BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-3036

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-12-003751

I. IDENTIFICATION

1. Proposed Work Site at: 425 JACK MARTIN BLVD / Cafe
2. Name of Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEMS, NJ
   Tel. (732) 751-7591 e-mail _____
   Address 1350 (street) CAMPUS PKWY STE 1500 (municipality) NEPTUNE (zip code) NJ
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: DESIGN ALTERNATIVES Tel. (732) 244 7778
   Address 1555 RT 37 WEST e-mail CFusella@verizon.net
   License No. OR, if new home, Builder Reg. No. 13VH01831800 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3615440 FAX: (732) 244 7677
5. Architect or Engineer MINOR WORK (exempt) Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun CARRIE FUSELLA
   Tel. (732) 278 5346 FAX: (732) 244 7677

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	40-	✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 44-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

- [x] Minor Work
- [ ] New Building
- [ ] Addition
- [ ] Demolition
- [ ] Repair
- [ ] Alteration
- [ ] Renovation
- [ ] Reconstruction
- [ ] Asbestos Abat. -Subch. 8
- [ ] Lead Hazard Abatement
- [ ] Radon Remediation
- [ ] Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building									
[ ] Electrical	2500-	CR	10/9/12		10-11-12	SJ			
[ ] Plumbing									
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature_____ Date _____

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

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

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

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

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

✓ Check if contractor.

Agent Name Carrie Tusella - Design Alternatives Inc

Address 1555 Rt 37 W. Suite 4
Toms River, NJ 08755

Telephone (732) 244-7778

Signature Carrie Tusella

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/12/2012
Control Number C-12-003751
Permit Number 12-3036
Permit Issue Date 10/24/2012
Certificate Number 12-3036

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: (732) 751-7591

Contractor Design Alternatives

Address 1555 Rt. 37 W. Ste. 4 Toms River NJ 08755

Telephone: (732) 244-7778 Fax: (732) 244-7677

License Number or Builders Registration Number: 13vh01830800 Federal Emp. Number: 22-3615440

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRICAL ALTERATIONS

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/12/2012 U.C.C. F260 (rev. 08/05)

LM - 10-16-12

CONSTRUCTION PERMIT

Date Issued 10/24/12
Control # C-12-003751
Permit # 12-3036

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: 7327517591

Contractor: Design Alternatives
Address: 1555 Rt. 37 W. Ste. 4 Toms River NJ 08755

Telephone: 7322447778
Lic. No. or Bldrs. Reg. No. 13vh01830800
Federal Employee. No. 22-3615440

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRICAL ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,500

Construction Official — Date 10-11-12

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$44
Check No.	10354
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/24/12
Date Issued
Control #
Permit # 12-3036

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

Block 1170 Lot 18
Work Site Location OMC Ocean Medical Center / Cafe
425 Jack Martin Blvd Brick NJ
Owner in Fee/Occupant Northern Ocean Hospital System, NJ.
Address √350 Campus Pkwy Suite 150B Neptune
Tele. (732) 751-7591
Contractor Finesse Electric
Address 24 Jackson Mills Rd Freehold NJ 07728
Tele. (732) 577-9671 Fax (732) 577-5504
Lic. No. 9048
Federal Emp. No. 22-3396664

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 10-11-12
Approved by: SJ

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-3-12
Approved by: Diane (DCS)

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.	~~[illegible]~~		11/6/12	~~[illegible]~~
Constr. Serv.				
TCO				
Other				
Service				
Final			11/8/12	JK

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 1170 Lot [illegible]

Work Site Location [illegible]

Owner in Fee/Occupant [illegible]

Address [illegible]

Tele. ([illegible]) [illegible]

Contractor [illegible]

Address [illegible] Freehold NJ [illegible]

Tele. ([illegible]) [illegible] Fax (732) [illegible]

Lic. No. [illegible]

Federal Emp. No. [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ________ Proposed ________

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

Building Occupied as ________ Utility Co. ________

Est. Cost of Elec. Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: [illegible]

Approved by: [illegible]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ________

Approved by: ________

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ________

Final Cut-in-Card Date Issued ________

C. CERTIFICATION IN LIEU OF OATH

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

[signature]

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ ________

Minimum Fee $ ________

DCA Training Fee $ ________

TOTAL FEE $ ________

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/14/12
Date Issued
Control #
Permit # 1[illegible]

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

Block 1170 Lot 15
Work Site Location OMC [illegible] ECOC
425 Jack Martin Blvd Brick NJ
Owner in Fee/Occupant [illegible]
Address [illegible]
Tele. (732) 751-7571
Contractor Finesse Electric
Address 24 [illegible] Rd Freehold NJ 07728
Tele. (732) 577 7671 Fax (732) [illegible] 5504
Lic. No. 9044
Federal Emp. No. 22 2376664

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS 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: 10-11-12			Service				
Approved by: [signature]			Final				

Dates (Month/Day)

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

[Stamp: Finesse Electric Corp. — State of New Jersey — Licensed Electrical Contractor — [illegible]]

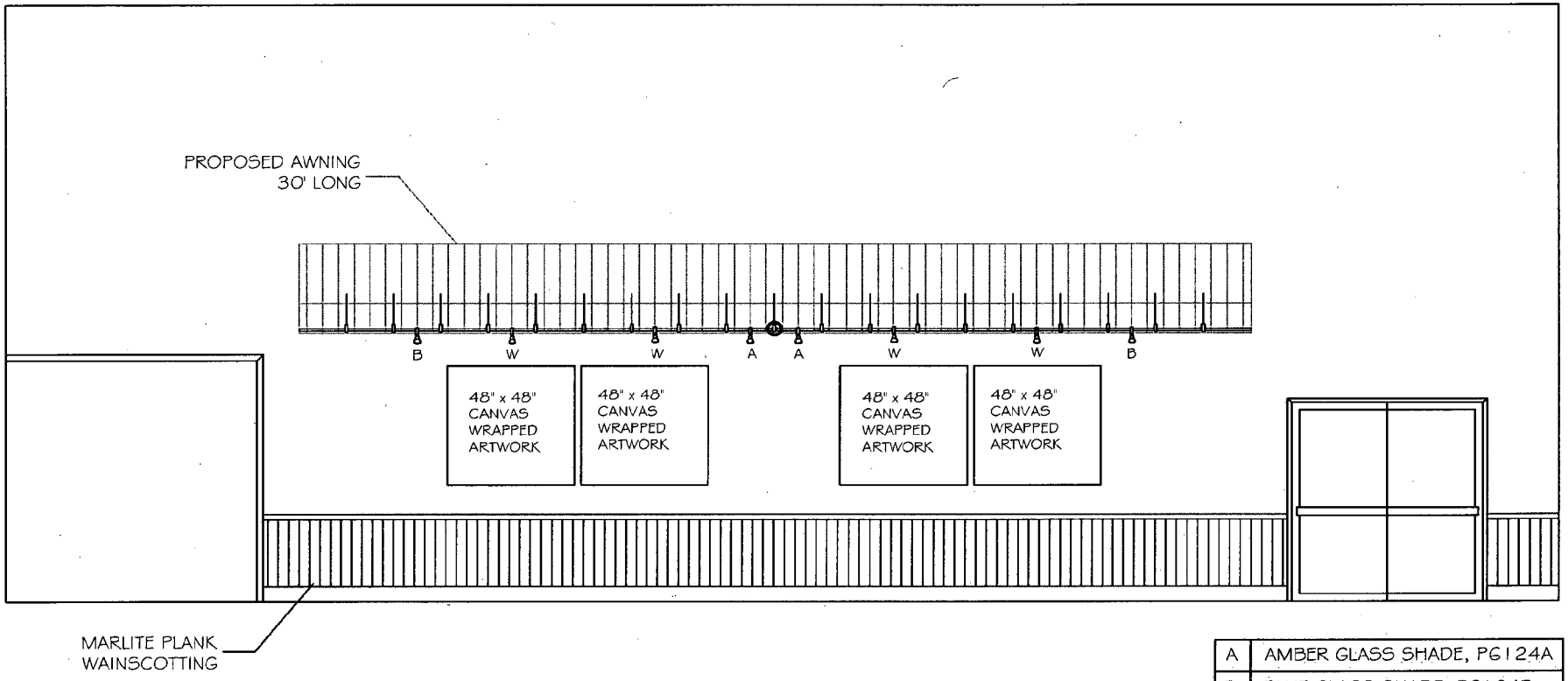
D. TECHNICAL SITE DATA

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

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

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

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



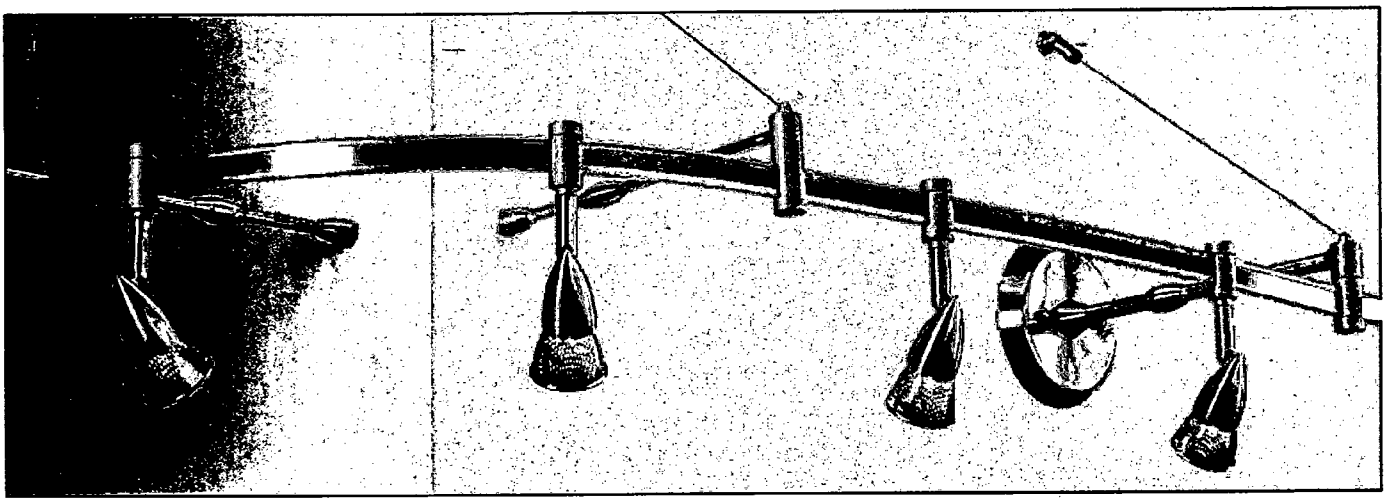
A	AMBER GLASS SHADE, PG124A
B	BLUE GLASS SHADE, PG124B
W	WHITE GLASS SHADE, PG124W

DESIGN ALTERNATIVES
1555 Route 37 West Suite 4
Toms River, New Jersey 08755

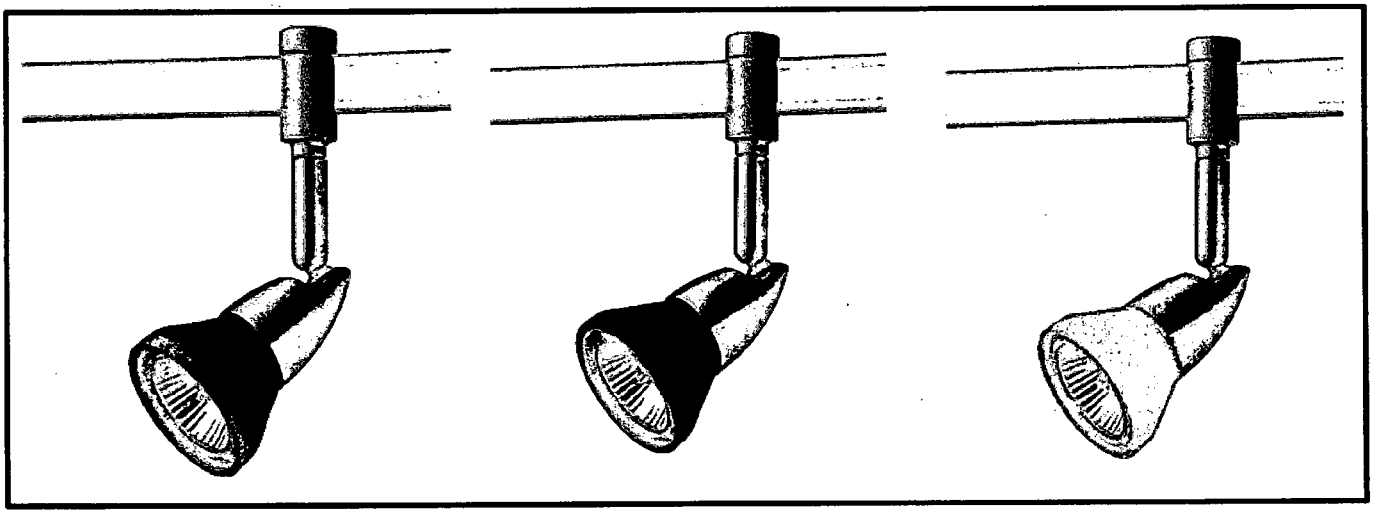
SHORE GRILLE OCEAN MEDICAL CENTER 425 Jack Martin Blvd project: Brick, NJ	sheet name: TRACK LIGHTING	scale: 3/16"= 1'-0"		notes:	dwg no: 4
	date: 10/2/12	revisions:	drawn by: MD		

10"

8" off WALL



INSTALLED PROGRESS ILLUMA-FLEX TRACK WITH HEADS



PROGRESS LIGHTING

Incandescent
Halogen

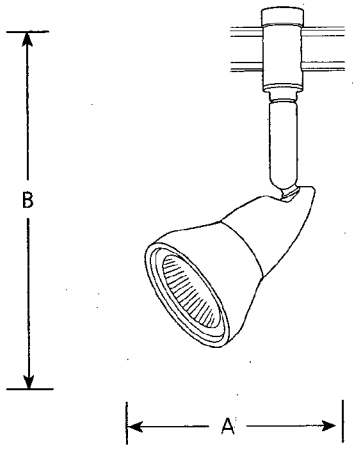
Illluma-Flex® Mini Pendant

Glass Shade Low Voltage

Track

	Type								
	-09A	-174A	-09B	-174B	-09R	-174R	-09W	-174W	-174PA
P6124	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Finish		Glass Shade		Dimensions (Inches)	
Catalog No.	Brushed Nickel	Urban Bronze		Lamping	A	B
P6124	-09A	-174A	Amber	12v 50w MR16 (Incl)	2-3/8	6
P6124	-09B	-174B	Blue	12v 50w MR16 (Incl)	2-3/8	6
P6124	-09R	-174R	Red	12v 50w MR16 (Incl)	2-3/8	6
P6124	-09W	-174W	White	12v 50w MR16 (Incl)	2-3/8	6
P6124	NA	-174PA	Patterned Amber	12v 50w MR16 (Incl)	2-3/8	6



Specifications:

General

- Flex track head with colored glass shade
- Plated Brushed Nickel (-09) or Urban Bronze (-174) finishes
- MR16 lamp included
- Mounts anywhere along Illuma-Flex track sections, or on monopoint

Track Head Support

- Single stem mounting
- 358 degree rotation
- 0 to 90 degree vertical swing

Electrical

- Attachment to 12 volt Illuma-Flex track
  - Remove top cap, slide onto track from below, replace cap and tighten to clamp unit to track
- Lamp (included)has a GU5.3 bi-pin base
- Attachment to monopoint - use P8777 converting adapter included with fixture

Labeling

- UL-CUL listed

Progress Lighting
701 Millennium Blvd.
Greenville, South Carolina
29607

www.progresslighting.com

Rev. 5/08

PROGRESS LIGHTING

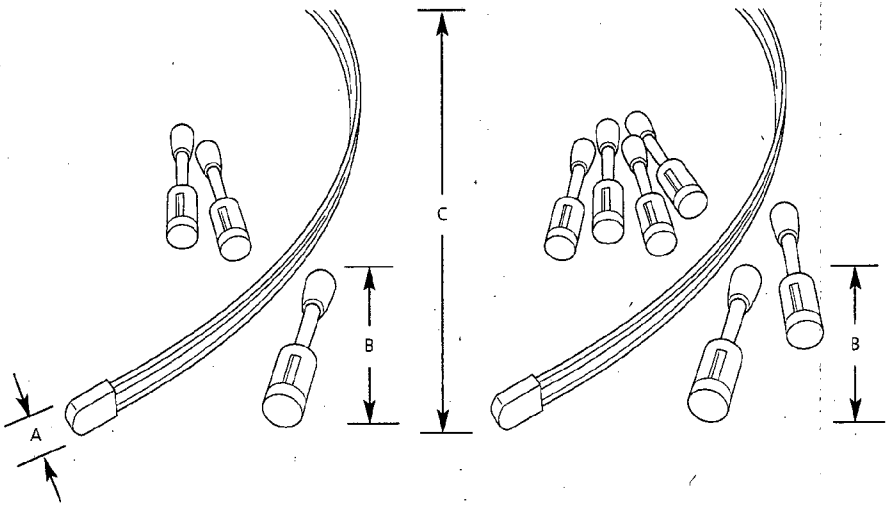
Illuma-Flex Track
Low Voltage

Track

Type

	-09	-174
P6227	☐	☐
P6228	☐	☐

	Finish					
	Brushed	Urban	Support	Dimensions (Inches)		
Catalog No.	Nickel	Bronze	Stems	A	B	C
P6227	-09	-174	3 (included)	7/8	4-7/16	72 (6')
P6228	-09	-174	6 (included)	7/8	4-7/16	144 (12')



Specifications:

General

- Flexible 12 volt track
- Brushed nickel plated finish
- Track can be bent to desired shape without the use of tools
- Can be field cut to any desired length
- Complete with end caps and support stems (see below)
- Must be connected to a UL listed 12 volt transformer of appropriate size.

Mounting

- Ceiling mounted on support stems and surface transformer
- Brushed nickel plated support stems are included
- Support stems attach to track by removing a lower cap, sliding the track into the support, and replacing the lower cap.
- Support stems are 3/8" wide, 4-3/4" high
- Mounting anchors are included

Electrical

- Track is a PVS plastic extrusion with plated brass buss bars inserted on each side
- Track must be connected to an 12 volt transformer of appropriate size (See P8776-09)

Labeling

- UL-CUL listed

Progress Lighting
Post Office Box 5704
Spartanburg, South Carolina
29304-5704

www.progresslighting.com

PROGRESS LIGHTING

Illuma-Flex
Wall Mount Accessory

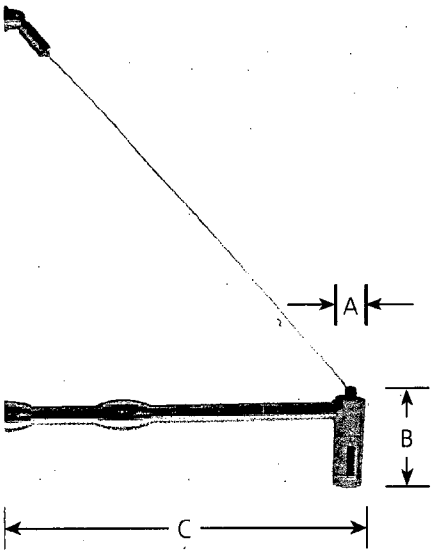
Track

Type

-09

P8707 ☐

Catalog No.	Finish Brushed Nickel	Dimensions (Inches) A	B	C
P8707	-09	1	3	8 - 12 adjustable



Specifications:

General

- Stems adjustable from 8" - 12" from wall
- Wall mount remote power feed
- Includes stem, cable and canopy

Mounting

- Wall mount

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PROGRESS LIGHTING

Illuma-Flex Track

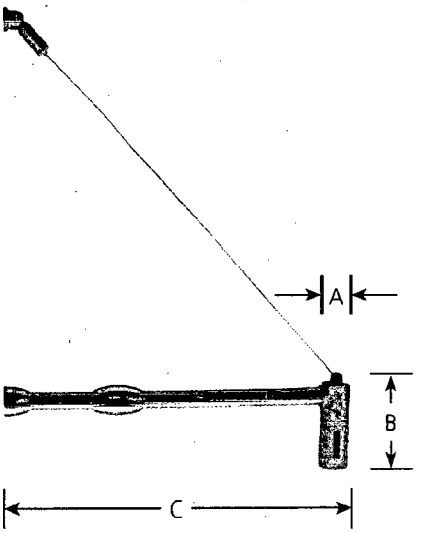
Wall Mount Accessory

Type _____

-09

P8706 ☐

Catalog No.	Finish Brushed Nickel	Dimensions (Inches) A	B	C
P8706	-09	1	3	8 - 12 adjustable



Specifications:

General

- 6 pack
- Stems adjustable from 8" - 12" from wall

Mounting

- Wall mount

8" off wall

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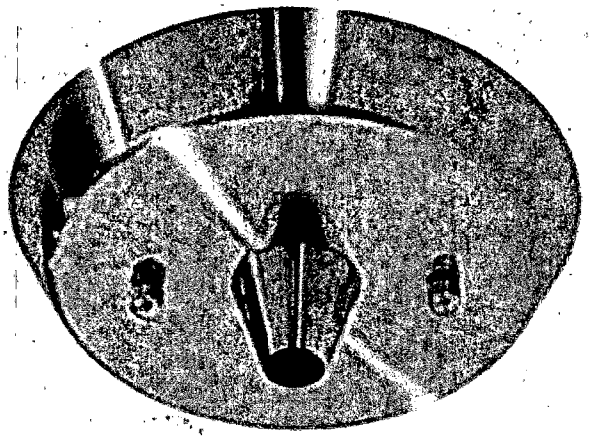
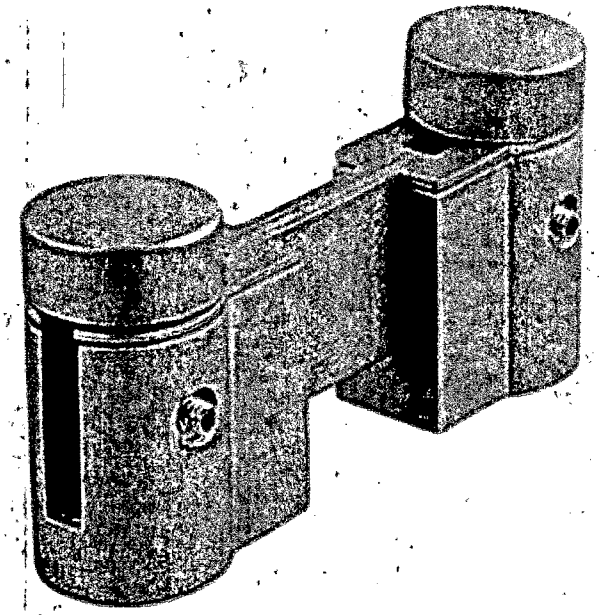


P8786-09
Category: Flex Track System
Description: Remote transformer power feed canopy
Notes: Must be used with power feed stems

Finish: Brushed Nickel
Family: Illuma-Flex
Room Type: Kitchen Lighting, Bar Lighting

Width/Diameter: 5-1/2"
Height: 1-3/4"



P8778-09
Category: Flex Track System
Description: Illuma-flex power link Electronically links two sections of track together. Designed to be used with or without suppon stems.
Notes:

Finish: Brushed Nickel
Family: Illuma-Flex
Room Type: Kitchen Lighting, Bar Lighting

Width/Diameter: 3-3/8"
Height: 1-5/8"

PROGRESS LIGHTING

Accessory **12 Volt Transformers** **Undercabinet**

Type _____

-31

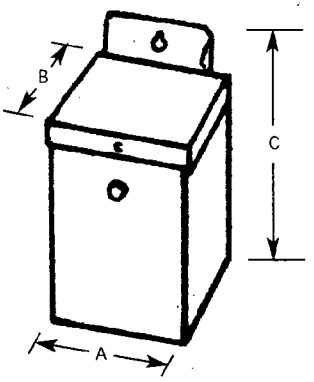
P8652 ☐

P8653 ☐

P8654 ☐

P8655 ☐

Catalog No.	Finish Black	Wattage	Dimensions (Inches) A	B	C
P8652	-31	100	3-1/2	3-1/4	8-1/2
P8653	-31	150	4-1/8	3-3/4	8-1/2
P8654	-31	300	4-1/8	4-3/4	8-1/2
P8655	-31	600*	4-5/8	4-1/2	12



***2/300w circuits**

Specifications:

Electrical

- Dual secondary taps of 12.0 and 12.6 volts
  - Maximizes light output and lamp life under varying load conditions
  - Adjusts for light loss in longer runs
- Isolation type transformer for safe operation
- Loads on P8655 two 300 watt circuits must be balanced for optimum operation
- Thermostat in primary to prevent overheating
- Resettable circuit breakers in secondary circuit to protect lighting components
- Induction type switches and dimmers only must be installed in the primary side

Construction

- Black powder coat finish on steel
- Epoxy encapsulated transformer for quiet and cool operation
- Easy open closure with KO's for hardwiring and installation

Mounting

- Horizontal or vertical mounting
- Top mounting bracket with keyhole slot is attached to housing
- Can be mounted anywhere indoors

Labeling

- UL-CUL listed

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Rev. 2/09