



US
NEW JERSEY
INTERNATIONAL CONSTRUCTION

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION
IDENTIFICATION

1. IDENTIFICATION

1. Proposed Work Site at: 1722 ROUTE 88 Brick N.J. 08723
2. Name of Owner in Fee: COSTCO WHOLESALE Tel. (425) 313-6287
Address 999 Lake Dr. 300 Issaquah Washington 980
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Fairfield Refrigeration 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. 22-2598606 FAX: (973) 227-1207
5. Architect or Engineer MULVANNY Partnership Tel. (425) 822-0444
Address 11820 Northup Way F300 Bellevue, WA. 98005
6. Responsible Person in Charge of Work UDO Klemm
Tel. (973) 227-2210 FAX (973) 227-1207

mike-973-227-2210
Ext. 521

Exterior alteration
(Fine, plumbing, Elect later)

Update

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for State Plan Review
8. Subtotal
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other *2750*
13. TOTAL

\$ 2135. -

Update

18

310

304

No

1000

828

VI. BUILDING/SITE CHARACTERISTIC

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

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

TOTAL COSTS

OPTIONAL (for office use only)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates		Re-viewer
						Approval	Rejection	
	[Signature]			7-10-98	FM			
85000						9-11-98		ON
12560			6/26/98	7-20-98	Cen	SFC OLM -		
20500				7-15-98	DW			
						Close 9/15/98 O/C		
	-GWR-	6/2/98		6/2/98	JLH			

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use: RETAIL - 2nd

U.C.C. F100-1 (rev 3/96)

LDS BR 10401761

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner)
I hereby certify that I am the owner in fee of the property listed
Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) is to be occupied by myself or a family member. This dwelling is to be occupied by myself at residential use. I attest that all construction, plumbing by subcontractors under my supervision, in accordance with the New Home Warranty Act and that such fact shall be disclosed to any person in possession of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACCEPT RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE COST OF THE WORK, AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE WORK, 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.

X 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.

X Agent Name Fairfield Refrigeration

Address 15000 Rd.

Fairfield NJ 07004

Telephone (973) 227-2210

Signature Mike C. Klemm Mike Klemm

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

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. _____	_____	_____	_____



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

9/15/98

98-2309

IDENTIFICATION Block 1170
Work Site Location Costco Wholesale
1722 Rt 88
Owner in Fee (Poli)
Address _____
Tele. (____) _____

Contractor Same
Address _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☒ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

Penalty

DESCRIPTION OF WORK:

Estimated Cost of Work \$ 8

J. Canazza
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other Penalty 1500
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total 1500
Check No. # 4516
Cash _____
Collected By: JH

Update Issued	01/01/54
Control #	
Permit #	98-2309+A
Permit Issued	07/10/98

Update Issued 01/01/54
Control #
Permit # 98-2309+A
Permit Issued 07/10/98

Qual _____

Contractor RUMSON ELECTRIC CO INC

Address 21 ROSALIE AVE

FLINSON, NJ 07760-
Telephone (732)842-1877

Telephone (732) 842-1877
Lic. No. or Bldrs. Reg. No. 8849

Federal Emp. No. 22-185116

PAYMENTS (Office Use Only)

- | | |
|-----------------|-----|
| Building | 0 |
| Electrical | 188 |
| Plumbing | 310 |
| Fire Protection | 304 |

Elevator Devices _____ 0

Other _____

Collected By CS

01/01/54
Date

U.C.G. F180 (rev. 3/96)

Elevator Devices	0
Other	
PCA Training Fee	36
Cert. of Occupancy	0
Other	
Total	838
Check No.	2852
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATES

##0002##
982309##

LOT	5	0.00
ELECTRIC*		35.00
TOTAL		35.00
CHECK		35.00
CHANGE		0.00
NO. 5	0012A005	11:03

Update Issued 12/18/98
Control #
Permit # 98-2309+B
Permit Issued 07/10/98

IDENTIFICATION Block 1170 Lot 5

Qual

Work Site Location 1722 RI 88 COSICO WHOLESALE

Contractor ADI SECURITIES

Owner in Fee COSICO WHOLESALE

Address 2540 RI 130
CRANFORD, NJ

Address 999 LAKE DR

Telephone (609) 260-2146

Telephone 8001530904, WA 980

Lic. No. or Eiders. Reg. No.
Federal Epp. No. 58-1814102

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |

(Subchapter 8 only)

DESCRIPTION OF WORK:
ALARM SYSTEM

Estimated Cost of Work \$ 385

Construction Official

[Signature]

12/18/98
Date

O.C.C. Form (rev. 3/95)

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Total	35
Check No.	2007
Cash	
Collected By	HP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/27/98
Date Issued 7/10/98
Control # C29-56
Permit # 98-2304

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

Block 1110 Lot 5
Work Site Location 1722 RT 89 COSTCO WHOLESALE

INTERIOR ALTERATION

Owner in Fee COSTCO WHOLESALE

Address 999 LAKE DR

BOONSBURG, VA 980 -

Tele. (425) 313-6287

Contractor FAIRFIELD ASSOCIATION

Address 15 OAK RD

FAIRFIELD, NJ 07004-

Tele. (973) 227-2210

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2598606

or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 7-10-99 FWH

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

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 \$ 85,000

3. Total (1+2) \$ 85,000

Industrialized Building:

☐ State Approved

☐ HUD

☐ HUD

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 ALTERATION IN MEAT, PRODUCE, AND DELI COOLER
RELOCATING OPTICAL EXAM AND RAMP

Plumbing, Fire, Electric
To be updated.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (6' or over)

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 2,135

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 2,135

DCA Training Fee \$ 68

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC-NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/27/98
Date Issued 7/10/98
Control # C29-56
Permit # 98-2304

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

Block 1110 Lot 5
Work Site Location 1722 RT 88 COSTCO WHOLESALE

INTERIOR ALTERATION

Owner in Fee COSTCO WHOLESALE

Address 999 LAKE DR

BOOTSQUAH, WA 980

Tele (425) 313-6287

Contractor FAIRFIELD ASSOCIATION

Address 15 OAK RD

FAIRFIELD, NJ 07004-

Tele (973) 227-2210

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2598606

or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Req.			Type				
☒ All	7-10-99	FW	Footings				
☐ Foundation			Foundation				
☐ Slab			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes				
☐ Elect			Energy				
☐ Plumb			Fire				
SUBCODE APPROVAL			Mechanical				
☐ CC			PCO				
☐ CC3			CA				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 85,000
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 85,000
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ HUD

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 ALTERATION IN HEAT, PRODUCE, AND DELI COOLER
RELOCATING OPTICAL KAHN AND KAHN

Plumbing, Fire, Electric
To be updated

TYPE OF WORK	FEES (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	2,135
☐ Roofing	
☐ Siding	
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement	0
☐ Other	0
Other	0
☐ Demolition	0

Paid ☐ Check #	Administrative Surcharge	\$ 0
Collected by:	Minimum Fee	\$ 0
	TOTAL FEES	\$ 2,135
	DCA Training Fee	\$ 68



ELECTRICAL 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 5-6-601-6.02
Work Site Location 1777 Route 88
RTIC N.Y. 68723
Owner In Fee/Occupant 16510 246015012
Address 999 Lake Dr.
20155000000 246015012
Tel. (415) 319-6287
Contractor Rumson Electric Co. Inc.
Address 21 Route Ave.
Rumson N.J. 07766
Tel. (732) 842-1877 Fax (732) 842-5172
Lic. No. 8849
Federal Emp. No. 22-1851116

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 16,000

JOB SUMMARY (Office Use Only)

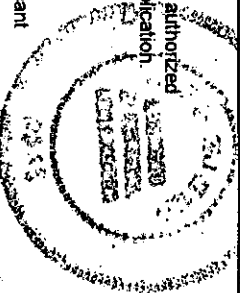
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type	Failure	Failure	Approval	Initial
☐ No Plans Required			Rough				
Joint Plan Review Required:			Temp. Serv.				
☐ Building ☐ Plumbing			Constr. Serv.				
☐ Fire ☐ Elevator			TCO				
☒ Elec. Plans Approved			Other				
Date: <u>7-13-17</u>			Service				
Approved by: <u>WV</u>			Final				
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued				
☐ CO ☐ CCO ☐ CA			Final Cut-In-Card Date Issued				
Date: _____							
Approved by: _____							

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant

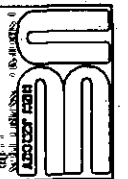


Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
45		Lighting Fixtures	
30		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
		KV Elec. Range/Receptacle	
		KV Oven/Surface Unit	
		KV Elec. Water Heater	
		KV Elec. Dryer/Receptacle	
		KV Dishwasher	
		HP Garbage Disposal	
		HP/KV Central A/C Unit	
		HP/KV Space Heater/Air Handler	
		KV Baseboard Heat	
		HP Motors 1/+ HP	
		KV Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KV Elec. Sign/Outline Light	

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$ <u>188</u>



ELECTRICAL 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 5-6-601+6.02

Work Site Location 1722 Route 88

Brick N.Y. 08723

Owner in Fee/Occupant Restco Wholesale

Address 999 Lake Dr.

200 Issaquah Wash. 980

Tele. (425) 312-6287

Contractor Rumsan Electric Co Inc.

Address 21 Rosale Ave.

Rumson N.J. 07760

Tele. (732) 842-1877 Fax (732) 842-5172

Lic. No. 8849

Federal Emp. No. 22-185446

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Rough				
☐ Joint Plan Review Required:			Temp. Serv.				
☐ Building ☐ Plumbing			Constr. Serv.				
☐ Fire ☐ Elevator			TCO				
☒ Elec. Plans Approved			Other				
Date: <u>2-13-99</u>			Service				
Approved by: <u>WV</u>			Final				
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued <u></u>				
☐ CO ☐ CCO ☐ CA			Final Cut-In-Card Date Issued <u></u>				
Date: <u></u>							
Approved by: <u></u>							

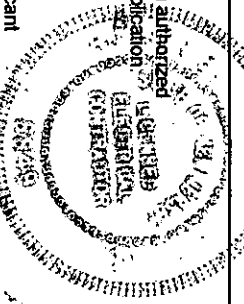
C. CERTIFICATION IN LIEU OF OATH

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.

John R. Ott

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

7-21-98
98-2309+2

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
<u>45</u>		Lighting Fixtures
<u>30</u>		Receptacles
<u>6</u>		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UV Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		HP/KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Administrative Surcharge	\$	
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	<u>188</u>

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

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



ELECTRICAL 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 5-6-601+6.02

Work Site Location 1722 Route 88

Owner In Fee/Occupant Brick N.Y. 08723

Address 999 Inlet Dr.

Tele. (425) 313-6287 Quash. 980

Contractor Rumsan Electric Co Inc.

Address 21 Beavie Ave.

Tele. (232) 842-1877 Fax (732) 842-5772

Lic. No. 8849 22-1851116

Federal Emp. No. 22-1851116

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # 1 ☐ Temporary ☐ Other

Building Occupied as Utility Co.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

☐ No Plans Required Type: Rough Failure Failure Dates (Month/Day)

Joint Plan Review Required: Approval Initial

☐ Building ☐ Plumbing Temp. Serv. 1 1/2 1/2 1/2

☐ Fire ☐ Elevator Constr. Serv. 1 45 45 45

☒ Elec. Plans Approved TCO 1 150 150 150

Date: 2-13-99 Other 1 150 150 150

Approved by: WV Service 1 150 150 150

Final 9/20/01 WV 45 45 45

SUBCODE APPROVAL ☒ CC ☒ CA

Date: 9/20/01 Temp. Cut-In-Card Date Issued

Approved by: WV 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

John R. OH

☒ Licensed Electrical Contractor ☐ Exempt Applicant

U.C.C. F120 (rev. 3/98)

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy



Date Received
Date Issued
Control #
Permit #

7-21-98
98-2309+2

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

45 Lighting Fixtures

30 Receptacles

6 Switches

6 Detectors

6 Light Poles

6 Motors—Fract. HP

6 Emergency & Exit Lights

6 Communications Points

6 Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

HP/KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Receptacle

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

of panel

Rel info

of panel

of panel

of panel

of panel

of panel

of panel

of panel

of panel

of panel

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

188.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/16/98
Date Issued 01/01/94
Control # 12-18-98
Permit # 98-2309+8

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 Sub Qual

Work Site Location 1172 RT 88 COSTCO WHOLESALE

Owner in Fee COSTCO WHOLESALE

Address 999 LAKE DR

8001SSORUM, CA 980

Tele. (602) 260-2146 Fax ()

Contractor ADI SECURITIES

Address 2540 RT 130

CRANBURY, NJ

Tele. (602) 260-2146 (609) 655-2200

Lic. No. or Bldgs. Reg. No. 58-1814102

Federal Emp. No. 58-1814102

B. ELECTRICAL CHARACTERISTICS

Use Group - Present H Proposed H

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 365

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[] Bidg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 9/23/98

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 9/23/98

Approved By: [Signature]

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized
to take 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. SITE

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL HUBBERS

Pool Permit/with WH Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/2 HP

KW Transformer/Generator

AHP Service

AHP Subpanels

AHP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Administrative Surcharge \$ 10

Minimum Fee \$ 0

TOTAL FEE \$ 35

DCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Update 7-21-91
Date Received 05/27/98
Date Issued
Control # 229-55 98-23094H
Permit #

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

Block 1170 Lot 5
Work Site Location 1722 RT 88 COSTCO WHOLESALE

INTERIOR ALTERATION

Owner in Fee COSTCO WHOLESALE

Address 999 LAKE DR

BOOTSQUAH, WA 980 -

Tele. (425) 313-6287

Contractor R L DEHN & SONS

Address 60 N PROSPECT ST

HALDWICK, NJ

Tele. (201) 445-1155

Lic. No. or Bldg. Reg. No.

Federal Reg. No. 22-2683232

or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M

Construction Class Present Proposed

Heating Systems [] New [] Existing

Type: [] Gas [] Oil [] Electrical [] Solar

[] Other

Location:

Total Est Cost of Fire Prot. Work \$ 12,500 [] Other

* JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No. Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 7-20-98

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS Dates (Month/Day)

Type Failure Failure Approval Initial

F-Alarm Test

Smoke Test

Mechanical

TCO

Other

Other

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 Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO2 Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

Other 2 ROTISSERIE

Other

Paid [] Check #

Collected by:

DCA Training Fee

Number PER (Office Use Only)

8

22

30

0

0

0

0

2

0

0

0

0

0

0

0

0

0

0

0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

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

Block 1170 Lot 5
Work Site Location 1722 RT 88 COSTCO WHOLESALE

INTERIOR ALTERATION

Owner in Fee COSTCO WHOLESALE
Address 999 LAKE DR
BOATSSONAH, WA 980 -

Tele. (425) 313-6287

Contractor R L DEHN & SONS
Address 60 W PROSPECT ST
WALDMICK, NJ

Tele. (201) 445-1155

Lic. No. or Bids. Reg. No.
Federal Emp. No. 22-2683232

or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M

Construction Class Present Proposed

Heating Systems [] New [] Existing

Type: [] Gas [] Oil [] Electrical [] Solar

[] Other

Location:

Total Est Cost of Fire Prot. Work \$ 12,500 [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 7-20-98

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] A

Date: 5-11-98

Approved By: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO2 Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

Other 2 ROTISSORIE

Other

Administrative Surcharge

Minimum Fee

Collected by:

DCA Training Fee

Update 7-21-98

Date Received 05/27/98

Date Issued

Control # 1229-65

Permit # 98-23094A

COOK'S RESTAURANT

THANK YOU

Number

8

22

30

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Update 7-21-98
Date Received 05/27/98
Date Issued 1/1/98
Control # 289-56 98-280946
Permit #

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 1170 Lot 5

Work Site Location 1722 RT 88 COSTCO WHOLESALE

INTERIOR ALTERATION

Owner in Fee COSTCO WHOLESALE

Address 999 LAKE DR

BOOTHSGROVE, VA 380

Tele. (425) 313-6287

Contractor COSIMANO PLUMBING CO

Address 719 ACERMAN AVE

GLENN ROCK, NJ 07452-

Tele. (201) 670-6773

Lic. No. or Bldgs. Reg. No. B-5151

Federal Emp. No. 22-2577588

or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 22,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[X] Plumb. Plans Approved

Date: 7-15-98

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved by:

Date:

INSPECTIONS

Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Grease Trap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other

Other

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

FEE (Office Use Only)

0

0

0

0

0

100

40

0

0

0

40

35

0

25

0

0

0

0

0

0

70

0

0

0

0

0

0

0

0

0

310

18

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

TOWNSHIP OF BRICK
 401 CHAMBERS BRIDGE RD
 DIVISION OF INSPECTIONS

UCC, NEW JERSEY
 PLUMBING
 SUBCODE
 TECHNICAL SECTION

Update 1-21-98
 Date Received 05/27/98
 Date Issued 1/1/98
 Control 0 230-56 98-280946
 Permit 8

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1170 Lot 5
 Work Site Location 1722 EF 88 COSTCO WHOLESALE
 INTERIOR ALTERATION
 Owner in Fee COSTCO WHOLESALE
 Address 999 LAKE DR
 BOONSHOGUE, VA 980 -
 Tele. (423) 313-6287
 Contractor COSIMANO PLUMBING CO
 Address 719 ACKERMAN AVE
 GLEN ROCK, NJ 07452-
 Tele. (201) 670-6773
 Lic. No. or Bldgs. Reg. No. B-5151
 Federal Emp. No. 22-2577588
 or Social Security No.

NO.	FIXTURE/EQUIPMENT	PER (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
10	Floor Drain	100
4	Sink	40
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
4	Hose Bib	40
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
2	Water Cooled A/C or Refrigeration Unit	70
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
0	Other	0
0	Other	0

E. PLUMBING CHARACTERISTICS
 Use Group Present Proposed N
 Building Sewer Size [] Public Sewer [] Private Septic
 Water Sewer Size [] Public Water [] Private Well
 Estimated Cost of Plumbing Work \$ 22,500

JOB SUMMARY (Office Use Only)
 PLAN REVIEW
 [] No Plans Required
 Joint Plan Review Required:
 [] Bldg [] Elect
 [] Fire [] Elevator
 [X] Plumb. Plans Approved
 Date: 7-15-98
 Approved By: [Signature]
 SUBCODE APPROVAL
 [] CO [] CCO [] CA
 Approved By: TCO
 Date:

INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
Type				
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 am authorized to make this application
 and perform the work listed on this application.

Paid [] Check \$ Administrative Surcharge \$ 0
 Minimum Fee \$ 0
 TOTAL PER \$ 313
 Collected by: DCA Training Fee \$ 18

Signature-Contractor Seal

**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION**

Update 7-21-98
Date Received 05/27/98
Date Issued 7/1/98
Control # 229-25 98-280946
Permit #

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

B. TECHNICAL SITE DATA (List all fixtures)

Block 1170 Lot 5
Work Site Location 1722 RT 88, COSTCO WHOLESALE

INTERIOR ALTERATION

Owner in Fee COSTCO WHOLESALE
Address 999 LAKE DR
BOOTSQUAH, WA 980

Contractor COSMANO PLUMBING CO
Address 719 ACKERMAN AVE
GLEN ROCK, NJ 07452

Tele (201) 670-6773
Lic. No. or Bldgs. Reg. No. B-5151
Federal Emp. No. 22-2577568
or Social Security No.

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed M
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 22,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Elect
[] Fire [] Elevator

[X] Plumb. Plans Approved
Date: 7-15-98

Approved By: *[Signature]*
SUBCODE APPROVAL

[] CO [] CCO [] CA
Approved By: _____
Date: _____

INSPECTIONS

Type Failure Failure Approval Initial
Slab 7-24-98 *[Signature]*
Rough 8-14-98 *[Signature]*
Water 8-14-98 *[Signature]*

Sewer
Fixtures 9-11-98 *[Signature]*
Gas Equip. 9-11-98 *[Signature]*
Gas Piping 9-11-98 *[Signature]*

Solar
TCO
4-17-98 *[Signature]*

FIXTURE/EQUIPMENT

FEE (Office Use Only)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
10	Floor Drain	100
4	Sink	40
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
4	Hose Bib	40
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C	0
2	or Refrigeration Unit	70
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
0	Other	0
0	Other	0

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
Signature-Contractor Seal

Paid [] Check \$ _____
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 310
DCA Training Fee \$ 18

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

TECHNICIAN SECTION

20000000
PLUMBING
NCC NEW JERSEY

Permit #
Control # 030-20
Date Issued
Date Received 02/23/38

7-24-98 - vent - 8-9-98 - 2-11-98 - NO test on water
Rotary Area but test & tap & FD & installed

8-9-98 - NO test on water
8-9-98 - NO test on water

9-3-98 Optical
② Retest line on water
③ Retest on water

9-11-98 - NO test on water
Optical Final

② Gas cooking equipment now needs backflow
③ Water tank sink in delivery more the 140
④ Backflow (HOB) needs on hose connection

9-17-98 - need gas equipment as no gas meter added

9-23-98 - need gas equipment as no gas meter added

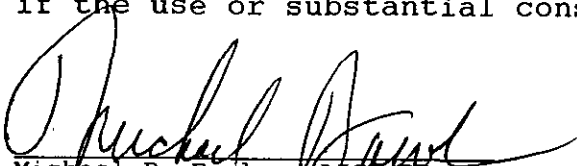
TOWNSHIP OF BRICK

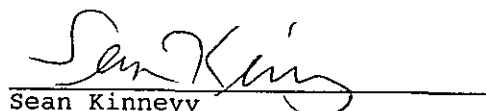
ZONING PERMIT

Date of Issue: May 29, 1998 1998 - 0824
Block 1170 Lot 5 Zone B-3, H.D.
Property Address: 1722 Route 88
Owner: Costco Wholesale (Phone): 425-313-6287
Applicant: Udo Klemp; Fairfield Refrigerators (Phone): 973-227-2210
Existing Use: Costco Store
Proposed Use: Costco Store
Proposed Construction (if any): Interior alterations

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: May 29, 1998 1998 - 0824

Block 1170 Lot 5 zone B-3, H.D.

Property Address: 1722 Route 88

Owner: Costco Wholesale (Phone): 425-313-6287

Applicant: Udo Klemp; Fairfield Refrigerators (Phone): 973-227-2210

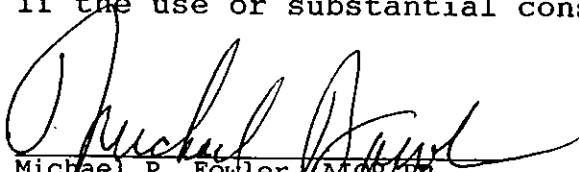
Existing Use: Costco Store

Proposed Use: Costco Store

Proposed Construction (if any): Interior alterations

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, MOP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

COMMERCIAL

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLK 2170 LOT 5-~~1260~~ 602
PROPERTY ADDRESS 1722 Route 88 Brick N.J. 08723
NAME OF OWNER Costco Wholesale OWNER'S PHONE (425) 313-622
NAME OF APPLICANT FairField Refrigeration - UDO Klomp
APPLICANT'S COMPLETE ADDRESS 150AK Rd. Fairfield N.J. 07004
APPLICANT'S PHONE NUMBER (973) 227-2210 APPLICANT'S BUSINESS NAME FairField Re

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) Retail Warehouse
☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) Retail Warehouse
☐ Other (please describe) _____

PROPOSED CONSTRUCTION Interior Alteration Meat, Produce Deli - Optical Exam

All Dimensions _____ W _____ L _____ Ht
Deck or Garage ☐ Attached ☐ Detached
Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
☐ Two (2) accurate Survey / Plot Plans containing:
☐ all existing and proposed structures
☐ all dimensions of lot and structures
☐ set backs to all property lines
☐ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant UDO Klomp v.p.

Date 5-27-98

Reviewed by Zoning Officer Date 5/29/98

☒ Approved ☐ Reject

LOCK 1170 LOT 5-6-601+602 SITE LOCATION 1722 Route 88 Brick N.S. 08723
OWNER IN FEE: Costco Wholesale ADDRESS:

BUILDING INSPECTION

Contractor: Enfield Refrigeration
Address: 15 Oak Rd. Phone: (973) 227-2210
City: Enfield State: N.J. Zip: 01004
FEDERAL EMP. NO. (or SSN): 22-2598606

ESTIMATED COST OF BUILDING WORK

3W BUILDING (1) \$ ALTERATION (2) \$ 185,000.00
ADDITION (3) \$ TOTAL (1+2+3) \$

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING
GROUP PRESENT PROPOSED
INSTRUCTION CLASS PRESENT PROPOSED
NO. OF STORIES HT. OF STRUCTURE 30 FT.
AREA: LARGEST FLOOR 115000 SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS 115000 SQ. FT.
VOLUME OF STRUCTURE 0 CU. FT.
TOTAL LAND AREA DISTURBED 0 SQ. FT.
TYPE OF WORK
TYPE OF WORK COST
FENCE HT. COST
SIGN SQ. FT.
POOL
ASBESTOS ABATEMENT
TOTAL 185000.00

DESCRIPTION OF WORK

COMMENTS: Interior Alteration, Street Products
Plan Review: Approved By: _____
Date: _____

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: Mike O. Murphy

PLUMBING INSPECTION

Contractor: Leslano Plumbing Co
Address: 719 Ackerman Ave Phone: (609) 670-6773
City: Glen Rock State: N.J. Zip: 07452
LIC # 8-5151 FEDERAL EMP. NO. (or SSN): 22-2577688

ESTIMATED COST OF PLUMBING WORK:

Sewer Size 4" Water Size 2"
\$2,500.00

TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal/Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
4	Sink	2	Water Cooled A.C. or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
4	Hose Bibb		Other: <u>ASBESTOS ABATEMENT</u>
1	Water Heater <u>6gal</u>		
	Fuel Oil Piping		
1	Gas Piping <u>Roof</u>		

DESCRIPTION OF WORK

COMMENTS: PLAN REVIEW
Approved by: _____
Date: _____

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's Seal): Philip Corvino Jr.

FIRE INSPECTION

Contractor: R.L. Dehn + Sons
Address: 600 W. Prospect St Phone: (201) 444-1155
City: Waldwick State: N.J. Zip: 07463
LIC # _____ FEDERAL EMP. NO. (or SSN): 22-263232

ESTIMATED COST OF FIRE PROT. WORK:

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler
\$12,500.00

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE Existing
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION
Flammable Liquid Storage Tanks ☐ Capacity _____ Fur _____
Combustible Liquid Storage Tanks ☐ Capacity _____ Fur _____
L.P.G. Storage Tanks ☐ Capacity _____ Fur _____
L.N.G. Storage Tanks ☐ Capacity _____ Fur _____
NO. 8 ITEM Wet Sprinkler Heads NO. _____ ITEM Pre-Engineered Sy
22 Dry Sprinkler Heads CO2 Suppression
30 TOTAL Halon Suppression
Smoke Detectors Foam Suppression
Heat Detectors Dry Chemical
TOTAL Wet Chemical
Stand Pipes Gas or Oil Fired
2 Kitchen Hood Exhaust System Other: ASBESTOS ABATEMENT

DESCRIPTION OF WORK

COMMENTS: _____
Plan Review: Approved by: _____
Date: _____

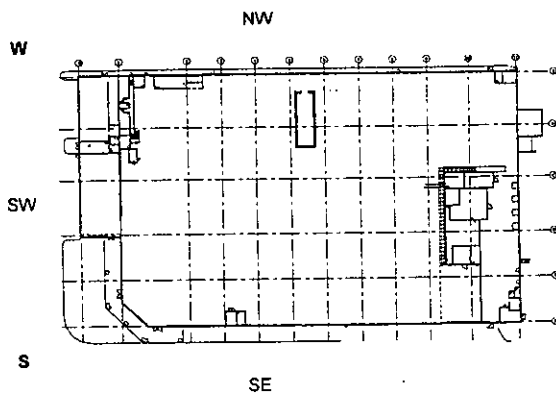
CERTIFICATION IN LIEU OF OATH

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's Seal): Stephen

Plans in back room on first floor

COOLING LOAD DATA

BUILDING OUTLINE



CALC. BY: I. Shahwan DATE: 05/21/98
 PROJECT: Costco Wholesale
 LOCATION: Brick, NJ
 LATITUDE: 40 TIME: 1500
 WALL GROUP (TABLE 30): E & G
 ROOF NUMBER (TABLE 29): 5
 DB TEMPERATURE INDOORS (Ti): 78
 DB TEMPERATURE OUTDOORS (To): 88
 WB TEMPERATURE OUTDOORS (To): 74
 DAILY RANGE (Dr): 19
 AVERAGE TEMPERATURE OUTDOOR = AT_o
 AT_o = To - Dr/2 = 78.5
 OPT. EXAM= 290 Square Feet

TABLE VALUES FROM ASHRAE 1989 FUNDAMENTALS HANDBOOK

CONDUCTION	TABLE 31	TABLE 32		
WALLS ORIENT.	CLTD	CLTD	CF	CLTDC
NORTHEAST "E"	26	0	-6.5	19.5
SOUTHEAST "E"	37	0	-6.5	30.5
SOUTHWEST "E"	24	1	-6.5	18.5
NORTHWEST "E"	16	0	-6.5	9.5
NORTHEAST "G"	27	0	-6.5	20.5
SOUTHEAST "G"	32	0	-6.5	25.5
SOUTHWEST "G"	59	1	-6.5	53.5
NORTHWEST "G"	37	0	-6.5	30.5
SOUTH "E"	29	0	-6.5	22.5
SOUTH "G"	43	0	-6.5	36.5
ORIENT.	TABLE 29	TABLE 32		
ROOF	CLTD	CLTD	CF	CLTD
	63	1	-6.5	57.5

$$CF = (78 - T_i) + (AT_o - 85) = -6.5$$

OUTSIDE AIR	
MIN. CFM/OCCUPANT:	15
#OCCUPANTS (SALES):	1000
TOTAL OUTSIDE AIR:	15000

OCCUPANT HEAT GAIN	
CHAP. 26, TABLE 3	
SENSIBLE:	250
LATENT:	200
CLG. LOAD FACTOR:	1

WINDOW	
CHAP. 27, TABLE 13	
U windows=	0.65
U skylight=	0.7
U smokevent=	1.2
U glass door=	1.13

GLASS SHADING COEFFICIENTS	
CHAP. 27, TABLE 29 & 32	
WINDOWS SC=	0.85
SMOKEVENT SC=	0.66
SKYLIGHT SC=	0.66

GLASS CONDUCTION	TABLE 33		
SKYLIGHT	CLTD	CF	CLTD
	14	-6.5	8.5

GLASS SOLAR	TABLE 34	TABLE 36
ORIENT.	SHG	CLF
HORIZ	262	0.66

LIGHTING & EQUIP. HEAT GAIN	
LIGHTING:	1.6 WATTS/SF
EQUIP.	0.5 WATTS/SF

BUILDING ELEMENT "U" VALUES:	
WALL 1	0.355

SPACE: OPTICAL EXAM

CALC.BY:	I. Shahwan	OUTSIDE DBT	88	WBT:	74
PROJECT:	Costco Wholesale	INSIDE DBT:	78	WBT:	65
LOCATION:	Brick, NJ				
DATE:	21-May-98	TEMP. DIFF.	10	TIME:	1500

TRANSMISSION						
ORIENT.	SOURCE	AREA	CLTDC	U	BTU	TOTAL
SOUTHEAST	WALL 1	200	30.5	0.355	2164	
TOTAL TRANSMISSION						2,164

INTERNAL LOADS						
PEOPLE	NUMBER	8	250 CLF			2,000
LIGHTS	WATTS	464	3.41 CLF			1,582
EQUIPMENT	WATTS	145	3.41 EFF			494
OUTSIDE AIR	CFM	120	1.08 TEMP DIF	10		1,296
TOTAL						5,373

LATENT LOADS						
PEOPLE	NUMBER	8	200 CLF			1,600
OUTSIDE AIR	CFM	120	11 GR/LB	0.68		898
TOTAL						2,498

TOTAL COOLING LOAD:						10,035
NUMBER OF TONS W/ 10% S.F.:						0.92

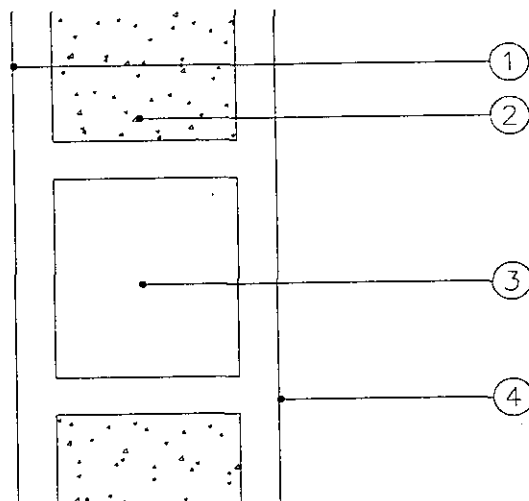
COMPUTATION HEAT LOSS

PROJECT:	Costco Wholesale	INSIDE TEMP:	70
LOCATION:	Brick, NJ	OUTSIDE TEM	14
JOB NUMBER	98-110		
FLOOR AREA:	290	TEMP. DIFF.	56
DATE:	05/21/98		
COMP BY:	I. Shahwan		

SPACE	SOURCE	AREA	U	TEMP DIFF	HEAT LOSS
OPTICAL EXA	WALL 1	200	0.355	56	3,974
	OUTSIDE AIR	120	1.08	56	7,258
TOTAL MBH					11,232
TOTAL MBH 120%					13,478

COSTCO WHOLESALE
 EXISTING BUILDING ELEMENT
 CMU WALL W/ UNGROUTED CELLS FILLED
 WALL 1 - TYPE "E"

SKETCH OF ELEMENT:



LAYERS:

	R SOLID	R CAVITY	% OF TOTA HC	
1. OUTSIDE AIR FILM	0.17	0.17		
2. 8" MW CMU, SOLID GROUT CORES	1.5	0	40	15.7
3. 8" MW CMU, VERMICULITE FILLED COR	0	2.4	60	10.5
4. INSIDE AIR FILM	0.68	0.68		
				12.58

R-TOTAL:	2.35	3.25
U-VALUE	0.426	0.308

FRAMING RATIO:

SOLID RATIO CAVITY RATIO =
 R SOLID R CAVITY

U- TOTAL	0.355
R- TOTAL	2.818

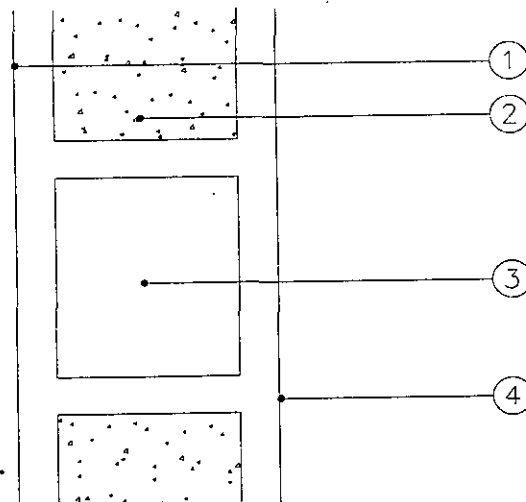
COMPUTATION HEAT LOSS

PROJECT:	Costco Wholesale	INSIDE TEMP:	70
LOCATION:	Brick, NJ	OUTSIDE TEM	14
JOB NUMBER	98-110		
FLOOR AREA:	290	TEMP. DIFF.	56
DATE:	05/21/98		
COMP BY:	I. Shahwan		

SPACE	SOURCE	AREA	U	TEMP DIFF	HEAT LOSS
OPTICAL EXA	WALL 1	200	0.355	56	3,974
	OUTSIDE AIR	120	1.08	56	7,258
TOTAL MBH					11,232
TOTAL MBH 120%					13,478

COSTCO WHOLESALE
 EXISTING BUILDING ELEMENT
 CMU WALL W/ UNGROUTED CELLS FILLED
 WALL 1 - TYPE "E"

SKETCH OF ELEMENT:



LAYERS:

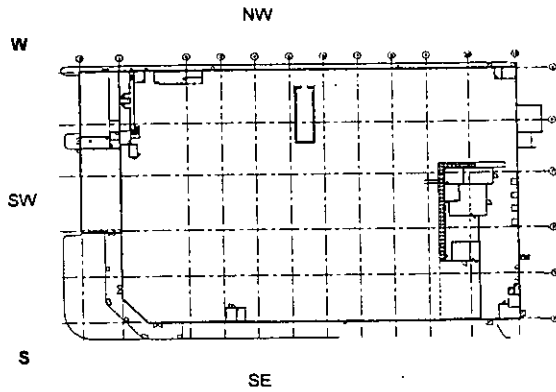
	R SOLID	R CAVITY	% OF TOTA HC	
1. OUTSIDE AIR FILM	0.17	0.17		
2. 8" MW CMU, SOLID GROUT CORES	1.5	0	40	15.7
3. 8" MW CMU, VERMICULITE FILLED COR	0	2.4	60	10.5
4. INSIDE AIR FILM	0.68	0.68		
				12.58

R-TOTAL:	2.35	3.25
U-VALUE	0.426	0.308

FRAMING RATIO:	SOLID RATIO	CAVITY RATIO =
	R SOLID	R CAVITY
U- TOTAL	0.355	
R- TOTAL	2.818	

COOLING LOAD DATA

BUILDING OUTLINE



CALC. BY: I. Shahwan
 PROJECT: Costco Wholesale
 LOCATION: Brick, NJ
 LATITUDE: 40 TIME: 1500
 WALL GROUP (TABLE 30): E & G
 ROOF NUMBER (TABLE 29): 5
 DB TEMPERATURE INDOORS (Ti): 78
 DB TEMPERATURE OUTDOORS (To): 88
 WB TEMPERATURE OUTDOORS (To): 74
 DAILY RANGE (Dr): 19
 AVERAGE TEMPERATURE OUTDOOR = ATo
 ATo = To - Dr/2 = 78.5
 OPT. EXAM= 290 Square Feet

TABLE VALUES FROM ASHRAE 1989 FUNDAMENTALS HANDBOOK

CONDUCTION	TABLE 31	TABLE 32		
WALLS ORIENT.	CLTD	CLTD	CF	CLTDC
NORTHEAST "E"	26	0	-6.5	19.5
SOUTHEAST "E"	37	0	-6.5	30.5
SOUTHWEST "E"	24	1	-6.5	18.5
NORTHWEST "E"	16	0	-6.5	9.5
NORTHEAST "G"	27	0	-6.5	20.5
SOUTHEAST "G"	32	0	-6.5	25.5
SOUTHWEST "G"	59	1	-6.5	53.5
NORTHWEST "G"	37	0	-6.5	30.5
SOUTH "E"	29	0	-6.5	22.5
SOUTH "G"	43	0	-6.5	36.5
ORIENT.	TABLE 29	TABLE 32		
ROOF	CLTD	CLTD	CF	CLTD
	63	1	-6.5	57.5

$$CF = (78 - T_i) + (A_{To} - 85) = -6.5$$

OUTSIDE AIR

MIN. CFM/OCCUPANT:	15
#OCCUPANTS (SALES):	1000
TOTAL OUTSIDE AIR:	15000

OCCUPANT HEAT GAIN

CHAP. 26, TABLE 3

SENSIBLE:	250
LATENT:	200
CLG. LOAD FACTOR:	1

WINDOW

CHAP. 27, TABLE 13

U windows=	0.65
Uskylight=	0.7
Usmokevent=	1.2
U glass door=	1.13

GLASS SHADING COEFFICIENTS

CHAP. 27, TABLE 29 & 32

WINDOWS SC=	0.85
SMOKEVENT SC=	0.66
SKYLIGHT SC=	0.66

GLASS CONDUCTION	TABLE 33		
SKYLIGHT	CLTD	CLTD	CF
	14	1	-6.5
			8.5

GLASS SOLAR	TABLE 34	TABLE 36	
ORIENT.	SHG	CLF	
HORIZ	262	0.66	

LIGHTING & EQUIP. HEAT GAIN	
LIGHTING:	1.6 WATTS/SF
EQUIP.	0.5 WATTS/SF

BUILDING ELEMENT "U" VALUES:	
WALL 1	0.355

SPACE: OPTICAL EXAM

CALC.BY:	I. Shahwan	OUTSIDE DBT	88	WBT:	74
PROJECT:	Costco Wholesale	INSIDE DBT:	78	WBT:	65
LOCATION:	Brick, NJ				
DATE:	21-May-98	TEMP. DIFF.	10	TIME:	1500

TRANSMISSION						
ORIENT.	SOURCE	AREA	CLTDC	U	BTU	TOTAL
SOUTHEAST	WALL 1	200	30.5	0.355	2164	
TOTAL TRANSMISSION						2,164

INTERNAL LOADS					
PEOPLE	NUMBER	8	250 CLF		2,000
LIGHTS	WATTS	464	3.41 CLF		1,582
EQUIPMENT	WATTS	145	3.41 EFF		494
OUTSIDE AIR	CFM	120	1.08 TEMP DIF	10	1,296
TOTAL					5,373

LATENT LOADS					
PEOPLE	NUMBER	8	200 CLF		1,600
OUTSIDE AIR	CFM	120	11 GR/LB	0.68	898
TOTAL					2,498

TOTAL COOLING LOAD:	10,035
NUMBER OF TONS W/ 10% S.F.:	0.92

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 6.2.98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 5 SITE ADDRESS 1322 Rt. 104

TYPE OF SITE Commercial TYPE OF BUSINESS Auto-Attention
(Residential/Commercial)

APPLICANT Costa Truck CITY & STATE Paterson, NJ 109

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1170 LOT 5 SITE ADDRESS 1722 Rte 88
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Travel Agency
APPLICANT Cheryl L. Wolfe PHONE NUMBER 410 311 237
APPLICANT ADDRESS 1717 Rte 88 CITY & STATE Rockville, MD
PERMIT # _____ NAME OF BUSINESS Cheryl

INCLUSIONARY DEVELOPMENT

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

MANDATORY DEVELOPER FEES

◇ Residential is .005 %
◇ Commercial is .01 %

Estimated Assessment \$ 60,000 Date 1-5-98
Estimated Required Fee \$ 600.00
Required Deposit on Estimate \$ 300.00 Date 6-11-98
Check # 2552 Receipt # 1450
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

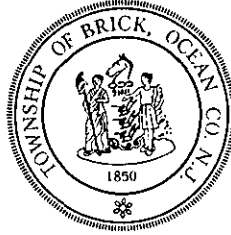
Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

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.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe

Affordable Housing Administrator
(732) 262-1048

FAX (732) 262-8954 or (732) 920-1456
<http://www.twp.brick.nj.us>

June 8, 1998

Costco Wholesale
999 Lake Drive
Bootssoquah, WA

RE: Mandatory Development Fee
Block 1170, Lot 5; Costco ~ 1722 Route 88; Interior Alteration

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

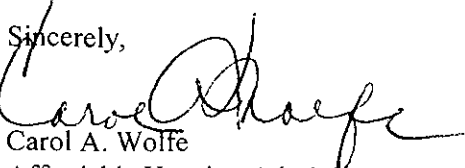
This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on May 27, 1998, for the above block and lot at \$60,000.00, resulting in an estimated fee of \$600.00.

Therefore, you are required to submit half of the estimated fee (\$300.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,


Carol A. Wolfe

Affordable Housing Administrator

CAW/da

Members

Gary Casperson, *Chairman*
Walter F. Rehak, *Vice Chairman*
Robert Singer, *Secretary-Treasurer*
Barbara Hlering
Robert S. Laureigh
John J. Mallon
Philip Rubenstein
Patricia Seeber
Warren Wolf
James F. Lacey, *Freeholder Liaison*
Seymour J. Kagan, *Counsel*



Joseph J. Przywara
Public Health Coordinator

OCEAN COUNTY HEALTH DEPARTMENT

P.O. Box 2191
Toms River, NJ 08754-2191
(732) 341-9700

May 29, 1998

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: PROPOSED FLOOR PLANS

Costco
1722 Route 88
Brick, NJ 08724

Dear Sir:

I have reviewed the floor plans for the above referenced proposed food establishment and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Sincerely,

Steve Klaniecki
Sanitary Inspector

SK:bd

CC: Township of Brick Board of Health



Ocean
County
Health
Department

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 458-2114		ESTABLISHMENT CODE 39	GOODS ☐ DESTROYED ☒ EMBARGOED
ESTABLISHMENT TRADING NAME Corrco		EVALUATION ☒ SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY	
NUMBER AND STREET 1722 Route 88			
CITY OR MUNICIPALITY Bridle	ZIP CODE 08724		
ESTABLISHMENT LICENSE NO. -	COMMUN. CODE 1500	RISK II	WATER SUPPLY ☒ Public - Community ☐ Individual (Public - Non-Community)

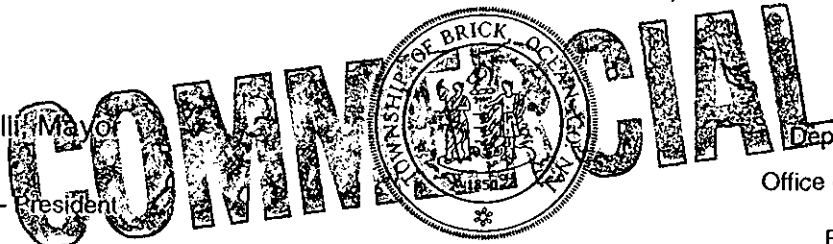
OWNER INFORMATION (Complete this section only if different from establishment information)		TIME (2400 HOURS)	
		DATE	BEGIN END
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT Corrco Wholesale		5-27-98	0835 0910
NUMBER AND STREET 1722 Route 88			
CITY OR MUNICIPALITY Bridle	STATE N.J.	COMPLAINT NO. _____	
ZIP CODE 08724	COMMUN. CODE 1500	COMPLAINT REC. _____	
		COMPLAINT INSPECTED _____	

INSPECTION TYPE	TYPE OF ESTABLISHMENT	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	C	V.	NA.
☐ COMPLAINT	☒ RETAIL					
☐ INITIAL INSPECTION	☐ WHOLESALE					
☐ REINSPECTION	☐ VENDING MACHINE NO. OF MACHINES _____					
☒ PLAN REVIEW	☐ FROZEN DESSERTS	NAME OF INSPECTING OFFICIAL (Print) STEVE KLAUS				
☐ CONFERENCE	☐ OTHER _____	SIGNATURE OF INSPECTING OFFICIAL John Klause				
		PERMANENT REG. NO. B-1403				

DETAILED DATA SHEET

[illegible]

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo - President

Martin J. Anton

Helen Fayad

Gregory S. Kavanagh

Mary Lou Powner

Kathy M. Russell

Frederick J. Underwood, Sr.

Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.gbshost.com/brick>

DATE 5-27-98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 1170 Lot 5-6-6.01 + 6.02

Dear Sir:

I, Costco Wholesale of 1722 Route 88 Brick NJ, 08723
(Name) (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

M. O. Klemm
Applicant's Signature

973-227-2210
Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved

X

Date

6/2/98

BY

[Signature]

Rejected

Date

BY

REMARKS:

Interior Work Only!

Calculations For

COSTCO

Remodel

BRICK, NJ

APRIL 25, 1998

Engineers Northwest Inc.
6869 Woodlawn Ave. NE
Seattle, Washington 98115

RECEIVED
APR 25 1998
COSTCO

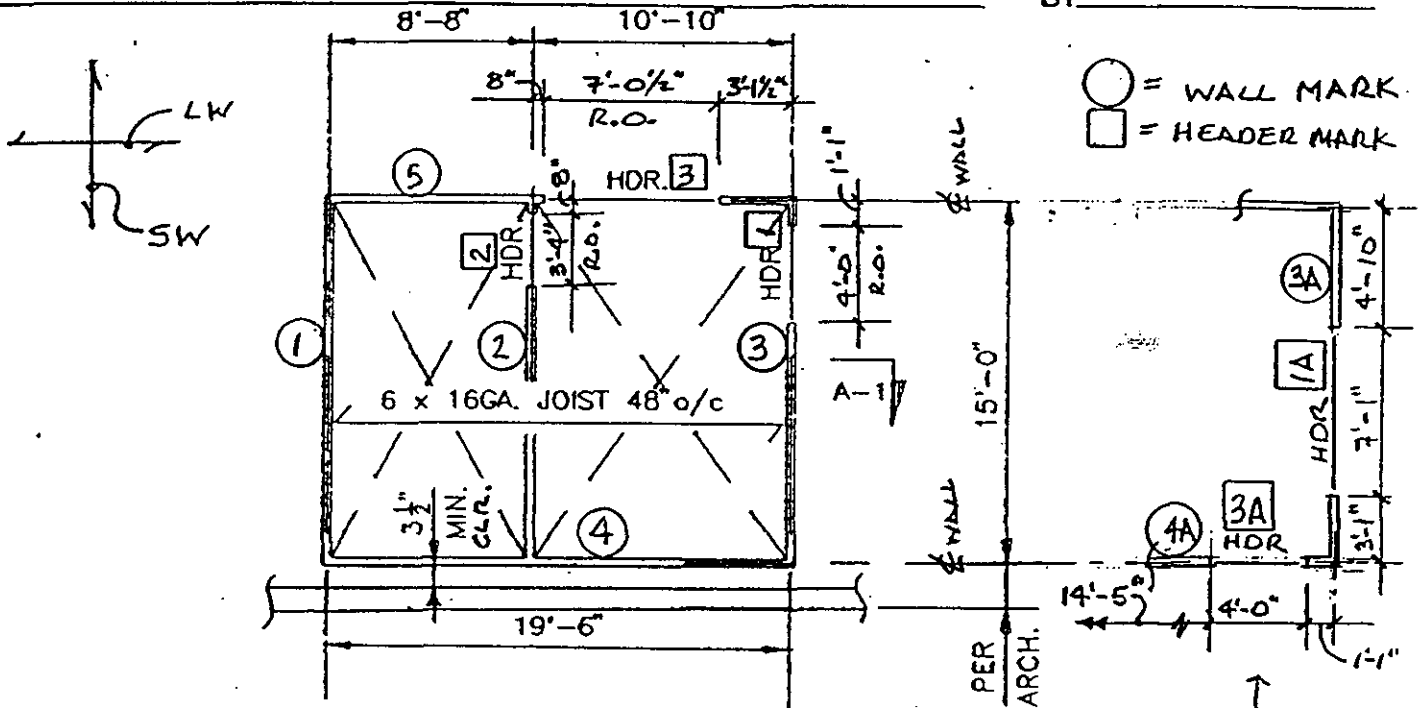
Proposed

Richard B. Smith

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME COSTCO DATE 11/97 1/98
 SUBJECT OPTICAL SHEET OP-1 OF _____
 BY _____



CEILING DL
 JOISTS $6" \times 15 \frac{1}{8}" \times 16GA. @ 48 \frac{1}{4}" = 0.5 \text{ psf}$
 CEILING = 1.8
 MISC. = 0.7
 TOTAL = 3.0 psf

WALL DL (SHEATHING E.S.)
 5/8" GWB EACH SIDE = 5.6 psf
 STUDS $3 \frac{5}{8}" \times 1 \frac{1}{4}" \times 20GA. @ 24 \frac{1}{2}" = 0.4$
 MISC. = 0.5
 TOTAL = 6.5 psf

WALL DL (SHEATHING ONE SIDE)
 5/8" GWB ONE SIDE = 2.8 psf
 STUDS $3 \frac{5}{8}" \times 1 \frac{1}{4}" \times 20GA. @ 24 \frac{1}{2}" = 0.4$
 MISC. = 0.8
 TOTAL = 4.0 psf

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME COSTCO DATE 11/97 1/98
 SUBJECT OPTICAL SHEET OP-2 OF _____
 BY _____

JOISTS $6 \times 1\frac{5}{8} \times 16 \text{ GA. @ } 48" \text{ c/c}$ $L = 11'$ $S = 0.85 \text{ IN}^3$

$W = (3+10) 4' = 52 \text{ PLF} \Rightarrow M = \frac{52(11)^2}{8} = 0.79 \text{ KFT}$

$f_b = \frac{0.79 \times 12}{.85} = 11.15 \text{ KSI} < F_b = .4(.6) 50 = 12.0 \text{ KSI}$

$C_k R = .4$ $6 < 11.5$, $\frac{6}{.0566} = 106 < 170$, $\frac{6}{15/8} = 3.69 < 4.5$, $\frac{15/8}{.0566} = 28.7 < 43$ ALL OK

$\therefore$ USE $6 \times 1\frac{5}{8} \times 16 \text{ GA. @ } 48" \text{ c/c}$

<u>HEADERS</u>	I.D.	SPAN	TRIS. WIDTH.	WTL	MTL	f_b
(2) $8 \times 1\frac{5}{8} \times 16 \text{ GA.}$ $S = 1.30 \text{ IN}^3$	1	4.0'	$\frac{1}{2} = 5.5'$	$(3+10) 5.5 = 72 \text{ PLF}$	$.15 \text{ KFT}$	1.4 KSI
	2	3.33'	$\frac{1.5}{2} = 9.75'$	$(3+10) 9.75 = 127 \text{ PLF}$	$.18 \text{ KFT}$	1.7 KSI
	3/3A	7.08/4.0'	$\frac{1}{2} = 2.0'$	$(3+10) 2 = 26 \text{ PLF}$	$.02 \text{ KFT}$	0.2 KSI
	1A	7.08'	$\frac{1}{2} = 5.5'$	$(3+10) 5.5 = 72 \text{ PLF}$	$.46 \text{ KFT}$	4.2 KSI

$\therefore$ ALL HEADERS OK

LATERAL

CEILING WT. = $3(20 \times 15.4) = 924 \#$

L WALL LATERAL WT. TO CEILING

WALL I.D.	WT. (NEGLIGIBLES CONSERV.)
1	$6.5(\frac{12}{2}) 15.4 = 601 \#$
2	$6.5(\frac{12}{2}) 15.4 = 601 \#$
3	$6.5(\frac{12}{2}) 15.4 = 601 \#$
4	$9.0(\frac{12}{2}) 20 = 980 \#$
5	$6.5(\frac{12}{2}) 20 = 780 \#$

LATERAL

94 UBC Z4 Φ

$V = \frac{ZIC}{R_H} W \Rightarrow V = .183 W$

$R_H = 6$

USE $V = .183 W \leftarrow$

96 BOCA $A_a =$

$V = \frac{2.5 A_a}{R} W = \frac{2.5(A)}{6.5} W$

$R = 6.5$ $V = .154 W$

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

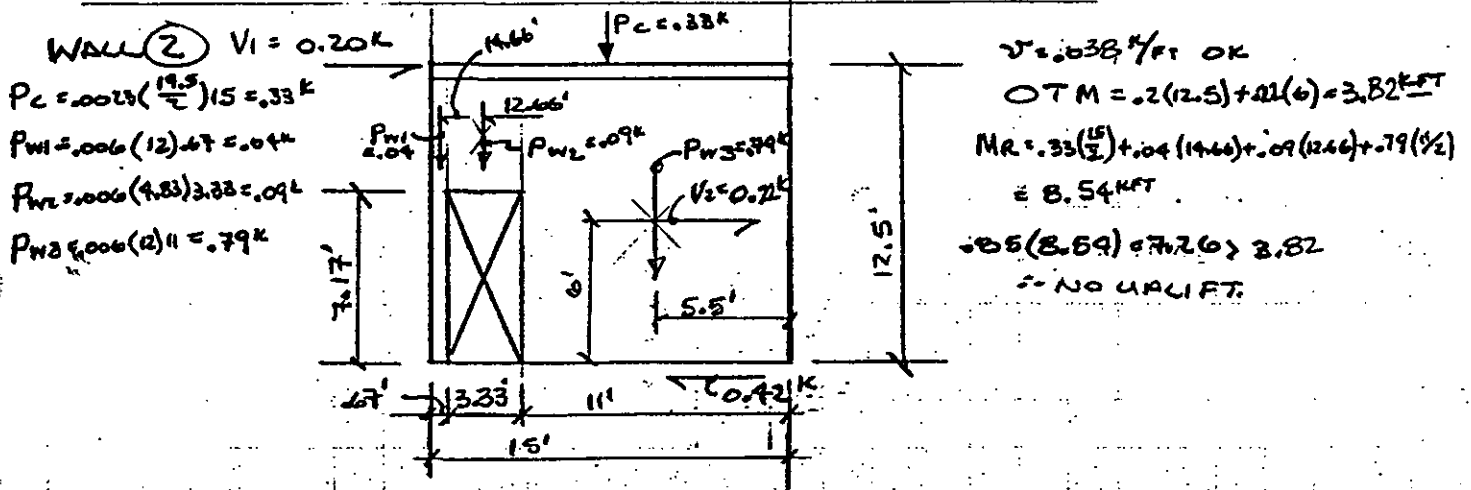
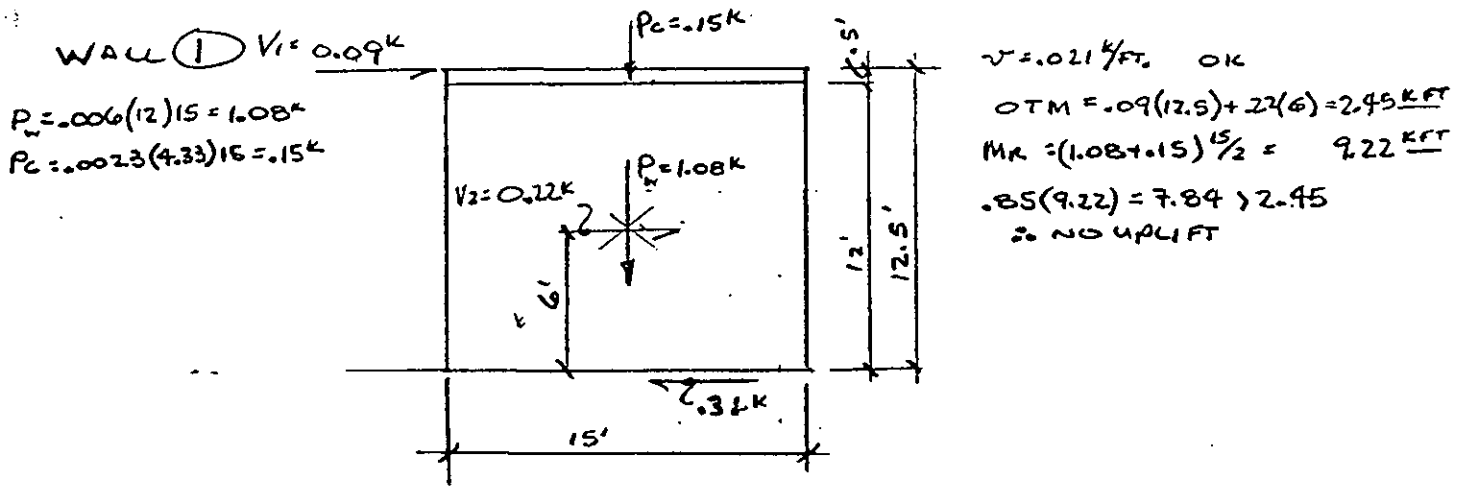
JOB NO. _____ JOB NAME COSTCO DATE 11/97
 SUBJECT OPTICAL SHEET OP.3 OF _____
 BY _____

LATERAL S.W. $V = .183 (924 + 980 + 780) / 1000 = 0.40^k$

	CEILING & WALLS	WALL SELF.WT.	TOTAL	L	$\bar{v}$
WALL ①	$V_1 = .40 (\frac{4.5}{20}) = 0.09^k$	0.22 ^k	0.31 ^k	15'	0.021 ^{k/ft.}
WALL ②	$V_2 = .40 (\frac{10}{20}) = 0.20^k$	0.22 ^k	0.42 ^k	11'	0.038 ^{k/ft.}
WALL ③ & ③A	$V_3 = .40 (\frac{5.5}{20}) = 0.11^k$	0.22 ^k	0.33 ^k	9.75'	0.034 ^{k/ft.}
$\Sigma = .40^k$					

LATERAL LW $V = .183 (924 + 3 \times 601) / 1000 = 0.50^k$

	WALL SELF.WT.	TOTAL	L	$\bar{v}$	
WALL ④	$V_4 = .50 \div 2 = 0.25^k$	0.18 ^k	0.43 ^k	20'	0.022 ^{k/ft.}
WALL ⑤	$V_5 = .50 \div 2 = 0.25^k$	0.29 ^k	0.54 ^k	9'	0.069 ^{k/ft.}
$\Sigma = .50^k$					



ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 11/97
 SUBJECT OPTICAL SHEET OP-4 OF _____
 BY _____

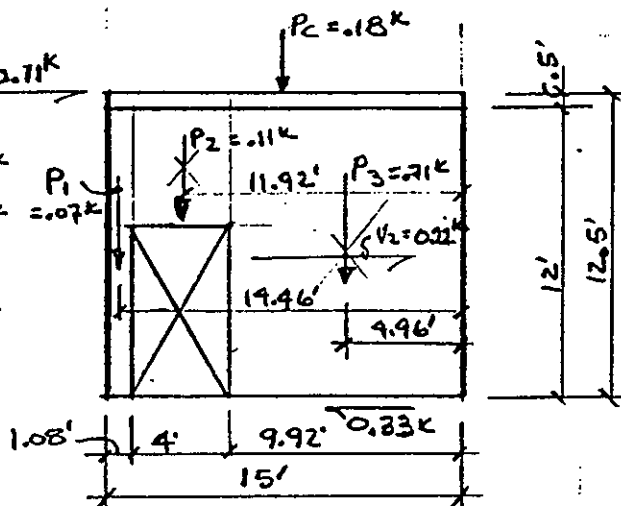
WALL (3) $V_1 = 0.11^k$

$$P_c = .0023 \left(\frac{10.8}{2} \right) 15 = .18^k$$

$$P_1 = .006 (12) 1.08 = .07^k = .07^k$$

$$P_2 = .006 (4.83) 9 = .11^k$$

$$P_3 = .006 (12) 9.92 = .71^k$$



$$V = .034^k/\text{FT. OK}$$

$$OTM = 0.11(12.5) + .22(6) = 2.70^k\text{FT}$$

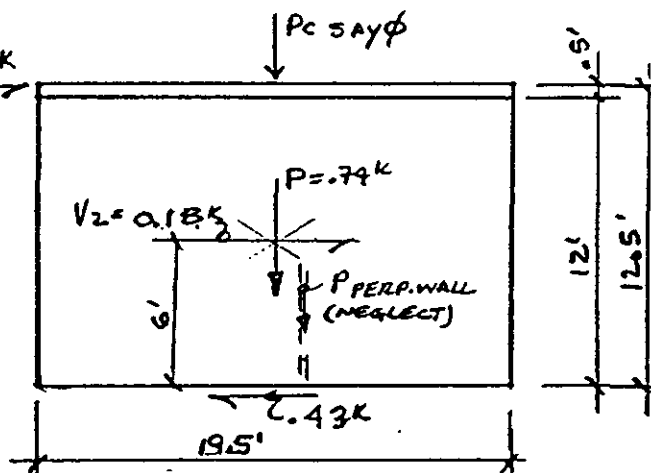
$$MR = .18 \left(\frac{15}{2} \right) + .07(14.46) + .11(14.42) + .71(4.96) = 7.19^k\text{FT}$$

$$.85(7.19) = 6.11 > 2.70$$

∴ NO UPLIFT

WALL (4) $V_1 = 0.25^k$

$$P_c = .0032 (12) 19.5 = .74^k$$



$$V = 0.022^k/\text{FT OK}$$

$$OTM = .25(12.5) + .09(6) = 3.67^k\text{FT}$$

$$MR = .74 \left(\frac{19.5}{2} \right) = 7.21^k\text{FT}$$

$$.85(7.21) = 6.13 > 3.67$$

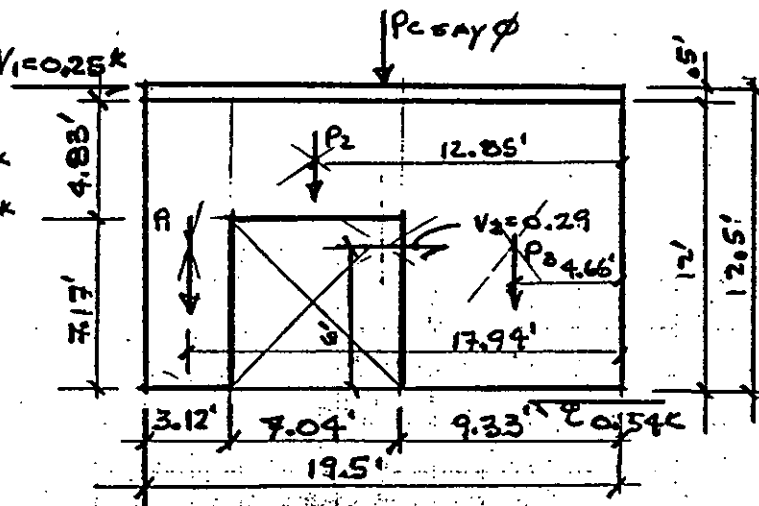
∴ NO UPLIFT

WALL (5) $V_1 = 0.25^k$

$$P_1 = .006 (12) 3.12 = .22^k$$

$$P_2 = .006 (4.83) 7.04 = .20^k$$

$$P_3 = .006 (12) 9.33 = .67^k$$



$$V = 0.069^k/\text{FT. OK}$$

$$OTM = .25(12.5) + .29(6) = 4.87^k\text{FT}$$

$$MR = .22(13.94) + .2(12.85) + .67(4.66) = 9.63^k\text{FT}$$

$$.85(9.63) = 8.18 > 4.87$$

∴ NO UPLIFT

ALL WALLS

$$V_{MAX} = 0.069^k/\text{FT.}$$

$$HILTI DS (1/4" x 1 1/2") LV$$

$$DRIVER INS 1/4" x 2.88" V = \frac{.285}{2} = .142 > .069 \text{ OK}$$

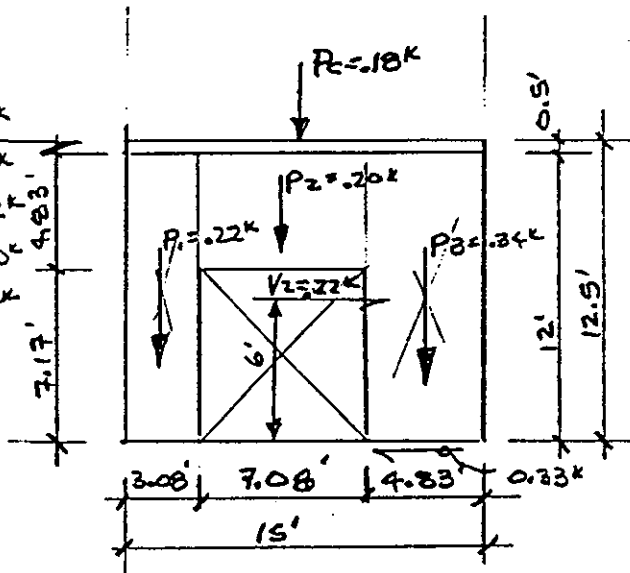
ENGINEERS-NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 1/98
 SUBJECT OPTICAL SHEET OP-4A OF _____
 (ALT. DOOR OPENINGS) BY _____

WALL (3A)

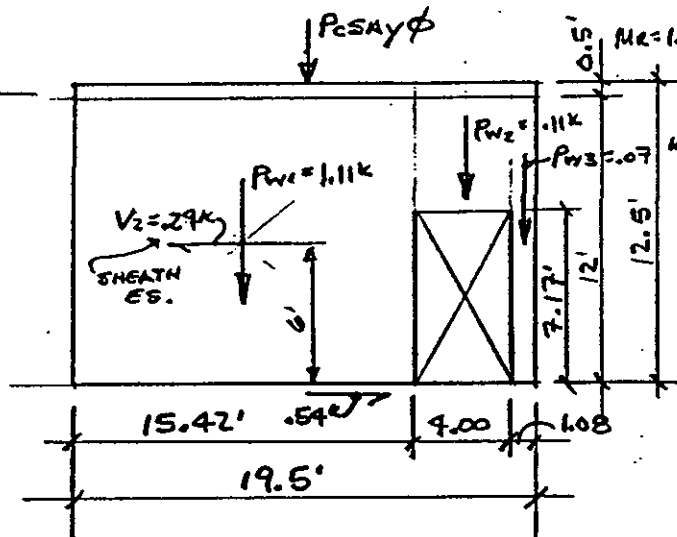
$$\begin{aligned} V_1 &= 0.11 \text{ K} \\ P_G &= .0023 \left(\frac{10.8}{2} \right) 15 = .18 \text{ K} \\ P_1 &= .006 (12) 3.08 = .22 \text{ K} \\ P_2 &= .006 (4.83) 7.08 = .20 \text{ K} \\ P_3 &= .006 (12) 4.83 = .34 \text{ K} \end{aligned}$$



$$\begin{aligned} v &= \frac{.33}{3+4.8} = .042 \text{ K/FT OK} \\ OTM &= .11(12.5) + .22(6) = 2.70 \text{ KFT} \\ M_R &= .18 \left(\frac{15}{2} \right) + .22(13.5) + .20(8.38) + .34(2.41) = \\ &= 6.81 \\ .85(6.81) &= 5.79 > 2.70 \text{ OK} \\ &\therefore \text{NO UPLIFT} \end{aligned}$$

WALL (4A)

$$\begin{aligned} V_1 &= 0.25 \text{ K} \\ P_{W1} &= .006 (12) 15.42 = 1.11 \text{ K} \\ P_{W2} &= .006 (4.83) 4 = .11 \text{ K} \\ P_{W3} &= .006 (12) 1.08 = .07 \text{ K} \end{aligned}$$



$$\begin{aligned} v &= \frac{.54}{15.9} = .035 \text{ K/FT OK} \\ OTM &= .25(12.5) + .29(6) = 4.87 \text{ KFT} \\ M_R &= 1.11(7.71) + .11(16.42) + .07(18.96) = \\ &= 11.69 \text{ KFT} \\ .85(11.69) &= 9.93 > 4.87 \\ &\therefore \text{NO UPLIFT} \end{aligned}$$



Steel Framed Shear Walls with Wood Structural Panel Sheathing On One Side Only

- Research by the American Plywood Association

The wall racking frames were built and tested in accordance with the provisions of ASTM E72, Standard Methods of Conducting Strength Tests of Panels for Building Construction, except for the use of higher test loads and referencing deflection to the base of the wall. Details for the metal stud shear walls included the use of single end studs and the use of two self-drilling, self-tapping screws at each stud-to-track joint. Studs were spaced at 24 inches on center. One side of the assembly was unsheathed.

There is currently very limited published information on the shear capabilities of structural panel sheathing applied to metal framing. It was therefore necessary for test purposes to select target design shears based on assumptions. It was assumed that Number 10 fasteners in 14-ga studs fully develop recognized wood framed shear wall values for 10d nails. Similarly, it was assumed that Number 10 fasteners in 16-ga studs fully develop recognized wood framed shear wall values for 8d nails, and that Number 8 fasteners in 18-ga studs fully develop values for 6d nails. Therefore, target design values were selected

which correspond to these nail sizes for the tested panel thickness. The use of these values provide results which would be conservative in a properly designed and constructed shear wall.

Target design shears for the steel pins were determined using the principles of mechanics. Previous testing established lateral fastener values for the pins. These tests determined that the pins are equivalent to 8d common nails when used with a minimum of a 3/8-inch-thick Structural I panel and equivalent to 10d nails when used with 15/32-inch-thick or thicker Structural I panels. The basic design lateral loads for these nail sizes are then increased 25% for the metal side plate (framing member), 30% for nails used in diaphragm construction and 33% for short-term load. An 11% reduction is also applied for used of 2-in. nominal framing.

Failure of the tested walls generally occurred due to buckling of the studs or tearing around the anchor bolts. Premature buckling was likely affected by the lack of stud flange bracing on the unsheathed side.

SHEAR WALLS WITH STEEL STUDS - WOOD STRUCTURAL PANEL SHEATHING ONE SIDE							
Stud Size ^(a) (ga.)(in.)	Panel Type	Thickness(in.)	Fastener Size	Spacing ^(b) (in.)	Ultimate Load (plf)	Target Design Shear (plf)	Load ^(c) Factor
14(0.074)	STRUCTURAL I Plywood	3/8	10-24	4,12	1666	360 ^(d)	4.6
16(0.059)	Plywood	3/8	10-24	4,12	1093	360	3.0
16(0.059)	OSB	7/16	10-24	4,12	1248	395	3.2
18(0.047)	Plywood	3/8	8-18	6,12	748	200	3.7
18(0.047)	Plywood	3/8	8-18	4,12	960	300	3.2
18(0.047)	OSB	7/16	8-18	3,12	1095	390	2.8
	RATED SHEATHING						
14(0.074)	OSB	19/32	St. Pin ^(e)	6,12	1088	365	3.0
14(0.074)	Plywood	5/8	St. Pin ^(e)	4,12	1865	545	3.4

(a) Studs spaced a maximum of 24 inches on center.

(b) The first number is the spacing at supported panel edges, the second is the spacing at intermediate framing members.

(c) The load factor is determined by dividing the ultimate load by the target design shear. (Note: A commonly used Safety Factor is 2.5 for shear walls).

(d) Design shear limited by 3/8" panel thickness.

(e) 0.144" dia. x 1-1/4" long pneumatically driven tempered steel pin.

Reference: John R. Tissell, Structural Panel Shear Walls, Research Report #154, American Plywood Association, Tacoma, Washington, May 1993.



Steel Framed Shear Walls with Gypsum Wallboard, Plywood and Plaster Finishes on Both Sides

- Allowable Shear Values in Pounds per Lineal Foot

The tests consisted of a large number of different full-size wall panels in accordance with the acceptance criteria for sandwich panels defined by the Research Committee of the International Conference of Building Officials (ICBO), and in accordance with the ASTM E564 specifications, using both static uni-directional loading and cyclic reversed loading

procedures. ASTM E564 is a static test method for determining the shear resistance of framed walls for buildings when exposed to in-plan shear forces due to wind or earthquake. Screw Spacings are noted as maximum spacings. Building codes and standard practice may dictate closer screw spacings.

ALLOWABLE SHEAR FOR WIND OR SEISMIC FORCES IN POUNDS PER FOOT FOR VERTICAL DIAPHRAGMS OF STEEL STUD WALL ASSEMBLIES⁽¹⁾

Max. Stud Spacing ⁽²⁾ (in.)	Material ⁽³⁾ Type	Thickness (in.)	Screws Minimum Size	Maximum Spacing ⁽²⁾ (in.)	Nominal Shear (plf)	SHEAR VALUE (plf) ⁽⁴⁾
24	Gypsum Wallboard (both sides)	1/2	No. 6 x 1-inch	12	333	133 ⁽⁵⁾
16		1/2	No. 6 x 1-inch	12	425	170 ⁽⁵⁾
24		1/2	No. 6 x 1-inch	6 - Perimeter 12 - Interior	563	225 ⁽⁵⁾
24		5/8 Two Ply	No. 6 x 1 (base) No. 6 x 1 ³ / ₈ (face)	24 - Base Ply 12 - Face Ply	438	175 ⁽⁵⁾
24	Gypsum Sheathing Board (one side) Gypsum Wallboard (opposite side)	1/2	No. 6 x 1-inch	12	263	105 ⁽⁵⁾
24	CDX Plywood (one side) Gypsum Wallboard (opposite side)	1/2	No. 6 x 1-inch	12	375	150
24	Expanded Metal lath and portland cement plaster (3-coat) both sides	7/8	No. 8 x 1/2-inch (lath)	9 - (lath)	450	180

(1) Values are for short-time loading due to wind or earthquake. These vertical diaphragms shall not be allowed to resist loads imposed by concrete or masonry walls except as allowed by building code provisions. Assemblies that are required to be fire resistive shall also comply with the requirements of the fire test standard and assembly.

(2) Walls shall be framed with a minimum 0.035-inch (20 gage) structural "C" studs attached to a minimum 0.035-inch runner track by either No. 10 x 1/2-inch screws or by 1/8-inch long fillet welds each side, top and bottom. Overall stud dimensions shall be a minimum 3 1/2 x 1 1/2 inch with a minimum yield strength of 33 ksi. Uplift of corners (end studs) shall be prevented by installation of clip angles and/or other connectors designed to attach wall to structural elements below.

(3) Applies to attachment at all studs and runner track. (Note: Shear Values can be considered conservative for screw spacings less than those specified in this table. Building codes may dictate screw spacings less than the tested spacings).

(4) In addition to the requirements herein, comply with manufacturers requirements for installation.

(5) Shear values are the recommended design values based on the Nominal Shear Capacity with a Safety Factor of 2.5.

(6) These values shall be reduced 50 percent for loading due to earthquakes in Seismic Zones 3 and 4 or Performance Categories C, D, & E.

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME Buck DATE 4.25.98
SUBJECT _____ SHEET _____ OF _____
BY _____

Roof unit @ 345^W

exist joist 20 K4 @ 5' @

@ l = 34

20 K4 → 212 plf

DL = 10 psf
LL = 30 psf

$$\frac{1}{2} \text{ mech : } \frac{345}{2} \cdot \frac{34}{4} \cdot \frac{8}{34} = \text{wequid}$$
$$= 10.2 \text{ plf}$$

$$\therefore (10 + 30) 5 + 10.2 = 210 < 212 \text{ ok}$$

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME COSTCO DATE 6/97
SUBJECT CALCULATIONS SHEET 1 OF 6
BY _____

STANDARD. ROTISSERIE w/ STUD WALL 3 SIDES

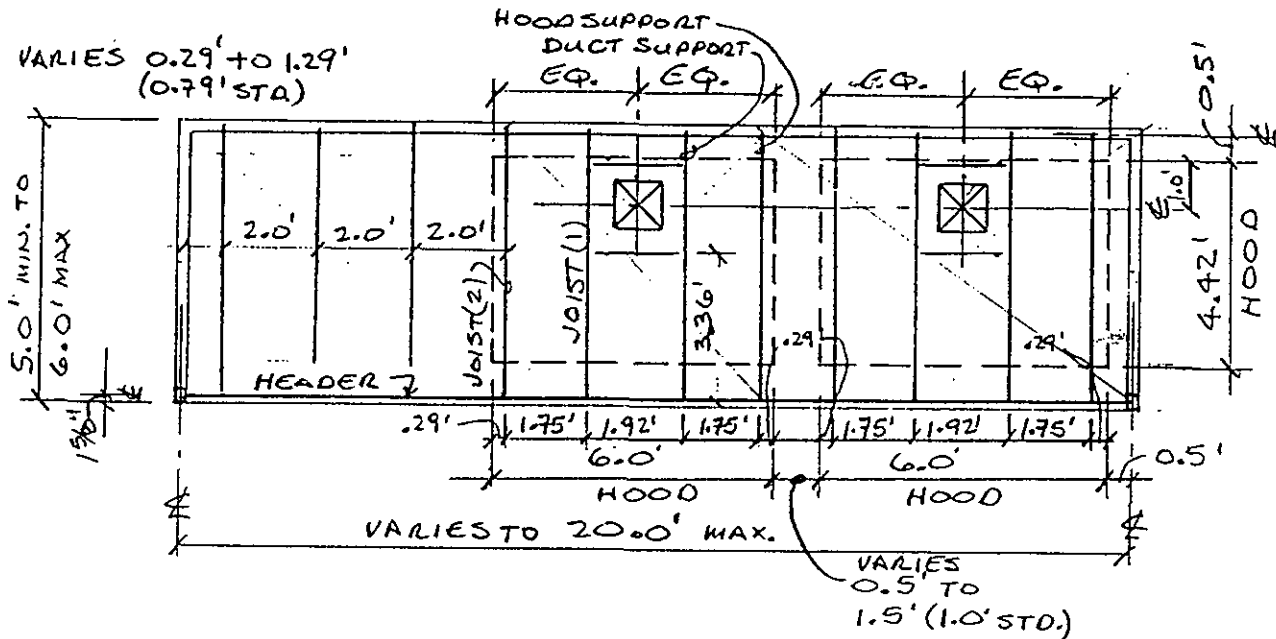
MAX. SIZE 6' x 20'
MIN. SIZE 5' x 19'

SEISMIC 94 UBC ZONE 2B
93 BOCA $A_v = A_g = 0.23$ MAX

ENGINEERS - NORTHWEST INC. P.S. EC

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME COSTCO DATE 6/97
 SUBJECT CHICKEN ROTISSERIE SHEET (2) OF 6
 BY _____



HOODS @ 600#
 DUCTS @ 1500# (2HR)

$$\text{JOIST (1)} \quad W = \frac{LL + DL}{2} = 50 \text{ PLF}, \quad P = \frac{1500}{2} = 750 \#$$

$$M = \frac{50(6)^2}{8} + \frac{750(6)}{4} = 1.35 \text{ KFT} \quad \text{TRY } 8 \times 1\frac{5}{8} \times 16 \text{ GA.}$$

$$S = \frac{1.35 \times 12}{0.6(50)} = 0.54 \text{ IN}^3 \quad \text{TRY } 8 \times 1\frac{5}{8} \times 16 \text{ GA} \quad S_x = 1.30$$

$$f_b = \frac{1.35 \times 12}{1.3} = 12.5 \text{ KSI} \quad r_y = 0.51$$

$$\text{TOP FLG. BRACING?} \quad C f_a = 12.5 \Rightarrow \frac{KL}{r_y} = 103$$

$$l = 103(0.51) = 52" > 40\frac{3}{8}" (3.36') \therefore \text{OK}$$

$$\text{JOIST (2)} \& (3) \quad W = 50 \text{ PLF}, \quad P = \frac{600}{2} = 300 \# \quad \text{8} \times 1\frac{5}{8} \times 16 \text{ GA}$$

$$M = \frac{50(6)^2}{8} + \frac{300(6)}{4} = 0.68 \text{ KFT} \quad f_b = \frac{0.68 \times 12}{1.3} = 6.23 \text{ KSI}$$

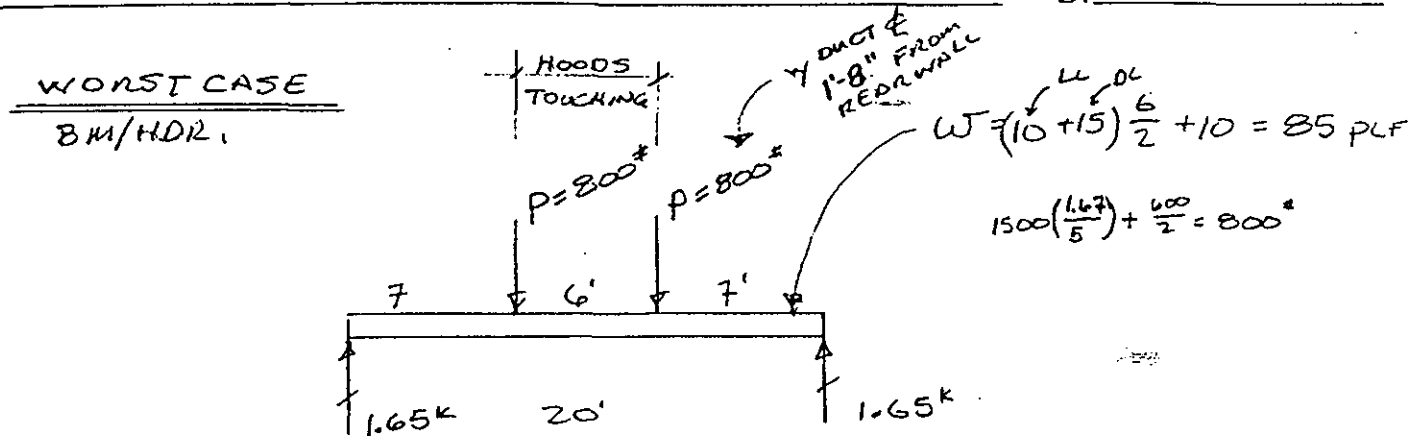
$$\text{TOP FLG. BRACING} \quad C f_a = 6.23 \Rightarrow \frac{KL}{r_y} = 154 \Rightarrow l = 154(0.51) = 78" > 72" \therefore \text{OK W/O FLG. BRACING.}$$

ENGINEERS-NORTHWEST INC. P.S.

EC

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE 6/97
 SUBJECT ROTISSERIE HEADER. SHEET (3) OF 6
 BY _____



$$M = 9.85 \text{ KFT} \Rightarrow S_{REQ'D} = \frac{9.85 \times 12}{.6(50)} = 3.94 \text{ IN}^3 < 3.98 \text{ IN}^3$$

USE  $< 10" \text{ DP } 16 \text{ GA } 1\frac{5}{8}" \text{ WIDE } \& \text{ } 0.45" \text{ MIN. LIP}$

$3\frac{5}{8}" \times 1\frac{3}{8}" \times 20 \text{ GA STUDS @ } H = 10' \& \text{ } 1\frac{3}{8}" \text{ DIR. BRACED BY GWB.}$

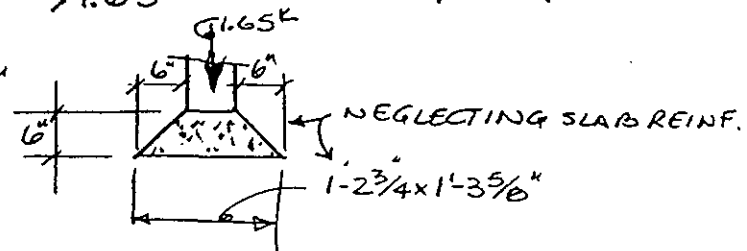
$P_{MAX.} = 1.20^k / \text{STUD @ } 5 \text{ PSF LATERAL}$

$\therefore \text{USE } 2 \text{ STUDS @ } 2.4^k > 1.65^k \text{ @ E.E. BM/HDR.}$

ON 6" SLAB $3\frac{5}{8}" \times 2\frac{3}{4}"$

$$q_{SOIL} = \frac{1.65}{1.22 \times 1.3} = 1.03 \text{ KSF OK}$$

BY INSP.

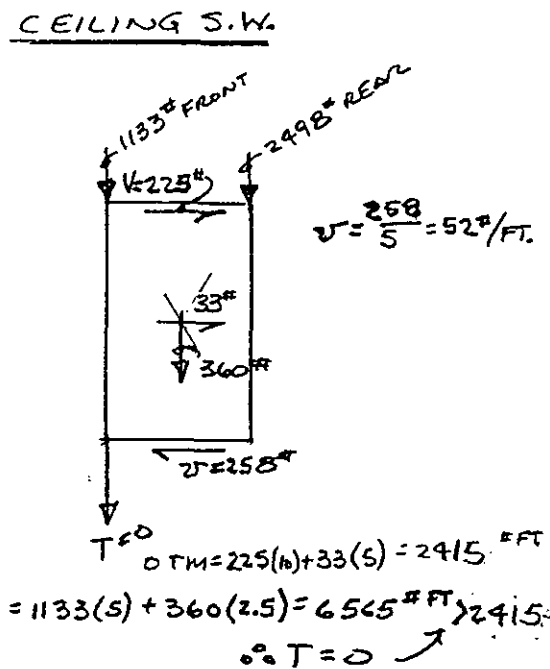
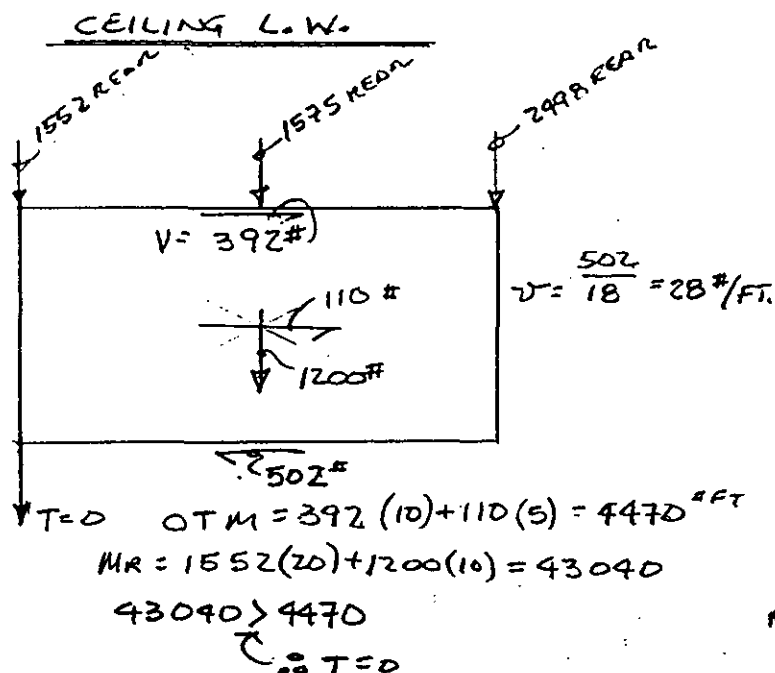
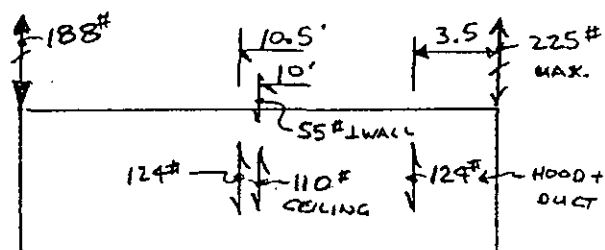


EC

JOB NO. _____ JOB NAME _____ DATE 6/97
SUBJECT ROTISSERIE LATERAL 94UBC SEISMIC E2B SHEET (4) OF 6
93 BOCA A₂ = 0.23 max. BY _____

93 BOCA $V = C_s W = \frac{2.5 A_a \approx 0.23 \text{ Max.}}{R} W = \frac{2.5(0.23)}{6.5} W = 0.088 W$

Hand-drawn diagram of a building section showing a roof and floor plan. The roof is labeled with $R_L = R_R = 52\#$ and $CL = 18'$. The floor plan shows a central duct area with dimensions $69\#$ and $110\#$ for the ceiling. The walls are labeled $17\#$ and $110\#$.



ENGINEERS-NORTHWEST INC. P.S.

EC

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME _____ DATE _____
 SUBJECT FOOD SERVICE & ROTISSERIE SHEET (5) OF 6
(1 HR. SHAFTS) BY _____

USE UNITED STATES GYPSUM (USG) PROPRIETARY

ASSEMBLY NER-258-G ICBO, BOCA & SBCCI

UL # U-469

Gyp. ASSN. # WP-7008

WTS.	600 ES 20 (8x)	1.37 PLF	=	11.0	PLF
	600 JR 20 (4x)	1.11 PLF	=	4.5	
	600 ES 20 (8'x4x) / 15'		=	3.0	
	1" GWB 5 (7')		=	35.0	
	1/2" GWB 2.2 (10.17')		=	22.4	
	MISC.		=	4.1	
TOTAL				80.0	PLF

MAX. WT.	ROOF ELEV.	27.5'	} MAX. HT. = 18.5'
	BOT. ELEV.	9.0	

$$WT. = 80(18.5) = 1480^{\#} \leftarrow$$

SEISMIC $\bar{Z}4$ $\bar{Z}=.4, I=1.0, C_p=.75 \rightarrow V=.4(1.75W) = .3W = .3(80) = 24 \text{ PLF}$

$$\Sigma V = 24(18.5) = 444^{\#} \quad (4)^{\#} \text{E" STUDS EA. DIRECTION @ } 6 \text{ PLF/STUD MIN.}$$

$$6 \text{ PLF/STUD} < 15 \text{ PLF ALLOW/STUD @ } 20' \text{ HT. } \Delta = \frac{L}{240}$$

$$\text{SHEAR @ TOP \& BOT. OF DUCT} = 24 \left(\frac{18.5}{2} \right) = 222^{\#} \quad \leftarrow \text{18.5' } \approx \text{SHAFT OK TO SPAN FULL HT.}$$

$$\text{IN } 20 \text{ GA. } (1)^{\#} 8 \text{ SCREW} = 164^{\#} \times 1.33 = 218^{\#} \approx 222^{\#}$$

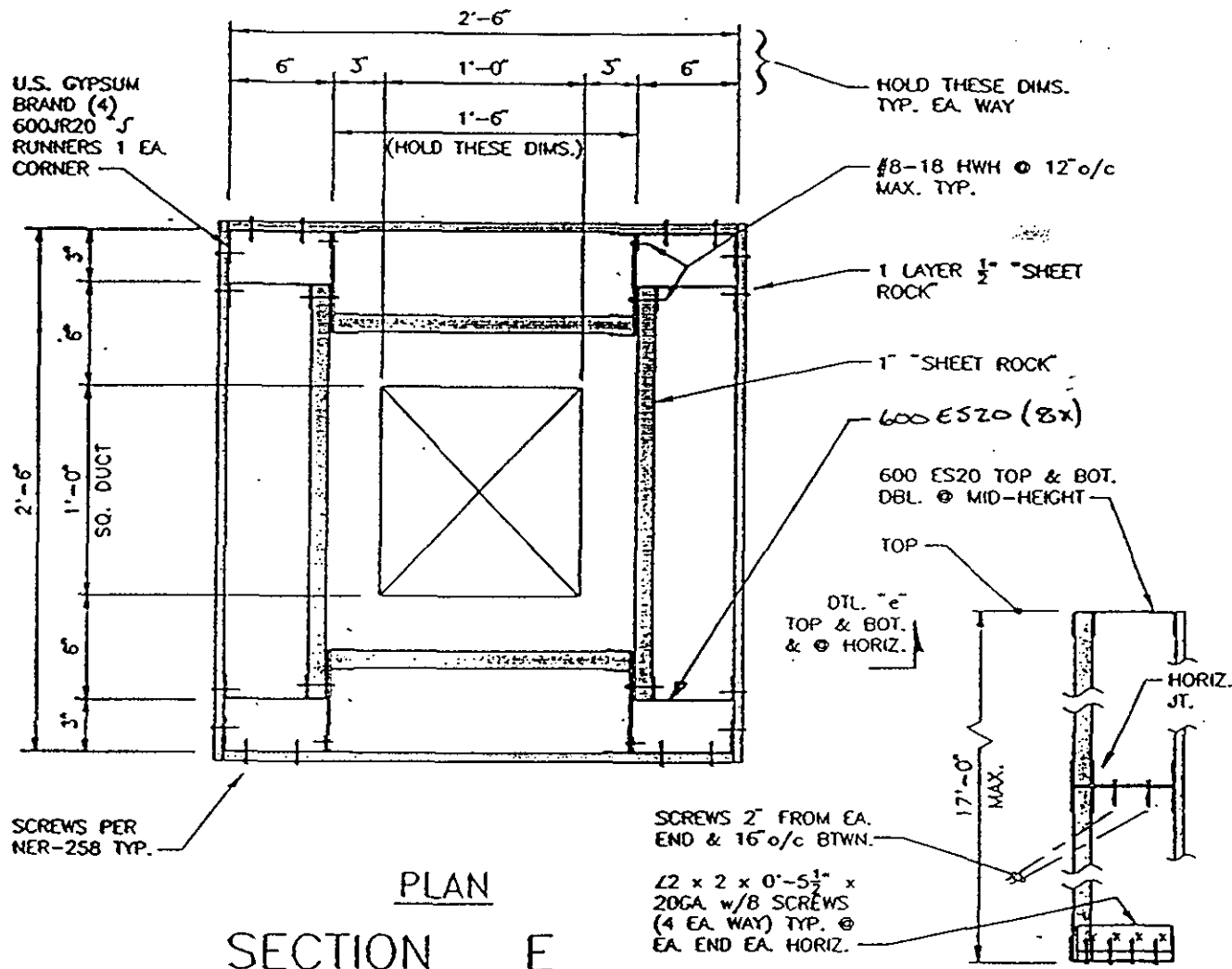
USE (2) #8 SCREWS $\leftarrow$
 T & B MIN. EDWAY

EC.

JOB No. _____ JOB NAME _____ DATE _____

SUBJECT _____ SHEET (6) OF 6

By _____



DETAIL "e"
(TYP. EA. OF 4 SIDES)

NOTES:

$$1\frac{1}{2}'' = 1'' - 0''$$

- 1.) EACH DUCT NOT TO EXCEED 17'-0" IN LENGTH NOR 1,500# IN WEIGHT.
- 2.) SHAFT ASSEMBLY AND CONSTRUCTION MUST COMPLY WITH "COUNCIL OF AMERICAN BUILDING OFFICIALS-NATIONAL EDUCATION REPORT NER-258" (INCLUDING PROPRIETARY MATERIALS) NO EXCEPTIONS.
- 3.) CONTRACTOR IS RESPONSIBLE FOR ORDERING LONG LEAD TIME MATERIALS IN TIME TO MEET THE OWNERS SCHEDULE.
- 4.) 1 HOUR SHAFT SHOWN PER NER-258.
- 5.) CONTRACTOR TO HAVE A COPY OF NER-258 ON SITE DURING CONSTRUCTION & A COPY AVAILABLE TO TESTING LAB & OTHER INSPECTORS.
- 6.) THE DIMENSIONS AND GAUGE OF STEEL STUDS IN THE ABOVE REPORT ARE MINIMUMS. THE HOURLY RATINGS APPLY WHEN STUDS OF HEAVIER GAUGE AND LARGER DIMENSIONS.

ENGINEERS - NORTHWEST INC. P.S.

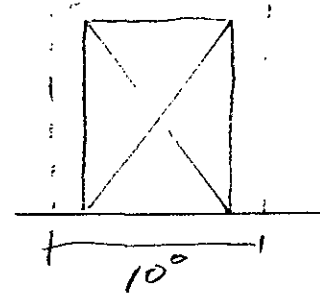
6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME Truck DATE 4.24.98
SUBJECT _____ SHEET _____ OF _____
BY _____

New opening @ Break Ramp

exist door 8°

new door 10° x 10°



Wind load 90/c

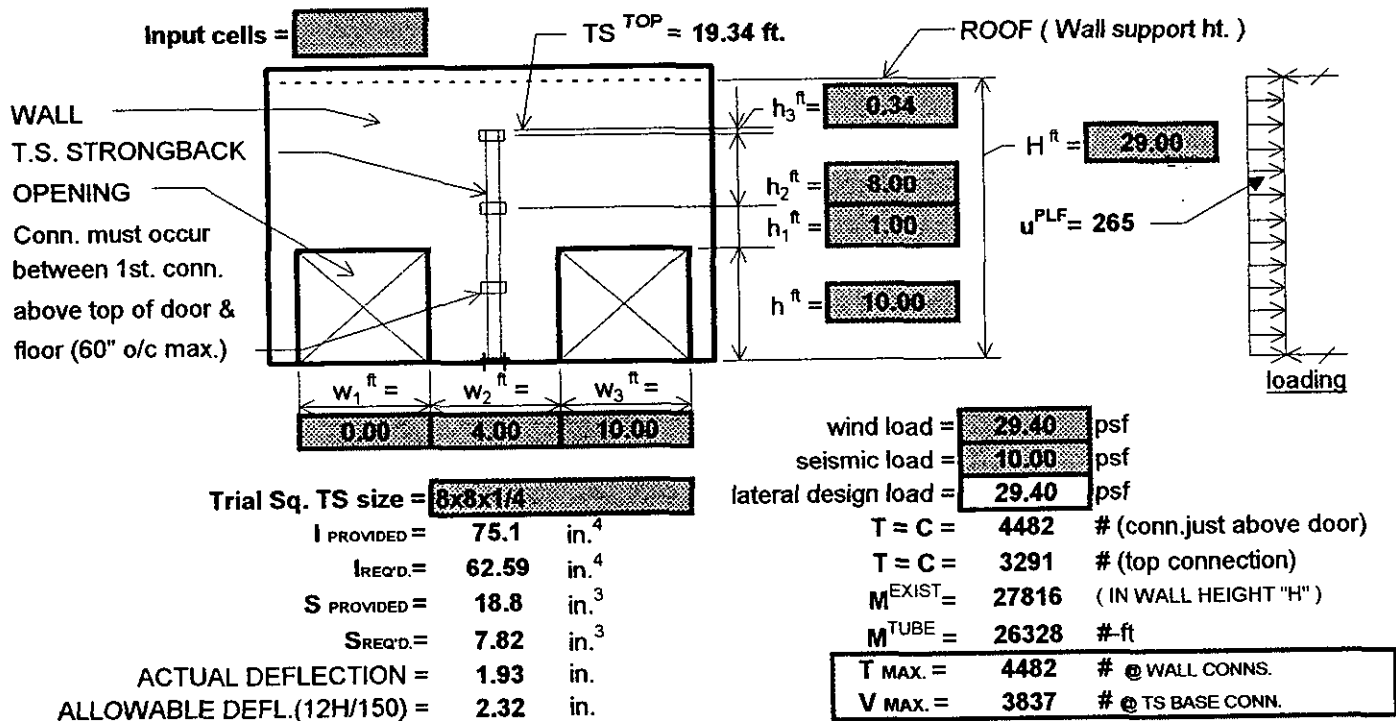
$$\begin{aligned} P &= P_v F \cdot K_h (G C_p - G C_{pi}) \\ &= 20.7 \cdot 98 (1.2 - -0.25) \\ &= 29.4 \text{ psf} \end{aligned}$$

JOB # [REDACTED]

JOB NAME :- Costco

FOR : - DESIGN of Square Tube Steel Strong backs @ new wall openings, etc.

WALL STRONG BACK LOCATION:- [REDACTED]



WALL WITH TS 8x8x1/4 STRONG BACK IS OK FOR LATERAL LOAD SHOWN
TS 8x8x1/4 weighs 25.82 plf

LOCATION :-

MASONRY LINTELS (SINGLE ANGLE) **WITH SUPERIMPOSED LOADS (Vertical loads only)**

INPUT
MASONRY WEIGHT = 75 psf
DESIGN OPENING = 10.50 ft.
Input angle thus:- L3 1/2X3 1/2X7/16
Put space in fraction

OUTPUT
VERTICAL ANGLE LEG = 8 in.
HORIZONTAL ANGLE LEG = 4 in.
ANGLE THICKNESS = 1/2 in.
ANGLE WEIGHT = 19.6 plf
 $I_x = 38.5$ in.⁴
 $S_x = 7.49$ in.³
 $I_y = 6.74$ in.⁴
 $A = 5.75$ in.²
 $x = 0.859$ in.
 $y = 2.86$ in.
TOTAL MASONRY WT. = 3724 lb.
TOTAL ANGLE WT. = 206 lb.
 $J = 0.4792$ in.⁴
 $C = 1.7994$
 $I_p = 86.5$ in.⁴
 $f_{cr} = 63.59$ ksi
 $f_u = 27.50$ ksi

$F_b1 = f_u / 1.3 = 21.15$ ksi (Dead Load)
ANGLE DEFLECTION = 0.116 in. $\leq L/600 = 0.210$ in.

$U = 1086$ OK ≥ 600
ANGLE MOMENT = 81.44 kip-in.

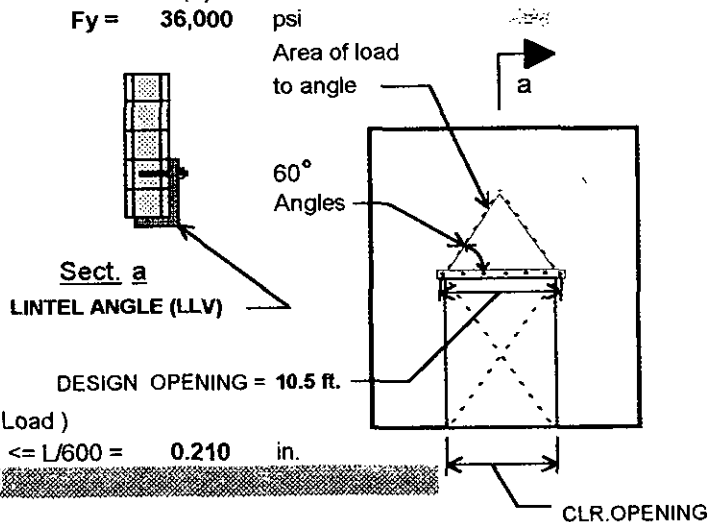
ANGLE $f_b = 10.87$ ksi - OK $\leq F_b1$

$f_p / F_b1 = 0.514$ OK < 1.00

$1 - f_p / F_b1 = 0.486$ LEFT FOR SUPERIMPOSED LOADS

F_b2 (superimposed load) = 16.17 ksi ($f_u / 1.7$) (Dead & Live Loads)
MOMENT (superimposed) = 58.873 kip-in. REMAINING MOMENT CAPACITY
P (superimposed) = 1.869 kips LIMITED BY STRESS
P (superimposed) = 2.519 kips LIMITED BY L/600
P (superimposed) = 1.869 kips **CONTROLLING "P"**
OR
w (superimposed) = 0.356 kips/ft. LIMITED BY STRESS
w (superimposed) = 0.384 kips/ft. LIMITED BY L/600
w (superimposed) = 0.356 kips/ft. **CONTROLLING "w"**

$E = 29000000$ psi
 $v = 0.27$ = POISSONS RATIO
 $G = 11417323 = E / (2(1+v))$
 b = ANGLE LEG WIDTH MINUS HALF LEG THICKNESS
 t = ANGLE LEG THICKNESS
 L = ANGLE LENGTH = DESIGN OPENING (to ctr. of bearing)
 $J = \sum (b)^3 t^3 / 3$
 $I_p = I_x + I_y + A[(x-t/2)^2 + (y-t/2)^2]$
 $C = \sum (b)^3 t^3 / 36$
 $F_y = 36,000$ psi



CHOOSE EITHER THE
POINT OR UNIFORM
Additional LOAD IN THE
60 DEGREE TRIANGLE
SHOWN ABOVE

From : - March 1981 ASCE - Civil Engineering

ENGINEERS - NORTHWEST INC. P.S.

6869 WOODLAWN AVE. N.E. - SUITE 205 - SEATTLE, WA 98115 - (206) 525-7560 - FAX # (206) 522-6698

JOB NO. _____ JOB NAME Brick DATE _____
 SUBJECT Mezz SHEET _____ OF _____
 BY _____

$$LL = 125$$

$$DL = 15$$

① joist @ 12"
 $l = 12'-0"$

$$C 8 \times 1 \frac{5}{8} \times 16 \text{ @ } 12'$$

$$C 10 \times 1 \frac{5}{8} \times 16 \text{ @ } 16'$$

② Bm $l = 20$

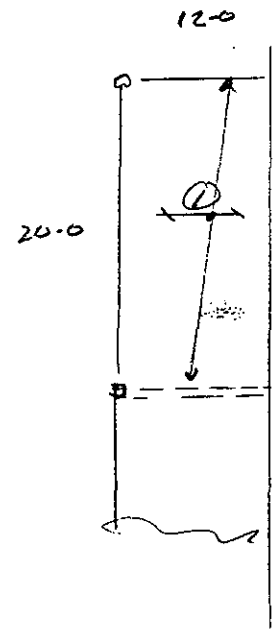
$$W = 140 \frac{12}{2} = 840 \text{ plf}$$

③ col $h \times = 12'$

$$P = 8.6 \text{ k}$$

$$4 \times 4 \times \frac{1}{4} \text{ TS}$$

$$F_t \text{ @ } 2000 \text{ psi} \rightarrow 2 \times 2 \text{ use } 3 \times 3$$



Engineers Northwest
6869 Woodlawn AVE NE
Seattle, Washington 98115
ph 206 525 7560
fax 206 522 6698

Title :
Dsgnr:
Description :

Job #
Date: 4:21PM, 24 APR 98

Scope :

Rev: 504001

Steel Beam Design

Page 1

Description

General Information

Steel Section : W14X22

Fy 36.00ksi
Load Duration Factor 1.00

Center Span 20.00 ft
Left Cant. 0.00 ft
Right Cant 0.00 ft
Lu : Unbraced Length 0.00 ft
Pinned-Pinned
Bm Wt. Added to Loads
LL & ST Act Together

Distributed Loads

	# 1	# 2	# 3	# 4	# 5	# 6	# 7	
DL	0.840							k/ft
LL								k/ft
ST								k/ft
Start Location								ft
End Location								ft

Summary

Beam OK

Using: W14X22 section, Span = 20.00ft, Fy = 36.0ksi
End Fixity = Pinned-Pinned, Lu = 0.00ft, LDF = 1.000

	Actual	Allowable		
Moment	43.102 k-ft	57.354 k-ft	Max. Deflection	-0.538 in
fb : Bending Stress	17.856 ksi	23.760 ksi	Length/DL Defl	446.3 : 1
fb / Fb	0.752 : 1		Length/(DL+LL Defl)	446.3 : 1
Shear	8.620 k	45.507 k		
fv : Shear Stress	2.728 ksi	14.400 ksi		
fv / Fv	0.189 : 1			

Force & Stress Summary

<<-- These columns are Dead + Live Load placed as noted -->>

	Maximum	DL Only	LL @ Center	LL+ST @ Center	LL @ Cants	LL+ST @ Cants	
Max. M +	43.10 k-ft	43.10					k-ft
Max. M -							k-ft
Max. M @ Left							k-ft
Max. M @ Right							k-ft
Shear @ Left	8.62 k	8.62					k
Shear @ Right	8.62 k	8.62					k
Center Defl.	-0.538 in	-0.538	0.000	-0.538	0.000	0.000	in
Left Cant Defl	0.000 in	0.000	0.000	0.000	0.000	0.000	in
Right Cant Def	0.000 in	0.000	0.000	0.000	0.000	0.000	in
...Query Defl @	0.000 ft	0.000	0.000	0.000	0.000	0.000	in
Reaction @ Left	8.62	8.62		8.62			k
Reaction @ Rt	8.62	8.62		8.62			k

Fa calc'd per 1.5-1, $K \cdot L / r < C_c$

Section Properties W14X22

		Weight			
Depth	13.740 in	22.04 #/ft	r-xx	5.537 in	
Width	5.000 in	199.00 in4	r-yy	1.039 in	
Web Thick	0.230 in	7.00 in4	Rt	1.250 in	
Flange Thickness	0.335 in	28.967 in3			
Area	6.49 in2	2.800 in3			

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/15/98
Control #
Permit # 98-2309+A

UCC NEW JERSEY
NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Block 70 Lot 5

Work Site Location 1722 RT 88 COSTCO WHOLESALE

Owner in Fee COSTCO WHOLESALE
Address 999 LAKE DRIVE
BOOTSQUAH, WA

Agent/Contractor SIMANO PLUMBING CO.
Address 719 ACKERMAN AVE
GLEN ROCK, NJ 07452

ACTION

Date of Notice 09/15/98

Compliance Due Date 09/22/98

Date of Inspection 09/11/98

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
STATE UNIFORM CONSTRUCTION CODE N.J.A.C. 5:22-2.1(b) FAILED TO GET REQUIRED INSPECTIONS FOR GAS PIPE INSTALLATION.

You are hereby ordered to terminate the said violations on or before 09/22/98. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[] Failure to comply with this Order will subject you to a penalty of \$ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of \$ 250 for each violation for a total penalty of \$ 250. Each week that any of the said violations remain outstanding after 09/22/98 shall result in an additional penalty of \$ 250 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN CITY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$110 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOWNS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CIRILAZZA, CONSTRUCTION OFFICIAL 262-1030.
NOTICE OF VIOLATION AND ORDER TO TERMINATE.
NOTICE AND ORDER OF PENALTY.

U.C.C. F210 (rev. 3/96)

Joe Cirilazza
SOB DATE: 9/15/98
CO DATE:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
NOTICE AND ORDER OF PENALTY

Date Issued 09/15/98
Control #
Permit # 98-2309+A

Work Site Location 1722 RT 88 COSTCO WHOLESALE IDENTIFICATION Block 70 Lot 5

Owner in Fee COSTCO WHOLESALE
Address 999 LAKE DRIVE
BOOTSQUAH, WA
Agent/Contractor SODASIMANO PLUMBING CO.
Address 719 ACKERMAN AVE
GLEN ROCK, NJ 07452

Date of Notice 09/15/98 ACTION Compliance Due Date 09/22/98 Date of Inspection 09/11/98

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
STATE UNIFORM CONSTRUCTION CODE N.J.A.C. 5:23-2.1(b) FAILED TO GET REQUIRED INSPECTIONS FOR GAS PIPE INSTALLATION.

You are hereby ordered to terminate the said violations on or before 09/22/98. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[] Failure to comply with this Order will subject you to a penalty of \$ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of \$ 250 for each violation for a total penalty of \$ 250. Each week that any of the said violations remain outstanding after 09/22/98 shall result in an additional penalty of \$ 250 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEALS/OCEAN CITY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOWNS RIVER, NJ 08853.

If you have any questions concerning this matter, please call: JOE CUNHA, CONSTRUCTION OFFICIAL 262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE:

NOTICE AND ORDER OF PENALTY:

U.C.C. F210 (rev. 3/96)

Joe Cunha
SOO DATE: 9/15/98
CO DATE:

COPY

FAIRFIELD REFRIGERATION & H.V.A.C., INC.

15 OAK ROAD
FAIRFIELD, NJ 07004

FIRST UNION NATIONAL BANK

CHECK 2558

55-2/212

PAY
TO THE
ORDER OF TOWNSHIP OF BRICKDATE
6/11/98

CONTROL NO.

AMOUNT
\$300.00
AUTHORIZED SIGNATURE

⑈002558⑈ ⑆021200025⑆2030000134708⑈

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing FeesDate: 6-11-98Business/Development: COSTCOOwner/Applicant: Fairfield Refrigeration & H.V.A.C. Inc.Property Address: 1722 RT. 88Block: 1170 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial
Residential

Inclusionary Development Fee

Check Number 2558Estimated Fee \$ 600.00Deposit Amount \$ 300.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number _____

Final Fee \$ _____

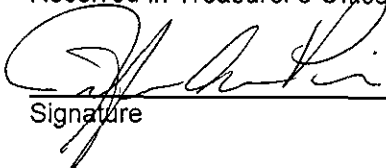
Less Deposit \$ _____

Final Payment \$ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:


Signature6/11/98
Date

COUNTER FORM
PLEASE PRINT

COSTCO -
1722 Rt 88

ELECTRICAL SUBCODE			FIRE PROTECTION SUBCODE		
CONTRACTOR:			CONTRACTOR: R.L. Dehn + Sons Fire Protection		
ADDRESS:			ADDRESS: 60 W Prospect ST Waldwick NJ		
PHONE:			PHONE: 201 445 1155		
LIC. #:		EXP. DATE:	LIC. #:		EXP. DATE:
FEDERAL EMPL. # (or S.S. #):			FEDERAL EMPL. # (or S.S. #): 222683232		
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE	Sprinkler revisions - cooler box, chicken water, etc, optical		
ITEMS					
Lighting Fixtures					
Receptacles					
Switches					
Detectors					
Light Poles			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Motors - Fract. HP			Heating Sys: ☐ New ☐ Existing		
Emergency & Exit Lights			Location of Furnace / Boiler		
Communications Points					
Alarm Devices/F.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision		
KW Elec. Range / Receptacle		KW	Local Alarm Supervision		
KW Oven / Surface Unit		KW	Central Supervision		
KW Elec. Water Heater		KW	Proprietary Supervision		
KW Elec. Dryer / Receptacle		KW			
KW Dishwasher		KW	Flammable Liquip. Storage Tanks		Capacity: Fuel:
HP Garbage Disposal		HP	Combustable Liquid Storage Tanks		Capacity: Fuel:
KW Central A/C Unit		KW	L.G.P. Storage Tanks		Capacity: Fuel:
HP/KW Space Heater/Air Handler		HP/KW	DESCRIPTION		
KW Baseboard Heat		KW	NUMBER		
HP Motors 1/+ HP		HP	Wet Sprinkler Heads 4 New 4 Replaces		
KW Transformer/Generator		KW	Dry Sprinkler Heads 7		
AMP Service		AMP	Total 18 New + 4 Replaces		
AMP Subpanels		AMP			
AMP Motor Control Center		AMP	Smoke Detectors		
AMP Elec. Sign/Outline Light		KW	Heat Detectors		
Other			Total		
Other					
Other			Stand Pipes		
Other			Kitchen Hood Exhaust Systems		
Estimated Cost of Electrical Work: \$			Pre-Engineered Systems		
Signature (print name):			Co2 Suppression		
Estimated Cost of Electrical Work: \$			Halon Suppression		
Signature (print name):			Foam Suppression		
Owner ☐ Contractor ☐			Dry Chemical		
SUBCODE APPROVAL:			Wet Chemical		
PLANS: Required ☐ Approved ☐					
Approved by:			Gas or Oil Fired Appliance		
Date:			Other		
CONTRACTOR AFFIX SEAL:			Other		
			Estimated Cost of Fire Protection Work: \$ 10,000.00		
			Signature: F. Nigam		
			Owner ☐ Contractor ☒		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		
			Date:		

COUNTER FORM

PLEASE PRINT

TOWNSHIP OF BRICK

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location:		Date Rec'd.:
Block:	Lot:	Date Issued:
Owner in Fee:		Control #:
Address:		Permit #:
State:	Zip:	Phone: ()
SS #:	Provide only if Applicant is owner	

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR:		CONTRACTOR:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
LIC #:		LIC #:	
LIC EXPIRATION DATE:		LIC EXPIRATION DATE:	
FEDERAL EMP. # (or S.S. #):		FEDERAL EMP. # (or S.S. #):	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
	Water Closet		
	Urinal / Bidet		
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Hose Bibb		
	Gas Piping		
	Fuel Oil Piping		
	Water Heater		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor / Separator		
	Backflow Preventer		
	Greasetrap		
	Water Cooled AC or Refrig. Unit		
	Sewer Connection		
	Septic (Disposal System) Closure		
	Water Service Connection		
	Gas Service Connection		
	Active Solar System		
	Vent Through Roof		
	Other		
Estimated Cost of Plumbing Work: \$		TYPE OF WORK	
Signature:		☐ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: ☐ Other:	
Owner ☐ Contractor ☐		☐ Fence: Height (6' or More) ☐ Sign: Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition	
SUBCODE APPROVAL:		BUILDING CHARACTERISTICS	
PLANS: Required ☐ Approved ☐	Approved by:	USE GROUP	Present: Proposed:
Date:	CONTRACTOR AFFIX SEAL:	CONSTR. CLASS	Present: Proposed:
		No. of Stories:	
		Height of Structure:	
		Area - Largest Floor:	
		New Building Area / All Floors:	
		Volume of Structure:	Total Land Disturbed:
		Signature:	
		Estimated Cost of Building Work:	
		New Building (1):\$	
		Alteration (2):\$	
		TOTAL (1+2):\$	
		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by:	
		Date:	

COUNTER FORM
PLEASE PRINT

98-2309+B

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR: <u>ADT Security Services</u>	CONTRACTOR:
ADDRESS: <u>2540 RT 130 Suite 100</u> <u>Cranbury NJ 08512</u>	ADDRESS:
PHONE: <u>609-860-2188</u>	PHONE:
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): <u>58-181402</u>	FEDERAL EMPL. # (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE	
ITEMS	
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors - Fract. HP	
Emergency & Exit Lights	
Communications Points	
Alarm Devices/E.A.C. Panel <u>1 connection to</u> <u>monitor diesel system</u>	
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquip Storage Tanks Capacity: Fuel:
HP Garbage Disposal HP	Combustable Liquid Storage Tanks Capacity: Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other	Total
Other	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$ <u>385</u>	
Signature (print name): <u>Joseph EAK</u>	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☒	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
CONTRACTOR AFFIX SEAL:	Other
	Other
	Estimated Cost of Fire Protection Work: \$
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

98-2309+B

COUNTER FORM
PLEASE PRINT

update
[Signature]

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1722 7th St	Date Rec'd:
Block: 1170 Lot: 5	Date Issued:
Owner in Fee: Costco Wholesale	Control #:
Address: PO Box 34305 Seattle	Permit #:
State: WA Zip: 98134 Phone: (425) 313-6432	
SS #:	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ Water Closet	
_____ Urinal / Bidet	
_____ Bath Tub	
_____ Lavatory	
_____ Shower	
_____ Floor Drain	
_____ Sink	
_____ Dishwasher	
_____ Drinking Fountain	
_____ Washing Machine	
_____ Hose Bibb	
_____ Gas Piping	
_____ Fuel Oil Piping	
_____ Water Heater	
_____ Steam Boiler	
_____ Hot Water Boiler	
_____ Sewer Pump	
_____ Interceptor / Separator	
_____ Backflow Preventer	
_____ Greasetrap	
_____ Water Cooled AC or Refrig. Unit	
_____ Sewer Connection	
_____ Septic (Disposal System) Closure	
_____ Water Service Connection	
_____ Gas Service Connection	
_____ Active Solar System	
_____ Vent Through Roof	
_____ Other	
Estimated Cost of Plumbing Work: \$	
Signature:	
Owner ☐ Contractor ☐	
SUBCODE APPROVAL:	Estimated Cost of Building Work:
PLANS: Required ☐ Approved ☐	New Building (1): \$
Approved by: _____	Alteration (2): \$
Date: _____	TOTAL (1+2): \$
CONTRACTOR AFFIX SEAL:	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by: _____
	Date: _____

RECEIVED
SEP 1 0 1998
DIV. OF INSPECTION