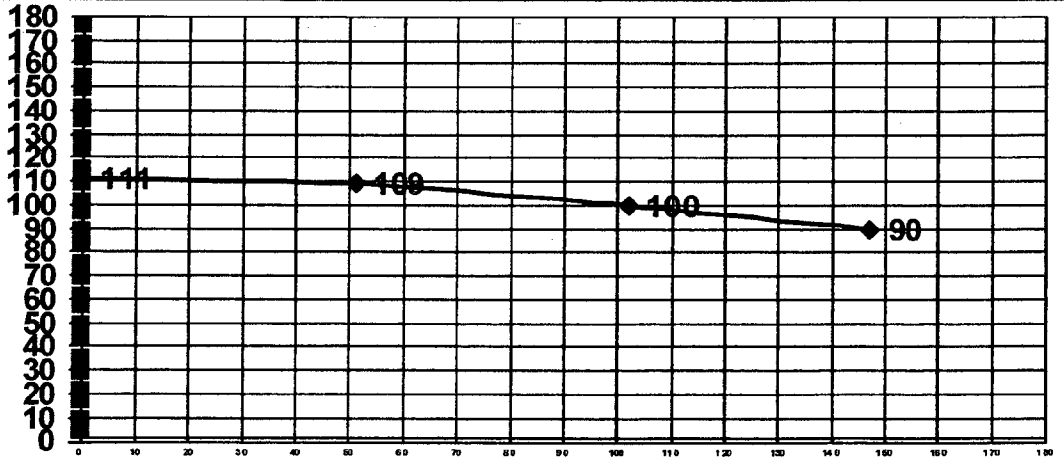
PUMP	Shaft	Manufacturer	Approved	Shop or Serial No	Model
	Horizontal X Vertical	Armstrong	X Yes No	613819	8x8x15FM
	Rated GPM	**Rated Head (PSI)**	**Rated RPM**	**Suction from**	**Tank Size** / **Tank Height**
	1500	100	1780	Tank	

IF VERTICAL TYPE	Vertical Distance Discharge Gauge to Water Level	Static FT / Pumping FT	RIGHT ANGLE GEAR DRIVE	Manufacturer / Model or Type	Shop or Serial No / Performance Smooth Rough	Approved Yes / No

DRIVER	Manufacturer	Approved	Shop or Serial No	Model or Type	Rated HP	Rated RPM
	Weg	X Yes No	12518OP3E40 570	ODP	125	1775
	Electric Motor	**Rated Volt**	**Operating Volt**	**Rated FL Amps**	**Amps at 150%**	**Phase** / **Cycles** / **Service Factor**
		230/460	480	142	154	3 / 60 / 1.15

CONTROLLER	Manufacturer	Approved	Start psi 140	Stop psi 155	Jockey Pump
	Metron	X Yes No	Manual X Press Drop	Manual	X Yes On psi 155
	Shop or Serial No / **Model or Type**		X Auto Water Flow	X Auto	No Off psi 170
	NA09N411611 / MP435125480C				

Speed RPM	Discharge Pressure PSI	Suction Pressure PSI	Net Head PSI	Streams No	Streams Size	Streams Pitot Press.	Gallons Per Minute	Percent of Rated Capacity	Volts	Amps
1792	168	57	111	0	0	Churn	0	0%	473	72
1788	158	49	109	2	1 ¾ "	18 18	772	51%	474	83
1781	135	35	100	3	1 ¾ "	32 32 32	1542	102%	471	133
1778	104	14	90	4	1 ¾"	38 28 40 42	2206	147%	470	154



Percent Rated Capacity

Notes:

KOHLER. POWER SYSTEMS

Startup Notification

Follow the startup checklist on the back of this form. Then complete the form.

This form is required for coverage under the Kohler limited warranty and must be completely filled out at the time of initial startup. Representatives of the distributor/dealer and owner must sign the notification form. **Signing this form represents acceptance of the unit and that all information on the startup form is correct.** Return a copy of the completed form to the Kohler Co. within 60 days of the startup date.

Startup Date mo. 6 day 4 yr. 09

Authorized Kohler Representative Performing Startup	Owner Representative Supervising Startup
Telephone: 732 774 1058	Telephone:
Company Name: COOPER POWER SYSTEMS	Company Name/Owner: HOME DEPOT # 912
Address: 1924 HECK AVE	Address of Unit Location: 465 RTE 70 W
City: NEPTUNE	City: BRICK
State: NJ	State: NJ
ZIP/Postal Code: 07753	ZIP/Postal Code: 08723
Country: USA	Country: USA
	Round-trip miles from nearest authorized Kohler servicing distributor/dealer to the power system equipment: 30

Generator Set and Engine Nameplate Information

	Generator Set No. 1	Engine No. 1	Generator Set No. 2	Engine No. 2
Serial No.	2147092	06R0969222		
Model No.	250REOZOD	60 Series		
Spec No.	GM41933 GA2			

Application Information (one item in each column must be checked)

☒ Industrial ☐ Residential/Commercial	☐ Mobile/Towable/Trailer-Mounted ☒ Stationary	☐ Prime ☐ Rental ☒ Standby

Transfer Switch and Switchgear Information (if applicable)

	ATS No. 1	ATS No. 2	ATS No. 3	ATS No. 4	Switchgear
Serial No.	K2241073	K2222954			
Spec No.					
Contactor Serial No.	1548837-1	1551240-14			
Model No.					

Kohler Representative's Name (print)	Owner Representative's Name (print)
R. DELAHANTY	RANDY PEIS
Kohler Representative's Signature and Date	**Owner Representative's Signature and Date**
R.D. mo. 6 day 4 yr. 09	mo. 6 day 4 yr. 09

Form Distribution:
Mail WHITE copy to:
Warranty Department, MS 072, Kohler Co., Kohler, WI 53044

PINK copy: Distributor

YELLOW copy: Owner's Representative

K-625 (1/07e)

Cooper Power Systems

A Division of Cooper Electric Supply Co.

1924 Heck Avenue
Neptune, NJ 07753
(732) 774-1058 (800) 843-6435
Fax (732) 774-8360

21 PineAire Drive
Bay Shore, NY 11706

EMERGENCY GENERATOR REPAIR ORDER

BILL TO: NIKON POWER C/O
Home Depot 912
465 RT 70
BRICK NJ

MILEAGE
LABOR
TRAVEL

DATE 6 8 09

W/O

RUNNING HOURS 38

ANTIFREEZE PROTECTION -40°F

GEN. MFG. KOHLER	MOD. # 250REOZOO	SPEC. # GM41935 GA2	SER. # 2147092
ENG. MFG. DETROIT	MOD. # 6063HW35	SPEC. #	SER. # 06R0969222
ATS. MFG. KOHLER	MOD. # KSS DMTA 00805 KSS DMTA 0150X	SPEC. #	SER. # K2222954 K2241073

BATTERIES:
- ACID LEVEL ☐ FULL
- LOAD CHECK ☐ FULLY CHG
- CONNECTIONS ☐ TITE
- CABLES ☐ CLEAN

COOLING SYSTEM:
- LEVEL ☐ FULL
- ANTIFREEZE ☐ PMY ETC
- HOSES ☐ OK
- CONN./CLAMPS ☐ ALL TITE
- RADIATOR ☐ CLEAN
- PSI TEST ☐ NO LEAKS
- BLOCKHEATER ☐ 2500W 208V
- FILTERS ☐

LUBE SYSTEM:
- LEVEL ☐ FULL
- OIL CONDITION ☐ CLEAN
- FILTER CHANGE ☐ NO
- OIL CHANGE ☐ NO

FUEL SYSTEM:
- DAY TANK ☐ 450G SUB
- LINES ☐ OK
- LIFT PUMP ☐ OK
- FILTER CHANGE ☐ —

ENGINE:
- BELTS ☐ OK
- STARTERS ☐
- AIR FILTERS ☐ ↓
- BREATHERS ☐

CONTROLS D.C.:
- CONNECTIONS ☐ ALL TITE

CONTROL A.C.:
- VOLTAGE REG. ☐ STEADY
- WIRING ☐ ↓
- CLEANLINESS ☐

GOV. & ACTUATORS:
- LINKAGE ☐ DDEC 5
- LUBE OIL ☐ ↓
- CLEANLINESS ☐

MANUAL OPERATIONAL CHECKS:
- OIL PRESSURE ☐ 50
- FUEL PRESSURE ☐
- WATER TEMP. ☐ 180
- OIL TEMP. ☐
- FREQUENCY ☐ 60
- AC VOLTAGE ☐ 277 480

AUTO SAFETY SHUTDOWNS:
- LOW COOLANT ☐ WATER TEMP ☐
- OIL PRESSURE ☐ OTHER

LEAKS:
- OIL ☐ NONE
- COOLANT ☐ ↓
- FUEL ☐
- EXHAUST ☐
- EXERCISER: DID NOT SET
- TIME DELAY ON LINE: 1-8 SEC
- TRANSFER OPERATION: Yes
- TIME DELAY TO NORMAL: 10M + 1M
- TIME DELAY COOL DOWN: 5M ATS
- TRANSFERRED ☒Y ☐N
- LOAD BANK TEST ☐Y ☒N

COMMENTS: ON SITE WITH DETROIT DIESEL. THEY REPLACED W/PUMP. I REFILLED WITH NEW PMY ETC. RAN UNIT WITH/WITHOUT LOAD. ENG TEMP 180°. NO LEAKS PRESENT. SIMULATED OUTAGE ALLOWING FULL CYCLE THRU. UNIT LOCKED OUT ON E STOP UNTIL FIRE PUMP CONTROLS STARTED

S/C INFO:
- CONTACT:
- PHONE:
- JOB SITE INFO:

PARTS USED:		
QTY.	PART #	DESCRIPTION

PARTS NEEDED:		
QTY.	PART #	DESCRIPTION

Cooper Power Systems

A Division of Cooper Electric Supply Co.

1924 Heck Avenue
Neptune, NJ 07753
(732) 774-1058 (800) 843-6435
Fax (732) 774-8360

21 PineAire Drive
Bay Shore, NY 11706

EMERGENCY GENERATOR REPAIR ORDER

BILL TO: NYPON Power C/O
Home Depot 912
465 RT 70
Brick NJ

MILEAGE
LABOR
TRAVEL

DATE 6 4 09

W/O

RUNNING HOURS 1.8

ANTIFREEZE PROTECTION

GEN. MFG. KOHLER	MOD. # 250 REOZOD	SPEC. # GM41933 GA2	SER. # 2147092
ENG. MFG. DETROIT	MOD. # 60 Series	SPEC. #	SER. # 06R0969227
ATS. MFG.	MOD. #	SPEC. #	SER. #

BATTERIES: 31 X 2

ACID LEVEL	☐	OK
LOAD CHECK	☐	
CONNECTIONS	☐	↓
CABLES	☐	

COOLING SYSTEM:

LEVEL	☐	DRAINED
ANTIFREEZE	☐	
HOSES	☐	
CONN./CLAMPS	☐	
RADIATOR	☐	
PSI TEST	☐	
BLOCKHEATER	☐	
FILTERS	☐	

LUBE SYSTEM:

LEVEL	☐	FULL
OIL CONDITION	☐	CLEAN
FILTER CHANGE	☐	OK
OIL CHANGE	☐	OIL

FUEL SYSTEM:

DAY TANK	☐	SUB BASE
LINES	☐	
LIFT PUMP	☐	↓
FILTER CHANGE	☐	

ENGINE:

BELTS	☐	OK
STARTERS	☐	
AIR FILTERS	☐	↓
BREATHERS	☐	

CONTROLS D.C.:

CONNECTIONS	☐	OK

CONTROL A.C.:

VOLTAGE REG.	☐	STEADY
WIRING	☐	↓
CLEANLINESS	☐	

GOV. & ACTUATORS:

LINKAGE	☐	DIRECT
LUBE OIL	☐	↓
CLEANLINESS	☐	

MANUAL OPERATIONAL CHECKS:

OIL PRESSURE	☐	
FUEL PRESSURE	☐	
WATER TEMP.	☐	
OIL TEMP.	☐	
FREQUENCY	☐	60
AC VOLTAGE	☐	277 480

AUTO SAFETY SHUTDOWNS:

LOW COOLANT ☐ WATER TEMP ☐
OIL PRESSURE ☐ OTHER

LEAKS:

OIL	☐	NONE
COOLANT	☐	
FUEL	☐	↓
EXHAUST	☐	

EXERCISER:
TIME DELAY ON LINE: 7 SEC
TRANSFER OPERATION: YES
TIME DELAY TO NORMAL: 10M
TIME DELAY COOL DOWN: 5M ATS
TRANSFERRED ☐ Y ☐ N
LOAD BANK TEST ☐ Y ☐ N

COMMENTS: ON SITE TO PERFORM START-UP OF EMERGENCY POWER SYSTEM. DURING LOADED BIDG TEST. COOLANT BEGAN LEAKING FROM PUMP SEAL THRU WEEP HOLE. CAPTURED COOLANT INTO DIRTY CONTAINER DISCONNECTED BATT UNTIL REPAIR IS MADE

S/C INFO:

CONTACT:
PHONE:
JOB SITE INFO:

PARTS USED:

QTY.	PART #	DESCRIPTION

PARTS NEEDED:

QTY.	PART #	DESCRIPTION
1	DETROIT	WATER PUMP

CS# H765107396 Dates 07/27/2009 00:00 to 07/27/2009 23:59 Corp Account# All On Test? B
Site# All Event Class All Reporting Group All Open/Close? N Affiliation All In Service? Y

Date	Zone	Operator	Event	Description	Zone Comment	Additional Info	User	Comment	
CS# H765107396	Site Name HOME DEPOT 0912				Address 1722 ROUTE 88 BRICK, NJ 08724				Alt#
7/27/2009 12:57:43 pm	23		7570	IN-ZONE BYPASS	riser#3				
7/27/2009 12:57:41 pm	23		842	SU-FIRE SYS TRBL	riser#3				
7/27/2009 12:57:38 pm	23		CIR113	RE-RESTORE WATERFL	riser#3				
7/27/2009 12:54:24 pm	E571		7570	IN-ZONE BYPASS				Zone: 1	
7/27/2009 12:50:15 pm	23		7894	FA-FIRE-WATERFLOW	riser#3				
7/27/2009 12:46:46 pm	46		CIR203	RE-GATE VALVE SENSC	pump discharge				
7/27/2009 11:07:30 am	127		CIR110	RE-RESTORE FA	ABV FACP				
7/27/2009 11:07:28 am	22		CIR113	RE-RESTORE WATERFL	riser#2				
7/27/2009 11:07:25 am	E320		CIE320	TR-SNDR/RELAY TRBL					
7/27/2009 11:07:23 am	R320		CIR320	RE-SNDR/RELAY TRBL					
7/27/2009 11:00:45 am	R320		CIR320	RE-SNDR/RELAY TRBL					
7/27/2009 10:59:20 am	E320		CIE320	TR-SNDR/RELAY TRBL					
7/27/2009 10:55:10 am	32		CIR203	RE-GATE VALVE SENSC	riser #2				
7/27/2009 10:51:50 am	E320		CIE320	TR-SNDR/RELAY TRBL					
7/27/2009 10:51:47 am	R320		CIR320	RE-SNDR/RELAY TRBL					
7/27/2009 10:51:40 am	127		54	FA-FIRE-SMOKE DET	ABV FACP				
7/27/2009 10:50:48 am	E320		CIE320	TR-SNDR/RELAY TRBL					
7/27/2009 10:50:44 am	R320		CIR320	RE-SNDR/RELAY TRBL					
7/27/2009 10:48:09 am	22		63	FA-FIRE-WATERFLOW	riser#2				
7/27/2009 10:43:41 am	59		849	SU-SUPERVISORY	fire pump auto				
7/27/2009 10:43:37 am	46		58	SU-TAMPER (FA)	pump discharge				
7/27/2009 10:43:34 am	33		58	SU-TAMPER (FA)	riser #3				
7/27/2009 10:43:30 am	32		58	SU-TAMPER (FA)	riser #2				
7/27/2009 10:42:17 am	E320		CIE320	TR-SNDR/RELAY TRBL					
7/27/2009 10:42:14 am	E305		CIE305	RE-SYSTEM RESET					
7/27/2009 10:42:10 am	E628		CIE628	IN-END PRGRM MODE			User# 0		
7/27/2009 10:40:30 am	E627		CIE627	IN-START PRGRM MODI			User# 0		
7/27/2009 10:23:27 am	R333		CIR333	RE-EXP MODULE FAIL					
7/27/2009 10:22:49 am	R333		CIR333	RE-EXP MODULE FAIL					
7/27/2009 10:22:47 am	E333		CIE333	TR-EXP MODULE FAIL					
7/27/2009 10:22:42 am	E333		CIE333	TR-EXP MODULE FAIL					
7/27/2009 10:22:40 am	R333		CIR333	RE-EXP MODULE FAIL					
7/27/2009 10:22:37 am	R333		CIR333	RE-EXP MODULE FAIL					
7/27/2009 10:22:33 am	E333		CIE333	TR-EXP MODULE FAIL					
7/27/2009 10:22:31 am	R333		CIR333	RE-EXP MODULE FAIL					
7/27/2009 10:22:28 am	E333		CIE333	TR-EXP MODULE FAIL					
7/27/2009 10:21:51 am	R333		CIR333	RE-EXP MODULE FAIL					
7/27/2009 10:21:48 am	E333		CIE333	TR-EXP MODULE FAIL					
7/27/2009 10:21:44 am	E333		CIE333	TR-EXP MODULE FAIL					
7/27/2009 10:21:42 am	R333		CIR333	RE-EXP MODULE FAIL					

CS# H765107396
Site# All
Dates 07/27/2009 00:00 to 07/27/2009 23:59
Event Class All
Reporting Group All
Open/Close? N
Corp Account# All
Affiliation All
On Test? B
In Service? Y

Date	Zone	Operator	Event	Description	Zone Comment	Additional Info	User	Comment
CS# H765107396	Site Name HOME DEPOT 0912				Address 1722 ROUTE 88 BRICK, NJ 08724			Alt#
7/27/2009 10:21:40 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:21:36 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:21:33 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:21:30 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:21:26 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:21:24 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:21:20 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:21:17 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:20:34 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:20:32 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:20:29 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:20:27 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:20:23 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:20:20 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:20:18 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:20:14 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:20:11 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:20:09 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:20:06 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:20:02 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:19:59 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:19:55 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:19:53 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:19:50 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:19:11 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:19:07 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:19:05 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:19:02 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:58 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:18:55 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:51 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:48 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:18:46 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:18:44 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:40 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:18:35 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:33 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:31 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:18:28 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:18:24 am	E333		CIE333	TR-EXP MODULE FAIL				

CS# H765107396
Site# All

Dates 07/27/2009 00:00 to 07/27/2009 23:59
Event Class All
Reporting Group All
Open/Close? N
Corp Account# All
Affiliation All
On Test? B
In Service? Y

Date	Zone	Operator	Event	Description	Zone Comment	Additional Info	User	Comment
CS# H765107396	Site Name HOME DEPOT 0912				Address 1722 ROUTE 88 BRICK, NJ 08724			Alt#
7/27/2009 10:18:22 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:18:20 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:17:44 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:17:40 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:17:37 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:17:35 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:17:30 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:17:28 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:17:26 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:17:22 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:17:19 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 10:17:15 am	R333		CIR333	RE-EXP MODULE FAIL				
7/27/2009 10:17:13 am	E333		CIE333	TR-EXP MODULE FAIL				
7/27/2009 9:47:26 am		264	ONTEST	OA-Place on Test			Michael Smith	Cat: 3 Expires: 07/27/2009 17:47:00 All Zones
7/27/2009 9:43:51 am	46		58	SU-TAMPER (FA)	pump discharge			
7/27/2009 9:07:27 am	32		58	SU-TAMPER (FA)	riser #2			
7/27/2009 9:03:26 am	33		58	SU-TAMPER (FA)	riser #3			
7/27/2009 9:03:23 am	59		849	SU-SUPERVISORY	fire pump auto			
7/27/2009 8:39:44 am		ARN	ONTEST	OA-Place on Test			JON BODI	Cat: 1 ROB SMITH, JON BODI Expires: 07/27/2009 16:00:00 Zones: 21, 22, 23, 24, 25, 31, 32, 33, 34, 35, 40, 41, 42, 43, 44, 45, 46, 47, 56, 57, 58, 59
7/27/2009 8:36:35 am		ARN	1999	OA-PIC HOLDER			JON BODI	
7/27/2009 7:34:03 am		HSR	FC	OA-** Full Clear **				per inst
7/27/2009 7:33:17 am		HSR	AA	OA-Acct Access RE:Si				
7/27/2009 7:31:16 am	R320		CIR320	RE-SNDR/RELAY TRBL				Confirmation
7/27/2009 7:31:13 am	E320		CIE320	TR-SNDR/RELAY TRBL				
7/27/2009 2:16:58 am	E608		CIE608	IN-TIMER TEST W/TRBL			User# 0	

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owner's, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME: Home Depot — DATE: 7/27/09

PROPERTY ADDRESS: RT 88 & RT 77, Brick NJ

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES): Brick Township

ADDRESS: 500 Herbertsville Rd, Brick NJ

INSTALLATION CONFORMS TO ACCEPTED PLANS — ☑ YES ☐ NO

EQUIPMENT USED IS APPROVED — ☑ YES ☐ NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? — ☑ YES ☐ NO

IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS — ☑ YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS — ☑ YES ☐ NO
3. NFPA 13A — ☑ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BUILDINGS: Pump Room, Rear of Store

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Tyco	RT-231	2009	3/4	1122	286
Tyco	Elo-231	2009	3/4	40	286
Tyco	TY-FRB	2009	3/4	80	155
Tyco	TY-B	2009	3/4	70	286
Tyco	TY-FRB	2009	11/2"	32	155

PIPE AND FITTINGS

Type of Pipe: Black Steel

Type of Fittings: Cast Iron

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC.
WFS	Potter	VSR-2	0	45

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	Q.O.D. MAKE	Q.O.D. MODEL	Q.O.D. SERIAL NO.
Tyco	DPV-1		Tyco	ACC1	

	TIME TO TRIP THRU TEST CONNECTION* MIN.	TIME TO TRIP THRU TEST CONNECTION* SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN.	TIME WATER REACHED TEST OUTLET* SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without Q.O.D.									
With Q.O.D.	0	15	150	40	26	0	40	✓	

IF NO, EXPLAIN

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

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(OVER)

Figure 8-1(a).

DELUGE & PREACTION VALVES

OPERATION ○ PNEUMATIC ○ ELECTRIC ○ HYDRAULIC

PIPING SUPERVISED ○ YES ○ NO | DETECTING MEDIA SUPERVISED ○ YES ○ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ○ YES ○ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ○ YES ○ NO | IF NO, EXPLAIN

NA

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	SEC.

TEST DESCRIPTION

200 PSI

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ✓ YES ○ NO

EQUIPMENT OPERATES PROPERLY ✓ YES ○ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ✓ YES ○ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: 50 PSI | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE 45 PSI

UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING

VERIFIED BY COPY OF THE U FORM NO. 85B ✓ YES ○ NO | OTHER | EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ✓ YES ○ NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
0		

WELDING

WELDED PIPING ✓ YES ○ NO

IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ✓ YES ○ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3. ✓ YES ○ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ✓ YES ○ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ✓ YES ○ NO

HYDRAULIC DATA NAMEPLATE

NAME PLATE PROVIDED ✓ YES ○ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

NAME OF SPRINKLER CONTRACTOR: Fire Tech Automatic Sprinkler, Inc

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED) | TITLE Superintendent | DATE 7/8/09

FOR SPRINKLER CONTRACTOR (SIGNED) | TITLE President | DATE 7/8/09

ADDITIONAL EXPLANATION AND NOTES

Figure 8-1(a) (cont.).

Fire Pump Acceptance Report

Property of Home Depot	Acct No.	Index No-A/C

City & State	Insurance Company	FMEA D.O.
Brick, NJ		

Conferred with	Title	Tested by	Date
		Fire Tech	07/01/09

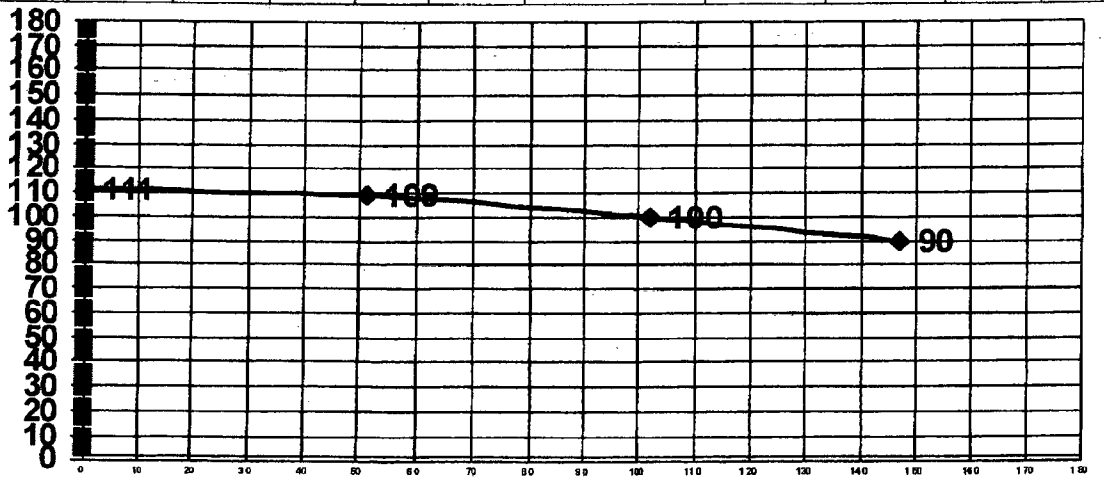
PUMP	Shaft	Manufacturer	Approved	Shop or Serial No	Model
	Horizontal X Vertical	Armstrong	X Yes No	613819	8x8x15FM
	Rated GPM	**Rated Head (PSI)**	**Rated RPM**	**Suction from**	**Tank Size** / **Tank Height**
	1500	100	1780	Tank	

IF VERTICAL TYPE	Vertical Distance Discharge Gauge to Water Level	Static FT / Pumping FT	RIGHT ANGLE GEAR DRIVE	Manufacturer / Model or Type	Shop or Serial No / Performance Smooth Rough	Approved Yes / No

DRIVER	Manufacturer	Approved	Shop or Serial No	Model or Type	Rated HP	Rated RPM
	Weg	X Yes No	12518OP3E40 570	ODP	125	1775
	Electric Motor	**Rated Volt**	**Operating Volt**	**Rated FL Amps**	**Amps at 150%**	**Phase** / **Cycles** / **Service Factor**
		230/460	480	142	154	3 / 60 / 1.15

CONTROLLER	Manufacturer	Approved	Start psi 140	Stop psi 155	Jockey Pump
	Metron	X Yes No	Manual X Auto — X Press Drop Water Flow	Manual X Auto	X Yes On psi 155 No Off psi 170
	Shop or Serial No	**Model or Type**			
	NA09N411611	MP435125480C			

Speed RPM	Discharge Pressure PSI	Suction Pressure PSI	Net Head PSI	Streams No	Streams Size	Pitot Press.	Gallons Per Minute	Percent of Rated Capacity	Volts	Amps
1792	168	57	111	0	0	Churn	0	0%	473	72
1788	158	49	109	2	1 ¾ "	18 18	772	51%	474	83
1781	135	35	100	3	1 ¾ "	32 32 32	1542	102%	471	133
1778	104	14	90	4	1 ¾"	38 28 40 42	2206	147%	470	154



Percent Rated Capacity

Notes:

APPLICATION FOR CERTIFICATE

Date Received 09/30/2008
Date Permit Issued 01/30/2009
Control # C-08-004682
Permit # 09-0158
Date Issued

IDENTIFICATION

Block 1170 Lot 5 Qualifier

Work Site Location 1722 ROUTE 88 Brick Township, NJ

Owner in Fee THE HOME DEPOT
3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Telephone (732) 926-3626

Contractor CASCO
Address 1090 KING GEORGE POST RD EDISON NJ 08837

Telephone (732) 661-1400
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous M Current

FINAL COST OF CONSTRUCTION: $ 5975100
(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.

DESCRIPTION OF WORK/USE:
Addition/Alteration ALTERATION - -COMMERCIAL CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A "HOME DEPOT" MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: RIV Construction Group
Owner/Agent

- [ ] OWNER
- [x] AGENT PM

UCC F270 equiv.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1772 Route 88
Brick NJ 08724

Owner in Fee: The Home Depot

Tel. (732) 920-3626 e-mail Bruce_t@myOfficeDepot.com

Address 3016 Hamilton Blvd, S Plainfield NJ 07080
street municipality zip code

Contractor: RV Construction Group Tel. (732) 431-5424

Address 215 Rt 34 # 137 e-mail
Matawan NJ 07747

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

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

Federal Emp. ID No. 22-5116030772 FAX: (732) 441-5553

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] for Home Depot
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CO has issued a change Bulletin #15 (Site and Building) Dated 1-18-09.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	1/28/10	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present 2B Proposed 2B
No. of Stories ONE
Height of Structure 26'+ ft.
Area — Largest Floor 127,025 sq. ft.
New Bldg. Area/All Floors 21,209 sq. ft.
Volume of New Structure 240,105 cu. ft.
Max. Live Load
Max. Occupancy Load 1,070 persons

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 50,000
3. Total (1+ 2) $

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-10-07
Control #
Date Issued
Permit #

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

Block 1172 Lot 5 Qualification Code ______

Work Site Location 1722 Route 88
[illegible] NJ 08724

Owner in Fee: The Home Depot

Tel. (72_) 726-5626 e-mail [illegible]

Address [illegible]

Contractor: [illegible] Tel. (732) 421-1484

Address 15 [illegible] e-mail ______

[illegible] NJ 7725

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

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

Federal Emp. ID No. 23 54-1603072 FAX: (732) 431 5453

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[✓] Interior	[illegible]	

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

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

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

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
No. of Stories One
Height of Structure [illegible] ft.
Area — Largest Floor 47 25 sq. ft.
New Bldg. Area/All Floors 21,309 sq. ft.
Volume of New Structure 243 35 cu. ft.
Max. Live Load ______
Max. Occupancy Load [illegible]

Constr. Class Present IIB Proposed IIB
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ [illegible] 50,000
2. Rehabilitation $ [illegible]
3. Total (1+ 2) $ [illegible]

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

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.

[illegible] The Home Depot
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
[illegible] bulletin #13 ([illegible] Building) [illegible] 1-18-07.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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

FEE (Office Use Only)
$ ______

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-01827
Date Issued / Permit # 8-10-09

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 1752 Route 88 Brick NJ 08724

Owner in Fee: Home Depot

Tel. (732) 966-3666 e-mail

Address 3096 Hamilton Blvd. So. Plainfield, NJ

Contractor: (street) All Phase Electric (municipality) Tel. (908) 486-6586 (zip code)

Address 1031 Pennsylvania Ave e-mail

Linden NJ 07036

Contractor License No. 8346 Exp. Date

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

Federal Emp. ID No. 22 268 5729 FAX: (908) 486-7497

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required 4-23-9 AS

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA 09-1155 +1

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
4		Light Poles - RELOCATED	
		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		VERIZON PHONE BOX UNDERGROUND	

Administrative Surcharge	$ 45
Minimum Fee	$ 2
State Permit Surcharge Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 08-0-0799
Date Issued / Permit # 8-10-09

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 1755 Route 88
Lilk, NJ 08754

Owner in Fee: Hans Reich

Tel. (732) 996-1656 e-mail

Address 2096 Hamilton Blvd. (c. Manfield, NJ
street municipality zip code

Contractor: All Phase Electric Tel. (908) 496-0586

Address 1031 Pennsylvania Ave e-mail
Linden NJ 07036

Contractor License No. 8346 Exp. Date

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

Federal Emp. ID No. 22 2685729 FAX: (908) 486-7497

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 7-23-9-45
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
4		Light Poles - RELOCATED	
		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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		VERIZON PA. RK UNDERGROUND	

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

ALL PHASE ELECTRIC
LICENSED ELECTRICAL CONTRACTOR

$306

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE
TECHNICAL SECTION

Date Received 2/25/2009
Control # C-09-000458
Date Issued
Permit # 09-0158+B

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: ADT SECURITY

Address 8607 Roberts Drive Suite 150 Atlanta GA 30350

Tel. (678) 585-5822 Fax.

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

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

Fire Alarm Contractor No.

Federal Employee No. 22-5818132104

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Type I Proposed Type I Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☑ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☑ Fire Plans Approved

Date: 2/25/09

Approved by: SO

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALARM SYSTEM (BURGLAR OR FIRE), FIRE ALTERATIONS, CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A HOME DEPOT MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

Water Supply Source

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)	9	
Supervisory Devices (tampers, low/high air)	13	
Signaling Devices (horn/strobes, bells)	125	
Other Devices annunciator	1	
TOTAL	148	$225.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$225

U.C.C F140 (rev. 12/07)

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 2/25/2009
Control # C-09-000458
Date Issued
Permit # 09-0158+B

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: ADT SECURITY

Address 8607 Roberts Drive Suite 150 Atlanta GA 30350

Tel. (678) 585-5822 Fax.

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

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

Fire Alarm Contractor No.

Federal Employee No. 22-5818132104

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Type I Proposed Type I Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fire Suppression/Standpipe System: ☑ New or ☐ Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☑ Fire Plans Approved

Date: 3-27-09

Approved by: DC

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALARM SYSTEM (BURGLAR OR FIRE), FIRE ALTERATIONS, CONVERT AN EXISTING "COSTCO" MERCANTILE BUILDING INTO A HOME DEPOT MERCANTILE STORE WITH AN EXTERIOR GARDEN CENTER.

Water Supply Source

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)	9	
Supervisory Devices (tampers, low/high air)	13	
Signaling Devices (horn/strobes, bells)	125	
Other Devices annunciator	1	
TOTAL	148	$225.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		
TOTAL FEE		$225

COMMERCIAL

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

update 09-0158+C

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1140 Lot 5 Qualification Code

Work Site Location The Home Depot #912
Rt. 88 + Rt. 70

Owner in Fee The Home Depot

Address 2455 Paces Ferry Rd.
Atlanta, GA 30339

Tel (770) 433-8211

Contractor ADT Security Services (Honda Caster)

Address 8007 Roberts Dr, Suite 150
Atlanta, GA 30350

Tel (678) 585-5822 FAX (678) 585-5860

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed M

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New or [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [ ] Combustible Capacity

Fire Alarm System: [X] New or [ ] Existing

Location of Panel: equipment room

Fire Suppression/Standpipe System:

[ ] New or [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 30,000 —

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 180v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water flow)	9	
Supervisory Devices (i.e., tampers, low/high air)	13	
Signaling Devices (i.e., horn/strobes, bells)	125	
Other Devices annunciator	1	
TOTAL	148	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

U.C.C. F 146 (rev. 1/06) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BOHLER
ENGINEERING

35 Technology Drive
Warren, NJ 07059
PHONE 908.668.8300
FAX 908.754.4401

August 5, 2009

Via Federal Express

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

Attention: Ken Anderson

RECD AUG 06 2009

RE: Proposed Home Depot Facility #912
Route 70 and Route 88
Township of Brick
Ocean County, NJ
BENJ File No. 050251

Dear Mr. Anderson:

As requested, enclosed please find one (1) signed and sealed Detail Sheet in regard to the above referenced project. The enclosed sheet contains a detail for the light pole foundation which corresponds to the light pole foundation calculations which were previously submitted.

Should you have any questions or require any additional information, please contact our office.

Sincerely,

BOHLER ENGINEERING

Michael A. Albanese

Laurence G. Murphy, P.E.

MA/LGM/an/J:\Home Depot\2005\050251 - Home Depot (Brick)\Letters\twpbldngdept(anderson)01.doc

RECD AUG 05 2009

RIV

FAX TRANSMITTAL

CONSTRUCTION GROUP

DATE: 8/5/09 **# PAGES** 5 (including cover sheet)

PROJECT: Brick NJ Home Depot

TO: Allison **FAX#:** 732-262-8954

COMPANY: Brick Township **PHONE:**

CC:

FROM: Tony Conti

RE: Site Pole Stmc. Calculations

COMMENTS:

Allison,

See Attached. Please let me know when you recieved.

Tony

Office
41 Rt. 34 South Colts Neck, NJ 07722 (732) 431-5484 Fax (732) 431-5483

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE	THE HOME DEPOT - BRICK		
	PROPOSED LIGHT POLE FOUNDATION		
JOB NO.	J050251	SHEET NO.	1
CALCULATED BY	TXL	DATE	7/6/2009
CHECKED BY		DATE	

STRUCTURAL CALCULATIONS

FOR

THE HOME DEPOT

1722 NEW JERSEY STATE HIGHWAY ROUTE 88; BLOCK 1170, LOT 5
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

K.B. CAHILL, P.E.
NEW JERSEY LICENSE NO.: 42004

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

Code Search

I. **Code:** International Building Code 2006

II. **Occupancy:**

Occupancy Group = U Utility & Miscellaneous

III. **Type of Construction:**

Fire Rating:
Roof = 0.0 hr
Floor = 0.0 hr

IV. **Live Loads:**

Roof angle (θ)	0.00 / 12	0.0 deg
Roof	0 to 200 sf: 20 psf 200 to 600 sf: 24 - 0.02Area over 600 sf: 12 psf	
Floor	N/A	
Stairs & Exitways	0 psf	
Balcony	N/A	
Mechanical	N/A	
Partitions	N/A	

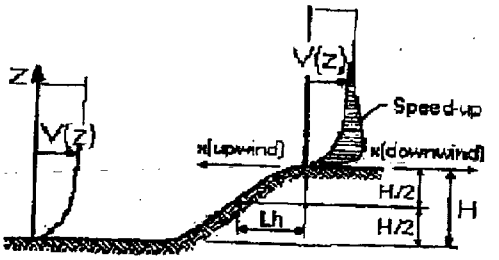
V. **Wind Loads : ASCE 7 - 02**

Importance Factor	1.00
Wind speed	113 mph
Directionality (Kd)	0.85
Mean Roof Ht (h)	32.0 ft
Parapet ht above grd	0.0 ft
Exposure	C
Enclosure Classif.	Open Building
Internal pressure	+/-0.00
Building length (L)	7.5 ft
Least width (B)	2.3 ft
Kh case 1	0.996
Kh case 2	0.996

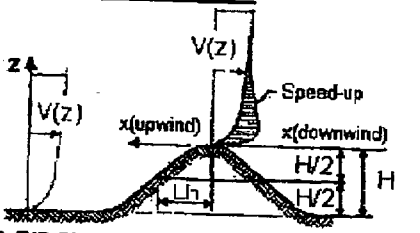
Topographic Factor (Kzt)

Topography	Flat	
Hill Height (H)	0.0 ft	H< 15ft;exp C
Half Hill Length (Lh)	0.0 ft	∴ Kzt=1.0
Actual H/Lh =	0.00	
Use H/Lh =	0.00	
Modified Lh =	0.0 ft	
From top of crest: x=	0.0 ft	
Bldg up/down wind?	downwind	
H/Lh= 0.00	K_1 =	0.000
x/Lh = 0.00	K_2 =	0.000
z/Lh = 0.00	K_3 =	1.000

At Mean Roof Ht:
Kzt = $(1+K_1K_2K_3)^2$ = 1.00



ESCARPMENT



2D RIDGE or 3D AXISYMMETRICAL HILL

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

V. Wind Loads - Other Structures:

Importance Factor	1.00		
Height to evaluate pressure (z)	32.0 ft	Wind Speed	113 mph
Gust Effect Factor (G)	0.85	Exposure	C
Kz (case 2)	0.996	Kzt	1.00
		Base pressure (qz) =	**32.55 Kd psf**

A. Solid Freestanding Walls & Solid Signs (& open signs with less than 30% open)

Height	32.0 ft	M =	32.0 ft
Width	7.5 ft	N =	7.5 ft
Dist above ground		M/N =	4.267
to bottom edge	32.0 ft	C_f =	1.20
Directionality (Kd)	0.85		

$F = q_z G C_f A_f$ = 28.2 Af

A_f = 7.8 sf
F = 220 lbs
Horizontal design eccentricity for signs = 0 to 0.2 times sign width.

Use 30 psf in design

B. Open Signs & Lattice Frameworks (openings 30% or more of gross area)

Width (zero if round)	0.0 ft	Error	
Diameter (zero if rect)	0.0 ft		
Percent of open area		ϵ =	0
to gross area	0.0%	C_f =	0.8
Directionality (Kd)	0.85		

$F = q_z G C_f A_f$ = 0.0 Af

Solid Area: A_f = 0.0 sf
F = 0 lbs
Design sign as solid sign

C. Chimneys, Tanks & Similar Structures

Cross-Section	Round
Directionality (Kd)	0.95
Height (h)	0.0 ft
Width (D)	0.0 ft
Type of Surface	Moderately smooth

h/D = #DIV/0!

D(qz)^.5 = 0.00

D = diameter or least horizontal dimension of square, hexagonal or octangular at elevation under consideration.
D' = depth of protruding elements such as ribs and spoilers (in feet) for round structures only.

Round
C_f = #DIV/0!
$F = q_z G C_f A_f$ = #DIV/0! Af
A_f = 0.0 sf
F = #DIV/0! lbs

D. Trussed Towers

ϵ = 0.27 (Ratio of solid area to gross area of the tower face under consideration)

Tower Cross Section	square
Member Shape	flat
Directionality (Kd)	1.00

Diagonal wind factor = 1.2
Round member factor = 1.000

Square (wind along tower diagonal)
Cf = 3.24
F = qz G Cf Af = 89.6 Af
Solid Area: Af = 10.0 sf
F = 896 lbs

Square (wind normal to face)
C_f = 2.70
$F = q_z G C_f A_f$ = 74.7 Af
Solid Area: A_f = 0.0 sf
F = 0 lbs

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
T: (908) 668-8300
F: (908) 754-4401

Title : LIGHT POLE FOUNDATION
Job # J050251
Dsgnr: TUNG-TO LAM
Date: 3:41PM, 6 JUL 09
Description : THE HOME DEPOT
1722 NEW JERSEY STATE HIGHWAY ROUTE 88
Scope : LIGHT POLE FOUNDATION

Pole Embedment in Soil

Description Circular pole with Point & Uniform Loads (Two Fixtures @180 degrees)

General Information

Allow Passive	180.00 pcf	Applied Loads...	
Max Passive	1,500.00 psf	Point Load	234.00 lbs
Load duration factor	1.333	distance from base	32.000 ft
Pole is Circular			
Diameter	36.000 in	Distributed Load	23.50 #/ft
No Surface Restraint		distance to top	32.000 ft
		distance to bottom	0.000 ft

Summary

Moments @ Surface...			
Point load	7,488.00 ft-#	Total Moment	19,008.00 ft-#
Distributed load	11,520.00	Total Lateral	954.00 lbs
Without Surface Restraint...			
Required Depth	6.383 ft		
Press @ 1/3 Embed...			
Actual	513.20 psf		
Allowable	510.53 psf		

7 ft embedment

7.8 of EPA

9"ø pole

RIV

FAX TRANSMITTAL

CONSTRUCTION GROUP

DATE: 8-5-09 **# PAGES** 5 (including cover sheet)

PROJECT: Home Depot Brick, NJ

TO: Allison **FAX#:**

COMPANY: Brick Twp. **PHONE:**

CC:

FROM: Carmine Caruso

RE: Light Pole Calculations

COMMENTS:

Please see calculations for proposed light poles.

Thanks!

41 ROUTE 34 SOUTH SUITE 102
COLTS NECK, N.J. 07722

OFFICE (732) 431-5484
FAX (732) 431-5483

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO. 1
CALCULATED BY TXL DATE 7/6/2009
CHECKED BY _____ DATE _____

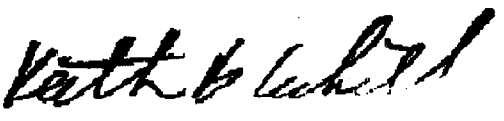
STRUCTURAL CALCULATIONS

FOR

THE HOME DEPOT

1722 NEW JERSEY STATE HIGHWAY ROUTE 88; BLOCK 1170, LOT 5
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

K.B. CAHILL, P.E.
NEW JERSEY LICENSE NO.: 42004



BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

Code Search

I. **Code:** International Building Code 2006

II. **Occupancy:**

Occupancy Group = U Utility & Miscellaneous

III. **Type of Construction:**

Fire Rating:
Roof = 0.0 hr
Floor = 0.0 hr

IV. **Live Loads:**

Roof angle (θ)	0.00 / 12	0.0 deg
Roof	0 to 200 sf: 20 psf 200 to 600 sf: 24 - 0.02Area over 600 sf: 12 psf	
Floor	N/A	
Stairs & Exitways	0 psf	
Balcony	N/A	
Mechanical	N/A	
Partitions	N/A	

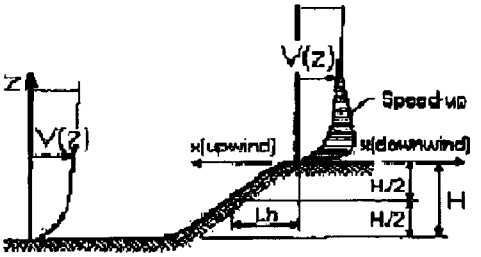
V. **Wind Loads : ASCE 7 - 02**

Importance Factor	1.00
Wind speed	113 mph
Directionality (Kd)	0.85
Mean Roof Ht (h)	32.0 ft
Parapet ht above grd	0.0 ft
Exposure	C
Enclosure Classif.	Open Building
Internal pressure	+/-0.00
Building length (L)	7.5 ft
Least width (B)	2.3 ft
Kh case 1	0.996
Kh case 2	0.996

Topographic Factor (Kzt)

Topography		Flat	
Hill Height	(H)	0.0 ft	H< 15ft;exp C
Half Hill Length	(Lh)	0.0 ft	∴ Kzt=1.0
Actual H/Lh	=	0.00	
Use H/Lh	=	0.00	
Modified Lh	=	0.0 ft	
From top of crest: x=		0.0 ft	
Bldg up/down wind?		downwind	
H/Lh= 0.00		K_1 =	0.000
x/Lh = 0.00		K_2 =	0.000
z/Lh = 0.00		K_3 =	1.000

At Mean Roof Ht:
$Kzt = (1+K_1K_2K_3)^2 =$ 1.00



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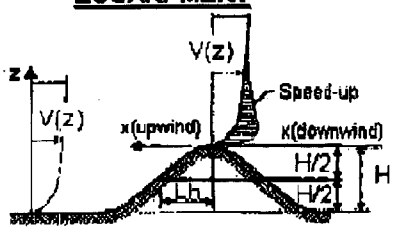


2D RIDGE or 3D AXISYMMETRICAL HILL

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

V. Wind Loads - Other Structures:

Importance Factor	1.00		
Height to evaluate pressure (z)	32.0 ft	Wind Speed	113 mph
Gust Effect Factor (G)	0.85	Exposure	C
Kz (case 2)	0.996	Kzt	1.00
		Base pressure (qz) =	32.55 Kd psf

A. Solid Freestanding Walls & Solid Signs (& open signs with less than 30% open)

Height	32.0 ft	M =	32.0 ft
Width	7.5 ft	N =	7.5 ft
Dist above ground		M/N =	4.267
to bottom edge	32.0 ft	C_f =	1.20
Directionality (Kd)	0.85		

$F = q_z G C_f A_f$ = 28.2 Af

A_f = 7.8 sf

F = 220 lbs

Horizontal design eccentricity for signs = 0 to 0.2 times sign width.

Use 30 psf in design

B. Open Signs & Lattice Frameworks (openings 30% or more of gross area)

Width (zero if round)	0.0 ft Error		
Diameter (zero if rect)	0.0 ft		
Percent of open area		ϵ =	0
to gross area	0.0%	C_f =	0.8
Directionality (Kd)	0.85		

$F = q_z G C_f A_f$ = 0.0 Af

Solid Area: A_f = 0.0 sf

F = 0 lbs

Design sign as solid sign

C. Chimneys, Tanks & Similar Structures

Cross-Section	Round
Directionality (Kd)	0.95
Height (h)	0.0 ft
Width (D)	0.0 ft
Type of Surface	Moderately smooth

h/D = #DIV/0!

D(qz)^.5 = 0.00

D = diameter or least horizontal dimension of square, hexagonal or octangular at elevation under consideration.
D' = depth of protruding elements such as ribs and spoilers (in feet) for round structures only.

Round

C_f = #DIV/0!

$F = q_z G C_f A_f$ = #DIV/0! Af

A_f = 0.0 sf

F = #DIV/0! lbs

D. Trussed Towers

ϵ = 0.27 (Ratio of solid area to gross area of the tower face under consideration)

Tower Cross Section	square	Diagonal wind factor =	1.2
Member Shape	flat	Round member factor =	1.000
Directionality (Kd)	1.00		

Square (wind along tower diagonal)

Cf = 3.24

F = qz G Cf Af = 89.6 Af

Solid Area: Af = 10.0 sf

F = 896 lbs

Square (wind normal to face)

C_f = 2.70

$F = q_z G C_f A_f$ = 74.7 Af

Solid Area: A_f = 0.0 sf

F = 0 lbs

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
T: (908) 668-8300
F: (908) 754-4401

Title : LIGHT POLE FOUNDATION Job # J050251
Dsgnr: TUNG-TO LAM Date: 3:41PM, 6 JUL 09
Description : THE HOME DEPOT
1722 NEW JERSEY STATE HIGHWAY ROUTE 88
Scope : LIGHT POLE FOUNDATION

Pole Embedment in Soil

g:\home depot\2005\j050251\structural\j050251

Description Circular pole with Point & Uniform Loads (Two Fixtures @180 degrees)

General Information

Allow Passive	180.00 pcf	Applied Loads...	
Max Passive	1,500.00 psf	Point Load	234.00 lbs
Load duration factor	1.333	distance from base	32.000 ft
Pole is Circular			
Diameter	36.000 in	Distributed Load	82.50 #/ft
No Surface Restraint		distance to top	32.000 ft
		distance to bottom	0.000 ft

Summary

Moments @ Surface...			
Point load	7,488.00 ft-#	Total Moment	19,008.00 ft-#
Distributed load	11,520.00	Total Lateral	954.00 lbs
Without Surface Restraint...			
Required Depth	6.383 ft		
Press @ 1/3 Embed...			
Actual	513.20 psf		
Allowable	510.53 psf		

7.8 sf EPA

7 ft embedment

9"ϕ pole

RIV

FAX TRANSMITTAL

CONSTRUCTION GROUP

DATE: 8-5-09 # PAGES 5 (including cover sheet)

PROJECT: Home Depot Brick, NJ

TO: Allison FAX#:

COMPANY: Brick Twp. PHONE:

CC:

FROM: Carmine Caruso

RE: Light Pole Calculations

COMMENTS:

Please see calculations for proposed light poles.

Thanks!

41 ROUTE 34 SOUTH SUITE 102
COLTS NECK, N.J. 07722

OFFICE (732) 431-5484
FAX (732) 431-5483

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO. 1
CALCULATED BY TXL DATE 7/6/2009
CHECKED BY ____ DATE ____

STRUCTURAL CALCULATIONS

FOR

THE HOME DEPOT

1722 NEW JERSEY STATE HIGHWAY ROUTE 88; BLOCK 1170, LOT 5
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

K.B. CAHILL, P.E.
NEW JERSEY LICENSE NO.: 42004

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J0502251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

Code Search

I. **Code:** International Building Code 2006

II. **Occupancy:**

Occupancy Group = U Utility & Miscellaneous

III. **Type of Construction:**

Fire Rating:
Roof = 0.0 hr
Floor = 0.0 hr

IV. **Live Loads:**

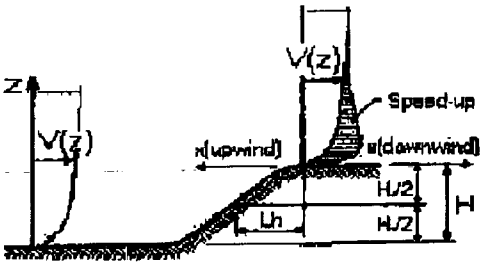
Roof angle (θ)	0.00 / 12	0.0 deg
Roof	0 to 200 sf: 20 psf 200 to 600 sf: 24 - 0.02Area over 600 sf: 12 psf	
Floor	N/A	
Stairs & Exitways	0 psf	
Balcony	N/A	
Mechanical	N/A	
Partitions	N/A	

V. **Wind Loads : ASCE 7 - 02**

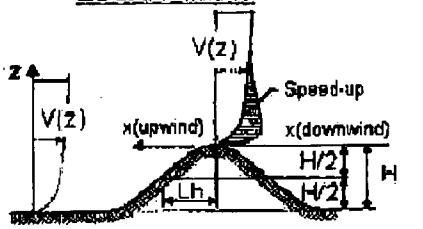
Importance Factor	1.00
Wind speed	113 mph
Directionality (Kd)	0.85
Mean Roof Ht (h)	32.0 ft
Parapet ht above grd	0.0 ft
Exposure	C
Enclosure Classif.	Open Building
Internal pressure	+/-0.00
Building length (L)	7.5 ft
Least width (B)	2.3 ft
Kh case 1	0.996
Kh case 2	0.996

Topographic Factor (Kzt)

Topography	Flat	
Hill Height (H)	0.0 ft	H< 15ft;exp C
Half Hill Length (Lh)	0.0 ft	∴ Kzt=1.0
Actual H/Lh =	0.00	
Use H/Lh =	0.00	
Modified Lh =	0.0 ft	
From top of crest: x=	0.0 ft	
Bldg up/down wind?	downwind	
H/Lh= 0.00	K_1 =	0.000
x/Lh = 0.00	K_2 =	0.000
z/Lh = 0.00	K_3 =	1.000
At Mean Roof Ht:		
$Kzt = (1+K_1K_2K_3)^2$ =		1.00



ESCARPMENT



2D RIDGE or 3D AXISYMMETRICAL HILL

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

V. Wind Loads - Other Structures:

Importance Factor	1.00		
Height to evaluate pressure (z)	32.0 ft	Wind Speed	113 mph
Gust Effect Factor (G)	0.85	Exposure	C
Kz (case 2)	0.996	Kzt	1.00
		Base pressure (qz) =	**32.55 Kd psf**

A. Solid Freestanding Walls & Solid Signs (& open signs with less than 30% open)

Height	32.0 ft	M =	32.0 ft
Width	7.5 ft	N =	7.5 ft
Dist above ground		M/N =	4.267
to bottom edge	32.0 ft	C_f =	1.20
Directionality (Kd)	0.85		

$F = q_z G C_f A_f$ = 28.2 Af

A_f = 7.8 sf
F = 220 lbs
Horizontal design eccentricity for signs = 0 to 0.2 times sign width.

Use 30 psf in design

B. Open Signs & Lattice Frameworks (openings 30% or more of gross area)

Width (zero if round)	0.0 ft Error		
Diameter (zero if rect)	0.0 ft		
Percent of open area		ϵ =	0
to gross area	0.0%	C_f =	0.8
Directionality (Kd)	0.85		

$F = q_z G C_f A_f$ = **0.0 Af**

Solid Area: A_f = 0.0 sf
F = 0 lbs
Design sign as solid sign

C. Chimneys, Tanks & Similar Structures

h/D = #DIV/0!

Cross-Section	Round
Directionality (Kd)	0.95
Height (h)	0.0 ft
Width (D)	0.0 ft
Type of Surface	Moderately smooth

D(qz)^.5 = 0.00

D = diameter or least horizontal dimension of square, hexagonal or octangular at elevation under consideration.
D' = depth of protruding elements such as ribs and spoilers (in feet) for round structures only.

Round
C_f = #DIV/0!
$F = q_z G C_f A_f$ = **#DIV/0! Af**
A_f = 0.0 sf
F = #DIV/0! lbs

D. Trussed Towers

ϵ = 0.27 (Ratio of solid area to gross area of the tower face under consideration)

Tower Cross Section	square	Diagonal wind factor =	1.2
Member Shape	flat	Round member factor =	1.000
Directionality (Kd)	1.00		

Square (wind along tower diagonal)
Cf = 3.24
F = qz G Cf Af = **89.6 Af**
Solid Area: Af = 10.0 sf
F = 896 lbs

Square (wind normal to face)
C_f = 2.70
$F = q_z G C_f A_f$ = **74.7 Af**
Solid Area: A_f = 0.0 sf
F = 0 lbs

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
T: (908) 668-8300
F: (908) 754-4401

Title : LIGHT POLE FOUNDATION Job # J050251
Dsgnr: TUNG-TO LAM Date: 3:41PM, 6 JUL 08
Description : THE HOME DEPOT
1722 NEW JERSEY STATE HIGHWAY ROUTE 88
Scope : LIGHT POLE FOUNDATION

Pole Embedment in Soil

Description Circular pole with Point & Uniform Loads (Two Fixtures @180 degrees)

General Information

Allow Passive	180.00 pcf	Applied Loads...	
Max Passive	1,500.00 psf	Point Load	234.00 lbs
Load duration factor	1.333	distance from base	32.000 ft
Pole is Circular			
Diameter	36.000 in	Distributed Load	82.60 #/ft
No Surface Restraint		distance to top	32.000 ft
		distance to bottom	0.000 ft

Summary

Moments @ Surface...			
Point load	7,488.00 ft-#	Total Moment	19,008.00 ft-#
Distributed load	11,520.00	Total Lateral	954.00 lbs
Without Surface Restraint...			
Required Depth	6.363 ft		
Press @ 1/3 Embed...			
Actual	513.20 psf		
Allowable	510.53 psf		

7.8 of EPA

7 ft embedment

9"ϕ pole

RIV

FAX TRANSMITTAL

CONSTRUCTION GROUP

DATE: 8/5/09 **# PAGES** 5 (including cover sheet)

PROJECT: Brick NJ
Home Depot

TO: Allison **FAX#:** 732-262-8954

COMPANY: Brick Township **PHONE:**

CC:

FROM: Tony Conti

RE: Site Pole Struc. Calculations

COMMENTS:

Allison,

See Attached. Please let me know when you recieved.

Thx

Office
41 Rt. 34 South Colts Neck, NJ 07722 (732) 431-5484 Fax (732) 431-5483

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE	THE HOME DEPOT - BRICK PROPOSED LIGHT POLE FOUNDATION		
JOB NO.	J050251	SHEET NO.	1
CALCULATED BY	TXL	DATE	7/6/2009
CHECKED BY		DATE	

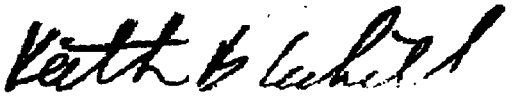
STRUCTURAL CALCULATIONS

FOR

THE HOME DEPOT

1722 NEW JERSEY STATE HIGHWAY ROUTE 88; BLOCK 1170, LOT 5
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

K.B. CAHILL, P.E.
NEW JERSEY LICENSE NO.: 42004



BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

Code Search

I. **Code:** International Building Code 2006

II. **Occupancy:**

Occupancy Group = U Utility & Miscellaneous

III. **Type of Construction:**

Fire Rating:
Roof = 0.0 hr
Floor = 0.0 hr

IV. **Live Loads:**

Roof angle (θ) 0.00 / 12 0.0 deg
Roof 0 to 200 sf: 20 psf
200 to 600 sf: 24 - 0.02Area
over 600 sf: 12 psf
Floor N/A
Stairs & Exitways 0 psf
Balcony N/A
Mechanical N/A
Partitions N/A

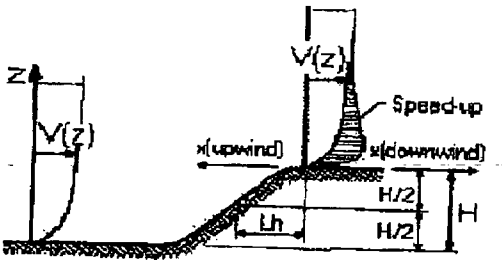
V. **Wind Loads : ASCE 7 - 02**

Importance Factor	1.00
Wind speed	113 mph
Directionality (Kd)	0.85
Mean Roof Ht (h)	32.0 ft
Parapet ht above grd	0.0 ft
Exposure	C
Enclosure Classif.	Open Building
Internal pressure	+/-0.00
Building length (L)	7.5 ft
Least width (B)	2.3 ft
Kh case 1	0.996
Kh case 2	0.996

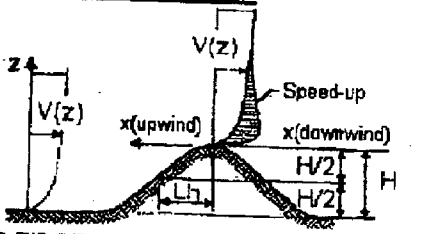
Topographic Factor (Kzt)

Topography	Flat	
Hill Height (H)	0.0 ft	H< 15ft;exp C
Half Hill Length (Lh)	0.0 ft	∴ Kzt=1.0
Actual H/Lh =	0.00	
Use H/Lh =	0.00	
Modified Lh =	0.0 ft	
From top of crest: x=	0.0 ft	
Bldg up/down wind?	downwind	
H/Lh= 0.00	K_1 =	0.000
x/Lh = 0.00	K_2 =	0.000
z/Lh = 0.00	K_3 =	1.000

At Mean Roof Ht:
Kzt = $(1+K_1K_2K_3)^2$ = 1.00



ESCARPMENT



2D RIDGE or 3D AXISYMMETRICAL HILL

BOHLER ENGINEERING
35 TECHNOLOGY DRIVE
WARREN, NEW JERSEY 07059
TELEPHONE: (908) 668-8300
FAX: (908) 754-4401

JOB TITLE THE HOME DEPOT - BRICK
PROPOSED LIGHT POLE FOUNDATION
JOB NO. J050251 SHEET NO.
CALCULATED BY TXL DATE 7/6/09
CHECKED BY DATE

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Importance Factor	1.00		
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Gust Effect Factor (G)	0.85	Exposure	C
Kz (case 2)	0.996	Kzt	1.00
		Base pressure (qz) =	**32.55 Kd psf**

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Height	32.0 ft	M =	32.0 ft
Width	7.5 ft	N =	7.5 ft
Dist above ground to bottom edge	32.0 ft	M/N =	4.267
Directionality (Kd)	0.85	C_f =	1.20

$F = q_z G C_f A_f =$ 28.2 Af

$A_f =$ 7.8 sf
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Horizontal design eccentricity for signs = 0 to 0.2 times sign width.

Use 30 psf in design

B. Open Signs & Lattice Frameworks (openings 30% or more of gross area)

Width (zero if round)	0.0 ft Error		
Diameter (zero if rect)	0.0 ft		
Percent of open area to gross area	0.0%	ϵ =	0
Directionality (Kd)	0.85	C_f =	0.8

$F = q_z G C_f A_f =$ **0.0 Af**

Solid Area: $A_f =$ 0.0 sf
F = 0 lbs

Design sign as solid sign

C. Chimneys, Tanks & Similar Structures

Cross-Section	Round
Directionality (Kd)	0.95
Height (h)	0.0 ft
Width (D)	0.0 ft
Type of Surface	Moderately smooth

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D(qz)^.5 = 0.00

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ϵ = 0.27 (Ratio of solid area to gross area of the tower face under consideration)

Tower Cross Section	square
Member Shape	flat
Directionality (Kd)	1.00

Diagonal wind factor = 1.2
Round member factor = 1.000

Square (wind along tower diagonal)
Cf = 3.24
$F = qz G Cf Af =$ **89.6 Af**
Solid Area: Af = 10.0 sf
F = 896 lbs

Square (wind normal to face)
$C_f =$ 2.70
$F = q_z G C_f A_f =$ **74.7 Af**
Solid Area: $A_f =$ 0.0 sf
F = 0 lbs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 3096 HAMILTON BLVD S PLAINFIELD, NJ 07080 CC:

RE: Building Subcode
Block: 1170 Lot: 5 Qual:
1722 ROUTE 88
Permit Number: 09-0158+D Control Number: C-09-000746
Last Submit Date: Wednesday, April 29, 2009

Date: Wednesday, April 29, 2009

Dear THE HOME DEPOT,

The following comments were made during the Plan Review process:

Submit 2 sealed sets of plans for footing design. Wind speed design 115mph. Wind load/pressure calcs to be on plan.

4/29/09 2 sets of plans showing footing design requested above, not provided.

Sincerely,

Kenneth Anderson 4/29/09

Kenneth Anderson, Subcode Official

05-15-09 Called 732-431-5464 732-431-5463

04-29-09 fax # 732-926-2970 Attn: Bruce Tarry

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER CP- 000746

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1722 Route 88 - Home Depot

DATE REVIEWED: 08.05.09

REVIEWED BY: QM

CONTACT CALLED/FAXED: 732-881-3464 Kiv Constantin - updated - failed plan Review

848.207-1838 Tony cell #

Called Tony ↗ left message on machine to call me

needs to be issued before said Bldg inspection can be Assigned

08.05.09
Casco - Architect
Polaic - engineer
Claims plans were submitted to us - will be reviewing them over to my Attention

ALLISON,
UPDATE WAS FOR
4 PARKING LOT
LIGHTS. PLAN FOR
FOOTINGS NEVER
PROVIDED. PLANS MUST
HAVE INFO REQUESTED
4/24/09 - ORIGINAL
REVIEW. ~~AA~~

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 3096 HAMILTON BLVD S PLAINFIELD, NJ 07080 CC:

RE: Building Subcode
Block: 1170 Lot: 5 Qual:
1722 ROUTE 88
Permit Number: 09-0158+D Control Number: C-09-000746
Last Submit Date: Monday, June 22, 2009

Date: Wednesday, June 24, 2009

Dear THE HOME DEPOT,

The following comments were made during the Plan Review process:

Submit 2 sealed sets of plans for footing design. Wind speed design 115mph. Wind load/pressure calcs to be on plan.

4/29/09 2 sets of plans showing footing design requested above, not provided.

6/24/09 Thank you for revised pages and calcs.
This update include parking lot lighting. Request above was for parking lot lighting footing design/calcs. Please provide 2 sealed sets of same.

Plans submitted with Casco bulietin #6 dated 6/18/09 require plumbing update for roof drain piping revisions. No building subcode review required for Casco bulletin #6.

Sincerely,

K Anderson 6/24/09

Kenneth Anderson, Subcode Official

6.25.09
fax # 732-431-5483
Contractor #

QPCTMR

Physical Connection Permit No:

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Physical Connection Test & Maintenance Report

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 Days of each test and Inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, **and are to be submitted with the Physical Connection Renewal Application.**

Date of test 07 /07 /09

Certification expires 1 year from date of test.

To:

From: (Name of Permit Holder)

Home Depot #0912
Route 70 and Route 88
Brick, NJ

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C.7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts
Model Number: 009M2 ☒RPZ ☐DCVA ☐PVB
Serial Number: A56003 Size 2 in.
Comments and Notations:

Location of Valve

Sprinkler Control Room
Irrigation Main

Tested by:
Pan Metro Services
Edison, NJ 08817
732-393-0100

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☒ at 10.0 psid Leaked ☐	Closed Tight ☒ at ____ psid Leaked ☐	Opened at 3.2 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ ____ psid	Closed Tight ☐ ____ psid	Opened at ____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Clifford Lyle Blevins
Certified Testers Signature: Clifford L Blevins
Certifying Authority: New England Water Works Association
Cert. ID#: 3829 Exp. Date: 10-31-09

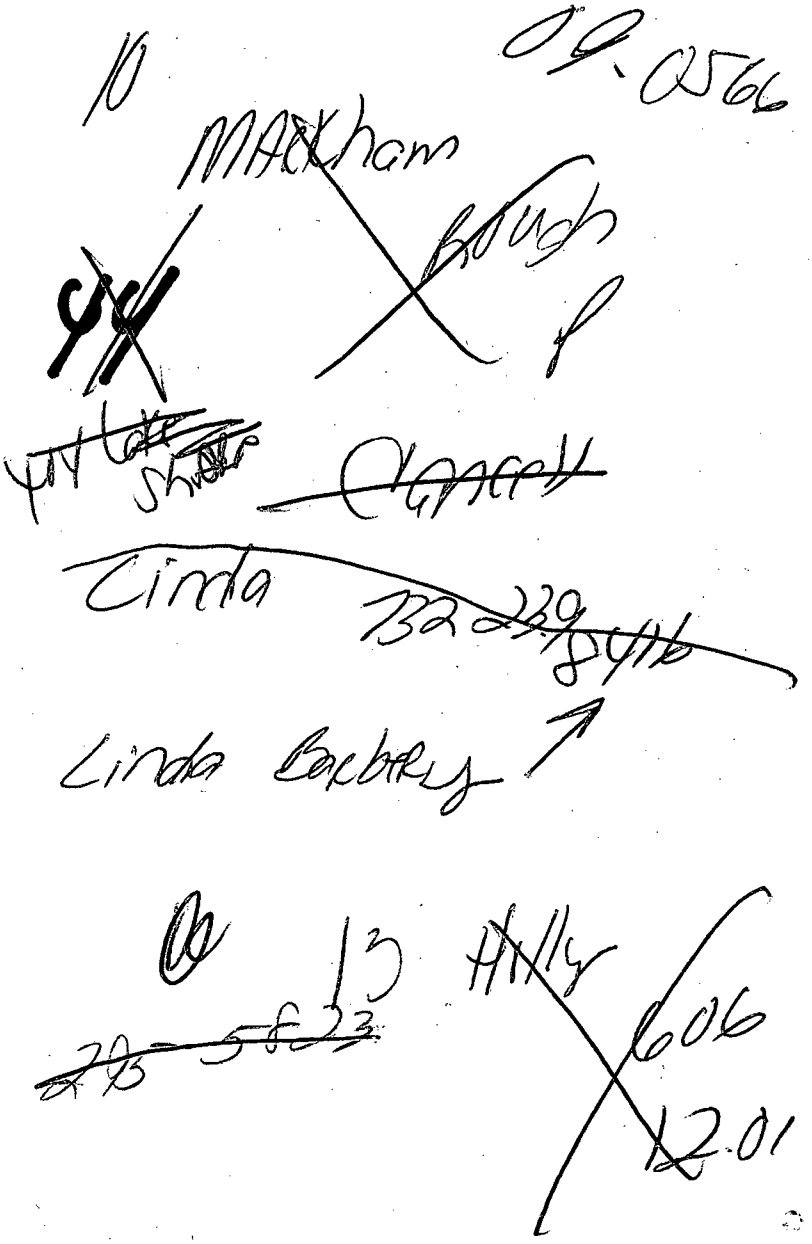
Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

Ken –

Home Depot scheduled for final Bldg on Friday 8/7 - but update is pending Cin Reject (drawer) – so what's the deal here? is this update still needed?

Allison



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Brick, NJ

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Description of Valve

Manufacturer: Watts
Model Number: 009M2 ☒RPZ ☐DCVA ☐PVB
Serial Number: A57389 Size 2 in.
Comments and Notations:

Location of Valve

Sprinkler Control Room
Domestic Main

Tested by:
Pan Metro Services
Edison, NJ 08817
732-393-0100

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☒ at 8.2 psid Leaked ☐	Closed Tight ☒ at ____ psid Leaked ☐	Opened at 2.6 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ ____ psid	Closed Tight ☐ ____ psid	Opened at ____ psid	OK ☐	OK ☐

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Representing: _____

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Manufacturer: Watts
Model Number: 009M2 ☒RPZ ☐DCVA ☐PVB
Serial Number: A56003 Size 2 in.
Comments and Notations:

Location of Valve

Sprinkler Control Room
Irrigation Main

Tested by:
Pan Metro Services
Edison, NJ 08817
732-393-0100

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☒ at 10.0 psid Leaked ☐	Closed Tight ☒ at ____ psid Leaked ☐	Opened at 3.2 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass used ☐				
Repairs & Materials Used					
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Witnesses to test and inspection

Name: _____ Title: _____
Representing: _____
Name: _____ Title: _____
Representing: _____

Date: Wednesday, June 24, 2009

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Sincerely,

K Anderson 6/24/09

Kenneth Anderson, Subcode Official

06.25.09
fax # 732-431-5483
Contractor #

Page 1

Land Use/ Bldg Dept Fax:732-262-8954

** Transmit Conf. Report **

Jun 25 2009 9:52 P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
7324315483	NORMAL	25, 9:51	0'25"	1	* O K	

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06/15/2009
Date Issued 6-19-09
Control # C-09-002073
Permit # 09-0158+E

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: Mason Technologies, Inc.

Address 33 Ranick Road Hauppauge NJ 11788

Tel. (631) 234-6565 Fax. (631) 234-7826

Lic No.

Federal Employee No. 38-3665918

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☑ No Plan Required	6-16-9	A.S.

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☑ Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	
Minimum Fee	1
State Permit Surcharge Fee	$85
TOTAL FEE	$145

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06/15/2009
Date Issued 6/19/09
Control # C-09-002073
Permit # 09-0158+E

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 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: Mason Technologies, Inc.

Address 33 Ranick Road Hauppauge NJ 11788

Tel. (631) 234-6565 Fax. (631) 234-7826

Lic No.

Federal Employee No. 38-3665918

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☑ No Plan Required	6/19/09	AS

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

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

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☑ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
165		Communication Points	
		Alarm Devices/F.A.C. Panel	
165		TOTAL NUMBERS	$60
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ 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	$85
TOTAL FEE	$145

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

update

09-0158 HE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 Route 88

Owner in Fee: The Home Depot

Tel. (732) 926-3626 e-mail bruce-Talty@HomeDepot.com

Address 1722 Route 88 (street) Brick (municipality) NJ 08723 (zip code)

Contractor: Mason Technologies Inc Tel. (631) 234-6565

Address 33 Ranch Rd Hauppauge NY 11788 e-mail pkmontagna@Mason247.com

Contractor License No. 1491 Exp. Date

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

Federal Emp. ID No. 38-3665918 FAX: (631) 234-7826

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required 6-16-9 AB

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Paul Montagna
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Voice & Data

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
✓		Emergency & Exit Lights	
165		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/+ 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 $

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF AUTHORITY

MASON TECHNOLOGIES INC.
0100966700

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Foreign Profit Corporation organized under the laws of New York, has complied with all the requirements of Title 14A of the New Jersey Statutes, and that the business or activity of said Foreign Profit Corporation to be carried on within the State of New Jersey is such as may be lawfully carried on by a Foreign Profit Corporation filed under the laws of this State for similar business or activity. The Certificate of Authority was duly filed August 9th, 2006.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of August, 2006

Bradley Abelow
State Treasurer

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Examiners of Electrical Contractors

TELECOMMUNICATIONS

Limited Wiring Exemption*

Issued to: Mason Tehnologies, Inc.
33 Ranick Road
Hauppauge, NY 11788

Signature of holder

1491
Exemption No.

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Paul Lamontagne

Address 33 Ranick rd. Hauppauge NY 11788

Telephone (917) 216-2300

Signature _____

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

09-0158+E

RECD JUN 05 2009

BLOCK 1170 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1722 Route 88
2. Name of Owner in Fee: THE Home Depot
   Tel. (732) 926-3626 e-mail bruce_Taluy@HomeDepot.com
   Address 1722 (street) Route 88 Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Mason Technologies Inc Tel. (631) 234-6565
   Address 33 Ranick rd Hauppauge NY 11788 e-mail plamontagne@mason247.com
   License No. OR, if new home, Builder Reg. No. 1491 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 38-3665918 FAX: (631) 234-7826
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Paul Lamontagne
   Tel. (917) 216-2300 FAX: (631) 234-7826

V. FEE SUMMARY (for office use only)

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

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 ____

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

BOHLER
ENGINEERING

35 Technology Drive
Warren, NJ 07059
PHONE 908.668.8300
FAX 908.754.4401

April 9, 2009

Via Federal Express

Township of Brick
Planning Board
401 Chambers Bridge Road
Brick, NJ 08723

Attention: Elissa Commins, P.E.

RE: **Proposed Home Depot Facility #912**
Route 70 and Route 88
Township of Brick
Ocean County, NJ
BENJ File No. 050251

Dear Ms. Commins:

As discussed at our April 9, 2009 meeting, enclosed please find two (2) signed and sealed Lighting Plans in regard to the above referenced project.

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned.

Sincerely,

BOHLER ENGINEERING

Michael A. Albanese

MA/ an/J:\Home Depot\2005\050251 - Home Depot (Brick)\Letters\tsppb16.doc

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Stephen C. Acropolis, Mayor

Township Council:
Ruthanne Scaturro - President
Joseph Sangiovanni - Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Michael A. Thulen, Sr.
Dan Toth

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 3-23-09

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1170 Lot: 5

Property Address: 1722 Route 88

I, Tony Corso (name) of 315 Rt. 34 Suite 137 Colts Neck, NJ 07733 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 4/2/09 Signed: NBH

Rejected on: _____ Signed: _____

Comments: Lighting changes "only" ok ECC 4/9/09. On jacket

311 ACCESS

Township of Brick
Zoning Permit

Approved: Monday, April 20, 2009 **Number:** 2009-229

Block 1170 **Lot** 5 **Zone:** B-3 Highway Dev.

Property Address: 1722 Route 88

Applicant: Tony Corso - RIV Construction

Property Owner: JSM@Brick, LLC

Existing Use: Former Costco Warehouse

Proposed Use: Home Depot Warehouse Sales

Proposed Construction: Construct light poles and fixtures in existing parking area.

Conditions: The installation of the light poles and fixtures shall be in accordance with Planning Board Resolution R-14-06 dated February 8, 2006. Maps signed July 24, 2008. Revised Lighting Plan, Sheet 7 of 12 approved by the Township Engineer.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Michael Fowler
Zoning Reviewer

update 09-0158

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170 LOT 5 QUALIFIER –

PROPERTY ADDRESS 1722 Route 88

PERSONAL NAME OF APPLICANT Tony Corso

BUSINESS NAME OF APPLICANT RIV Construction

MAILING ADDRESS OF APPLICANT 315 Rt 34 Suite 137 Colts Neck, NJ 07733

PROPERTY OWNER'S FULL NAME JSM

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Costco Warehouse

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Home Depot

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) light poles

COMMERCIAL

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

Resubmit 4/20/09

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 3/23/09

Reviewed by Zoning Office _____ Date 4/20/09 (X) Approved ( ) Denied

March 2003

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 01/08/2009
Control # C-08-004682/A-09
Date Issued
Permit # 09-0158+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 5 Qualification Code

Work Site Location: 1722 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: FIRE MATERIALS GROUP

Address 2615 S INDUSTRIAL PARK AVENUE TEMPE AZ 85282

Tel. (480) 753-5444 Fax.

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

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

Fire Alarm Contractor No. P00164

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Type I Proposed Type I Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☑ Fire Plans Approved

Date: 1-16-09

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
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.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE SUPPRESSION ALTERATIONS, ADD/REMOVE/RELOCATE TO MATCH REMODELED BUILDING.

Water Supply Source

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type 1500	1	$100
Dry Pipe/Alarm Valves	1	$65
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	$600
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$14
TOTAL FEE		$779

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

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 01/08/2009
Control # C-08-004682-A-09
Date Issued 04-04-09
Permit # +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 5 Qualification Code

Work Site Location: 1722 ROUTE 88 Brick Township, NJ

Owner in Fee: THE HOME DEPOT

Address 3096 HAMILTON BLVD S PLAINFIELD NJ 07080

Tel. (732) 926-3626

Contractor: FIRE MATERIALS GROUP

Address 2615 S INDUSTRIAL PARK AVENUE TEMPE AZ 85282

Tel. (480) 753-5444 Fax.

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

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

Fire Alarm Contractor No. P00164

Federal Employee No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Fire Alarm System: ☐ New or ☐ Existing

Constr. Class Present Type I Proposed Type I Location of Panel:

Heating Systems: ☐ New or ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☐ *Combustible* *Capacity*

Total Cost of Fire Protection Work $10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☑ Fire Plans Approved

Date: 1-14-09

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FIRE SUPPRESSION ALTERATIONS, ADD/REMOVE/RELOCATE TO MATCH REMODELED BUILDING.

Water Supply Source

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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type 1500	1	$100
Dry Pipe/Alarm Valves	1	$65
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	$600
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		$14
TOTAL FEE		$779

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received
Control #

Date Issued
Permit # COB-006486824A

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 Home Depot #912
1722 Rt. 88 Brick, NJ 08724

Owner in Fee: The Home Depot

Tel. (732) 752-1700 e-mail Jay_ambrusico@homedepot.com

Address 3096 Hamilton Blvd. South Plainfield, NJ 07080
street municipality zip code

Contractor: Fire Materials Group Tel. (480) 753-5444

Address 2615 S. Industrial Park Ave. Tempe, AZ 85282 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00164

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 M

Constr. Class: Present Proposed V-N

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[X] New OR [X] Existing

Location of Main Control Valve: Riser room

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ TBD

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add/remove/relocate to match remodeled building

Water Supply Source 8" main behind building

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 1500 GPM Type Elec. VIL	1	
Dry Pipe/Alarm Valves	1	
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code

Work Site Location Home Depot #912
1722 Rt. 88 Brick, NJ 08724

Owner in Fee: The Home Depot

Tel. (732) 752-1700 e-mail Jay_ambrusico@homedepot.com

Address 3096 Hamilton Blvd. South Plainfield, NJ 07080
street municipality zip code

Contractor: Fire Materials Group Tel. (480) 753-5444

Address 2615 S. Industrial Park Ave. Tempe, AZ 85282 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00164

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 M

Constr. Class: Present Proposed V-N

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[X] New OR [X] Existing

Location of Main Control Valve: Riser room

Total Cost of Fire Protection Work $ TBD

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

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add/remove/relocate to match remodeled building

Water Supply Source 8" main behind building

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 1500 GPM Type Elec. UL	1	
Dry Pipe Alarm Valves	1	
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

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

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

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code

Work Site Location Home Depot #912
1722 Rt. 88 Brick, NJ 08724

Owner in Fee: The Home Depot

Tel. (732) 752-1700 e-mail Jay_ambrusico@homedepot.com

Address 3096 Hamilton Blvd. South Plainfield, NJ 07080
street municipality zip code

Contractor: Fire Materials Group Tel. (480) 753-5444

Address 2615 S. Industrial Park Ave, Tempe, AZ 85282 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00164

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 M

Constr. Class: Present Proposed V-N

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location:

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[X] New OR [X] Existing

Location of Main Control Valve: Riser room

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ TBD

JOB SUMMARY (Office Use Only)

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

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

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add/remove/relocate to match remodeled building

Water Supply Source 8" main behind building

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 1500 GPM Type Elec. UL	1	
Dry Pipe Alarm Valves	1	
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code _____

Work Site Location Home Depot #912
1722 Rt. 88 Brick, NJ 08724

Owner in Fee: The Home Depot

Tel. (732) 752-1700 e-mail Jay_ambrusico@homedepot.com

Address 3096 Hamilton Blvd. South Plainfield, NJ 07080
street municipality zip code

Contractor: Fire Materials Group Tel. (480) 753-5444

Address 2615 S. Industrial Park Ave, Tempe, AZ 85282 e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00164

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 M

Constr. Class: Present _____ Proposed V-N

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[X] New OR [X] Existing

Location of Main Control Valve: Riser room

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Total Cost of Fire Protection Work $ TBD

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
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. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add/remove/relocate to match remodeled building

Water Supply Source 8" main behind building

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 1500 GPM Type Elec. UL	1	
Dry Pipe Alarm Valves	1	
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	1408	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-0155

Date Issued 1-30-09
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 5 Qualification Code

Work Site Location 1722 NJ STATE ROUTE 88
BRICK, NJ 08724

Owner in Fee THE HOME DEPOT

Address 3096 HAMILTON BLVD.
SOUTH PLAINFIELD, NJ 07080

Tel (732) 226-2626

Contractor CASCO / Contractor to follow

Address

Tel ( ) FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Fuel Storage Tank: CABINET - TOOL RENTAL CENTER

Fuel Type: [ ] *Flammable* OR [X] *Combustible* *Capacity* 50 GAL. GASOLINE

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ ~~$15,000.00~~ 150,000.00

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.

Applicant's Signature/Contractor's Signature (CASCO)

[ ] Certified Contractor [X] Exempt Applicant FOR HOME DEPOT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS PIPING SPRINKLERS TO FOLLOW

Water Supply Source

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	0	
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	36	
Fireplace Venting/Metal Chimney	0	
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 NJ STATE ROUTE 88
BRICK, NJ 08724

Owner in Fee THE HOME DEPOT

Address 3096 HAMILTON BLVD.
SOUTH PLAINFIELD, NJ 07080

Tel (732) 926-2626

Contractor CASCO / Contractor to follow

Address

Tel (____) FAX (____)

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present ____ Proposed ____

Heating System: [X] New OR [ ] Existing [X] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fuel Storage Tank: CABINET - TOOL RENTAL CENTER

Fuel Type: [ ] *Flammable* OR [X] *Combustible* *Capacity* 50 GAL. GASOLINE

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ ~~[illegible]~~ 150,000.00

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant For - HOME DEPOT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS PIPING
SPRINKLERS TO FOLLOW

Water Supply Source

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	0	
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	36	
Fireplace Venting/Metal Chimney	0	
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

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

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

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

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

telgian

April 30, 2009

Plans Examiner
Township of Brick Building Department
401 Chambers Street
Brick Township, NJ 08723

Re: The Home Depot #912
Fire Pump Room Piping Revision

Plans Examiner:

This letter is to document Telgian's review and recommendations for the above referenced issue.

Issue: New location for fire pump controller poses obstruction to fire pump discharge piping

Solution: Reroute fire pump discharge and bypass piping to provide required clearance for fire pump controller

As shown on the accompanying plan, approximately 6 ft of new pipe, various fittings, and one check valve have been added to the original plan. Some existing piping will require field modification.

We thank you for your review of this change. If you have questions or comments please contact me at (678) 402-0523

Sincerely,
Doug Kilgore
Fire Suppression Designer
Telgian Corporation

telgian

TRANSMITTAL

Project: The Home Depot #912
Brick, NJ

Job No. NJ00522/P1400
Date: 12-16-08
By: Andrea Thoms

Regarding: Sprinkler & Fire Alarm Submittal

To: Plan Reviewer
Municipal Building
401 Chambers Bridge Road
Brick Twp, NJ 08723
732-262-1027

- ☐ SEPARATE COVER
- ☐ FACSIMILE
  NO.
  PAGES (INCLUDES COVER)
- ☐ U.S. POSTAL SERVICE
- ☐ PRIORITY AIR
- ☐ NEXT DAY AIR
- ☐ 2ND DAY AIR
- ☒ EXPRESS SAVER
- ☐ MESSENGER
- ☐ SENT VIA BBS / E-MAIL

We are sending you the following information:

Enclosed are (3) sets of fire alarm drawings for your review along with the product data sheets. Also enclosed are (3) sets of sprinkler drawings. The calcs and material data for those will be sent separately from our Atlanta office.

Once reviewed and approved, please notify me at the number below so I may contact the contractor(s) to come and pick up the plans.

If you have any questions, please call.

Thanks,

Andrea Thoms
athoms@telgian.com
734-781-9851

- ☐ PRINT
- ☐ ORIGINAL
- ☐ REPRODUCIBLE
- ☐ HYDRAULIC CALCULATIONS
- ☐ SHOP DRAWINGS
- ☐ SPECIFICATIONS
- ☐ CORRESPONDENCE
- ☐ CADD DISC
  - ☐ .DXF FORMAT
  - ☐ .FCD FORMAT
  - ☐ .DWG FORMAT
- ☐ MATERIAL LIST
- ☐ PHOTOGRAPH
- ☐ SAMPLE

telgian

FIRE ALARM SUBMITTAL
HOME DEPOT
BRICK, NJ

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Telgian includes the entities of Telgian Corporation, TVA Fire & Life Safety, Inc. and Fire Materials Group LLC

IntelliKnight® 5808 Single Loop Addressable Fire Alarm Control System

The convenience of an addressable fire alarm control panel in a cost-effective easy to use package.

IntelliKnight Model 5808 is a 127 point class leading single loop addressable fire alarm control/communicator system. 5808 provides you with the revolutionary value and performance of addressable sensing technology combined with exclusive, built-in digital communication, distributed intelligent power, easy to use interface. Powerful features such as drift compensation and maintenance alert are delivered in this powerful FACP from Silent Knight.

For more information about the IntelliKnight system, or to locate your nearest source, please call 1-800-446-6444, or in Minnesota, call 763-493-6435.

Description

5808 performs drift compensation and calibration checks on each of the sensors in the system.

The basic 5808 system can be enhanced by adding modules such as 5860 remote annunciator, 5824 serial/parallel printer interface module (for printing system reports), and 5496 intelligent power module. 5808 also features a powerful built-in dual line fire communicator that allows for reporting of all system activity to a remote monitoring location.

Features

- Up to 127 addressable points
- Up to 125 zones and 125 output groups
- Uses standard wire—no shielded or twisted pair required
- Built-in digital communicator
- Central station reporting by point or by zone
- Supports Class B (Style 4) and Class A (Style 6 or 7) configuration for SLC
- Distributed, intelligent power
- Drift compensation
- 13 pre-programmed output cadences, (including ANSI-3.41), and 4 programmable outputs
- Notification circuits can be configured as 2 Class A (Style Z) or 4 Class B (Style Y), or auxiliary power for resettable, constant, or door holder power
- Built-in annunciator with 80-character LCD display
- RS-485 bus provides communication to system accessories
- Built-in RS-232 and USB interface for programming via a PC
- Upload or download programming, event history, or detector status via remote or direct connection
- Improvements in SKSS deliver five times faster upload/downloads
- Built-in synchronization for appliances from AMSECO, Gentex®, Faraday, System Sensor®, and Wheelock®
- One Form C trouble relay rated at 2.5A at 27.4 VDC and two Form C programmable relays rated at 2.5A at 27.4 VDC
- Programmable date setting for Daylight Saving Time
- Plex-2 door option combines a dead front cabinet door with a clear window, limiting access to the panel while providing single button operation of the reset and silence functions

Electrical Specifications

Primary AC: 120 VRMS at 50/60 Hz, 2.75A

Total Accessory Load: 6A @ 27.4 VDC

Notification Power: 6A @ 27.4 VDC, power-limited

Standby Current: 170 mA

Alarm Current: 325 mA

Notification & Auxiliary Circuits: 3A @ 27.4 VDC per circuit, power-limited

Battery Charging Capacity: 7.0-35.0 AH

Battery Size: 18 AH max. allowed in FACP. Larger capacity batteries can be housed in an RBB accessory cabinet

Mechanical Specifications

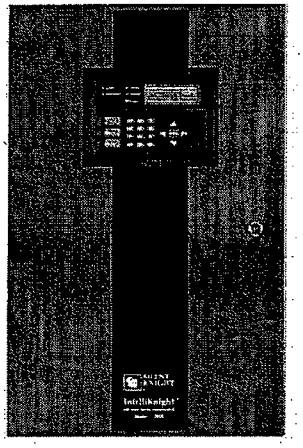
Flush Mount Dimensions: 14.5" W x 24.75" H x 3.5" D (36.8 W x 62.9 H x 8.73 D cm)

Overall Dimensions: 16" W x 26.4" H x 4.65" D (40.6 W x 67 H x 11.8 D cm)

Weight: 28 lbs. (12.8 kg)

Color: Red

Telephone Requirements:



Model 5808

FCC Part 15 and Part 68 approved
Type of Jack: RJ31X (two required)

Approvals

NFPA 13, NFPA 15, NFPA 16, NFPA 70, & NFPA 72: Central Station; Remote Signalling; Local Protective Signalling Systems; Auxiliary Protected Premises Unit; & Water Deluge Releasing Service. Suitable for automatic, manual, waterflow, sprinkler supervisory (DACT non-coded) signalling services.

Other Approvals: UL Listed; CSFM 7170-0559: 142; MEA 429-92-E Vol. XIV

SILENT KNIGHT
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SLC Detectors

SD505-APS
Addressable photoelectric smoke detector.

SD505-AIS
Addressable ionization smoke detector.

SD505-AHS
Absolute temperature heat detector that goes into alarm immediately if the temperature exceeds the programmable trip point. Trip point range from 135°F–150°F(0°C–37°C).

SD505-6AB
Six inch base for use with detector heads SD505-APS, SD505-AIS and SD505-AHS.

SD505-4AB
Four inch base for use with detector heads SD505-APS, SD505-AIS, and SD505-AHS.

SD505-6SB
Six-inch sounder base for use with existing sensor and base. Operates in single and multi-station modes and/or as a system sounder. Requires 2 additional wires for power.

SD505-6IB
Short circuit isolator base for SD505-APS, SD505-AIS, and SD505-AHS detectors.

SD505-6RB
Six-inch relay base for use with existing sensor and base. Provides one Form C contact.

SD505-ADH
Duct housing that detects smoke in HVAC ducts.

SD505-ADHR
Duct detector base with relay. Provides Form C alarm contact. For use with SD505-APS and SD505-AIS sensors. Compatible with SD505-DTS remote test switch.

SD500-PS/SD500-PSDA
SD500-PS is a single action pull station and SD500-PSDA is a dual action pull station.

SLC Modules

Model SD500-AIM
Dry contact input module for use with normally open dry contacts. It features an indicator LED to show alarm status.

SD500-MIM
Mini dry contact input module is a small version of the SD500-AIM. For use with pull stations and other normally open dry contact inputs.

SD500-ANM
Addressable notification module providing a single Class A or Class B notification circuit on the SLC.

SD500-ARM
Addressable relay module that features two Form C output relays. Provides indicator LED to show output status.

SD500-SDM
Two-wire detector input module. Allows for the connection of conventional 2-wire detectors on the SLC loop. Requires two additional wires for power.

SD500-LIM
A short circuit isolator module for SLC devices. When a short occurs on the SLC loop, it is detected as a trouble, but all SLC devices protected by the isolator module continue to operate.

SD500-LED
An LED driver capable of driving 80 LEDs through the SLC loop. Up to 40 SD500-LEDs can be used per system.

S-BUS Accessories

5860/R Remote Fire Annunciator
Features the same 80 character backlit LCD display keypad and firefighter's key switch as the 5808. 5860 is gray and 5860R is red.

5496 Intelligent Power Module
A 6 amp notification power expander that provides four additional power-limited notification appliance circuit outputs.

5880 LED/IO Module
Features 40 LED outputs, 8 normally open dry contact inputs and one piezo output.

5865-3 and 5865-4 Remote LED Annunciator
Features 30 programmable LED (15 red and 15 yellow) outputs and a piezo sounder. The 5865-4 adds a silence and reset switch to the package.

5883 Relay Board
Features 10 general purpose Form C relays. Used with 5880 module.

5824 Serial/Parallel Printer Interface Module
Provides one parallel and one RS-232 serial port for connecting a printer to 5808. Use to print a real-time log of system events, detector status reports, and event history.

Miscellaneous Accessories

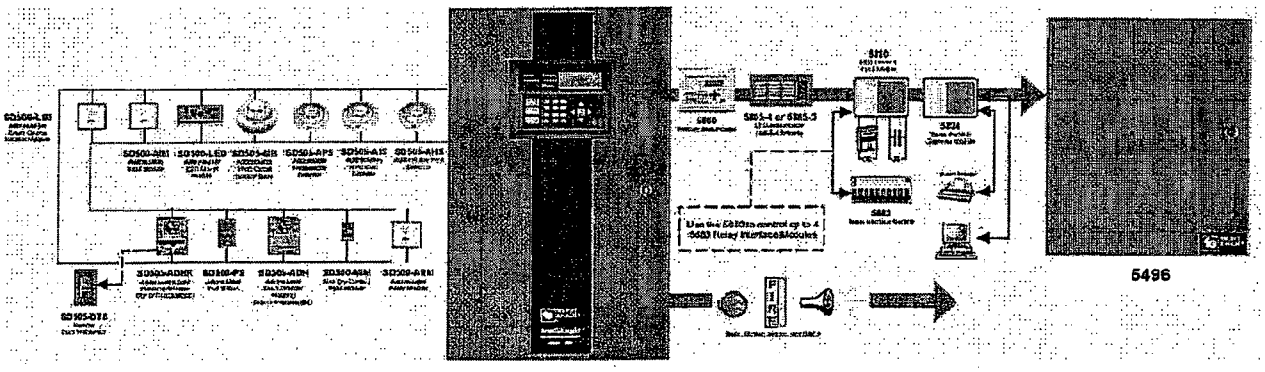
5660 Silent Knight Software Suite
PC-base software for FACP programming. Upload and view panel account information, event history, and detector status.

5670 Silent Knight Software Suite
End-user facility management software allows viewing of detector status and event history via modem or direct connection.

Plex-2 Door
Dead front cabinet door with clear window to limit access to the FACP.

RBB
Remote Battery Box Accessory Cabinet. Use if backup batteries are too large to fit into FACP cabinet. Dimensions:
16" W x 10" H x 6" D
(406 mm W x 254 mm H x 152 mm D)

SD505-DTS
Remote test switch that provides remote key operated test function and annunciation of detector alarm with SD505-ADHR.

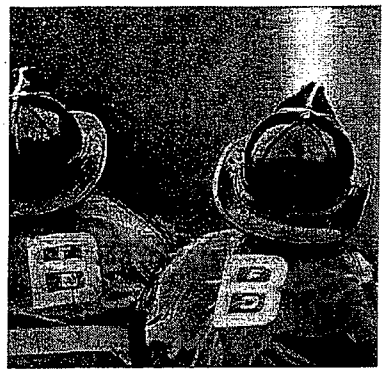


SILENT KNIGHT
by Honeywell

MADE IN AMERICA

FORM# 350386 Rev. D 04/06

5860 Remote Annunciator



Bring the power to control an IntelliKnight fire alarm control panel to every area within your facility.

Now you can operate and program your IntelliKnight system from up to eight locations throughout your facility. The 5860 remote annunciator provides the same advanced, easy-to-use interface found on the IntelliKnight panel's built-in annunciator. The 80-character display and ergonomically designed keypad allow for simple and error-free system operation. All operations—including reset, silence, detector status checking, fire drill, and programming—are identical.

Access to the system is through a firefighter's key or an access code. For security, a special installation code is needed for programming functions. The 5860 connects to the IntelliKnight panel via the RS-485 system bus. Wire runs can be up to 6000 feet from the panel.

For more information about the IntelliKnight system, or to locate your nearest source, please call 1-800-446-6444, or in Minnesota, call 763-493-6435.

Description
Features include an 80-character backlit LCD providing easy-to-understand system messages. The annunciator is ergonomically designed with over-sized buttons for the most frequently used features, like Reset and Silence.

In addition to status messages displayed on the LCD, there are five LEDs for alarm, supervisory, trouble, silence, and AC power status.

The annunciator is available in gray to match virtually any decor and red for applications where the annunciator must stand out. The annunciator enclosure can be surface or flush mounted. A trim ring kit is available for surface mounting.

Features
- 80-character backlit LCD display (4 lines with 20 characters on each line)
- Tactile and audible feedback
- Accepts user codes or fire fighter's key
- Larger keypad buttons for system reset and silence
- Install up to eight 5860s per FACP
- Available in red or light gray
- Support for simultaneous use of multiple 5860s
- RS-485 interface to panel
- Operation and appearance is identical to 5860 built-in annunciator
- On-board piezo sounder audibly indicates alarms, troubles, and supervisories
- Five status LEDs for alarm, supervisory, trouble, silence and AC power conditions
- Wiring lengths up to 6000 ft. from the FACP (depending on wire gauge and number of devices on SBUS)
- UL listed, complies with NFPA 72
- CSFM approved

Electrical Specifications
Operating Voltage: 24 VDC

Standby Current: 20 mA max

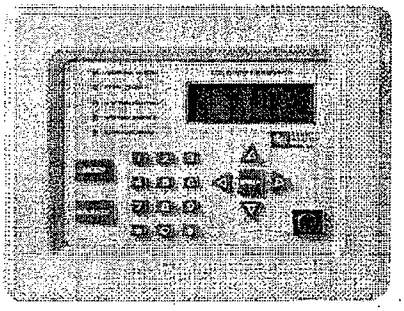
Alarm Current: 25 mA

Wiring Distance: 6,000 max. from FACP (depending on wire gauge and number of devices on the SBUS)

Max Per System: 8

Mechanical Specifications
Physical 9.1" W x 7.4" H x 1.5" D (23.1 W x 18.8 H x 3.8 D cm)

Shipping Weight: 2.8 lbs (1.3 kg)



5860

Color
5680R: Red
5680: Gray

Environmental
Operating Temperature: 32°F – 120°F (0°C – 49°C)

Humidity: 10% – 93% non-condensing

Approvals
NFPA 72; UL Listed;
CSFM 7170-0559: 135;
MEA 429-92-E Vol. IX;
FM Approved

SILENT KNIGHT
by Honeywell

5860 Remote Annunciator

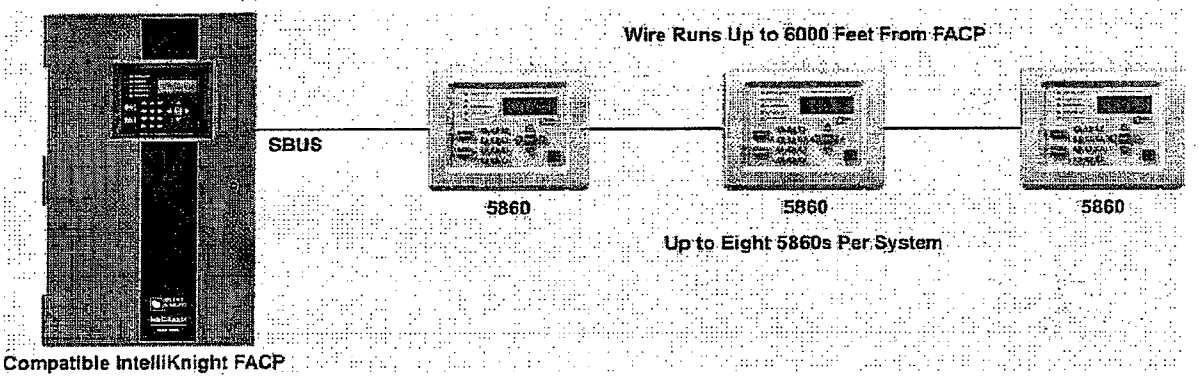
Engineering Specifications

The main control must have a built-in annunciator and must support up to eight remote annunciators. Remote annunciators shall have the same control and display layout so as to match the appearance of the built-in annunciator. Remote annunciators shall be available in two colors, red or light gray.

Remote annunciators shall have identical functionality and operation as the built-in annunciator. All annunciators must have an 80-character LCD display and must feature five LEDs for: General Alarm, Supervisory, System Trouble, System Silence, and System Power.

All controls and programming keys are silicone mechanical type with tactile and audible feedback. Keys have a travel of .040 inches. No membrane style buttons will be permissible.

The annunciator must be able to silence and reset alarms through the use of a code entered on the annunciator keypad or by using a firefighter's key. The annunciator must have two levels of user codes that will limit the operating system programming to authorized individuals. The control panel must allow all annunciators to accommodate multiple user input simultaneously.



Compatibility

IntelliKnight 5820XL FACP

IntelliKnight 5808 FACP

IntelliKnight 5700 FACP

Ordering Information

5680R Remote Annunciator
Four line LCD annunciator with 20 characters per line. Red.

5680 Remote Annunciator.
Four line LCD annunciator with 20 characters per line. Gray.

Accessories

5860TR Red Trim Ring
For surface mounting.

5860TG Gray Trim Ring
For surface mounting.

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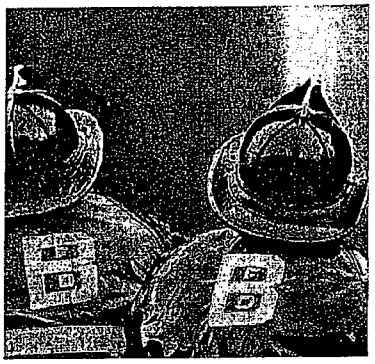
MADE IN AMERICA

FORM# 350224 Rev C, 05/06

SD500-LIM
Line Isolator Module



Isolate SLC loop problems without losing the entire loop.

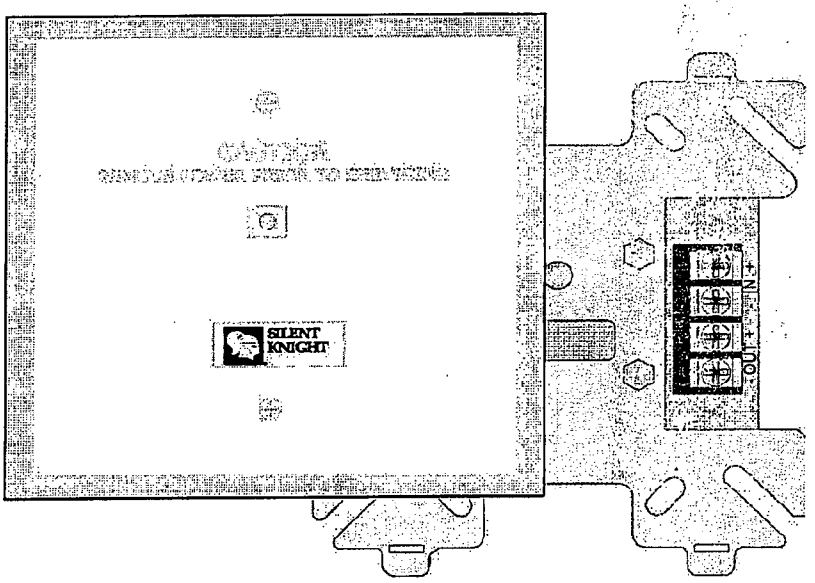
Isolate a short circuit wiring fault on a SLC loop using a SD500-LIM. Normally if a short on the SLC loop occurs, communication on the loop can be disrupted. When isolator modules are used and a short occurs on the SLC loop, it will be detected as a trouble but all the SLC devices that are protected by a line isolator module will continue to operate.

SD500-LIM
Line Isolator Module

The SD500-LIM Line Isolator Module is compatible with Silent Knight's Addressable Fire control panels.

The SD500-LIM can be used on Style 7 (Class A), and Style 4 (Class B) wiring configurations.

The SD500-LIM mounts in a standard dual gang or 4" square electrical box.



Specifications

Operation Temperature:	32° - 120°F (0° - 49°C)
Dimensions:	
Length:	4-7/8" (12.38 cm)
Width:	4-7/8" (12.38 cm)
Depth:	7/8" (2.22 cm)
Operating Voltage:	32 VDC
Battery Current Draw During AC Loss:	.092 mA
SLC Current:	.092 mA
Max. SLC Loop Resistance:	50Ω

Features

- Isolates short circuits on an SLC loop.
- Protects other modules on the loop so other devices continue to operate.
- Can be used on Style 7 (Class A), and Style 4 (Class B) wiring configurations.
- Mounts in a standard dual gang or 4" square electrical box.

Listings/Approvals

- UL Listed
- CSFM listed 7170-0559:143
- MEA approval 429-92-E volume XI

Compatible Control Panels

5820XL
5808
5700

SILENT KNIGHT
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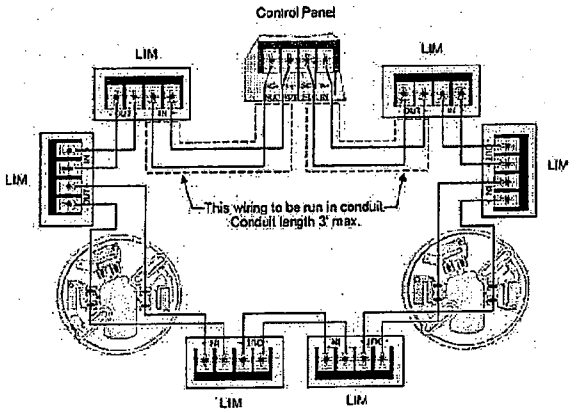
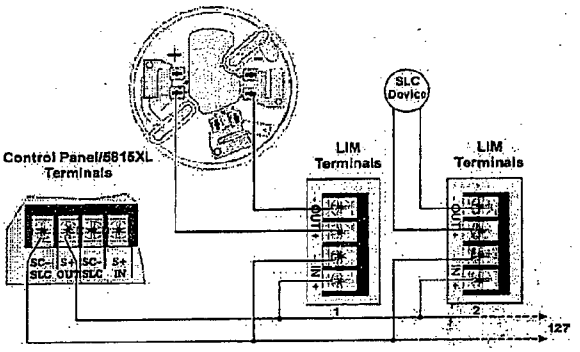
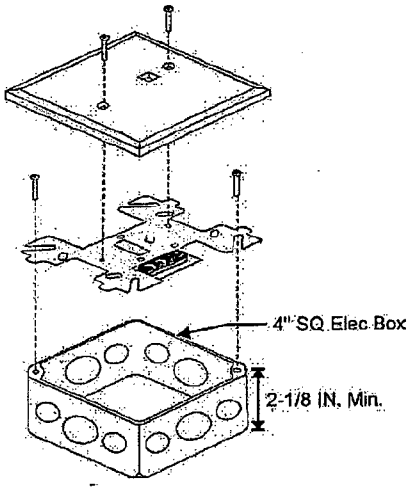
SD500-LIM
Line Isolator Module



Style 7 (Class A)



Style 4 (Class B)



Mounting

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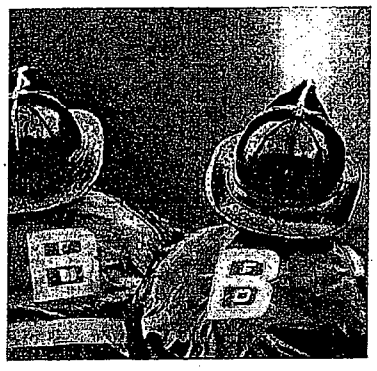
MADE IN AMERICA

FORM# 350222 Rev. C 12/06

SD500-AIM & SD-500-MIM Addressable Input Modules



IntelliKnight's addressable contact monitor modules combine fast response with pinpoint location ID. A combination that saves lives and property.

The SD500-AIM and SD500-MIM are addressable input modules for use with Silent Knight IntelliKnight fire alarm control panels (FACP). The SD500-AIM and SD500-MIM are designed to be used with pull stations, water flow switches, and other applications requiring dry contact alarm initiation devices.

The SD500-AIM addressable input module mounts to a 4"-square box. The SD500-MIM mini input module fits inside a single gang box. The modules are supervised, single input contact monitors. Using an EOL resister, they monitor for alarm contact closures and for open circuit wiring fault conditions.

The SD500-AIM and SD500-MIM offer a compact design for adaptability and pleasing aesthetics as well as easy installation and stable operation—a flexible solution for all your fire protection needs.

For more information about the IntelliKnight system, or to locate your nearest source, please call 1-800-446-6444, or in Minnesota, call 763-493-6435.

Description

The SD500-AIM and SD500-MIM are addressable input modules for use with the Intelliknight fire alarm control panels (FACPs). The SD500-AIM addressable input module mounts to a 4"-square box. The SD500-MIM mini input module fits inside a single gang box. Both input modules are designed to be used with pull stations, water flow switches, and other applications requiring dry contact alarm initiation devices.

These modules are supervised, single input contact monitors. Using an EOL resistor, they monitor for alarm contact closures and for open circuit wiring fault conditions. If a fault occurs in the wiring, the module alerts the FACP. Each addressable input module is programmed with a unique signal line circuit (SLC) loop address.

Features

- Single contact monitor
- Support for Class A (Style 6 & Style 7) or Class B (Style 4) wiring
- Attractive ivory cover plate with the SD500-AIM
- Small and lightweight size allows for flexible mounting options with the SD500-MIM
- DIP switch programmable for fast installation
- Up to 2500 ft wiring distance from either input module to contact
- Use up to 14 gauge wire
- UL listed

Electrical Specifications

Standby Current: 0.55 mA

Alarm Current: 23 mA max for one device; 46 mA max for two devices; 0.55 mA for each additional device

Line Resistance: 50Ω max

Mechanical Specifications

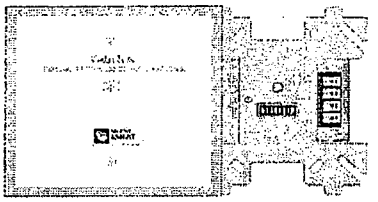
SD500-AIM Physical Description
Dimensions:
4.9" W x 4.9" H x 1" D
(12.4 W x 12.4 H x 2.5 D cm)
Weight: 3.6 oz (120.1 g)
Color: Ivory cover plate

SD500-MIM Physical Description
Dimensions:
1.5" W x 2.5" H x 0.7" D
(3.8 W x 6.4 H x 1.8 D cm)
Weight: 1.6 oz (45.4 g)

Environmental

Operating Temperature:
32°F – 120°F (0°C – 49°C)

Humidity:
10% – 93% non-condensing



SD500-AIM

SD500-MIM

Approvals

NFPA 71 & NFPA 72
UL 864
CSFM 7300-0559: 132
MEA 429-92-E Vol. IX
FM Approved for use with the 5820XL

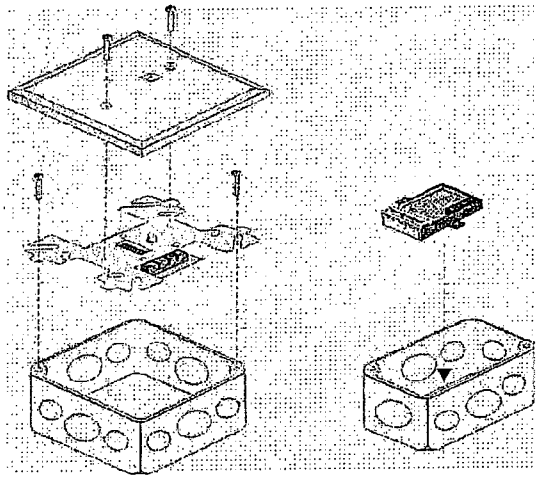
SILENT KNIGHT
by Honeywell

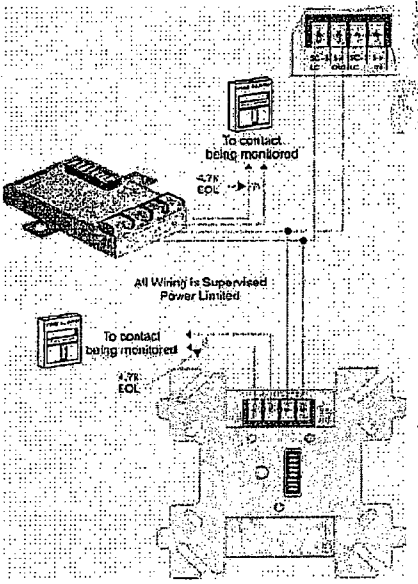
SD500-AIM & SD500-MIM Addressable Input Modules

Engineering Specifications

The contractor shall furnish and install where indicated on the plans, addressable input modules Silent Knight SD500-AIM or SD500-MIM. The modules shall be UL listed and compatible with Silent Knight's IntelliKnight FACPs.

The SD500-MIM shall fit inside a single gang electrical box. The SD500-AIM shall be supplied with a plastic cover and shall be suitable for mounting to a 4"-square or double gang electrical box. The SD500-AIM addressable input module must provide a monitor LED that is visible from outside the cover plate





Compatibility

IntelliKnight 5820 FACP

IntelliKnight 5808 FACP

IntelliKnight 5700 FACP

Ordering Information

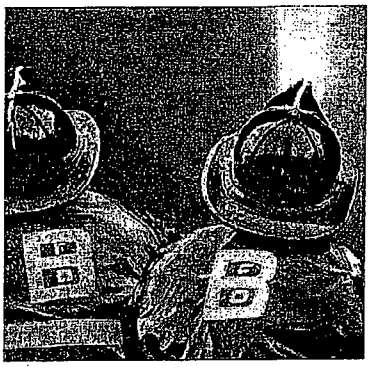
SD500-AIM Input Module
Addressable input module with ivory cover plate.

SD500-MIM Mini Input Module
Addressable mini input module.

SILENT KNIGHT by Honeywell

MADE IN AMERICA

FORM# 350231 Rev.C, 05/06



Model SD500-ARM Addressable Relay Module

Place relay applications anywhere on the IntelliKnight loop with the SD500-ARM Addressable Relay Module.

The SD500-ARM is an addressable device that adds great flexibility to the IntelliKnight system. Providing two Form C contacts rated at 2.0 amps @ 30 VDC or .6 amp @ 120 VAC. The SD500-ARM allows you to control a wide variety of normally open and normally closed applications, including elevator recall, door closing, fan operation, and auxiliary notification. And, because the relay module is addressable, these applications can be located at any point in the signaling line circuit.

Like other IntelliKnight SLC devices, the SD500-ARM is compact for adaptability and pleasing aesthetics. Combine this with the features you've come to expect from Silent Knight fire protection devices—easy installation and stable operation—and it adds up to a flexible solution for all your fire protection needs.

Model SD500-ARM Addressable Relay Module

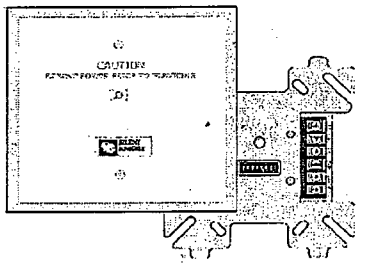
The SD500-ARM provides two Form C contacts rated at 2A @ 30 VDC or .6A @ 120 VAC. These contacts can be used for virtually any normally open or normally closed application.

Operation

Each relay module is programmed with a unique SLC loop address. When an event that controls the relay module occurs, the relay is triggered by the IntelliKnight panel.

Features

- Two sets of Form C contacts.
- Contacts are rated at 2A @ 30 VDC or .6A @ 120 VAC.
- Up to 127 relays can be used on each SLC loop.
- Relay programming is completely flexible—can be mapped to zone conditions.
- Polling LED visible through cover plate.
- UL listed, complies with NFPA 72.
- CSFM approved
- MEA Approved, 429-92-E, Vol. 9
- FM approved



Model SD500-ARM

Specifications

Contact Rating:	Form C 2A @ 30 VDC .6A @ 120 VAC
Standby Current:	.55 mA
Alarm Current:	.55 mA
Ambient Temperature	32°F to 120°F (0°C to 49°C)
Mounting	4-square electrical box

SILENT KNIGHT

Model SD500-ARM
Addressable Relay Module

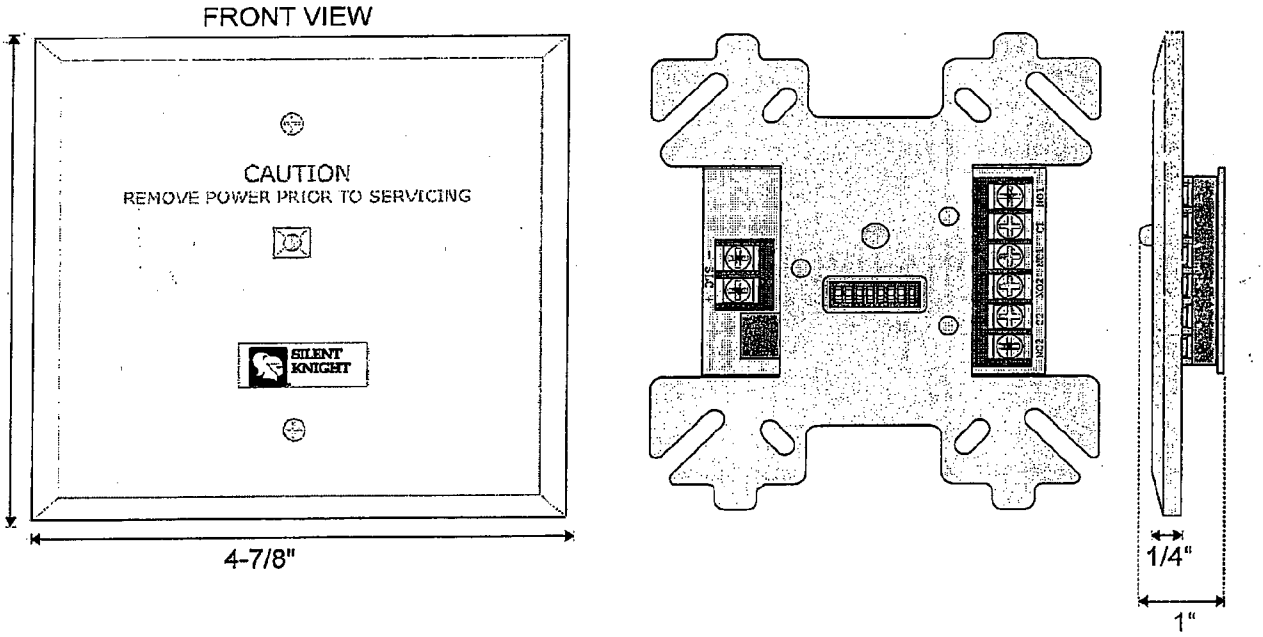
Engineering Specifications

The contractor shall furnish and install where indicated on the plans, addressable relay modules, Silent Knight SD500-ARM. The modules shall be UL listed compatible with Silent Knight's Intelliknight FACPs.

The relay module must provide two Form C dry contacts rated at 2.0 amps at 30 VDC or .6 amp at 120 VAC.

The relay module must be suitable for mounting in a standard 4-square electrical box and must include a plastic cover plate. The relay module board must provide an LED that is visible from the outside of the cover plate.

The relay must be fully programmable for such applications as are required by the installation.



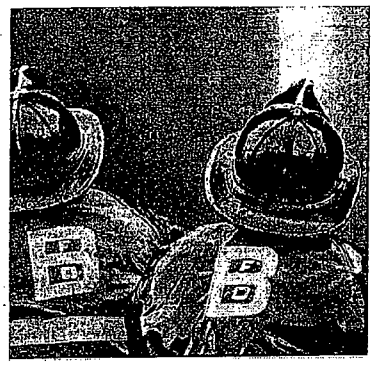
Model SD500-ARM Addressable Relay Module Dimensions

SILENT KNIGHT

7550 Meridian Circle, Maple Grove, MN 55369-4927
800-446-6444 or in Minnesota 763-493-6435
FAX: 763-493-6475
World Wide Web: http://www.silentknight.com

MADE IN AMERICA

FORM# 350218, Rev. 11/01



Addressable Photoelectric Type Smoke Detector

Detect smoldering fires quickly and get help fast with IntelliKnight® photoelectric smoke detectors.

IntelliKnight addressable photoelectric smoke detectors are the clear choice for commercial settings where smoldering fires are a threat. In addition to accurately detecting a smoldering fire, each SD505-APS photoelectric detector has a unique address, which is recognized by the IntelliKnight panel. No precious seconds are wasted in determining location of an alarm.

The SD505-APS compensates automatically for contamination in the environment. And detector testing is simple—even from a remote site. Like other IntelliKnight detector models, the SD505-APS offers a low profile for pleasing aesthetics. The IntelliKnight family of detectors has been designed to use a common base, Model SD505-6AB, allowing complete application and placement flexibility. Combine all this with the features you've come to expect from Silent Knight smoke detectors—easy installation, stable operation, RF/transient protection, and vandal-resistant locking—and it adds up to a flexible solution for all your fire protection needs.

Model SD505-APS
Analog / Addressable
Photoelectric Type
Smoke Detector

The SD505-APS is particularly suited to detecting dense smoke typical of fires involving materials such as soft furnishings, plastic, foam or other similar materials which tend to smolder and produce large visible particles.

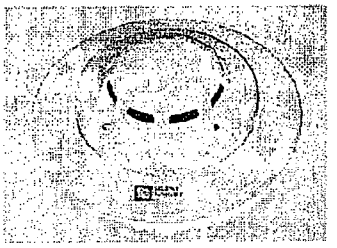
The detector features automatic compensation for contamination and a simple detector calibration test procedure that can be run from the panel or remotely (using the Windows™ based downloading software).

Operation

The SD505-APS units made up of an LED light source and a silicon photo diode receiving element. In a normal standby condition, the receiving element receives no light from the pulsing light source. In the event or fire, smoke enters the detector and light is reflected from the smoke particles to the receiving element. The light received is converted into an electronic signal. Under normal conditions, the status LED blinks approximately every 15 seconds, indicating that the head is communicating with the loop. The LED lights continuously during the alarm period.

Features

- Low profile, 2 inches, including base
- Simple and reliable addressing without mechanical switches
- Automatic compensation for sensor contamination
- Built-in fire test feature
- Simple detector calibration testing through the control panel or remotely through a Windows™ based computer software.
- Vandal-resistance locking features
- Field cleanable
- UL listed, meets NFPA 72 Ch 7 requirements
- CSFM approved
- MEA approved
- FM Approved



SD505-APS Smoke Detector

Specifications

Operating Voltage:	17-41 VDC
Current Consumption:	
Standby:	.55 mA
Alarm:	.55 mA
Ambient Temperature:	32°F to 120°F (0°C to 49°C)
Mounting:	4" Square, 4" OCT, Single gang mud ring
Relative Humidity:	85% noncondensing
Air Velocity:	0 - 300 FPM
Compatible Bases: (Sold Separately)	SD505-6AB (6" Base) SD505-4AB (4" Base)

SILENT KNIGHT®
by Honeywell

Model SD505-APS Addressable Photoelectric Type Smoke Detector

Engineering Specifications

The contractor shall furnish and install where indicated on the plans, addressable photoelectric smoke detector Silent Knight SD505-APS. The combination detector head, and twist-lock base, shall be UL® listed compatible with Silent Knight's IntelliKnight fire control panels.

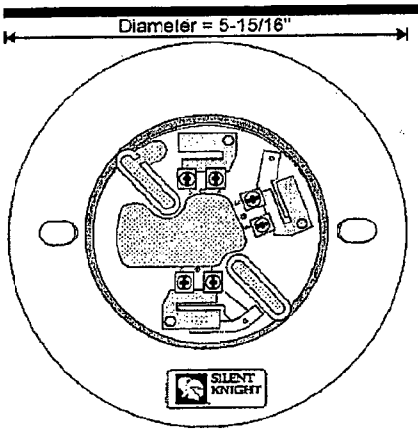
The base shall permit direct interchange with Silent Knight SD505-AIS Ionization Smoke Detector, or SD505-AHS Heat Detector. Base shall be the appropriate twist-lock base SD505-6AB.

The smoke detector shall have a flashing status LED for visual supervision. When the detector is actuated, the flashing LED will latch on steady. The detector may be reset by actuating the control panel reset switch.

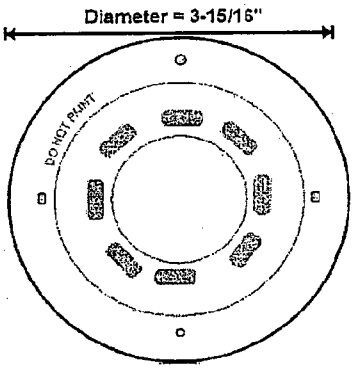
The calibration of the detector shall be capable of being selected and measured by the control panel without the need for external test apparatus.

The vandal-resistant, security locking feature shall be used in those areas as indicated on the drawing. The locking feature shall be field selectable as required.

The SD505-APS shall automatically perform a functional test of the detector. The test method shall simulate effects of products of combustion in the chamber to ensure testing of detector circuits.



Model SD505-6AB Detector Base (front view)



Height = 2 inches, including base

Model SD505-APS Detector Head (front view)

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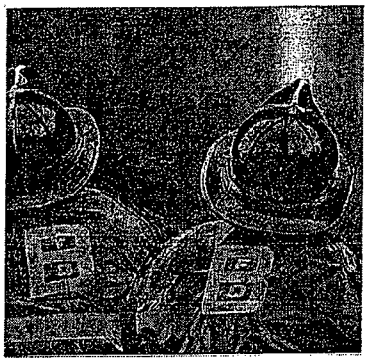
This document is not intended to be used for installation purposes. We try to keep our product information up-to-date and accurate. We cannot cover all specific applications or anticipate all requirements. All specifications are subject to change without notice. For more information, contact Silent Knight 7550 Meridian Circle Suite 100, Maple Grove, Mn 55369-4927.
Phone: (800) 328-0103, Fax: (763) 493-6475.

MADE IN AMERICA

FORM# 350225 Rev C,. 05/05

Addressable Heat Detector



IntelliKnight® addressable heat detectors combine accurate heat detection with pin-point location ID.
An essential combination for any installation.

IntelliKnight heat detectors are an essential component in virtually any IntelliKnight installation. The IntelliKnight panel recognizes each detector by its specific address, so precious seconds are not wasted in determining location of an alarm.

Like other IntelliKnight detector models, the SD505-AHS offers a low profile for pleasing aesthetics.

The IntelliKnight family of detectors has been designed to use a common base, Model SD505-6AB, allowing complete application and placement flexibility. Combine all this with the features you've come to expect from Silent Knight detectors—easy installation, stable operation, RF/transient protection, and vandal-resistant locking—and it adds up to a flexible solution for all your fire protection needs.

Model SD505-AHS Addressable Heat Detector

The SD505-AHS is a heat detector suited to virtually any commercial setting. The SD505-AHS is an absolute temperature device. This means that it responds in alarm if the temperature goes above the trip point (programmed at the panel).

The SD505-AHS provides accurate temperature measurement data to the fire alarm control panel. This heat detector is particularly suited to environments where smoke detectors cannot be used because of the presence of steam or cooking fumes, such as in a kitchen.

Operation

The SD505-AHS unit is made up of an externally mounted thermistor with a specially designed cover that protects the thermistor while allowing maximum air flow. The thermistor reads the temperature from the air it takes in. It then transmits a signal representing the temperature to the IntelliKnight panel.

If the temperature exceeds the trip point (programmed at the panel), an alarm occurs. The status LED lights continuously during the alarm period.

Under normal conditions, the status LED blinks approximately every 15 seconds, indicating that the head is communicating with the loop.

Features

- Low profile, 2 inches, including base
- Absolute temperature device
- Simple and reliable addressing
- Uses digital communication protocol
- The SD505-AHS is UL Listed and meets the requirements outlined in NFPA 72 Inspection Testing and Maintenance, Chapter 7.
- CFSM listed
- MEA listed
- FM approved

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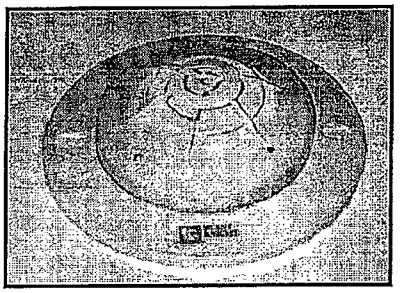


SD505-AHS Heat Detector

Specifications

Operating Voltage:	17 to 41 VDC
Current Consumption:	
Standby:	.55 mA
Alarm:	.55 mA
Detection Temperature Range:	135°F to 150°F (57°C TO 65°C)
Ambient Temperature:	32ºF to 120ºF (0ºC to 49ºC)
Mounting:	4" SQR, 4" OCT Single gang mud ring
Rated Spacing:	70' between sensors on smooth ceilings.
Compatible Bases: (Sold Separately)	SD505-6AB (6" Base) SD505-4AB (4" Base)

Model SD505-AHS
Addressable Heat Detector

Engineering Specifications

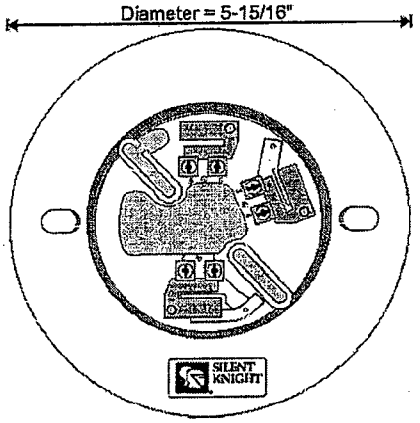
The contractor shall furnish and install where indicated on the plans, addressable heat detector Silent Knight SD505-AHS. The combination detector head, and twist-lock base, shall be UL® listed compatible with Silent Knight's IntelliKnight fire alarm control panels.

The base shall permit direct interchange with Silent SD505-APS Photoelectric Smoke Detector, or SD505-AIS Ionization Smoke Detector. Base shall be the appropriate twist-lock base SD505-6AB.

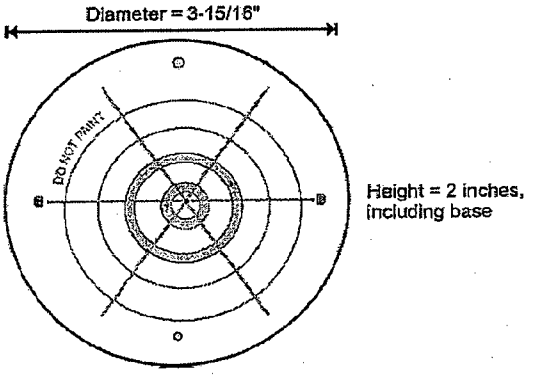
The smoke detector shall have a flashing status LED for visual supervision. When the detector is actuated, the flashing LED will latch on steady at full brilliance. The detector may be reset by actuating the control panel reset switch.

The vandal-resistant, security locking feature shall be used in those areas as indicated on the drawing. The locking feature shall be field removable when not required.

Voltage and RF/transient suppression techniques shall be employed to minimize false alarm potential.



Model SD505-6AB Detector Base (Front View)



Model SD505-AHS Detector Head (Front View)

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FORM# 350229 Rev B,. 05/05