

BLOCK 1170 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1722 Rt 88 PERMIT NO. 08-2648



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1722 Rt 88

2. Name of Owner in Fee: Costco Wholesale
Tel. (732) 262-6300 e-mail _____
Address 1722 Rt 88
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Costco Wholesale Tel. (732) 262-6300
Address 1722 Rt 88 e-mail _____
Prick NJ 08724

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. 91-122-3280 FAX: (732) 262-6300

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Jim Keating
Tel. (732) 771-6128 FAX: (732) 262-6304

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>120</u>	☒	
2. Electrical			
3. Plumbing	<u>40</u>	☒	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>160</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>236-</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☒ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

☒ Building ☒ Electrical ☒ Plumbing ☒ Fire Protection ☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>5</u>				<u>8/28/08</u>	<u>PGD</u>	<u>4-1-09</u>		
				<u>8/28/08</u>	<u>PGD</u>	<u>3-24-09</u>		
				<u>8/28/08</u>	<u>PGD</u>	<u>3-30-09</u>		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income restricted

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

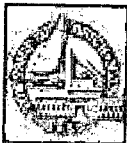
Agent Name Costco Wholesale

Address 1722 Rt 88

Telephone (732) 262-6380

Signature [Signature]

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 4/27/2009
Control Number C-08-004178
Permit Number 08-2648
Permit Issue Date 8/28/2008
Certificate Number 08-2648

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1722 ROUTE 88 Brick Township, NJ Block: 1170 Lot: 5 Qual: _____
Owner in Fee: COSTCO WHOLESALE
Owner Address: 1722 ROUTE 88 BRICK NJ
Telephone: (732) 262-6300
Contractor ANDY CORYMANS PLUMBING & HEATING
Address 351 RANOCAS ROAD BRICK NJ
Telephone: _____ Fax: _____
License Number or Builders Registration Number: 12092 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL REMOVAL OF REFRIGERATION BOXES, DAIRY COOLERS, FREEZER BOXES, MEAT & DELI CASES. BOXES NEED TO BE REMOVED TO MAKE ROOM FOR NEW TENANT. ALL REFRIGERATION LINES WILL BE REMOVED ALONG WITH SPRINKLERS AND ELECTRIC SERVICE.

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

This certificate has an expiration date of:

Conditions to be met:

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

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

☐ Total removal of lead-based paint hazards in scope of work

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

☐ Total removal of asbestos hazards in scope of work

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

This certificate has an expiration date of:

Conditions to be met:

Construction Official _____

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 4/27/2009

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

Page 1



CONSTRUCTION PERMIT

Date Issued 8/28/2008
Control # C-08-004178
Permit # 08-2648

IDENTIFICATION Block: 1170 Lot: 5 Qualifier _____
Work Site Location: 1722 ROUTE 88 Brick Township, NJ Contractor COSTCO WHOLESALE
Address 1722 ROUTE 88 BRICK NJ
Owner in Fee COSTCO WHOLESALE
1722 ROUTE 88 BRICK NJ Telephone: (732) 262-6300
Telephone: (732) 262-6300 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL REMOVAL OF REFRIGERATION BOXES, DAIRY COOLERS,
FREEZER BOXES, MEAT & DELI CASES. BOXES NEED TO BE REMOVED TO MAKE ROOM
FOR NEW TENANT. ALL REFRIGERATION LINES WILL BE REMOVED ALONG WITH
SPRINKLERS AND ELECTRIC SERVICE.

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$8,000

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$120
Electrical	\$0
Plumbing	\$40
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$11
CO Fee	
Other	\$0
Total	\$236
Check No.	7391118
Cash	\$0
Credit	\$0
Collected By	Bernadette Ritchings

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



BUILDING SUBCODE TECHNICAL SECTION



COMMERCIAL

Date Received 8/28/2008
Control # C-08-004178
Date Issued 8/28/2008
Permit # 08-2648

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

Block 1170 Lot 5 Qualification Code _____
Work Site Location: 1722 ROUTE 88, Brick Township, NJ

Owner in Fee: COSTCO WHOLESALE
Address 1722 ROUTE 88, BRICK NJ

Tel. (732) 262-6300

Contractor: COSTCO WHOLESALE

Address 1722 ROUTE 88, BRICK NJ

Tel. (732) 262-6300 Fax: _____

Contractor License No. or, if new home, Bldg Reg. No. _____

Federal Employee No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required _____

☐ All _____

☐ Footing _____

☐ Foundation _____

☐ Frame _____

☐ Other _____

☐ Joint Plan Review Required _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA 4/1/09

Date: _____

Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed B Est. Cost of Bldg. Work: _____

Constr. Class Present _____ Proposed _____ 1. New Bldg. _____

Number of Stories _____ 2. Rehabilitation \$5,000

Height of Structure _____ 3. Total (1+2) \$5,000

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION - COMMERCIAL, REMOVAL OF REFRIGERATION BOXES, DAIRY COOLERS, FREEZER BOXES, MEAT & DELI CASES. BOXES NEED TO BE REMOVED TO MAKE ROOM FOR NEW TENANT. ALL REFRIGERATION LINES WILL BE REMOVED ALONG WITH SPRINKLERS AND ELECTRIC SERVICE.

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ 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 _____

State Permit Surcharge Fee \$2

TOTAL FEE \$122



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 5 Qualification Code _____
Work Site Location _____

Owner in Fee: Costco

Tel. (702) 300 0000 e-mail _____

Address 1200 Park Blvd City Las Vegas State NV Zip 89104

street

municipality

zip code

Contractor: _____ Tel. (____) _____ e-mail _____

Address _____

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

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required See Below

☐ All _____

☐ Footings/Foundations _____

☐ Structural/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☐ CA _____

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories 1 _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

INSPECTIONS

Type: _____

Failure _____

Failure _____

Approval _____

Initial _____

Footings _____

Footings Bonding _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes -Base Layer _____

Finishes -Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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

Removal of metal roof overhangs. Driveway fence removed, replaced with chain link fence. New driveway.

Any Structural Damage Needs Repair

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____

☐ Sign _____

☐ Pool _____

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☒ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

COPY FOR PRODUCTION

100 Original

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

Date Received
Control #
Date Issued
Permit #

03-2648
8/28/08



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 1170 Lot 5 Qualification Code 08724
Work Site Location 1722 Rt 88 Brick NJ

Owner in Fee Costco Wholesale
Address 1722 Rt 88 Brick NJ 08724

Tel (732) 262 - 6300
Contractor Costco Wholesale RL Dehn & Sons
Address 1722 Rt 88 Brick NJ 08724

Fax (732) 262 - 6300 FAX (732) 262 - 6304
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00306
Fire Alarm Contractor No. P00597

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 Fire Suppression/Standpipe System: _____
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____
Fuel Type: [] Flammable or [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ 2900 44

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Type:	Alarm System	Suppression Sys.	Standpipe	Fire Pump	Pre-Eng. System	Mechanical	Smoke Control	TCO	Flam/Combust Tanks	Fireplace Venting	Final	Other
☒ No Plans Required														
☒ Joint Plan Review Required:														
[] Building [] Plumbing														
[] Electric [] Elevator														
[] Fire Plans Approved														
Date: <u>8/28/08</u>														
Approved by: <u>[Signature]</u>														
SUBCODE APPROVAL														
[] CO [] CA														
Date: <u>8/28/08</u>														
Approved by: <u>[Signature]</u>														



Date Received 08-26-08
Control # 8/28/08
Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of said and am authorized to make this application. [Signature]
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Cap off heads in cooler/freezer box.
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____

[] System _____
[] 110V Interconnected _____
[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____
TOTAL _____

Suppression Systems _____
Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____

Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____

Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____

FM200 Suppression _____
Other _____

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____

Fired Appliances [] Gas or [] Oil _____
Fireplace Venting/Metal Chimney _____

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

COMMERCIAL



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 Qualification Code 03724
Work Site Location 1722 Rt 38 W Brick NJ 08724

Owner in Fee: Costco Wholesale
Tel. (732) 262-6300 e-mail _____

Address _____
Contractor: Andy Coymans Plumbing & Heating Tel. (_____) zip code _____
Address 351 Ravenna Rd Brick NJ e-mail _____

Contractor License No. 12092 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

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 \$ 41000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
☐ Partial - Under-slab Utilities Approved					
Date: _____	Approved by: _____	Slab			
☐ Plumbing Plans Approved		Rough			
Date: _____	Approved by: _____	Water			
☐ Joint Plan Review Required:		Sewer			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Fixtures			
☐ SUBCODE APPROVAL for PERMIT		Gas Equipment			
Date: <u>8-28-09</u>		Gas Piping			
Approved by: <u>[Signature]</u>		LP Gas Tank			
☐ SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping			
☐ CO ☐ CCO ☐ CA		Solar			
Date: <u>3-24-05</u>		TCO			
Approved by: <u>[Signature]</u>		Final			

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Disconnect & Cap Drains

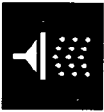
Date Received 08-26-08
Control # _____
Date Issued 8/28/08
Permit # _____

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$ _____
	Urinal/Bidet	\$ _____
	Bath Tub	\$ _____
	Lavatory	\$ _____
	Shower	\$ _____
	Floor Drain	\$ _____
	Sink	\$ _____
	Dishwasher	\$ _____
	Drinking Fountain	\$ _____
	Washing Machine	\$ _____
	Hose Bibb	\$ _____
	Water Heater	\$ _____
	Fuel Oil Piping	\$ _____
	Gas Piping	\$ _____
	LP Gas Tank	\$ _____
	Steam Boiler	\$ _____
	Hot Water Boiler	\$ _____
	Sewer Pump	\$ _____
	Interceptor/Separator	\$ _____
	Backflow Preventer	\$ _____
	Greasetrap	\$ _____
	Sewer Connection	\$ _____
	Water Service Connection	\$ _____
	Stacks	\$ _____
	Other <u>Disconnect & Cap</u>	\$ _____
	Other <u>Drains</u>	\$ _____
	Administrative Surcharge	\$ _____
	Minimum Fee	\$ _____
	State Permit Surcharge Fee	\$ _____
	TOTAL FEE	\$ _____

COMMERCIAL



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 Qualification Code 1722
Work Site Location 1722 Rt 28 W Brick NJ 07724

Owner in Fee: Custco Wholesale e-mail _____
Tel. (732) 262-6300 e-mail _____

Address _____ zip code _____
Contractor: Fluechy Coegmans Plumbing & Heating Tel. () _____
Address 351 Lawrence Rd Brick NJ e-mail _____

Contractor License No. 12092 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

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 \$ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:		Type:		Failure	Approval
[] No Plans Required		[] Partial - Under slab Utilities Approved		Initial	
Date: _____	Approved by: _____	Slab			
[] Plumbing Plans Approved		Rough			
Date: _____	Approved by: _____	Water			
Joint Plan Review Required:		Sewer			
[] Bldg. [] Elec. [] Fire. [] Elev.		Fixtures			
SUBCODE APPROVAL for PERMIT		Gas Equipment			
Date: _____	Approved by: _____	Gas Piping			
SUBCODE APPROVAL for CERTIFICATE		LPGas Tank			
[] CO [] CCO [] CA		Fuel Oil Piping			
Date: _____	Approved by: _____	Solar			
[] CO [] CCO [] CA		TCO			
Date: _____	Approved by: _____	Final			

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.

[] Licensed Plumbing Contractor [] Exempt Applicant 12092
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Disconnect & Cap Drains

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other <u>Disconnect & Cap</u>	
	Other <u>Drains</u>	

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

Date Received
Control #

08-2648

Date Issued
Permit #

8/28/08



Work Site Location _____

Address _____

e-mail _____

Federal Emp. ID No. _____

FAX: (_____) _____

Max. Occupancy Load _____

Page 1 of 1

8/28/08 08-2648

9

TOTAL FEE \$

4 Gold = Applicant Copy



FIRE PROTECTION 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 1110 Lot 5 Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel (____) _____
Contractor _____
Address _____

Tel (____) _____ FAX (____) _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Cnstr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Alarm System	Failure	Failure	Approval
☒ No Plans Required	Alarm System	_____	_____	_____	Initial
☐ Joint Plan Review Required:	Suppression Sys.	_____	_____	_____	_____
☐ Building [] Plumbing	Standpipe	_____	_____	_____	_____
☐ Electric [] Elevator	Fire Pump	_____	_____	_____	_____
☐ Fire Plans Approved	Pre-Eng. System	_____	_____	_____	_____
Date: <u>8/28/08</u>	Mechanical	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL	TCO	_____	_____	_____	_____
[] CO [] CCO [] CA	Flam/Combust Tanks	_____	_____	_____	_____
Date: _____	Fireplace Venting	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Other	_____	_____	_____	_____

Date Received

Control #

Date Issued

Permit #

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:

Upset 1000s in cock/firecode box.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

NUMBER

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ 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 \$ _____

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1722 Rt 88

Block: 1170 Lot: 5

Contractor: Costco

Contractor's Address: 1722 Rt 88 Brick NJ 08724

Type of Construction (minor, new home): Demolition

Type of Debris (shingles, siding, wood, etc.): old Shelving / Cabinets

Party responsible for removal: Ocean Carting

Dumpster size: 40 yd

Destination of debris: County Landfill, Metal to Brick-wall Scrapyard

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

[Signature]
Signature

8/26/08
Date

Jim Keating
Print Name