BLOCK 1170 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1722 Route 88 PERMIT NO. 04 4148

CONSTRUCTION PERMIT APPLICATION

C13.00

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

I. IDENTIFICATION

1. Proposed Work Site at: 1722 ROUTE 88 BRICK NJ. 08723
2. Name of Owner in Fee: COSTCO Wholesale Tel. (425) 313-8100
   Address 999 Lake Drive (street) Issaquah (municipality) WA. 98027 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: Fairfield Refrig. Tel. (973) 227-2210
   Address 15 OAK Rd. Fairfield N.J. 07004
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 2-22598606 FAX: (973) 227-1207
5. Architect or Engineer Mulvanny G2 Tel. (425) 463-2000
   Address 1110 112th Ave. NE Suite 500 Bellevue WA Contact Daniel Kim
6. Responsible Person in Charge once Work has Begun UDO KIEMP
   Tel. (973) 227-2210 FAX: (973) 227-1207

Alteration

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	805	
2.	Electrical		45	
3.	Plumbing		140	
4.	Fire Protection		249	93
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	44	
9.	State Permit Fee Surcharge			2
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	1283	94

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	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 Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☑ Plumbing					9-15-04		11/1/04		OK
7.	☑ Electrical					9/16/04		11/5/04		OK
8.	☐ Elevator Devices					9/17/04		10/28/04		OK
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

COMMERCIAL - NO FEE REQUIRED

DATE 9/23/04 BY

LDS BR 10201593

U.C.C. F100-1 (rev. 04/03)

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 Fairfield Refrigeration

Address 15 Oak Rd.

Fairfield NJ. 07004

Telephone (973) 227-2210

Signature Mike O- Remy

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

QFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/25/2004
Control #
Permit # 04-4148+A
Permit Issued 09/27/2004

OCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 1170 Lot 5 Qual

Work Site Location 1722 ROUTE 88 COSTCO WHOLESALE
WET CHEMICAL
Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSAQUAH, WA 98027-
Telephone (425)313-8100

Contractor RELIABLE FIRE PROTECTION
Address 123 WHITE OAK LANE'SO.
OLD BRIDGE, NJ
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3103000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET CHEMICAL FOR COSTCO

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	92
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	94
Check No.	17680
Cash	
Collected By	NJR

10/25/04 11:36AM 001558#3698
XX02 SERV.002

#4148	
FIRE	$92.00
DCA	$2.00
CHECK	$94.00

Estimated Cost of Work $ 1,200

Construction Official 10/25/2004 Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 9/27/2004
Control # C13-00
Permit # 04-4148

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
ALTERATIONS

Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor FAIRFIELD ASSOCIATION
Address 15 OAK RD
FAIRFIELD, NJ 07004-
Tele.(973)227-2210 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2598606

COMMERCIAL

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

INTERIOR REMODEL UPGRADE CHICKEN ROTISSERIER AREA

No Change in Egress or O.L.
" " " A.D.A Compliance

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-15-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 10-1-04
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			10/12/04	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other		GLASS WALL	10/13/04	
Final			10/28/04	KER
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 26,500
3. Total (1+2) $ 26,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	805
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 805
DCA State Permit Fee	$ 36

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 9/27/2004
Control # C13-00
Permit # QA-41145

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
ALTERATIONS
Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor FAIRFIELD ASSOCIATION
Address 15 OAK RD
FAIRFIELD, NJ 07004-
Tele.(973)227-2210 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2598606

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR REMODEL UPGRADE CHICKEN ROTISSERIER AREA

No Change in Egress OR O.L.
" " " A.D.A. Compliance

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-15-04	FH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	805
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present H Proposed H
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 26,500
3. Total (1+2) $ 26,500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 805
DCA State Permit Fee	$ 36

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

CARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 09/27/2004
Control # C13-00
Permit # 04-4148

COMMERCIAL

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
ALTERATIONS
Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor D'AMORE REFRIG & ELEC INC
Address 409 BRIGANTINE TERR
TUCKERTON, NJ 08087-
Tele.(609)296-7890
Lic. No. or Bldrs. Reg. No. 6956
Federal Emp. No. 04-3632837

Rotisserie area

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9 15 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10 26 04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10804	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			10 26 04	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
2		Receptacles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
1	2	HP Motors 1/+ HP	10
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 45
DCA State Permit Fee $ 3

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 09/27/2004
Control # C13-00
Permit # 04-41148

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
ALTERATIONS
Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor D'AMORE REFRIG & ELEC INC
Address 409 BRIGANTINE TERR
TUCKERTON, NJ 08087-
Tele.(609)296-7890
Lic. No. or Bldrs. Reg. No. 6956
Federal Emp. No. 04-3632837

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 9 15 04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
2		Receptacles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
8		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
1	2	HP Motors 1/+ HP	10
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 45
	DCA State Permit Fee	$ 3

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 9/27/2004
Control # C13-00
Permit # 04-4148

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
ALTERATIONS
Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDWICK, NJ
Tele.(201)445-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2683232

COMMERCIAL

Craig Hogan
201-445-1155
sprinkler cont.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [-] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[✓] Fire Plans Approved
Date: 9-17-04
Approved By: AF
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11-5-04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			10-8-04	AF
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO			10-22-04	AF
Final	10-26-04		11-3-04	MB
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	4	184
Other ovens		0
Other		0

Kitchen hood update to follow

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	249
DCA State Permit Fee	$	2

Paid [ ] Check # Collected by:

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 9/27/2004
Control # C13-00
Permit # C01-41418

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
ALTERATIONS
Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDWICK, NJ -
Tele.(201)445-1155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2683232

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 9-17-04
Approved By: AR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	4	184
Other ovens		0
Other		0

kitchen hood update to follow

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	249
DCA State Permit Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. P140 (rev. 3/96)

Mail in

UPDATE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 04-4148 FA

Date Issued
Permit # 10-25-04

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 Route 88
Brick NJ 08723

Owner in Fee Costco

Address 1722 Route 88
Brick NJ 08723

Tel ( )

Contractor Reliable Fire Protection

Address 349 Essex Road
Tinton Falls NJ 07753

Tel (732) 643-0075 FAX (732) 643-0076

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00049

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 1535645

Fire Alarm Contractor No.

Federal Emp. No. 22-3103000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel:

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

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

Location:

Fire Suppression/Standpipe System: [ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1,200.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 10-25-04

Approved by: DS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System	10-26-04		11-30-04	MB
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11-30-04	MB
Other				

SIGNED COPY

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

Mail in

UPDATE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 04-4148 FA

Date Issued
Permit # 10-25-04

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

Block 1170 Lot 5 Qualification Code

Work Site Location 1722 Route 88
Brick nj 08723

Owner in Fee Costco

Address 1722 Route 88
Brick nj 08723

Tel ( )

Contractor Reliable Fire Protection

Address 349 Essex Road
Tinton Falls nj 07753

Tel (732) 643-0075 FAX (732) 643-0076

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00049

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565

Fire Alarm Contractor No.

Federal Emp. No. 22-3103000

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

[ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1,200.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 10-25-04

Approved by: DB

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 1/04)

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

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 9/27/2004
Control # C13-00
Permit # 04-4148

COMMERCIAL

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
ALTERATIONS

Owner in Fee COSTCO WHOLESALE
Address 999 LUKE DR
ISSARUAH, WA 98027-
Tele.(425)313-8100
Contractor COSIMANO PLUMBING CO
Address 719 ACKERMAN AVE
GLEN ROCK, NJ 07452-
Tele.(201)670-6773
Lic. No. or Bldrs. Reg. No. B5151
Federal Emp. No. 13-7362819

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/16/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11-15-04

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	10/8/04		10/12/04	
Rough				
Water				
Sewer				
Fixtures	10/26/04		10/28/04	
Gas Equip.			10/28/04	
Gas Piping	10/8/04		10/12/04	
Solar				
TCO				
Final			10/28/04	

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower -	0
3	Floor Drain	30
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
4	Gas Piping — 6" EXISTING GAS MAIN NEW OPEN GAS LOOP 412,000 2" LINES	40
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	50
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	140
DCA State Permit Fee	$	3

Paid [ ] Check # Collected by:

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/09/2004
Date Issued 9/27/2004
Control # C13-00
Permit # 04-4148

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
ALTERATIONS

Owner in Fee COSTCO WHOLESALE

Address 999 LUKE DR
ISSARUAH, WA 98027-

Tele.(425)313-8100

Contractor COSIMANO PLUMBING CO

Address 719 ACKERMAN AVE
GLEN ROCK, NJ 07452-

Tele.(201)670-6773

Lic. No. or Bldrs. Reg. No. B5151

Federal Emp. No. 13-7362819

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/16/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
3	Floor Drain	30
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
4	Gas Piping — 6" EXISTING GAS MAIN NEW OOOIN GAS LOAD 412,100 2" LINES	40
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	50
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 140
	DCA State Permit Fee	$ 3

U.C.C. F130 (rev. 3/96)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 5 SITE ADDRESS 1722 Rt. 88
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Ccteco Wholesale
APPLICANT Fairfield Refrigeration PHONE NUMBER 973-227-2210
APPLICANT ADDRESS 15 Oak Rd. CITY & STATE Fairfield, NJ 07004

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 %

◊ (X) Commercial is .01%

◊ (X) The estimated equalized assessed value of the proposed construction is

$ 0

Frederick R. Millman [signature] 9/23/04

Frederick R. Millman, CTA, Tax Assessor Date

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

$ 0

Frederick R. Millman [signature] 9/23/04

Frederick R. Millman, CTA, Tax Assessor Date

Preliminary Fee ______ Date ______
Check # ______ Receipt # ______

Final Fee ______ Date ______
Check# ______ Reciept # ______

Total Fee Due/Paid ______ NO FEE REQUIRED
Balance Due ______

APPROVED BY RCT DATE 9/23/04

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.

9/17/04 - Ta prelim.

[signature]
Office of Affordable Housing

T.E., Inc.

830 North Riverside Drive, Suite 200
Renton, Washington 98055
Phone: 206-241-2012 / FAX: 206-241-3101

September 7, 2004

Mulvanny G2 Architecture
1110-112th Ave. NE, #500
Bellevue, WA 98004

Attn: Nancy Bennett Evans

Re: **Costco Wholesale – Brick, NJ**
Rotisserie Remodel
(TEI#:04-141, MA#94-0760-12)

Dear Nancy,

I have reviewed the increase in gas load for this project. The 1998 remodel that added rotisserie ovens listed the ovens at 150 MBH gas input each. There are two existing ovens with a total input of 300 MBH.

This current rotisserie remodel removes the two existing ovens and adds two double stack ovens with a gas input of 103 MBH each. The new oven gas load is 412 MBH.

The total increase in gas input to the building is the difference of 112 MBH. The gas sizing charts show that the 2" gas line serving the 300 MBH load is also adequate for the new load of 412 MBH. The charts also show that the 6" gas line now serving the building with a total load of 6100 MBH is adequate for the new total load of 6212 MBH.

If you have any questions, please contact this office.

Sincerely,

Paal K. Ryan, P.E.

Copy to: M

9/7/04

029Ltr_02.doc

CB-00

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: 2085

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 732-840-3400

ESTABLISHMENT TRADING NAME COSTCO #229

NUMBER AND STREET 1722 ROUTE 88

CITY OR MUNICIPALITY Brick | ZIP CODE 08723

ESTABLISHMENT LICENSE NO. To be Obtained | COMMUN. CODE 150C | RISK I

ESTABLISHMENT CODE 26

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT COSTCO WHOLESALE

NUMBER AND STREET 999 LAKE DRIVE

CITY OR MUNICIPALITY ISSAQUAH | STATE WA

ZIP CODE 98027 | COMMUN. CODE

TIME (2400 HOURS)

DATE	BEGIN	END
9-7-04	0845	0925

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700
609-978-9715

Tobacco O, V, (NA.)

NAME OF INSPECTING OFFICIAL (Print) Steve Klanieckl

SIGNATURE OF INSPECTING OFFICIAL Steve Klaniecki

PERMANENT REG. NO. B-1463

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
COSTCO # 229	To be Obtained	9-7-04
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
	Brick	Begin 0845

REG. NO.	REMARKS (Please specify area)
	The attached plan has been found to be in satisfactory compliance with Chapter XII.
	This department is to be notified at least 24 hours prior to intended operation's for an opening inspection.

(Attach additional sheets if necessary)

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

RELIABLE FIRE PROCTECTION INC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Portable Fire Extinguisher
Kitchen Fire Suppression System

P00049 — Permit ID
07/02/2003 to 10/31/2006 — Date Issued / Lapse Date

Commissioner

THE FACE OF THIS DOCUMENT HAS A MULTI COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

DOUGLAS L COGER

The Following Certification As

KITCHEN FIRE SUPPRESSION SYSTEMS

07/02/2003 to 10/31/2006 — Issue Date / Lapse Date

153565 — ID Number

Commissioner

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

DOUGLAS L COGER

The Following Certification As

PORTABLE FIRE EXTINGUISHER

07/02/2003 to 10/31/2006 — Issue Date / Lapse Date

153565 — ID Number

Commissioner

Reliable Fire Protection
☑ 349 ESSEX ROAD • TINTON FALLS, NEW JERSEY 07753
☐ 350 FIFTH AVENUE • SUITE 3304 • NEW YORK CITY, NEW YORK 10118
732-643-0075 OR 1-800-368-0024 • FAX 732-643-0076

CONTRACTORS MATERIAL & TEST CERTIFICATE SUPPRESSION SYSTEMS FOR COOKING OPERATIONS

Our Company, **RELIABLE FIRE PROTECTION, INC.** has completed the installation of :

TYPE OF SYSTEM: ANSUL R-102 3.0 ***FIRE SUPPRESSION SYSTEM***

INSTALLATION LOCATION: Costco
1732 Route 88
Brick, NJ 08723

This system is a U.L. 300 approved fire suppression system for cooking operations. The system was installed according to manufacturers specifications and in accordance with NFPA 17A Wet Chemical Systems.

The system was tested on 11-3-04 and left in working order

INSTALLERS SIGNATURE: _____

FIRE INSPECTORS SIGNATURE: _____

WITNESS SIGNATURE FOR PROPERTY OWNER: _____

SIEMENS

October 28, 2004

Costco Wholesale
1722 Route 88
Bricktown, NJ 08723
Attn: Chris

Re: Ansul System tie in

Dear Chris:

As per our conversation this morning, regarding the Ansul system tie in, my technicians will be starting the work later this afternoon. The tie in of the Ansul system will be completed no later than Monday, November 1, 2004.

If you have any questions, please do not hesitate to give me a call.

Sincerely,

Dana Rost
Service Team Leader

Siemens Building Technologies, Inc.

2000 Crawford Place
Suite 300
Mt. Laurel, NJ 08054

Costco Wholesale #229
1722 Rt. 88
Brick, N.J. 08724
(732) 458-2114

To: Cheif Batyd **From :** Costco
Fax#: 732-458-4153 **Re:** _____
Ph#: _____ **CC:** _____

Siemens Building Technologies, Inc. Fire Safety

SERVICE ORDER

S 382848

ORDER NUMBER	CUSTOMER NUMBER	CO. NO.	OVERRIDE SOLD TO	OVERRIDE SHIP TO

BRANCH OFFICE 19

TYPE OF SERVICE: [X] REPAIR SERVICE [ ] SERVICE AGREEMENT NO [ ] INSPECTION & TEST [ ] WARRANTY [ ] OTHER SERVICES

BILL SOLD TO
ADDR 1
ADDR 2
ADDR 3
STATE ZIP

JOB SHIP TO
ADDR 1 Costco
ADDR 2 1722 Rt 88
ADDR 3 Brick
STATE NJ ZIP 08724

PURCHASE ORDER NUMBER	PURCHASE ORDER DATE	ORDER DATE	WHSE	SALESMAN NO.	JOB NO. / CONTRACT NO.	INVOICE NO.
		10/27/2004		6230	999995	

Parts used (Enter Letter to Indicate Source) A.-Outside Purchase B.-Branch Stock C.-Non-Inventory D.-Customer's Inventory

ITEM/PART NUMBER	QUAN.	UNIT PRICE	DESCRIPTION	PARTS USED	NET SALES AMOUNT
				TOTAL PARTS	

TIME RECORD

	S	M	T	W	T	F	S	TOTAL HOURS
Finish								
Start								
Total				2				2

LABOR CHARGE

	Hrs. @	Labor Code	Labor Amount
Travel (Rep)	1	70	
Reg. Time: (Rep)	Hrs. @		
Overtime (Rep)	2 Hrs. @	70	
Inspection And Test (Int)			
Installation (Ins)			
Service Contract (Con)			
		Total Labor	

EXPENSE CHARGE

		Expense Amount
Misc. (Mis)		
Mileage (Rep)	Miles @ Per Mile	
	Total Before Tax	
	% Tax (Tax)	
	Grand Total	

Called By Chris Binns Date 10/27/2004
Tel. No. (732) 458-2114 Schedule Date
Site Contract Tel. No.
If Charges Previously Submitted Enter Branch Order No.
Tax Exemption Number

Problem Described (If Applicable) Ansul System when tested did not initiate an Alarm to the Main MXL Fire Panel.

Services Performed Inspect NEW Ansul System & Alarm wiring. The Alarm contact is NOT wired to the Main Fire Alarm Panel When Ansul was tested the ADT Zone 26-163 Annunciated an Alarm on the ADT Panel. Signal Received by ADT. Chris would like SIEMENS to wire the Ansul Panel to our Fire Alarm System

Job Status	Audited By	Return Date	Start Date	Fin. Date	Manager Approval	Signature (Owner's Representative)
[ ] Incomplete [X] Complete	Date	Technician Michael O'Connor	Code	Date		Title

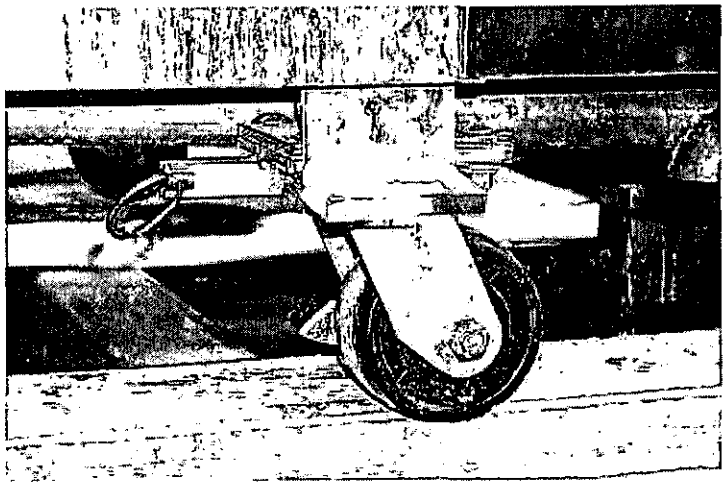
As soon as possible or sooner Advise Chris to call (856) 234-7666 ask for Service Mgr Dawn Rost to Schedule this work.

INFERNO 3000 DOUBLE DECKING INSTRUCTIONS

The following instructions will guide you through the process of safely double-decking two Inferno 3000 ovens. Please read it carefully, following the sequence as outlined. If you have any questions, please do not hesitate to contact Hardt's Customer Service Department at 1.800.387.6847. Care must be taken to insure the ovens are not damaged.

UNPACKAGING THE OVENS

1) Place the two oven pallets in an open area with access all around. A fork lift will later need to access the front of each oven. If space is limited, you may work with one pallet at a time, starting with the lower oven (the one having casters).
2) Remove all the packaging material from the oven(s), including bubble wrap, plastic, and wood crating.
3) Remove the loose parts that were packaged and shipped on the top of each oven and place them aside in a safe location.
4) Remove the small pieces of wood (2x4's) that are nailed around the casters.
5) Unlock the casters. This is done by pulling out the ringed pins and turning them vertically. (See Picture #1)



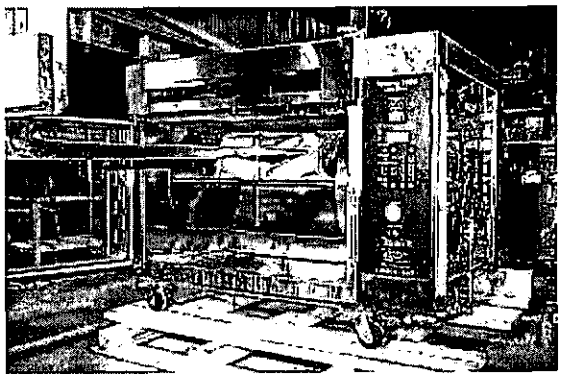
Picture # 1

REMOVING THE LOWER OVEN FROM ITS PALLET

Please be careful in this process and follow the steps carefully to avoid damages to the oven cavity or door.

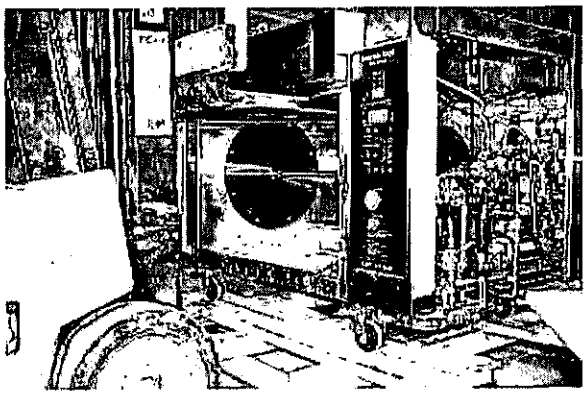
6) Open the front door of the oven. It is very important that you keep the door open beyond 90° at all times to prevent the door from becoming damaged by the fork lift.
7) Adjust the outside distance between the forks to a maximum of 30", and ensure that they are horizontal and not tilted.

8) Align the fork lift with the front of the oven and slowly proceed to insert the forks into the oven cavity between the drive shaft and the cavity roof. The right fork should be approximately 2" to the left of the oven drive plate. (See Picture # 2)



Picture # 2

9) Continue to slowly insert the forks into the oven cavity until they are approximately 2" away from the chamber's rear wall.
10) Raise the forks carefully until they just touch the chamber roof. Insure that the forks contact the roof flat (See Picture #3).



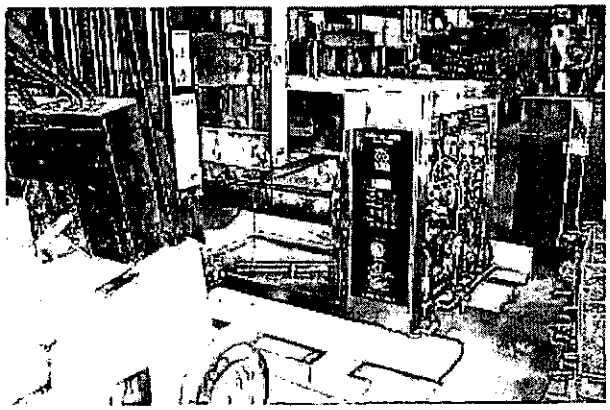
Picture # 3

11) Lift up the oven until the pallet becomes free.
12) Remove the pallet and lower the oven back onto the floor.
13) Lower the forks until they are half way between the oven roof and the drive shaft and then carefully back out the forks.
14) Close the oven door.

INSTALLING THE UPPER OVEN ON TOP OF THE LOWER ONE

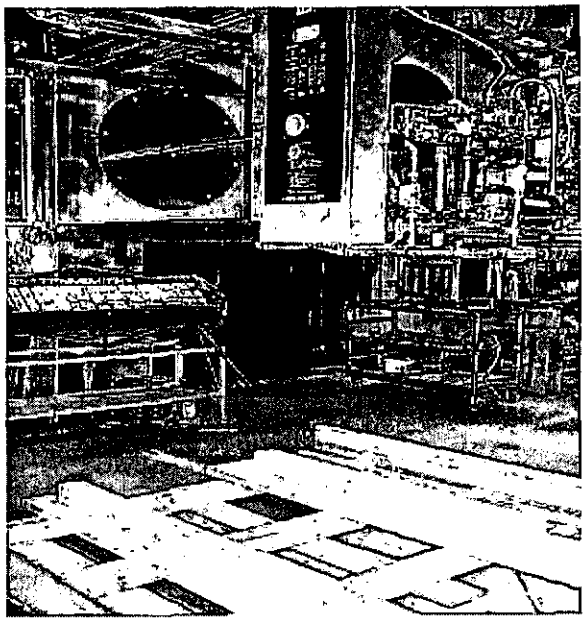
Please be careful in this process and follow the steps carefully to avoid damages to the oven cavity, door and door light harnesses located under the upper oven

15) Open the front door of the oven. It is very important that you keep the door open beyond 90° at all times to prevent the door from becoming damaged by the fork lift.
16) Adjust the outside distance between the forks to a maximum of 30", and ensure that they are horizontal and not tilted.
17) Align the fork lift with the front of the oven and slowly proceed to insert the forks into the oven cavity between the drive shaft and the cavity roof. The right fork should be approximately 2" to the left of the oven drive plate. (See Picture # 4).



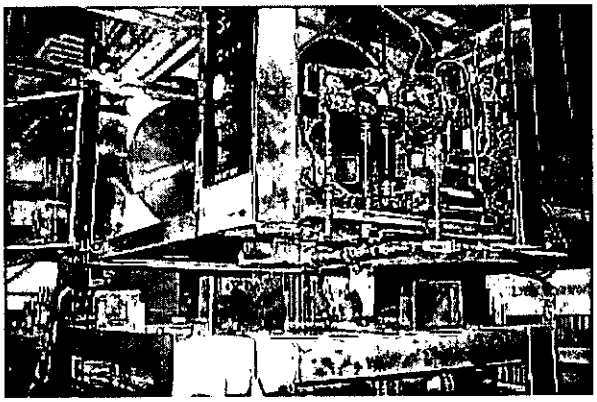
Picture # 4

18) Continue to slowly insert the forks into the oven cavity until they are approximately 2" away from the chamber's rear wall.
19) Raise the forks carefully until they just touch the chamber roof. Insure that the forks contact the roof flat.
20) Lift up the oven until the oven's plumbing (under the oven) is above the highest point of the lower oven (approximately 54"). (See Picture # 5)



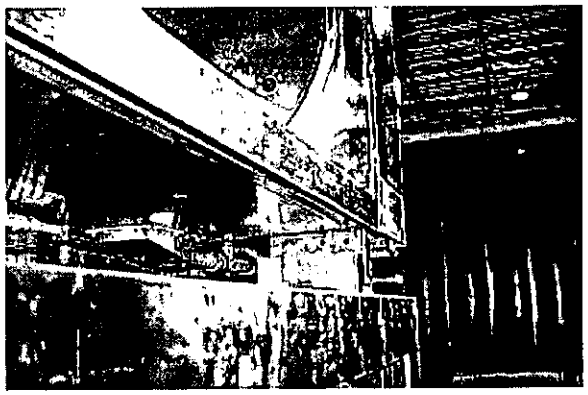
Picture # 5

21) Remove the pallet.
22) Align the ovens by rolling the lower oven under the upper one without moving the fork lift. (See Picture #6)

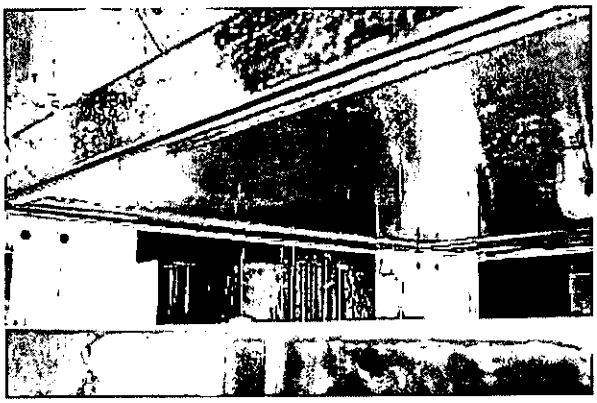


Picture # 6

23) Lower the upper oven very slowly until the double-deck spacers on the lower oven just begin to align with the channels in the underside of the upper oven. Do not proceed to lower the oven yet. (See Pictures # 7 and # 8)

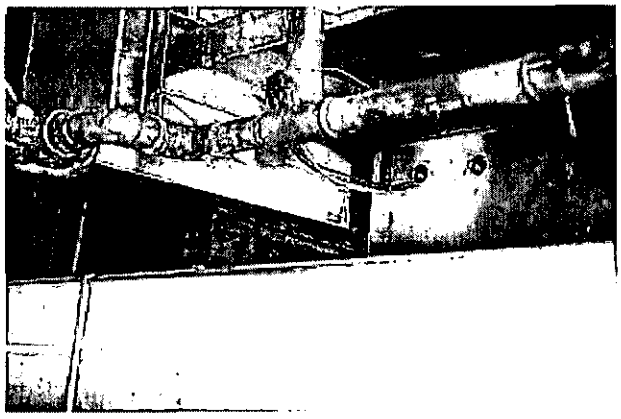


Picture # 7



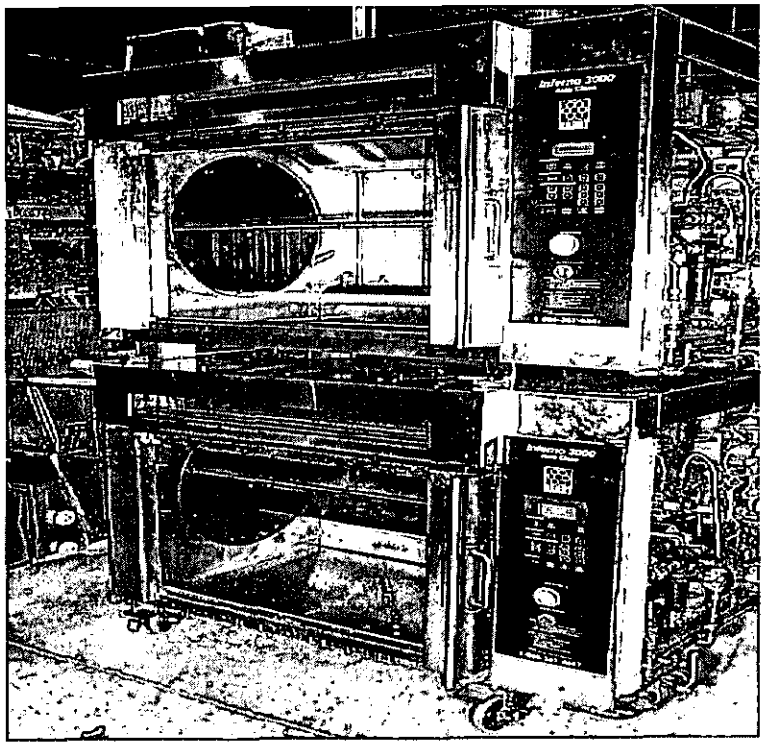
Picture # 8

24) Locate the door light harnesses at the front left and right corners of the upper oven, and ensure that they are inside the slots provided in each of the corresponding spacers. These harnesses must not be pinched while the upper oven is being seated on to the lower oven. (See Picture # 9)



Picture # 9

25) Lower the forks slowly until the upper oven rests fully upon the four spacers.
26) Lower the forks until they are half way between the oven roof and the drive shaft and then carefully back out the forks.
27) Close the oven door. The ovens have now been double-decked and should appear as in Picture # 10. The oven may now be rolled under the hood.



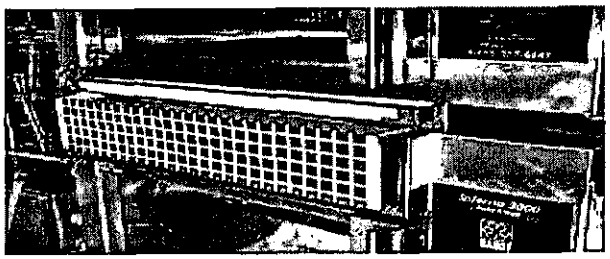
Picture # 10

INSTALLING THE REMAINING LOOSE COMPONENTS

28) Remove any protective white plastic that may be on the tray. Install the drip tray under the front door of each oven. To do this, position the tray with its higher (rear) edge towards the oven. Lower (tilt) the rear edge under the flange on the oven and position the tray within its supports. (See Picture # 11)

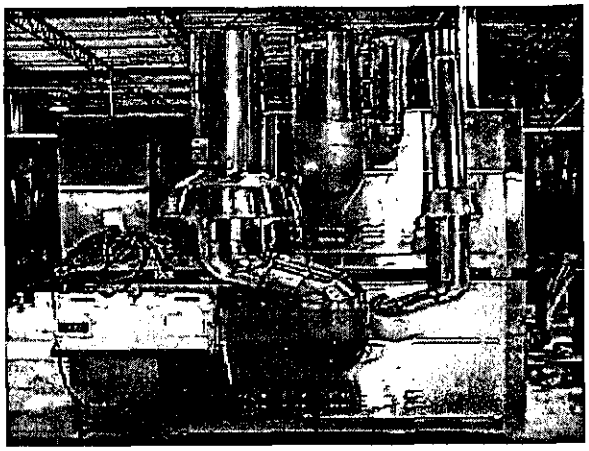
Picture # 11

29) Remove any protective white plastic that may be on the shield. Install the safety heat shield onto the top of the lower oven. Position the shield such that the two pins in the shield drop into the corresponding holes in the shell. Rest the shield against the oven's top front panel. (See Picture # 12)



Picture # 12

30) Lastly, install the vent assemblies. Each oven has 2 vent pipes. Locate the different components and assemble them as shown in Picture # 13 below. Take note that all four vents are attached using screws to the corresponding flanged openings in the ovens.



Picture # 13

INFERNO 3000 INSTALLATION INSTRUCTIONS

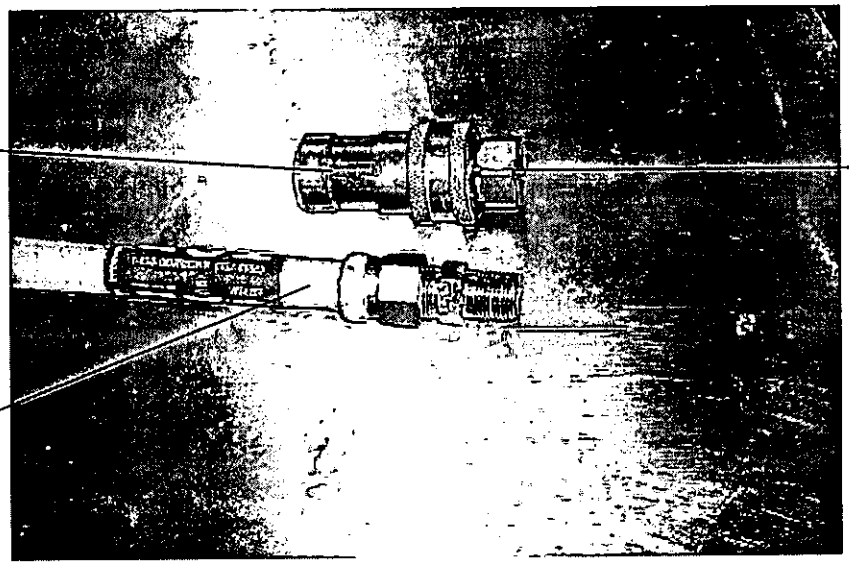
Important Note: The manufacturers recommended installation instructions DO NOT SUPERCEDE any local plumbing regulations. Installation must be done by a certified tradesman and in accordance with all code requirements.

Facility Water Hookup

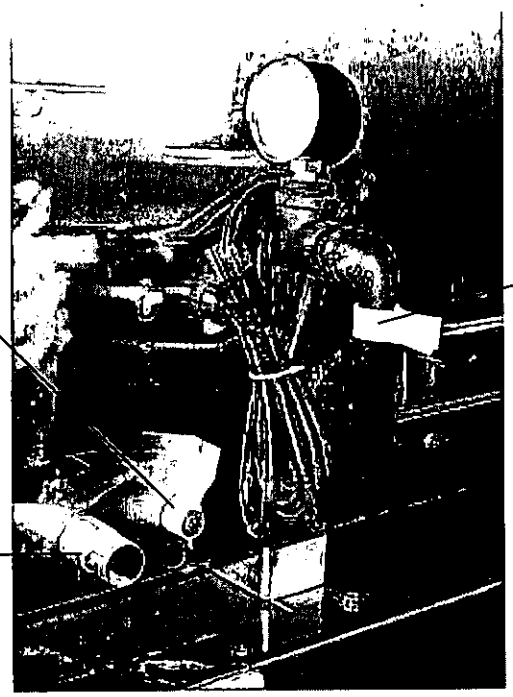
Water Softener - It is recommended to connect the Inferno 3000 rotisserie oven to a soft water supply. For installation in locations that have integrated water softening systems into their potable water supply lines, external softeners are not required. For all other locations it is recommended that you install an external softening filter. The filter should be installed on the wall behind the rotisserie, in close proximity (maximum 24") to the water inlet connection (see picture 15) located at the back of the rotisserie.

Connecting The Oven to The Water Supply –

1) Ensure the water supply on the wall is turned off.
2) Locate the water inlet connection at the lower rear right corner of the oven (see picture 15).
3) Apply Teflon thread sealant to the ½" NPT fitting and screw on the threaded quick disconnect connector supplied with the rotisserie oven.
4) Connect the flexible water supply hose(see picture 14) supplied with the rotisserie to the connection bib located in the rotisserie room.
5) Insert the quick disconnect connector at the end of the flexible supply hose into the mating connector on the oven.
6) Ensure the manual water valve, located on the front right corner just below the machine room access door, is closed. Open the water supply valve and check lines for leaks.



Picture #14



Picture #15

Drain Connections

Please note: The inferno 3000 is equipped with two drains. One line is for the drainage of the cooking effluent and the other drain is for the auto clean drain line. The 1 ½" diameter drain line is for the removal of grease and water during the cooking process. This effluent from the drain must be passed through a grease separation unit prior to disposal into the facility drainage system. The 1" drain line is for the auto clean system and should be plumbed directly to the facility drains.

Plumbing the 1 ½' Drain Line – the 1 ½" drain line is the drain line coming from the water pan drain. The effluent from this drain may contain high concentrations of FOG's (Fats, Oils and Grease) produced during the cooking process and must be passed through a grease separation unit prior to disposal into the waste water drainage. For locations equipped with a grease separator/trap located on the drain line from the rotisserie room the units may be plumbed directly into this drain. For locations not equipped with a grease separation unit, the effluent must be collected in containers and transferred to a rendering barrel for proper disposal. Please consult the local plumbing authorities for proper disposal requirements.

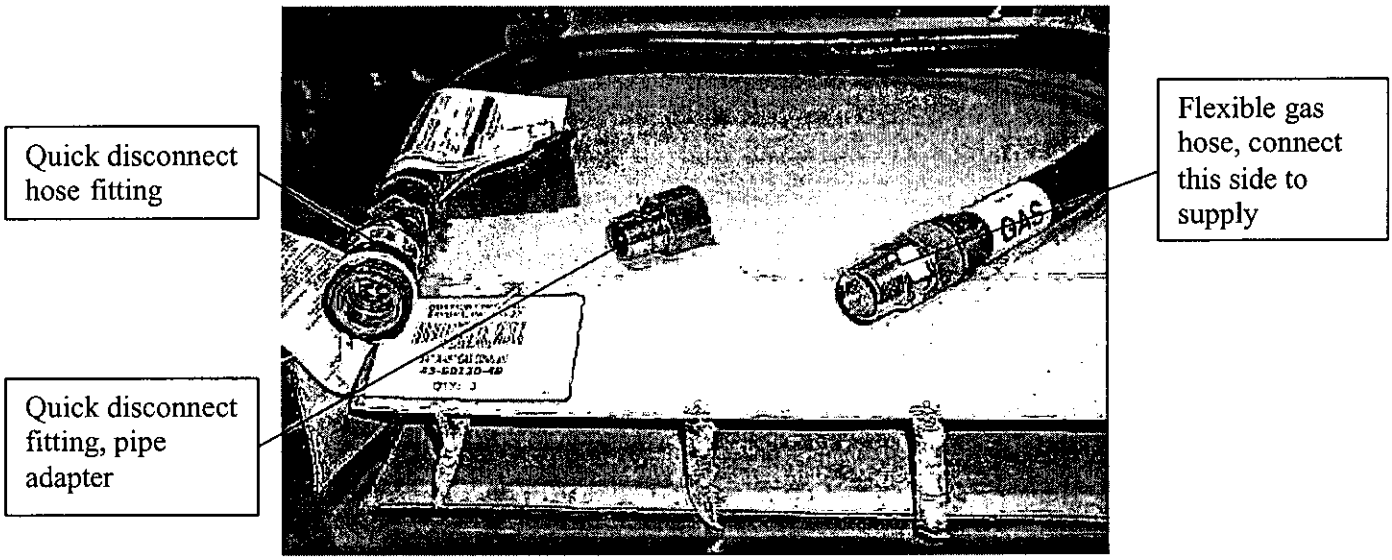
Plumbing the1" Drain Line – The 1" drain line is located at the exterior lower rear right corner of the oven (see picture 15). This drain is for the auto clean process and is used to drain the water/detergents used during this process. It may be connected either by means of a flexible connection or plumbed directly, as per the customers requirements, to the waste water drainage system.

Gas Connection

Important Note: Ensure the facility gas supply is turned off prior to opening any connections prior to or during the gas hose installation and connection of the unit.

The gas connection is located behind the right rear corner of the rotisserie (see picture 15). The rotisserie oven is supplied with a flexible quick disconnect hose and pipe adapter (see picture 16).

1) Apply Teflon tape to the threaded pipe end on the gas pipe extending from the rear of the rotisserie.
2) Screw the quick disconnect fitting (pipe adapter) onto the threaded connection.
3) Attach the flexible gas supply hose to the facility gas supply line and connect the gas to the unit by sliding the quick disconnect hose fitting onto the pipe adapter.
4) Open the main gas valve from the facility gas supply line(s).
5) Verify all hoses, fittings and connections for leaks prior to operating the oven. **Failure to do so may result in serious injury.**



Picture 16

Costco Wholesale #229
1722 Rt. 88
Brick, N.J. 08724
(732) 458-2114

To: Mark **From :** Chris Binns
Fax#: (732) 262-8954 **Re:** _____
Ph#: _____ **CC:** _____

Mark, per your request, please find the information regarding the waste design for the Hardt Inferno 3000 oven as well as the inspection report from the Ocean County Health Department stating they are aware of the drain design that necessitates the use of containers and a waste oil removal provider.

Thank you!

CB

HARDT

The Food Systems Resource

October 27, 2004

Costco Wholesale #229
1722 Route 88
Brick, NJ
08724

Attn: Chris

Subject: Hardt Inferno 3000 rotisserie installation

The plumbing/drain function of the Hardt Inferno 3000 rotisserie can be installed to drain either to a bucket/grease shuttle or a floor drain (with a grease trap).

The rotisseries that have been manufactured for your building have been prepared to be drained to a bucket/grease shuttle.

In order for the units to be plumbed to a floor drain, the drain requires a grease trap which can accommodate the grease drained from the units. The plumbing configuration will also need to be changed on the units.

We have installed many of these units in other states, some to floor drains and others to buckets/grease shuttles.

The units are both UL and NSF approved to be operated in this manner.

Should you have any questions, please do not hesitate to call.

Sincerely,

Lori Tyrrell
VP Field Support

HARDT Equipment Manufacturing
2025 52nd Avenue, Lachine, Montreal, QC, Canada H8T 3C3
800.387.8847 Tel: 514.631.7271 **Fax:** 514.631.7273
Web: http://www.hardt.ca.

Ocean County Health Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 732-920-2114

ESTABLISHMENT TRADING NAME: COSTCO

NUMBER AND STREET: 1722 RT. 88 WEST

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08724

ESTABLISHMENT LICENSE NO.: N/A

COMMUN. CODE: 1506

RISK: II

ESTABLISHMENT CODE: 39

GOODS: ☐ DESTROYED ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: COSTCO WHOLESALE

NUMBER AND STREET: 999 LAKE DRIVE

CITY OR MUNICIPALITY: ISSAQUAH

STATE: WA.

ZIP CODE: 98027

COMMUN. CODE: 0000

TIME (2400 HOURS)

DATE	BEGIN	END
10-27-04	1050	1155

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☒ INITIAL INSPECTION
- ☐ REINSPECTION
- ☐ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE
  NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Joseph J. Przywara
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 732-341-9700 ext. 7469
609-978-9715

Tobacco O. V. N.A.

NAME OF INSPECTING OFFICIAL (Print): STEVE KLINIECKI

SIGNATURE OF INSPECTING OFFICIAL: Steve Klinieck

PERMANENT REG. NO.: B-1463

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
Costco	N/A	10-27-04
Signature of Inspecting Official	Municipality	Time - (2400 Hours) Begin 1050
	Brick	

REG. NO.	REMARKS (Please specify area)
Note	This inspection was conducted for the
-	remodeled Rotisserie Area. This area
-	is satisfactory as per approved Ocean
-	County Health Department plans. The
-	Rotisserie ovens, which were newly
-	installed, empty grease into similar
-	steel rolling pans which when needed to
-	be emptied are wheeled outside and
-	then the grease is emptied into grease
-	containers supplied by the company,
-	Darling and carted off to an approved
-	recycler. I find this area to be
-	satisfactory.
Note	Inspection of the entire establishment
-	was conducted in April 2004 by
-	John Protomentis.

Chris Binns C.E.H. 10/27/04

(Attach additional sheets if necessary)

H.D. 67

Page 1 of 1 Pages

DARLING
RESTAURANT SERVICES
For Restaurant Grease Collection and Recycling

TORVAC
Division of Darling International Inc.
Grease Trap Cleaning, Maintenance & Disposal

825 Wilson Avenue
Newark, NJ 07105

Date: 10-27-04

To Whom It May Concern:

Darling International has been contracted by Costco #229 located at 1722 Rt. 88 in Brick, NJ for the removal of waste frying oil. A grease dumpster/barrel will be provided by Darling for the removal of the waste oil. The grease will be removed on a regular basis. The waste oil is then brought to our plant in Newark where it is rendered. If you have any further questions, please call Tina at 800-842-5927 extension 114.

Thank You,

George D. Guttridge
Regional Sales Manager

973-465-1900
Fax: 973-465-9247
800-842-5927
www.darlingii.com

Should you require any additional information regarding this matter, please contact me at (425) 483-1474. Thank you.

Sincerely,

Renee L. Henry
Senior Project Manager

c: Costco Wholesale: Steve Meyer
Costco Wholesale: Chris Binns
Miller Construction Services: Tony Miller
MulvannyG2 Architecture: Nancy Bennett Evans

n:\costco\84\84-0760-12\02corresp\204\ltr addclient\ltr re evans 10-27-04.doc

Post-it® Fax Note 7671	Date 10-27	# of pages ▶ 2
To CHRIS BINNS	From RENEE HENRY	
Co./Dept. MANAGER	Co. MG2	
Phone #	Phone # (425) 463-1474	
Fax # (732) 840-3638	Fax #	

MULVANNY G2

DESIGN AT WORK

October 27, 2004

Mark Hubbard
Plumbing Inspector
Brick Township
401 Chambers Road
Brick Township, NJ 08723

Re: **Costco Wholesale**
1722 Route 88
Brick, NJ 08723
MG2 Project Number: 04-0760-12

Subject: **Chicken Rotisserie Oven Waste Design and Functions**

Dear Mr. Hubbard:

This letter is in response to your questions and concerns regarding the operation and design of the Chicken Rotisserie at the Costco Wholesale located at 1722 Route 88 in Brick Township, NJ.

The Hardt Inferno 3000 double deck ovens have two drain connections, the 1 ½" drain line is the waste line that is coming from the water pan, which may contain high concentrations of grease produced during the cooking process. As these new ovens are being installed in an existing warehouse, the current grease interceptor does not have the capacity to handle the potential influx of grease generated by these ovens. The design intent and per the oven manufacturer's recommendations, the warehouse has a current system in place, in which they collect the grease in separate containers and have it picked up by an outside company and disposed of offsite.

The new floor sinks were added to accommodate the 1" drain line that runs from the ovens. This 1" line is for the auto clean process and is used to drain the water used during this process. The new floor sinks are tied into the existing grease interceptor, should a small quantity of grease get through the system.

T 425.463.2000
F 425.463.2002
1110 112TH AVENUE NE | SUITE 500 | BELLEVUE, WA | 98004
MulvannyG2.com

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1722 Route 88, Brick N.J. 08723
Block: 1170 Lot: 5
Owner's Name: Costco Wholesale Corp.
Owner's Mailing Address: 999 Lake Drive
Issaquah WA 98027
Phone: (425) 313-8100

BUILDING

Contractor: Fairfield Refrigeration
Address: 15 OAK Rd.
Fairfield NJ. 07004
Phone#: 973-227-2210
Lis #
Federal Emp # or SSN 2-22598606

Technical Data

Description of Work:

Interior Remodel
upgrade chicken Rotisserie
AREA.

Type of Work

___New Building	___Siding
___Addition	___Fence
X Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 26500.00

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

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

Signature: Udo O. Klemp
Please Print Name Udo O. Klemp.

ELECTRICAL

Contractor: D'Amore Refrig & Elec Inc
Address: 409 Brighton Ave.
Tuckerton, N.J. 08087
Phone#: 609-296-7890
Lis #: 6956
Federal Emp # or SSN 04-3632837

Technical Data

Item	Quantity
Lighting Fixtures	2
Receptacles	2
Switches	4
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	8

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP 2
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: 2000.00

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

Signature: Frank D'Amore
Please Print Name FRANK D'Amore.

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Cosimano Plumbing Co.
Address: 719 Ackerman Ave.
Glen Rock NJ. 07452
Phone #: 201-670-6773
Lis #: B 5151
Federal Emp # or SSN 137-36-2819

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	2 (Relocate)
Shower	
Floor Drain	3
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	ROTISSERIE 4-gas lines
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	1
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work 2000.00

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

Signature: Philip Cosimano
Please Print Name: Philip Cosimano

CONTRACTOR'S SEAL

FIRE

Contractor: R.L. Dehn + Son's Fire Protection
Address: 440 Brasen Ave
Wyck OFF N.J. 07481
Phone #: 201-445-1155
Lis #: P00306
Federal Emp # or SSN 22-2683232

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	Remove/Reinstall 2 sprinklers
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	(will be updated by different contractor)

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas ~~Stove~~ oven 4
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances 4

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work $1500.00

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

Signature: F. Hogan
Print Name: Frank Hogan