

BLOCK 1170 LOT 5 QUALIFICATION CODE C09-99 ADDRESS (SITE) 1722 RT-88 PERMIT NO. 03-3625



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 1722 RT-88 Costco Wholesale  
2. Name of Owner in Fee: COSTCO Wholesale Tel. ( 425 ) 313-6704  
Address 999 Lake Dr. Issaquah WA, 98027  
street municipality zip code  
3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
4. Principal Contractor: NORTH JERSEY STORE FIXTURE Tel. ( 973 ) 263-0271  
Address 3 NAVARJO COURT MONTVILLE N.J. 07045  
License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Employee No. 81-0602435 FAX: ( 973 ) 263-0272  
5. Architect or Engineer T.E. Inc. Tel. ( 206 ) 241-2012  
Address 820 N. RIVERSIDE DR. SUITE #200 LENTON WA, 98055  
6. Responsible Person in Charge of Work UDO KLEMP  
Tel. ( 973 ) 263-0271 FAX ( 973 ) 263-0272

## V. FEE SUMMARY (for office use only)

|                                   |                |                  |        |
|-----------------------------------|----------------|------------------|--------|
| 1. Building                       | \$ <u>1073</u> | Update <u>48</u> | Update |
| 2. Electrical                     | <u>49</u>      |                  |        |
| 3. Plumbing                       | <u>15</u>      |                  |        |
| 4. Fire Protection                | <u>65</u>      |                  |        |
| 5. Elevator Devices               |                |                  |        |
| 6. Subtotal                       | \$             |                  |        |
| 7. Less 20% for State Plan Review |                |                  |        |
| 8. Subtotal                       | \$ <u>75</u>   | <u>2</u>         |        |
| 9. DCA Training Fee               |                |                  |        |
| 10. Subtotal                      |                |                  |        |
| 11. Cert. of Occupancy            |                |                  |        |
| 12. Other                         | \$ <u>1301</u> | <u>50</u>        |        |
| 13. TOTAL                         | \$             |                  |        |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_
2. Height of Structure \_\_\_\_\_ ft.
3. Area — Largest Floor \_\_\_\_\_ sq. ft.
4. New Building Area \_\_\_\_\_ sq. ft.
5. Volume of New Structure \_\_\_\_\_ cu. ft.
6. Construction Classification \_\_\_\_\_
7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.
8. Flood Hazard Zone \_\_\_\_\_
9. Base Flood Elevation \_\_\_\_\_ ft.
10. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_
11. Max. Live Load \_\_\_\_\_
12. Max. Occupancy \_\_\_\_\_

(office use only)

ALTERATION

## OPTIONAL (for office use only)

## II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☒ Fire Protection
6. ☐ Plumbing
7. ☒ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

| Plans Rec'd by | Date Rec'd    | Rejection Date | Approval Date | Re-viewer | Resubmission Date | Re-viewer |
|----------------|---------------|----------------|---------------|-----------|-------------------|-----------|
| <u>JS</u>      | <u>7-3-03</u> |                | <u>8-7-03</u> | <u>EM</u> |                   |           |
|                |               |                | <u>72803</u>  | <u>CR</u> | <u>12/18/03</u>   |           |
|                |               |                | <u>8703</u>   | <u>MS</u> | <u>11-5-03</u>    |           |
|                |               |                | <u>7903</u>   | <u>ML</u> | <u>10-2-03</u>    |           |

## 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

## III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net Gain or Loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

IMPORTANT  
Mandatory Fee - Commercial  
PI.B.T.

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
FIRE PROTECTION  
SUECODE  
TECHNICAL SECTION

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

Block 1170 Lot 5 Qual  
Work Site Location 1722 ROUTE 88 COSTCO WHOLESALE

PHARMACY ALTERATION  
Owner in fee COSTCO WHOLESALE  
Address 999 LUKE DR

ISSAQUAH, WA 98027-  
Tele: (425) 313-6704

Contractor R L DEHN & SONS  
Address 60 W PROSPECT ST  
MALDEN, MA

Tele: (201) 445-1155  
Lic. No. or Bldgs. Reg. No.  
Federal Emp. No. 22-2683232

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U  
Constr Class Present Proposed  
Heating Systems [ ] New [ ] Existing [ ] HVAC  
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar  
[ ] Other

Location:  
Total Est Cost of Fire Prot Work \$ 1,000

LOCATION OF MAIN CONTROL VALVE

JOBS SUMMARY (Office Use Only)  
PLAN REVIEW

[ ] No Plans Required  
Joint Plan Review Required:  
[ ] Bldg [ ] Elect  
[ ] Plumb [ ] Elevator

Fire Plans Approved  
Date: 2-29-03

Approved By: [Signature]  
SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA  
Date: 12-18-03  
Approved By: [Signature]

Final  
Other

INSPECTIONS  
Type Alarm Sys  
Failure Failure Approval Initial

12-18-03  
12-18-03  
12-18-03

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

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source  
Method of Alarm/Suppr Sys Superv

Storage Tanks  
Type: [ ] Flammable liquid [ ] Combust liquid  
[ ] LPG [ ] LNG Capacity 0 Gal

Alarm Systems [ ] 110V Interconnect  
[ ] System

Alarm Devices (Smoke, heat, pull, water/flow)  
Supervisory Devices (tamper, low/high air)  
Signalling Devices (horn/strobes, bells)  
Other Devices

Suppression Systems  
Fire Pump 0 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  
Halon Suppression  
Other

Kitchen Hood Exhaust System  
Smoke Control System  
Smoke [ ] or Oil [ ] Fired Appliances  
Other  
Other

Administrative Surcharge \$  
Paid [ ] Check # \$  
Collected by: \$  
DCA State Permit Fee \$

Minimum Fee \$  
TOTAL FEE \$ 65  
\$ 1

U.C.C. F140 (rev. 3/96)

1-201 354 2870 CHIC

Date Received 07/03/2003  
Date Issued 8/13/03  
Control # 009-99-458400  
Permit # 03-38235

Call the fire  
\* Please to submit  
system details  
and

3005

3005

3005

3005

3005

3005

3005

03-3625

B-1170  
L-5**R.L. DEHN & SON'S FIRE PROTECTION, INC.**440 BRAEN AVE  
WYCKOFF, NEW JERSEY 07481201-445-1155  
FAX 201-445-6265**FAX**

Date: 12/23/03  
To: Brick Township Bldg Dept  
Attn: KEVIN BATZEL - Fire Inspector  
Fax #: 732-262-8954  
From: Chip Hogan

Total number of pages including cover sheet 3Re: Brick - COSTCO w/CONTRACTOR'S MATERIAL & TEST  
CERTIFICATES FOR ABOVE GROUND  
PIPING.

If all pages are not received please call (201) 445-1155

Member National Fire Sprinkler Association

## 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.vii:

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. 5:32-2.15(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 North Jersey Store Fixture

Address 3 Navajo Court

Montville, N.J. 07045

Telephone (973) 263-0271

Signature Alto O. Thelma

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

FROM : ( )

PHONE NO. :

Dec. 22 2003 03:58PM P2

# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR A ABOVEGROUND PIPING

Additional copies of this form are  
available to insureds from:

Corporate Communications - Training Resource Center  
FM Global, 1151 Boston-Providence Turnpike, P.O. Box 9102, Norwood MA 02062

FM Global

## 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, owners and contractor. It is understood the owner's representative signature in no way prejudices any claim against the contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|---------------------------------------------------------------------|--------------------------------|-------------------------|--|
| PROPERTY NAME<br><u>Costco</u>                       |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                | DATE<br><u>12-19-03</u> |  |
| PROPERTY ADDRESS<br><u>1722 RT 88 BRICK NJ 08724</u> |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
| PLANS                                                | ACCEPTED BY APPROVING AUTHORITY(S) NAMES                                                                                                                                                                                                                 |                |                     |                                                                     |                                |                         |  |
|                                                      | ADDRESS                                                                                                                                                                                                                                                  |                |                     |                                                                     |                                |                         |  |
|                                                      | INSTALLATION CONFORMS TO ACCEPTED PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO<br>EQUIPMENT USED IS APPROVED (IF NO, STATE DEVIATIONS BELOW) <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |                |                     |                                                                     |                                |                         |  |
| INSTRUCTIONS                                         | HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND THE CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, EXPLAIN: <u>EXISTING SPRINKLER SYSTEM</u> |                |                     |                                                                     |                                |                         |  |
|                                                      | HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, EXPLAIN:                                                                               |                |                     |                                                                     |                                |                         |  |
| LOCATION OF SYSTEM                                   | SUPPLIES BUILDINGS<br><u>PHARMACY</u>                                                                                                                                                                                                                    |                |                     |                                                                     |                                |                         |  |
| SPRINKLERS                                           | MAKE                                                                                                                                                                                                                                                     | MODEL          | YEAR OF MANUFACTURE | ORIFICE SIZE                                                        | QUANTITY                       | TEMPERATURE RATING      |  |
|                                                      | <u>RELIABLE</u>                                                                                                                                                                                                                                          | <u>F-1</u>     | <u>2003</u>         | <u>1/2"</u>                                                         | <u>10</u>                      | <u>155</u>              |  |
|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
| PIPE AND FITTINGS                                    | PIPE CONFORMS TO <u>NEPA</u> STANDARD <u>15</u>                                                                                                                                                                                                          |                |                     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                |                         |  |
|                                                      | FITTINGS CONFORM TO <u>NEPA</u> STANDARD <u>13</u>                                                                                                                                                                                                       |                |                     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                |                         |  |
| ALARM VALVE OR FLOW INDICATOR                        | ALARM DEVICE                                                                                                                                                                                                                                             |                |                     | MAXIMUM TIME TO OPERATE THROUGH TEST PIPE                           |                                |                         |  |
|                                                      | TYPE                                                                                                                                                                                                                                                     | MAKE           | MODEL               | MIN.                                                                | SEC.                           |                         |  |
| DRY PIPE OPERATING TEST                              | <u>EXISTING</u>                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|                                                      | DRY VALVE                                                                                                                                                                                                                                                |                |                     | O.O.D.                                                              |                                |                         |  |
|                                                      | MAKE                                                                                                                                                                                                                                                     | MODEL          | SERIAL NUMBER       | MAKE                                                                | MODEL                          | SERIAL NUMBER           |  |
|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|                                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
|                                                      | TIME TO TRIP THROUGH TEST PIPE                                                                                                                                                                                                                           | WATER PRESSURE | AIR PRESSURE        | TRIP POINT AIR PRESSURE                                             | Time Water Reached Test Outlet | Alarm Operated Properly |  |
|                                                      | MIN. SEC.                                                                                                                                                                                                                                                | PSI            | PSI                 | PSI                                                                 | MIN. SEC.                      | MIN. SEC.               |  |
| WITHOUT O.O.D.                                       |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
| WITH O.O.D.                                          |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |
| IF NO, EXPLAIN:                                      |                                                                                                                                                                                                                                                          |                |                     |                                                                     |                                |                         |  |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|-------|-------------------------------------------------------------------------------------------------|-----------------|---------------------------------|--|
| DELUGE & PREACTION VALVES          | OPERATION: <input checked="" type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | PIPING SUPERVISED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                   |       | DETECTING MEDIA SUPERVISED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                 |                                 |  |
|                                    | DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
| TEST DESCRIPTION                   | IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | IF NO, EXPLAIN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | MAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MODEL                                                          | Does each circuit operate supervision loss alarm? |       | Does each circuit operate valve release?                                                        |                 | Maximum time to operate release |  |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YES                                                            | NO                                                | YES   | NO                                                                                              | MIN.            | SEC.                            |  |
| TESTS                              | <p><b>HYDROSTATIC:</b> Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 60 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.</p> <p><b>PNEUMATIC:</b> Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bar) 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 bar) in 24 hours.</p> |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> Hrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                   |       | IF NO, STATE REASON                                                                             |                 |                                 |  |
|                                    | DRY PIPING PNEUMATICALLY TESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>EQUIPMENT OPERATES PROPERLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
| BLANK TESTING GASKETS              | DRAIN TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: _____ PSI |                                                   |       | RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>FIRE PUMP</u> PSI                        |                 |                                 |  |
|                                    | Underground mains and lead-in connections to system risers shall be flushed before connection made to sprinkler piping.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | VERIFIED BY COPY OF THE FORM NUMBER 85B? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                   |       | OTHER EXPLAIN                                                                                   |                 |                                 |  |
| WELDING                            | NUMBER USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LOCATIONS                                                      |                                                   |       | NUMBER REMOVED                                                                                  |                 |                                 |  |
|                                    | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | WELDED PIPING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>IF YES.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
| HYDRAULIC DATA NAMEPLATE           | DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                   |       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                   |       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED?                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                   |       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                             |                 |                                 |  |
| REMARKS                            | NAMEPLATE PROVIDED? IF NO, EXPLAIN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                                   |       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                             |                 |                                 |  |
|                                    | <u>EXISTING SPRINKLER SYSTEM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:<br><u>12-19-03</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
| SIGNATURES                         | TEST PERFORMED ON ONE SPRINKLER SYSTEM ONLY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | NAME OF INSTALLING CONTRACTOR<br><u>R. L. DEHN AND SON'S FIRE PROTECTION INC.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |
|                                    | FOR PROPERTY OWNER (Signed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                   |       | TITLE                                                                                           |                 | DATE                            |  |
| FOR INSTALLING CONTRACTOR (Signed) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                   | TITLE |                                                                                                 | DATE            |                                 |  |
| <u>[Signature]</u>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                   |       |                                                                                                 | <u>12-19-03</u> |                                 |  |
| ADDITIONAL EXPLANATION AND NOTES:  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                   |       |                                                                                                 |                 |                                 |  |

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
PLUMBING  
SUBCODE  
TECHNICAL SECTION

Date Received 07/03/2003  
Date Issued 8/13/03  
Control # C09-99  
Permit # 03-3625

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1170 Lot 5 Qual

Work Site Location 1722 ROUTE 88 COSTCO WHOLESALE

PHARMACY ALTERATION

Owner in Fee COSTCO WHOLESALE

Address 999 LUKE DR

ISSAQUAH, WA 98027-

Tele. (425) 313-6704

Contractor PRECISE PLUMBING

Address 73 PORETE AVE

NORTH ARLINGTON, NJ

Tele. (201) 997-6737

Lic. No. or Bldrs. Reg. No. 7322

Federal Emp. No. 22-2757600

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work \$ 2,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Fire [ ] Elevator

[ ] Plumb. Plans Approved

Date: 8-7-03

Approved By: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CC0 [ ] CHA

Approved By: [Signature]

Date: 8-5-03

INSPECTIONS

Type Failure Failure Approval Initial

Slab [ ] [ ] [ ] [ ]

Rough [ ] [ ] [ ] [ ]

Water [ ] [ ] [ ] [ ]

Sewer [ ] [ ] [ ] [ ]

Fixtures [ ] [ ] [ ] [ ]

Gas Equip. [ ] [ ] [ ] [ ]

Gas Piping [ ] [ ] [ ] [ ]

Solar [ ] [ ] [ ] [ ]

TCO [ ] [ ] [ ] [ ]

12/31/03

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

0

Floor Drain

0

Sink

10

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

0

Water Heater

35

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Administrative Surcharge \$

0

Minimum Fee \$

0

TOTAL FEE \$

45

DCA State Permit Fee \$

3

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

COMMERCIAL

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
ELECTRICAL  
BRODE  
TECHNICAL SECTION

Date Received 07/03/2003  
Date Issued 8/18/03  
Control # C09-99  
Permit # 03-3625

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

D. TECHNICAL SITE DATA  
NO. SIZE

FEE (Office Use Only)

Block 1170 Lot 5 Qual

14 22

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

40

Work Site Location 1722 ROUTE 88 COSTCO WHOLESALE

PHARMACY ALTERATION

Owner In Fee COSTCO WHOLESALE

Address 999 LUKE DR

ISSAQUAH, WA 98027-

Tele. (425) 313-6704

Contractor RUMSON ELECTRIC CO INC

Address 21 ROSALIE AVE

RUMSON, NJ 07760-

Tele. (732) 842-1877

Lic. No. or Bldrs. Reg. No. 8849

Federal Emp. No. 22-1851116

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Plumb

[ ] Fire [ ] Elevator

[X] Elect Plans Approved

Date: 7-9-03

Approved By: [Signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8-2-03

Approved By: [Signature]

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 Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #

Collected by:

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA State Permit Fee \$

U.C.C. F120 (rev. 3/96)



**NORTH JERSEY STORE FIXTURES, LLC**

3 NAVAJO COURT  
MONTVILLE, NJ 07045

325051

1036

DATE 8-13-03

55-138-212

PAY  
TO THE  
ORDER OF

Township of Brick

\$ 25.00

Twenty five 00/100

DOLLARS

Security Features  
Included on Back



FAIRFIELD OFFICE  
1 PASSAIC AVENUE  
FAIRFIELD, NEW JERSEY 07004

60

FOR Affordable Housing Fee

UDO C. Blum

MP

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer  
From: Lisa Rose Tavalaccio, Office of Affordable Housing  
Re: Affordable Housing Fees

Business/Development:

Cotso - Pharmacy

Owner/Applicant:

N. Jersey Store Fixtures, LLC

Property Address:

1722 Rt. 88

Block:

1170

Lot:

5

**DEPOSIT RECEIVED**

Mandatory Development Fee

Commercial  
Residential

Inclusionary Development Fee

DATE:

8/13/03

Check Number

1036

Preliminary Fee Paid

\$25.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance  
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

[Signature]

Date

8/13/03

OFFICE OF AFFORDABLE HOUSING

**ARHT PRELIMINARY APPROVAL**

**OFFICE OF AFFORDABLE HOUSING  
CERTIFICATE OF COMPLIANCE**

BLOCK 1170 LOT 5 SITE ADDRESS 1732 Rt. 88  
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Cetico - Pharmacy  
APPLICANT North Jersey State Warehouse PHONE NUMBER 913-363-0000  
APPLICANT ADDRESS 1340 Wayne St. CITY & STATE Northvale, NJ 07045

**INCLUSIONARY DEVELOPMENT**

|             |                    |            |
|-------------|--------------------|------------|
| Affordable  | Fee Required _____ | Date _____ |
|             | Down Payment _____ | Date _____ |
|             | Balance _____      | Date _____ |
|             | Paid In Full _____ | Date _____ |
| Market Rate | No Fee Required    |            |

**MANDATORY DEVELOPER FEES**

- ☐ Residential is .005 %
- ☒ Commercial is .01%
- ☒ The estimated equalized assessed value of the proposed construction is

\$ 5,000  
Frederick R. Millman, CTA, Tax Assessor

8/12/07  
Date

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ \_\_\_\_\_

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required 25.00  
Preliminary Paid 25.00  
Final Total Fee Required 50.00  
Preliminary Paid \_\_\_\_\_  
Final Paid \_\_\_\_\_  
Balance Due \_\_\_\_\_

Date 8/13/07  
Check # 1036  
Receipt # 925051  
Date \_\_\_\_\_  
Check# \_\_\_\_\_  
Receipt # \_\_\_\_\_

Fees Imposed To Date \_\_\_\_\_  
Fees Reached \$15,000 \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

8/8/07 - To public  
9/4/07 - called / mail

Office of Affordable Housing

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

Update Issued 08/13/2003  
Control #  
Permit # 03-3625+A  
Permit Issued 08/13/2003

UCC NEW JERSEY  
PERMIT UPDATE

IDENTIFICATION Block 1120 Lot 5

Quar 1

Work Site Location 1122 ROUTE 88 COSTCO WHOLESALE

PHARMACY ALTERATION

Contractor HERMAN METAL FABRICATORS

Address 631 UNION BLVD

Owner in Fee COSTCO WHOLESALE

Address 909 LUKE DR

ISSAQUAH, WA 98021

Telephone (425)313-6704

Telephone (972)256-1818

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-0839862

Is hereby granted permission to perform the following work:

- |                                              |                                             |                                                |
|----------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING           | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> FIRE PROTECTION    | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES    | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER                 |

(Subchapter 8 only)

DESCRIPTION OF WORK:

PHARMACY ENLARGED

REMOVE EXISTING DUCT AND REINSTALL NEW DUCTWORK TO EXISTING UNIT

Estimated Cost of Work \$ 1,500

*DE Moor*  
Construction official

08/13/2003

U.C.C. F190 (rev. 3/98) NJ UCCARS 5.24E

Date

PAYMENTS (Office Use Only)

|                      |      |
|----------------------|------|
| Building             | 48   |
| Electrical           | 0    |
| Plumbing             | 0    |
| Fire Protection      | 0    |
| Elevator Devices     | 0    |
| Other                |      |
| DCA State Permit Fee | 2    |
| Cert. of Occupancy   | 0    |
| Other                |      |
| Total                | 50   |
| Check No.            | 1035 |
| Cash                 |      |
| Collected By         | JE   |

08/13/03 1:44PM 000000002823  
KX06 SERV.006

#033625  
BUILDING  
DCA  
CHECK \$48.00  
\$2.00  
\$50.00



**BUILDING  
SUBCODE  
TECHNICAL SECTION**

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

Block 1170

Lot 5

Work Site Location 1722 RT. 88 Brick NJ

Owner in Fee CESTCO WHOLESALE

Address 999 LAKE DR.

Tel. (973) 313-6704 WJA, 98027

Contractor 300000 COURT NJ. 07045

Address 300000 COURT NJ. 07045

Tel. (973) 263-0271 FAX (973) 263-0272

Lic. No. or Bids. Reg. No. 81-0602435

Federal Emp. No. 81-0602435

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                    | Date | Initial | INSPECTIONS  | Dates (Month/Day) | Initial  |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|--------------|-------------------|----------|
| <input type="checkbox"/> No Plans Required                                                                                     |      |         | Type:        | Failure           | Approval |
| <input type="checkbox"/> All                                                                                                   |      |         | Footings     |                   |          |
| <input type="checkbox"/> Footing                                                                                               |      |         | Foundation   |                   |          |
| <input type="checkbox"/> Foundation                                                                                            |      |         | Slab         |                   |          |
| <input type="checkbox"/> Frame                                                                                                 |      |         | Frame        |                   |          |
| <input type="checkbox"/> Other                                                                                                 |      |         | Barrier-Free |                   |          |
| Joint Plan Review Required:                                                                                                    |      |         | Insulation   |                   |          |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         | Finishes     |                   |          |
| SUBCODE APPROVAL                                                                                                               |      |         | Energy       |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         | Mechanical   |                   |          |
| Date:                                                                                                                          |      |         | TCO          |                   |          |
| Approved by:                                                                                                                   |      |         | Other        |                   |          |
|                                                                                                                                |      |         | Final        |                   |          |
|                                                                                                                                |      |         | Barrier-Free |                   |          |

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft.

Area - Largest Floor \_\_\_\_\_ Sq. Ft.

New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.

Volume of New Structure \_\_\_\_\_ Cu. Ft.

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ 42,500.00

2. Alteration \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature Mike O. Blum

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

*Inferior Alteration*  
*Pharmacy Enlarged*

**TYPE OF WORK:**

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

**FEE (Office Use Only)**

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_



# **ELECTRICAL SUBCODE TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

## **D. TECHNICAL SITE DATA**

FEE (Office Use Only)

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

Block 1170 Lot 3

Work Site Location Back A.S. Costco

Owner In Fee Costco Wholesale

Address 999 Lake Dr. 908

Tel (435) 313-6284

Contractor Rumson Electric Co Inc

Address 21 Rosale Ave. 07760

Tel (732) 842-1877 FAX (732) 842-5172

Lc. No. 8849

Federal Emp. No. 22-185116

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Powerpd # 1 ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date: 10/07/00

Approved by: [Signature]

SUBCODE APPROVAL

CO CCO CA

Date: 10/07/00

Approved by: [Signature]

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.

[Signature]

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Example Applicant

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permitt With UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over/Service Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposer

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/2 HP

KW Transformer/Generator

AAMP Service

AAMP Subpanels

AAMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

CCA Training Fee \$

TOTAL FEE \$



# PLUMBING SUBCODE TECHNICAL SECTION

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

Block 1170 Lot 5

Work Site Location 1722 RT-88

Owner In Fee Cestco Wholesale

Address 999 Lake Dr.

Issaquah WA, 98027

Tel (425) 313-6704

Contractor Pregise Plumbing

Address 10712 Bellevue Ave.

Tel (206) 942-6233 FAX (206) 942-8575

Lic. No. 2522

Federal Emp. No. 222 757 600

## 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 \$ 2100.00

## 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: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

Type: \_\_\_\_\_ Dates (Month/Day)

Failure \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Slab \_\_\_\_\_

Rough \_\_\_\_\_

Water \_\_\_\_\_

Sewer \_\_\_\_\_

Fixtures \_\_\_\_\_

Gas Equipment \_\_\_\_\_

Gas Piping \_\_\_\_\_

Solar \_\_\_\_\_

TCO \_\_\_\_\_

## C. CERTIFICATION-IN-LIEU OF OATH

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

Signature: Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

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

NO.

### FIXTURE/EQUIPMENT

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

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

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Other \_\_\_\_\_

FEE (Office Use Only)  
\$ \_\_\_\_\_

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Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

FROM : < >

PHONE NO. :  
NJ STORE FUTURE

Jun. 29 2003 09:00PM P2  
9732630272 P.2

**FIRE  
SUBCODE  
TECHNICAL SECTION**

A. IDENTIFICATION-APPLICANT COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL (908) 272-1000

Block 1170 LT 5

Work Site Location Castle Wholesale

2188 Bridge St.

Owner in Fee Castle Wholesale

Address 999 Lusk Dr.

City ESSERQUON NJ 07802

County PA. DELEN AND SON'S FIRE PROTECTION

Contractor WYCKOFF NY 07461

Phone (201) 4451155 FAX (201) 44516265

U.S. No. 22-368333A

Federal EMP No. 22-368333A

B. TYPE PROTECTION CHARACTERISTICS

Use Group Private Proposed Fire Alarm System

Control: Cause Present New 1 Existing 1

Heating Systems 1 New 1 Existing 1 HVAC

Type 1 Gas 1 Oil 1 Electric 1 Solar

Location: Fire Alarm System

Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1

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Location of Main Control Panel: New 1 Existing 1

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Location of Main Control Panel: New 1 Existing 1

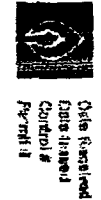
Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1

Location of Main Control Panel: New 1 Existing 1



C. CERTIFICATION IN LIEU OF OATH

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

Signature: [Signature]

Print Name: [Name]

Address: [Address]

City: [City]

County: [County]

State: [State]

Zip: [Zip]

Phone: [Phone]

Fax: [Fax]

E-mail: [Email]

Other: [Other]

Other: [Other]

Other: [Other]

Other: [Other]

Other: [Other]

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Other: [Other]

Other: [Other]

Other: [Other]

Other: [Other]

Other: [Other]

Other: [Other]

RELOCATION OF EXISTING SPEAKERS  
TO BRING NEW ROOMS UP TO CODE

Method of Alarm/Suppression System Installation

Method of Alarm/Suppression System Installation

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Method of Alarm/Suppression System Installation



**MECHANICAL  
INSPECTOR  
TECHNICAL SECTION**

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

Block 1170 Lot 5  
Work Site Location 1722 RT-88 Brick N.Y.  
Owner in Fee Costco Wholesale  
Address 999 Lake Dr  
Issaquah WA 98027  
Tel (475) 256-1818 425-313-6704  
Contractor Herman Metal Fabricators  
Address 1201 Union Blvd  
Tel (973) 256-1818 FAX (973) 256-2209  
Lic. No. \_\_\_\_\_  
Federal Emp. No. 220859662

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3/R-4  
Heating System ☐ Conversion ☐ Replacement  
Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar  
☐ Other \_\_\_\_\_  
Type: ☐ Hydronic ☒ Hot Air  
Estimated Cost of Mechanical Work \$ 1500.00

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                                                     |                 | INSPECTIONS |         | DATES    |         |
|------------------------------------------------------------------|-----------------|-------------|---------|----------|---------|
| <input type="checkbox"/> No Plans Required                       | Type:           | Failure     | Failure | Approval | Initial |
| <input type="checkbox"/> Joint Plan Review Required              | Gas Piping      |             |         |          |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb    | Appliance       |             |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Elevator | Chimney/Vent    |             |         |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Mech.     | Oil Piping      |             |         |          |         |
| PLANS APPROVED                                                   | Oil Tank        |             |         |          |         |
| Date:                                                            | LPG Tank        |             |         |          |         |
| Approved by:                                                     | Hydronic Piping |             |         |          |         |
| SUBCODE APPROVAL                                                 | Fireplace       |             |         |          |         |
| <input type="checkbox"/> CA <input type="checkbox"/> CCO         | Chimney Cert.   |             |         |          |         |
| Date:                                                            | Other           |             |         |          |         |
| Approved by:                                                     |                 |             |         |          |         |

**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.

*W. Blum*  
Signature



Date Received  
Date Issued  
Control #  
Permit #

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

Remove existing duct and  
Reinstall new ductwork to  
existing Unit.

*Update 0899-1*

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater  
Fuel Oil Piping  
Gas Piping  
Steam Boiler  
Hot Water Boiler  
Hot Air Furnace  
Oil Tank  
LPG Tank  
Fireplace  
Other

Administrative Surcharge \$  
Minimum Fee \$  
DCA Training Fee \$  
TOTAL FEE \$



# ENW

ENGINEERS NORTHWEST, INC., P.S.

STRUCTURAL ENGINEERS ~ 6869 WOODLAWN AVE. N. E., SEATTLE, WA 98115 (206) 525~7560 FAX (206) 522~6698

## COSTCO WHOLESALE BRICK, NJ

1722 Route 88  
Brick, NJ

### STRUCTURAL CALCULATIONS for NEW PHARMACY

June 12, 2003  
ENW Project No. 94136008

CODE: 2000 INTERNATIONAL BUILDING CODE  
SEISMIC:  $S_s=0.314$ ,  $S_1=0.080$ , Site Class D and  $C_s=0.076$



Brick, NJ.

Date and Time: 5/22/2003 5:14:01 AM

MCE Parameters - Conterminous 48 States

Zip Code - 8724 Central Latitude = 40.088782

Central Longitude = -074.115686

Data are based on the 0.10 deg grid set

Period SA

(sec) (%g)

0.2 031.4 Map Value, Soil Factor of 1.0

1.0 008.0 Map Value, Soil Factor of 1.0

MCE Parameters x Specified Soil Factors

0.2 048.7 Soil Factor of 1.55

1.0 019.2 Soil Factor of 2.40

\*\*\*\*\* Property of Engineers Northwest, Inc., Seattle - Use by others unlawful \*\*\*\*\*

|              |                                                                                 |
|--------------|---------------------------------------------------------------------------------|
| Input =      | Shaded cells                                                                    |
| Job number : | 94136.008                                                                       |
| Job name :   | COSTCO - Brick, NJ. - Zip Code 08724, Latitude 40.088782, Longitude -074.115686 |

IBC 2000 Section 1617 Static Force Procedure - Single Story Building design base shear

| Input                                             |                                                                                              |
|---------------------------------------------------|----------------------------------------------------------------------------------------------|
| Basic Seismic-Force-Resisting System =            | 7A Structural steel systems not specifically detailed for seismic resistance                 |
| Basic Seismic-Force-Resisting System =            | Other                                                                                        |
| Is Diaphragm considered Flexible?                 | Y                                                                                            |
| hn =                                              | 13.17 height to top level in main portion of structure (abv.base)                            |
| Ss =                                              | 0.314 Spectral response acceleration at 0.2 seconds for Site Class B.                        |
| S1 =                                              | 0.080 Spectral response acceleration at 1.0 seconds for Site Class B.                        |
| Site Class =                                      | D Table 1615.1.1 Soil profile properties "D" is default unless B.O. thinks it is "E" or "F". |
| ( Category ) = Seismic Use Group =                | I Table 1604.5 & Section 1616.2                                                              |
| Top of wall elevation (parapet) =                 | 13.17 ft.                                                                                    |
| Elevation of top of wall lateral support (max.) = | 13.17 ft. roof high point (minimum parapet)                                                  |
| Elevation of top of wall lateral support (min.) = | 13.17 ft. roof low point (maximum parapet)                                                   |

| Output                                  |        | W = Building weight (# or kips)                                                           |
|-----------------------------------------|--------|-------------------------------------------------------------------------------------------|
| Site Coefficient Fa =                   | 1.549  | Table 1615.1.2(1)                                                                         |
| Site Coefficient Fv =                   | 2.400  | Table 1615.1.2(2)                                                                         |
| Sms =                                   | 0.486  | Sms = FaSs Sec. 1615.1.2 (Eq. 16-16)                                                      |
| Sm1 =                                   | 0.192  | Sm1 = FvS1 Sec. 1615.1.2 (Eq. 16-17)                                                      |
| Sds =                                   | 0.324  | Sds = 2/3Sms Sec. 1615.1.3 (Eq. 16-18)                                                    |
| Sd1 =                                   | 0.128  | Sd1 = 2/3Sm1 Sec. 1615.1.3 (Eq. 16-19)                                                    |
| Seismic Design Category =               | B      | Tables 1616.3 (1) & 1616.3 (2)                                                            |
| To =                                    | 0.079  | 0.2Sd1/Sds Section 1615.1.4                                                               |
| Ts =                                    | 0.395  | Sd1/Sds Section 1615.1.5                                                                  |
| T =                                     | 0.138  | Section 1617.4.2.1 (Eq. 16-39)                                                            |
| Sa =                                    | 0.324  | Section 1615.1.4 (Eq. 16-20)& (Eq.16-21)                                                  |
| R =                                     | 3      | Response Modification Coefficient                                                         |
| Ωo =                                    | 2.5    | System Overstrength Factor modified for flexible diaphragm                                |
| Cd =                                    | 3      | Deflection Amplification Factor                                                           |
| Detailing Reference Section = AISC/AISI |        |                                                                                           |
| Ct =                                    | 0.02   |                                                                                           |
| l <sub>E</sub> =                        | 1      |                                                                                           |
| Cs calc. =                              | 0.108  | Section 1617.4.1.1 (Eq. 16-35)                                                            |
| Cs max. =                               | 0.3086 | Section 1617.4.1.1 (Eq. 16-36)                                                            |
| Cs min. =                               | 0.014  | Section 1616.4.1 (Eq. 16-27), Section 1617.4.1.1 (Eq. 16-37) &                            |
| Cs use =                                | 0.1081 | (Eq. 16-38)                                                                               |
| Vu design =                             | 0.1081 | *W At strength level USD                                                                  |
| V design =                              | 0.076  | *W Working ( 0.7*E ) ASD                                                                  |
| Ev =                                    | 0.065  | *D = +/- .2 Sds D (Eq. 16-28 thru 31) - May be Zero for proportioning foundations in ASD. |

Diaphragms

wp = The weight of the diaphragm and other elements of the structure attached to.  
Vp = The portion of the shear force at the level of the diaphragm, required to be transferred to the components of the vertical seismic-force-resisting system because of the offsets or changes in stiffness of the vertical components above or below the diaphragm.

|       |       |             |                                 |                                       |
|-------|-------|-------------|---------------------------------|---------------------------------------|
| Fpu = | 0.065 | wp + Vp     | (Eq. 16-62) USD                 | } Use the larger of these 2 equations |
| Fp =  | 0.045 | wp + 0.70Vp | (Eq. 16-62) ASD                 |                                       |
| V =   | 0.076 | *W ASD      | (Eqs. 16-27 & 16-34 thru 16-40) |                                       |

**COSTCO - Pharmacy w/ X-braced walls**

w/ ceiling framing over existing ceiling framing

Low Seismic  $C_s = 0.149$

$V = 0.149 W$  (ASD)

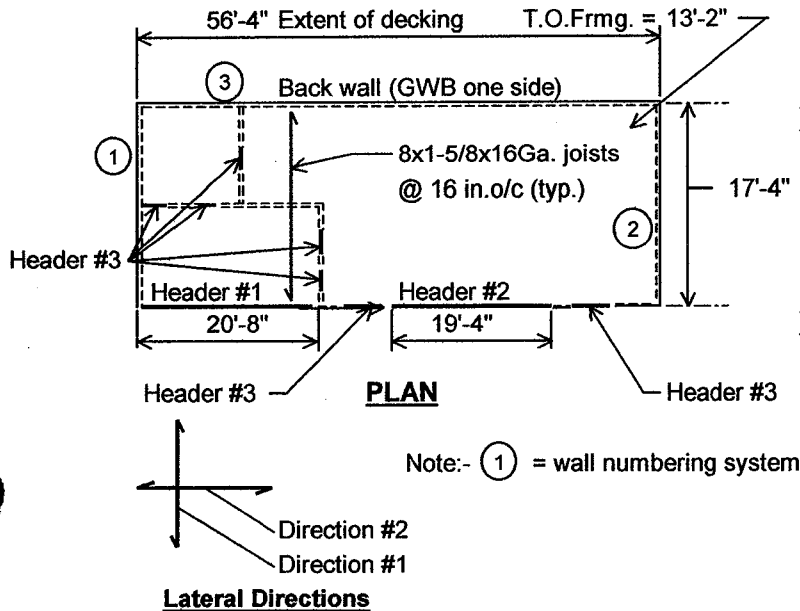
$C_s$  (USD) = 0.212

$C_s$  (ASD) = 0.149

|                 |                               |                   |
|-----------------|-------------------------------|-------------------|
| <u>Joist LL</u> | (for maintenance only)        | = 10.0 psf        |
| <u>Joist DL</u> | w/T-bar Ceiling               |                   |
| (2x)            | 1-1/2" type "B" 22Ga. Decking | = 3.8 psf         |
| (2x)            | 8 in. Joists @ 16 in.o/c      | = 3.4 psf         |
|                 | Ceiling ( T- bar, drop-in)    | = 1.8 psf         |
|                 | Misc.                         | = 1.0 psf         |
|                 | <b>Total</b>                  | <b>= 10.0 psf</b> |

|                |                              |                  |
|----------------|------------------------------|------------------|
| <u>Wall DL</u> | w/ sheathing each side       |                  |
|                | 5/8" GWB each side of wall   | = 5.6 psf        |
|                | 3-5/8 in. Studs @ 24 in. o/c | = 0.5 psf        |
|                | Misc.                        | = 0.9 psf        |
|                | <b>Total</b>                 | <b>= 7.0 psf</b> |

|                |                             |                  |
|----------------|-----------------------------|------------------|
| <u>Wall DL</u> | w/ sheathing one side       |                  |
|                | 5/8" GWB one side of wall   | = 2.8 psf        |
|                | 3-5/8 in. Studs @ 24 in.o/c | = 0.5 psf        |
|                | Misc.                       | = 0.7 psf        |
|                | <b>Total</b>                | <b>= 4.0 psf</b> |



**Joists @ 16 in.o/c**  $L = 17'-4''$

See calc.sht.# PM-3

$$w = (10 + 10) * 1.333 = 26.66 \text{ plf}$$

$$R = 26.66 * (17'-4''/2) = 232 \text{ \# each end}$$

**Studs @ 24 in. o/c**  $L = 12'-6''$

See calc.sht.# PM-4

$$\text{Loading \# 1 } P = 232 \text{ \#, } q = 0 \text{ psf}$$

$$\text{Loading \# 2 } P = 116 \text{ \#, } q = 5 \text{ psf}$$

**Headers**

$$w = [(10 + 10) * 17.333/2] + 8 + 6.167 * 7 = 225 \text{ plf}$$

\#1  $L = 20'-8''$

$$w = 225 \text{ plf}$$

$$R = 2326 \text{ \#}$$

See calc.sht.# PM-5

\#2  $L = 19'-4''$

$$w = 225 \text{ plf}$$

$$R = 2175 \text{ \#}$$

See calc.sht.# PM-5

\#3  $L = 5'-0''$

$$w = 225 \text{ plf}$$

$$R = 563 \text{ \#}$$

See calc.sht.# PM-6

**Posts**

$$L = 11'-6'' \quad P \text{ max.} = 2889 \text{ \#}$$

See calc.sht.# PM-7

$$\frac{2326 \text{ \#}}{2 \times 164} = 7.1 \text{ (8) SCREWS E.S. HEADERS (4/STUD) E.S.}$$

**COSTCO - Pharmacy w/ X-braced walls**  
w/ ceiling framing over existing ceiling framing  
Low Seismic Cs = 0.149

Cs (USD) = 0.212  
Cs (ASD) = 0.149

**ASD**  
**V = 0.149 W**

**Redundancy Factor**  
 $\rho = \boxed{1.36}$  Wall 3 only Ref. Sht. PM-1a

Direction #1 w wt.1 =  $10 \times (17.333) + (7+4) \times (13.167/2) = 246$  plf     $W_{eq.1} = 0.149 \times 246 = 36.7$  plf     $\Sigma V = 2.07$  kips  
Direction #2 w wt.2 =  $10 \times (56.33) + 7 \times (13.167/2) \times 4 = 748$  plf     $W_{eq.2} = 0.149 \times 748 = 111.5$  plf     $\Sigma V = 1.94$  kips

| Wall | L         | V top  | Wall self-wt. | V wall wt. | $\Sigma V$ | Diagonal Strap Tension | # screws | Gross up |
|------|-----------|--------|---------------|------------|------------|------------------------|----------|----------|
| 1    | 17.33 ft. | 1.04 k | 1.53 k        | 0.23 k     | 1.15 k     | 1.42 kips              | 4        | 0.829 k  |
| 2    | 17.33 ft. | 1.04 k | 1.53 k        | 0.23 k     | 1.15 k     | 1.42 kips              | 4        | 0.829 k  |
| 3    | 21.33 ft. | 1.94 k | 2.82 k        | 0.42 k     | 2.92 k     | 3.39 kips              | 7        | 0.649 k  |

Required # of screws @ 16ga. Diagonal strap to 16ga. Plate = 7  
Required # of screws @ 16ga. Plate to 20ga. end studs = 4  
Required # of screws @ 16ga. Plate to 16ga. Top Track = 7  
Required # of screws @ 16ga. Plate to 20 ga. Bot.Track = 11

| Wall | Wall Self<br>DL x 0.85 | Perp.Wall<br>DL x 0.85 | Sum Walls<br>DL x 0.85 | Net<br>uplift |
|------|------------------------|------------------------|------------------------|---------------|
| 1    | 1.12 kips              | 0.08 kips              | 1.20 kips              | 0.00 kips     |
| 2    | 1.12 kips              | 0.00 kips              | 1.12 kips              | 0.00 kips     |
| 3    | 1.96 kips              | 0.00 kips              | 1.96 kips              | 0.00 kips     |

**Max. uplift = 0.000 kips**

Area of 6 in. slab to resist the net uplift @ holdowns =  $(0 / (0.85 \times 0.75))^{0.5} = 0$  ft. square - O.K. by inspection w/ slab reinf.  
slab  $\mu = 1.4 \times 0.075 \times (0)^{2/2} = 0$  k-ft/ft.     $b = 12"$ ,  $t = 6"$      $f_b = 0 \times 6 / (6)^2 = 0$  ksi  
@ 2 ksi concrete ( 4 ksi specified)  $f_r = (7.5 ( 2000 )^{1/2}) / 1000 = 0.335$  ksi     $0.335 > 0$  O.K.

For Holddown try ( Simpson S/LTT20 w/ 1.45 k capacity )  $> 0$  k O.K. Use S/LTT 20 holddown

Try 1/2 "  $\phi$  A-307 or A-36 all-thread embedded 4" into a 5/8"  $\phi$  hole filled w/ Hilti Hit Hy-150 adhesive per ICBO Report # ER-5193.  
@ Concrete  $f'_c = 2$  ksi & 2.125" embedment, T allowable =  $1.145 \times 1.33 = 1.52$  k  $> 0$  k O.K. w/ embedment less than the 4 in. specified on the drawings.

Diagonal Strap to be 16 gage and 3 inches wide

## 1996 AISI Specification

DATE: 10/1/2002

## COSTCO - Pharmacy - 8" Ceiling Joists

## SECTION DESIGNATION: 800S162-54

INPUT PROPERTIES:

|                  |          |                                  |           |
|------------------|----------|----------------------------------|-----------|
| Web Height =     | 8.000 in | Steel Thickness =                | 0.0566 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =           | 0.0849 in |
| Bottom Flange =  | 1.625 in | Yield Stress, $F_y$ =            | 50.0 ksi  |
| Stiffening Lip = | 0.500 in | $F_y$ With Cold-Work, $F_{ya}$ = | 50.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =                | 4.000 in  |

## ALLOWABLE CEILING JOIST SPANS

INPUT PARAMETERS

Uniform Load = 20.0 psf  
 Deflection Limit =  $L/240$   
 0.75 Factor For Wind or Earthquake NOT Applied  
 Bearing Lengths for Web Crippling:  
     End Condition = 1.0 in  
 Allowable Web Crippling and Shear Reduced for Punchouts

ALLOWABLE CEILING SPANS - SIMPLE SPAN

| JOIST<br>SPACING | MECHANICAL BRACING AT: |        |                            |
|------------------|------------------------|--------|----------------------------|
|                  | NONE                   | MID Pt | FULL in ← <i>STC. OKG.</i> |
| 12 in            | 13' 4"                 | 18' 7" | 26' 7"                     |
| 16 in            | 12' 4"                 | 17' 3" | 24' 1"                     |
| 24 in            | 11' 1"                 | 15' 7" | 21' 1"                     |

INPUT PROPERTIES:

|                  |          |                                  |           |
|------------------|----------|----------------------------------|-----------|
| Web Height =     | 8.000 in | Steel Thickness =                | 0.0566 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =           | 0.0849 in |
| Bottom Flange =  | 1.625 in | Yield Stress, $F_y$ =            | 50.0 ksi  |
| Stiffening Lip = | 0.500 in | $F_y$ With Cold-Work, $F_{ya}$ = | 50.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =                | 4.000 in  |

OUTPUT PROPERTIES:

## Effective Section Properties, Strong Axis

|                                               |                        |
|-----------------------------------------------|------------------------|
| Neutral Axis from Top Fiber ( $Y_{cg}$ )      | 4.0387 in              |
| Moment of Inertia for Deflection ( $I_{xx}$ ) | 5.7357 in <sup>4</sup> |
| Section Modulus ( $S_{xx}$ )                  | 1.3974 in <sup>3</sup> |
| Allowable Bending Moment ( $M_a$ )            | 3486.45 Ft-Lb          |

## 1996 AISI Specification

DATE: 10/1/2002

## COSTCO - Pharmacy - 3-5/8" Wall Studs

SECTION DESIGNATION: 362S162-33

|                  |          |                                  |           |
|------------------|----------|----------------------------------|-----------|
| Web Height =     | 3.625 in | Steel Thickness =                | 0.0346 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =           | 0.0764 in |
| Bottom Flange =  | 1.625 in | Yield Stress, $F_y$ =            | 33.0 ksi  |
| Stiffening Lip = | 0.500 in | $F_y$ With Cold-Work, $F_{ya}$ = | 33.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =                | 4.000 in  |

## ALLOWABLE COMBINED AXIAL AND BENDING LOADS

INPUT PARAMETERS

Overall Wall Height = 12.25 ft  
 Lateral Load = 5.0 psf  
 0.75 Factor for Wind or Earthquake NOT Applied  
 Studs Mechanically Braced at Tabulated Intervals

ALLOWABLE LOADS (lb)

|                |              | <u>SPACING</u> |              |             | Maximum |
|----------------|--------------|----------------|--------------|-------------|---------|
| <u>BRACING</u> | <u>12 in</u> | <u>16 in</u>   | <u>24 in</u> | <u>KL/r</u> |         |
| NONE           | 115          | 17             | 0            |             | 239     |
| MID Pt         | 814          | 713            | 525          |             | 119     |
| THIRD Pt       | 1211         | 1078           | 838          |             | 101     |
| SHEATH 2 SIDES | 1556         | 1380           | 1071         |             | 101     |
| DEFLECTION     | L/943        | L/708          | L/472        |             |         |

INPUT PROPERTIES:

|                  |          |                                  |           |
|------------------|----------|----------------------------------|-----------|
| Web Height =     | 3.625 in | Steel Thickness =                | 0.0346 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =           | 0.0764 in |
| Bottom Flange =  | 1.625 in | Yield Stress, $F_y$ =            | 33.0 ksi  |
| Stiffening Lip = | 0.500 in | $F_y$ With Cold-Work, $F_{ya}$ = | 33.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =                | 4.000 in  |

OUTPUT PROPERTIES:

## Effective Section Properties, Strong Axis

|                                               |                        |
|-----------------------------------------------|------------------------|
| Neutral Axis from Top Fiber ( $Y_{cg}$ )      | 1.8425 in              |
| Moment of Inertia for Deflection ( $I_{xx}$ ) | 0.5512 in <sup>4</sup> |
| Section Modulus ( $S_{xx}$ )                  | 0.2918 in <sup>3</sup> |
| Allowable Bending Moment ( $M_a$ )            | 480.46 Ft-Lb           |

## 1996 AISI Specification

DATE: 10/1/2002

## COSTCO - Pharmacy - 12" Headers

SECTION DESIGNATION: 1200S162-68

INPUT PROPERTIES:

|                  |           |                                  |           |
|------------------|-----------|----------------------------------|-----------|
| Web Height =     | 12.000 in | Steel Thickness =                | 0.0713 in |
| Top Flange =     | 1.625 in  | Inside Corner Radius =           | 0.1069 in |
| Bottom Flange =  | 1.625 in  | Yield Stress, $F_y$ =            | 50.0 ksi  |
| Stiffening Lip = | 0.500 in  | $F_y$ With Cold-Work, $F_{ya}$ = | 50.0 ksi  |
| Punchout Width = | 1.500 in  | Punchout Length =                | 4.000 in  |

## ALLOWABLE UNIFORM LOADS

INPUT PARAMETERS

Deflection Limit:  $L/240$   
 0.75 Factor for Wind or Earthquake NOT Applied  
 Member Configuration: (2) BOXED MEMBERS  
 Allowable Shear and Web Crippling Based on Unpunched Web  
 End Bearing Length for Web Crippling = 1 in  
 Flexural Bracing: 16.0in

TOTAL ALLOWABLE UNIFORM LOADS (lb/ft)

|                        | SPAN LENGTH (ft) |             |             |
|------------------------|------------------|-------------|-------------|
|                        | <u>5.0</u>       | <u>19.3</u> | <u>20.7</u> |
| Without Web Stiffeners | 674.7            | 174.5       | 163.2       |
| With Web Stiffeners    | 2126.0 > 223     | 315.5 > 223 | 275.9 > 223 |

INPUT PROPERTIES:

|                  |           |                                  |           |
|------------------|-----------|----------------------------------|-----------|
| Web Height =     | 12.000 in | Steel Thickness =                | 0.0713 in |
| Top Flange =     | 1.625 in  | Inside Corner Radius =           | 0.1069 in |
| Bottom Flange =  | 1.625 in  | Yield Stress, $F_y$ =            | 50.0 ksi  |
| Stiffening Lip = | 0.500 in  | $F_y$ With Cold-Work, $F_{ya}$ = | 50.0 ksi  |
| Punchout Width = | 1.500 in  | Punchout Length =                | 4.000 in  |

OUTPUT PROPERTIES:

## Effective Section Properties, Strong Axis

|                                               |                         |
|-----------------------------------------------|-------------------------|
| Neutral Axis from Top Fiber ( $Y_{cg}$ )      | 6.2567 in               |
| Moment of Inertia for Deflection ( $I_{xx}$ ) | 19.5179 in <sup>4</sup> |
| Section Modulus ( $S_{xx}$ )                  | 2.9530 in <sup>3</sup>  |
| Allowable Bending Moment ( $M_a$ )            | 7367.74 Ft-Lb           |



## 1996 AISI Specification

DATE: 10/1/2002

## COSTCO - Pharmacy - 8" Headers

## SECTION DESIGNATION: 800S162-54

INPUT PROPERTIES:

|                  |          |                          |           |
|------------------|----------|--------------------------|-----------|
| Web Height =     | 8.000 in | Steel Thickness =        | 0.0566 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =   | 0.0849 in |
| Bottom Flange =  | 1.625 in | Yield Stress, Fy =       | 50.0 ksi  |
| Stiffening Lip = | 0.500 in | Fy With Cold-Work, Fya = | 50.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =        | 4.000 in  |

## ALLOWABLE UNIFORM LOADS

INPUT PARAMETERS

Deflection Limit: L/240  
 0.75 Factor for Wind or Earthquake NOT Applied  
 Member Configuration: (2) BOXED MEMBERS  
 Allowable Shear and Web Crippling Based on Unpunched Web  
 End Bearing Length for Web Crippling = 1 in  
 Flexural Bracing: 16.0in

TOTAL ALLOWABLE UNIFORM LOADS (lb/ft)

|                        | SPAN LENGTH (ft) |             |             |
|------------------------|------------------|-------------|-------------|
|                        | <u>5.0</u>       | <u>19.3</u> | <u>20.7</u> |
| Without Web Stiffeners | 470.0            | 104.1       | 85.2        |
| With Web Stiffeners    | 1604.7           | 104.1       | 85.2        |

INPUT PROPERTIES:

|                  |          |                          |           |
|------------------|----------|--------------------------|-----------|
| Web Height =     | 8.000 in | Steel Thickness =        | 0.0566 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =   | 0.0849 in |
| Bottom Flange =  | 1.625 in | Yield Stress, Fy =       | 50.0 ksi  |
| Stiffening Lip = | 0.500 in | Fy With Cold-Work, Fya = | 50.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =        | 4.000 in  |

OUTPUT PROPERTIES:

## Effective Section Properties, Strong Axis

|                                        |                        |
|----------------------------------------|------------------------|
| Neutral Axis from Top Fiber (Ycg)      | 4.0387 in              |
| Moment of Inertia for Deflection (Ixx) | 5.7357 in <sup>4</sup> |
| Section Modulus (Sxx)                  | 1.3974 in <sup>3</sup> |
| Allowable Bending Moment (Ma)          | 3486.45 Ft-Lb          |

## 1996 AISI Specification

DATE: 10/1/2002

## COSTCO - Pharmacy - 3-5/8" Header Posts

SECTION DESIGNATION: 362S162-33

INPUT PROPERTIES:

|                  |          |                                  |           |
|------------------|----------|----------------------------------|-----------|
| Web Height =     | 3.625 in | Steel Thickness =                | 0.0346 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =           | 0.0764 in |
| Bottom Flange =  | 1.625 in | Yield Stress, $F_y$ =            | 33.0 ksi  |
| Stiffening Lip = | 0.500 in | $F_y$ With Cold-Work, $F_{ya}$ = | 33.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =                | 4.000 in  |

## ALLOWABLE AXIAL LOADS

INPUT PARAMETERS

Overall Stud Length = 11.25 ft  
 0.75 Factor for Wind or Earthquake NOT Applied  
 Member Configuration: (2) BACK-TO-BACK MEMBERS

TOTAL ALLOWABLE AXIAL LOADS (lb)

| <u>WEAK AXIS<br/>BRACING</u> | <u>MAXIMUM<br/>KL/r</u> | <u>CONCENTRIC<br/>LOADING</u> |
|------------------------------|-------------------------|-------------------------------|
| NONE                         | 165                     | 2126                          |
| THIRD Pt                     | 93                      | 4597 > 2900                   |
| 48 in                        | 93                      | 4597                          |

Note: For (2) Back-to-Back Members, Individual Members  
 Must be Adequately Interconnected

INPUT PROPERTIES:

|                  |          |                                  |           |
|------------------|----------|----------------------------------|-----------|
| Web Height =     | 3.625 in | Steel Thickness =                | 0.0346 in |
| Top Flange =     | 1.625 in | Inside Corner Radius =           | 0.0764 in |
| Bottom Flange =  | 1.625 in | Yield Stress, $F_y$ =            | 33.0 ksi  |
| Stiffening Lip = | 0.500 in | $F_y$ With Cold-Work, $F_{ya}$ = | 33.0 ksi  |
| Punchout Width = | 1.500 in | Punchout Length =                | 4.000 in  |

OUTPUT PROPERTIES:

## Effective Section Properties, Strong Axis

|                                               |                        |
|-----------------------------------------------|------------------------|
| Neutral Axis from Top Fiber ( $Y_{cg}$ )      | 1.8425 in              |
| Moment of Inertia for Deflection ( $I_{xx}$ ) | 0.5512 in <sup>4</sup> |
| Section Modulus ( $S_{xx}$ )                  | 0.2918 in <sup>3</sup> |
| Allowable Bending Moment ( $M_a$ )            | 480.46 Ft-Lb           |

|                                                                                                                                          |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|-----------|----------|-----------|----------|
| ***** Property of Engineers Northwest, Inc., Seattle - Use by others unlawful *****                                                      |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| AISI SPECIFICATION PROVISIONS for SCREW CONNECTIONS                                                                                      |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| Also 1997 UNIFORM BUILDING CODE - Section 2218                                                                                           |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| NOTATION                                                                                                                                 |           | SCREW PROPERTIES                                                                                                  |                                                                     | GAUGE METAL THICKNESS      |           |          |           |          |
|                                                                                                                                          |           | Number                                                                                                            | Nominal                                                             | Gauge                      | Thickness |          |           |          |
|                                                                                                                                          |           | Designation                                                                                                       | Dia., d, in.                                                        |                            | ( in. )   |          |           |          |
| d = nominal screw diameter                                                                                                               |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| d <sub>w</sub> = the larger of the screw head or washer diameter, but not larger than 1/2"(5/16" <sub>MIN.</sub> )                       |           | # 2                                                                                                               | 0.0860                                                              | 25 ga.                     | 0.0188    |          |           |          |
|                                                                                                                                          |           | # 3                                                                                                               | 0.0990                                                              | 22 ga.                     | 0.0283    |          |           |          |
| FS = factor of safety = 3.0                                                                                                              |           | # 4                                                                                                               | 0.1120                                                              | 20 ga.                     | 0.0346    |          |           |          |
| P <sub>as</sub> = allowable shear force per screw                                                                                        |           | # 5                                                                                                               | 0.1250                                                              | 18 ga.                     | 0.0451    |          |           |          |
| P <sub>ns</sub> = nominal shear strength per screw                                                                                       |           | # 6                                                                                                               | 0.1380                                                              | 16 ga.                     | 0.0566    |          |           |          |
| P <sub>at</sub> = allowable tension force per screw                                                                                      |           | # 7                                                                                                               | 0.1510                                                              | 14 ga.                     | 0.0713    |          |           |          |
| P <sub>nt</sub> = nominal tension strength per screw                                                                                     |           | # 8                                                                                                               | 0.1640                                                              | 12 ga.                     | 0.1017    |          |           |          |
| P <sub>pot</sub> = pull-out force per screw                                                                                              |           | # 10                                                                                                              | 0.1900                                                              | F <sub>U</sub> =45ksi min. |           |          |           |          |
| P <sub>pov</sub> = pull-over force per screw                                                                                             |           | # 12                                                                                                              | 0.2160                                                              |                            |           |          |           |          |
| t <sub>1</sub> = thickness of member in contact with the screw head                                                                      |           | 1/4 in.                                                                                                           | 0.2500                                                              |                            |           |          |           |          |
|                                                                                                                                          |           | NOTE:-                                                                                                            |                                                                     |                            |           |          |           |          |
| t <sub>2</sub> = thickness of member not in contact with the screw head                                                                  |           | 1.) Screw sizes smaller than # 2 or larger than 1/4" are not to be used.                                          |                                                                     |                            |           |          |           |          |
| F <sub>u1</sub> = tensile strength of member in contact with the screw head                                                              |           | 2.) The tested shear capacity of the screw shall not be less than 1.25 P <sub>ns</sub> = 3.75 P <sub>as</sub> .   |                                                                     |                            |           |          |           |          |
| F <sub>u2</sub> = tensile strength of member not in contact with the screw head                                                          |           | 3.) The tested tension capacity of the screw shall not be less than 1.25 P <sub>nt</sub> = 3.75 P <sub>at</sub> . |                                                                     |                            |           |          |           |          |
| E6.3 Shear                                                                                                                               |           |                                                                                                                   | E6.4 Tension                                                        |                            |           |          |           |          |
| P <sub>as</sub> = P <sub>ns</sub> /3                                                                                                     |           |                                                                                                                   | P <sub>at</sub> = P <sub>nt</sub> /3                                |                            |           |          |           |          |
| For t <sub>2</sub> /t <sub>1</sub> <=1.0 P <sub>as</sub> shall be taken as the smaller of                                                |           |                                                                                                                   | P <sub>at</sub> shall be taken as the smaller of                    |                            |           |          |           |          |
| P <sub>as</sub> = 1.4 (t <sub>2</sub> <sup>3</sup> d) <sup>1/2</sup> F <sub>u2</sub>                                                     |           |                                                                                                                   | Pull - Out                                                          |                            |           |          |           |          |
| P <sub>as</sub> = 0.9 t <sub>1</sub> d F <sub>u1</sub>                                                                                   |           |                                                                                                                   | P <sub>at</sub> = 0.283 t <sub>2</sub> d F <sub>u2</sub>            |                            |           |          |           |          |
| P <sub>as</sub> = 0.9 t <sub>2</sub> d F <sub>u2</sub>                                                                                   |           |                                                                                                                   | Pull - over                                                         |                            |           |          |           |          |
|                                                                                                                                          |           |                                                                                                                   | P <sub>at</sub> = 0.5 t <sub>1</sub> d <sub>w</sub> F <sub>u1</sub> |                            |           |          |           |          |
| For t <sub>2</sub> /t <sub>1</sub> >=2.5 P <sub>as</sub> shall be taken as the smaller of                                                |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| P <sub>as</sub> = 0.9 t <sub>1</sub> d F <sub>u1</sub>                                                                                   |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| P <sub>as</sub> = 0.9 t <sub>2</sub> d F <sub>u2</sub>                                                                                   |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| For 1.0< t <sub>2</sub> /t <sub>1</sub> <2.5 P <sub>as</sub> shall be determined by the linear interpolation between the above two cases |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| ALLOWABLE LOADS (lbs.)                                                                                                                   |           |                                                                                                                   |                                                                     |                            |           |          |           |          |
| SCREW SIZE                                                                                                                               | #12       |                                                                                                                   | #10                                                                 |                            | #8        |          | #6        |          |
|                                                                                                                                          | d = 0.216 |                                                                                                                   | d = 0.190                                                           |                            | d = 0.164 |          | d = 0.138 |          |
| GAUGE                                                                                                                                    | SHEAR     | PULL-OUT                                                                                                          | SHEAR                                                               | PULL-OUT                   | SHEAR     | PULL-OUT | SHEAR     | PULL-OUT |
| 25                                                                                                                                       | 75        | 52                                                                                                                | 71                                                                  | 46                         | 66        | 39       | 60        | 33       |
| 22                                                                                                                                       | 139       | 78                                                                                                                | 131                                                                 | 69                         | 121       | 59       | 111       | 50       |
| 20                                                                                                                                       | 188       | 95                                                                                                                | 177                                                                 | 84                         | 164       | 72       | 151       | 61       |
| 18                                                                                                                                       | 280       | 124                                                                                                               | 263                                                                 | 109                        | 244       | 94       | 224       | 79       |
| 16                                                                                                                                       | 394       | 156                                                                                                               | 370                                                                 | 137                        | 344       | 118      | 315       | 100      |
| 14                                                                                                                                       | 557       | 196                                                                                                               | 523                                                                 | 173                        | 474       | 149      | 398       | 125      |
| 12                                                                                                                                       | 890       | 280                                                                                                               | 783                                                                 | 246                        | 675       | 213      | 568       | 179      |
| Min. Edge Dist. and o/c Spacing                                                                                                          | 11/16 in. |                                                                                                                   | 9/16 in.                                                            |                            | 1/2 in.   |          | 7/16 in.  |          |
| SCREWS TO HAVE 5/16" MINIMUM HEAD DIAMETER.                                                                                              |           |                                                                                                                   |                                                                     |                            |           |          |           |          |

#12-14x2" HxH #3 (15/16" TAREAD) 16GA. 0.057x2 = 0.114  
P/screw = 10PSF x 1.33' x 1.5' = 20# < 156# OK 1.500" OK  
1.614 < 15/16" OK USE