BLOCK 547 LOT 1 QUALIFICATION CODE ____ ADDRESS (SITE) 545 Brick Blvd PERMIT NO. 15-3120

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C15-002381

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

## I. IDENTIFICATION

1. Proposed Work Site at: 545 Brick Blvd
2. Name of Owner in Fee: 545 Brick Blvd LLC
   Tel. (732) 995-8802 e-mail ____
   Address 399 Monmouth St East Williamson N.J.
   (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Abatare Builders Tel. (732) 477-7751
   Address 92 Mantoloking Rd e-mail ____
   Brick Town N.J. 08723
   License No. OR, if new home, Builder Reg. No. 015352 Exp. Date 3/31/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01439100
   Federal Emp. ID No. 22-282-3210 FAX: (732) 477-6788
5. Architect or Engineer Barlo & Associates Contact Paul Barlo
   Address 92 Mantoloking Rd e-mail ____
   Tel. (732) 477-7751 FAX: (732) 477-6789
6. Responsible Person in Charge once Work has Begun Joseph A. Longo
   Tel. (732) 477-7751 FAX: (732) 477-6788
   908-600-5658

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

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 14905 | 44 | |
| 2. Electrical | 1640 ✓ | 100 | |
| 3. Plumbing | 1015 1015 ✓ | | |
| 4. Fire Protection | 390 | | 165 |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | 974 | | 19 |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | 733 | | |
| 12. Other EP | 150 | | |
| 13. TOTAL | $ 19587 | | 184 |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. Number of Stories | 1 | |
| 2. Height of Structure | 26-6" ft. | |
| 3. Area — Largest Floor | 4802 sq. ft. | |
| 4. New Building Area | 7266 sq. ft. | |
| 5. Volume of New Structure | 109 990 cu. ft. | |
| 6. Max. Live Load | | |
| 7. Max. Occupancy Load | | |
| 8. If Industrialized Building: State Approved ____ HUD ____ | | |
| 9. Total Land Area Disturbed | sq. ft. | |
| 10. Flood Hazard Zone | | |
| 11. Base Flood Elevation | ft. | |
| 12. Wetlands yes ____ no ____ | | |

## IIa. PROPOSED WORK

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

## IIb. SUBCODES

(Check all that apply)

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 | 700,000 | [illegible] | | | 07/06/15 | KEH | | | |
| ✓ Electrical | 100,000 | 5/14/15 | | | 6/2/15 | PE | | | |
| ✓ Plumbing | 20 000 | | | 6-18-15 | 8-20-15 | BJA | | | |
| ✓ Fire Protection | 30 000 | | | 7/22/15 | - | [illegible] | 9/15/15 | [illegible] | KP |
| ☐ Elevator | 0 | Eg | 6/9/15 | | 6/9/15 | [illegible] | | | |
| TOTAL COST | 850,000 | | | | | | | | |

## 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: M B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present V B
   Proposed V B

## 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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
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 ABATARE BUILDERS

Address 92 MANTOLOKING RD

Brickstown N.J. 08723

Telephone (732) 477-7754

Signature _____ President

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 05/09/2016
Control Number C-15-002381
Permit Number 15-3128
Permit Issue Date 09/21/2015
Certificate Number 15-3128

# Certificate

Construction Code Division

(Certificate of Occupancy)

## Identification

Work Site Location: 545 BRICK BLVD. FORTUNOFF Brick Township, NJ Block: 547 Lot: 1 Qual:

Owner in Fee: 545 BRICK BLVD LLC

Owner Address: 399 MONMOUTH ST EAST WINDSOR NJ 08520

Telephone: (732) 995-8802

Contractor ABATARE BUILDERS INC

Address 92 MANTOLOKING RD BRICK NJ 08723-

Telephone: (732) 477-7751 Fax: (732) 477-6788

License Number or Builders Registration Number: 13VH01439100 15352 Federal Emp. Number: 22-2873210

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL, COMMERCIAL ADDITION - FORTUNOFF BACKYARD STORE

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: $783.00
Check Number: 53
Collected By: Geradine Roldan

*Date Printed: 05/09/2016*

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 9-21-15
Permit # 15-3128

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

Block 547 Lot 1 Qualification Code

Work Site Location 545 BRICK BLVD

FRANK - Super

Owner in Fee: 545 BRICK BLVD LLC

Tel. (732) 995-8802 e-mail

Address 399 MONMOUTH ST EAST WINDSOR

Contractor: (street) ABATARE BUILDERS (municipality) INC Tel. (732) 477-7751 (zip code)

Address 92 MANTOLOKING RD e-mail

BRICKTOWN N.J. 08723

Contractor License No. or Builder Registration No. 015352 Exp. Date 3/31/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01439100

Federal Emp. ID No. 22-282-3210 FAX: 732) 477-6788

**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.

Sign here:

Print name here: JOSEPH A. LONGO PRESIDENT

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

RENOVATION & ADDITION TO FONTUNOFFS

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

- [ ] No Plans Required
- [✓] All 07/06/15 KEM
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 07/06/15

Approved by: KEM

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 04/19/16

Approved by: KEM

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | *10-9-15 MW | | *10/14/15 | BM |
| Footing ~~Bonding~~ | | | *11-2-15 MW | |
| Foundation | | | | |
| ~~Slab~~ Backfill | | | *10-20-15 MW | |
| *Frame 10/1/15 BM | | | *11-17-15 MW | |
| → Partial See Back | | | | |
| Footing Dock Area | | Partial | *12-16-15 BM | |
| Insulation 1-13-16 BM | | | | |
| Footings | | | *1-25-16 MW | |
| Sheathing *11/20/15 BM | | | *11-20-15 MW | |
| | | | *12-14-15 MW | |
| TCO | | | 2-11-16 BM | |
| ~~Other~~ SLAB | | | *11/6/15 BM | |
| Final | | | 4/19/16 BM | |
| Barrier-Free | | | | |

*See Attached

Partial 10/27/15 BM *

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**B. BUILDING CHARACTERISTICS**

Use Group Present MB Proposed M B

Constr. Class Present VB Proposed V B

No. of Stories 1 1 4

Height of Structure 26-6 ft.

Area — Largest Floor 4802 sq. ft.

New Bldg. Area/All Floors 7266 sq. ft.

Volume of New Structure 108990 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved HUD

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

1. New Bldg. ($) 700,000 — Addition
2. Rehabilitation $ 300,000 - Sitework Reno
3. Total (1+ 2) $ 1,000,000

U.C.C. F110 (rev. 11/09)

* 10/14/15 PM Partial footing mark on plans in Pink Highlite from Line G on plans to L7 balance footing inspect when piers get inspected Later Date.

*10-20-15 MW Partial Backfill (Sections listed above)

* 10/27/15 remaining footing High Lited on plans ok

11-2-15 MW CONDITIONAL

* All interior Piers Appvd Contingent on Providing Approved Compaction Report

POUR AT OWN RISK

(B) tech

11/6/15 PM High Lighted area on plans for slab inspection and footing (Cement Panel)

11-17-15 MW Frame Appvd - (Conditional)

Mansard Roof at N+W Walls

* Architect to provide certification for Alternate framing method used —

AM 11

11/20/15 NOT Ready - for Dens Fiberglass board - nothing complete north south East west

11-20-15 MW Sheath appvd ~~to west~~ North side entire / West side to Door Entrance Parapet

11-24-15 MW Frame Appvd Partial ~~Roof~~ of Parapet Conditional Arch to provide cert for the use of (4) Screws in lieu of the (8) designed on plans for Braces —

PM

12-1-15 PM - NOT Ready

12-3-15 MW - Partial Frame Appvd Parapet - See Released plans for locations —

12-8-15 PM Frame completed / 5 Piers marked on Plans and sheathing south wall ok.

12-14-15 MT Partial Sheath appvd - N, E sides. See Plans For locations -

12-16-15 PM partial Footing, loading Dock 12' short Found Dry well.

12-22-15 PM (9) Life Post Footings OK

12-23-15 PM ① 4 front Piers

② Loading Dock formed wall with Rebar ok.

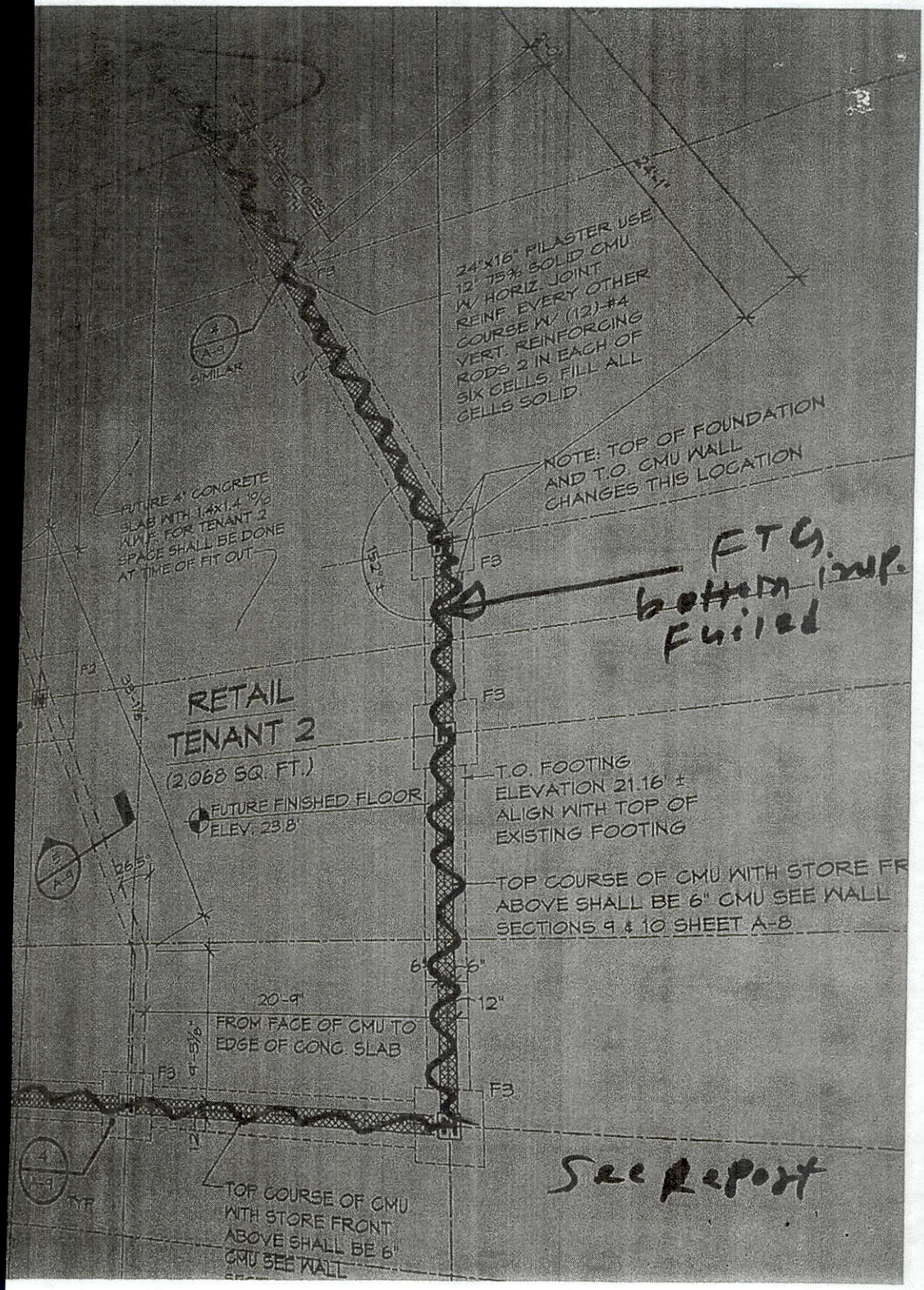
③ Loading Dock RAMP wall Last 12'

01/08/15 - SLAB INSP'N
LOADING DOCK + RAMP
FRAME INSP'N
REAR SHOWROOM WALLS
SW FRONT WALL

1-13-16 PM ① Rear wall [illegible] - R-13 Plans call R15 Later from Architect, He moves forward at own Risk

② Small change in Layout at Bathroom Later from Architect.

1-25-16 MT Footings Trash Enclosure + Monument Sign


24"X16" PILASTER USE 12" 75% SOLID CMU W/ HORIZ. JOINT REINF. EVERY OTHER COURSE W/ (12)-#4 VERT. REINFORCING RODS 2 IN EACH OF SIX CELLS. FILL ALL CELLS SOLID
NOTE: TOP OF FOUNDATION AND T.O. CMU WALL CHANGES THIS LOCATION
FUTURE 4" CONCRETE SLAB WITH 1.4X1.4 W.W.F. FOR TENANT 2 SPACE SHALL BE DONE AT TIME OF FIT OUT
FTG. bottom top. Failed
RETAIL TENANT 2
(2,068 SQ. FT.)
FUTURE FINISHED FLOOR ELEV. 23.8'
T.O. FOOTING ELEVATION 21.16' ± ALIGN WITH TOP OF EXISTING FOOTING
TOP COURSE OF CMU WITH STORE FR
ABOVE SHALL BE 6" CMU SEE WALL SECTIONS 9 & 10 SHEET A-8
20'-9"
FROM FACE OF CMU TO EDGE OF CONC. SLAB
TOP COURSE OF CMU WITH STORE FRONT ABOVE SHALL BE 6" CMU SEE WALL
See Report

ANS CONSULTANTS, INC.
4405 South Clinton Avenue
South Plainfield, NJ 07080

Tel: (800) 545-ATUL
(908) 754-8383
Fax: (908) 754-8633

NJ EDA Approved Testing Laboratory • MBE/DBE Certified • NJ DEP Certified
www.ANSConsultants.net

Soil, Concrete, Masonry, Rebar, Asphalt, Structural Steel, Precast, Piles, Caissons, Fire-proofing, Roofing, Soil Boring, Concrete/Rock Coring, UST Removal, Environmental Testing & Reports

# FIELD DENSITY REPORT

☒ As per ASTM D-6938-2010 (Nuclear Density Gauge)

**CLIENT :** ABATARE Builders, Inc.
92 Mantoloking Road
Brick twp., NJ 08723

**Attn : Mr. Mike Chambers**

**PROJECT :** 545 Brick Blvd.,
Brick, NJ

**DATE :** 10/10/2015

**FILE NO. :** AOP-253

**REPORT NO. :** 01

**ENGINEER :** Chetan Shah

**TIME :** 7:00 am. -1:00 pm.

## CERTIFICATE OF INSPECTION

As per your request, soil compaction tests were performed at the above referenced project site on 10/10/2015.

| No. | Test Elevation | LabProctor Values | | Field | Moisture | Compaction |
|---|---|---|---|---|---|---|
| | | Dry Density lbs/cu. ft. | Moisture % | Dry Density lbs/cu. ft. | % | % |
| 1 | 1* | 109.6 | 7.1 | 105.4 | 5.9 | 96.2 |
| 2 | 1* | 109.6 | 7.1 | 105.2 | 5.4 | 96.0 |
| 3 | 1* | 109.6 | 7.1 | 104.7 | 5.8 | 95.5 |
| 4 | 1* | 109.6 | 7.1 | 104.3 | 5.2 | 95.2 |
| 5 | 1* | 109.6 | 7.1 | 105.1 | 6.0 | 95.9 |
| 6 | 1* | 109.6 | 7.1 | 104.4 | 5.1 | 95.3 |
| 7 | 1* | 109.6 | 7.1 | 104.2 | 5.4 | 95.1 |
| 8 | 1* | 109.6 | 7.1 | 104.3 | 5.6 | 95.2 |
| | Troxler #2 | MS#675 | DS#1929 | | | |

**Serial #32405, Source Serial #750-7666, 47-28615 Calibration Exp. 8/25/2016**

**Remarks :** Proctor number for the soil sample collected on 10/09/2015 was utilized.

**Test Locations :** Tests were taken wall foundation (1) line G1 to R1 (2) line R1 to S 4.7, S 4.7 to S 6.9, S 6.9 to L 7 and South East corner. (See attached pictures).

**Specification Requirements :** 95% for the structural backfill areas.

11-9-15 MV

☒ **Complied with :** All tests. Letter Denied Signed & Sealed Plan

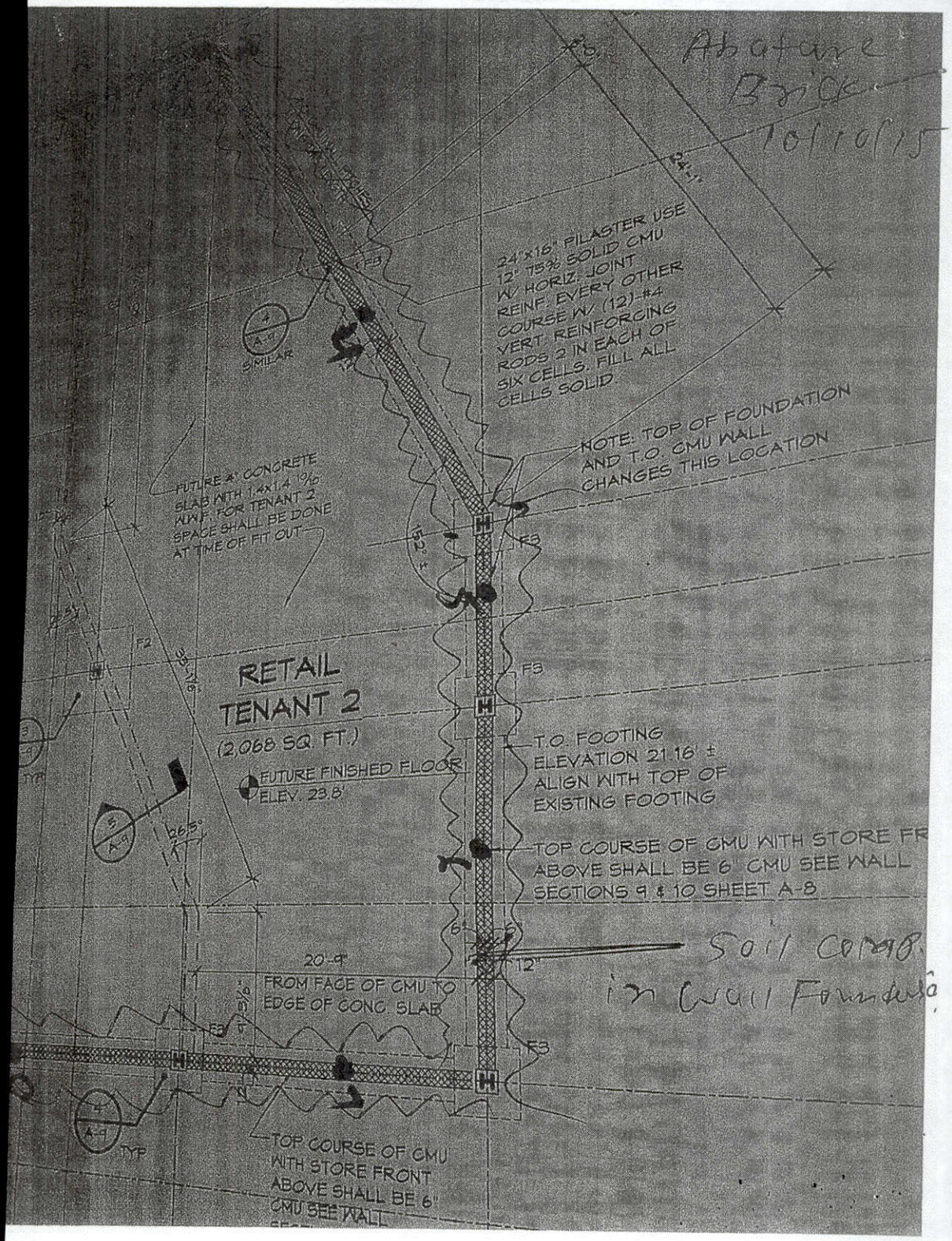
☐ **Not Complied with :** Need → 1) Signed & Sealed 2) legible Key Plan

10-13-2015

ATULKUMAR N. SHAH, PE
NJ PE LICENSE #24GE03443900

☑ **Sliding block covering the source rod was checked before placing the gauge in the storage box.**

Copy to : AB/MC-3, File-1


Abatare Brick
10/10/15
24"x16" PILASTER USE 12" 75% SOLID CMU W/ HORIZ. JOINT REINF. EVERY OTHER COURSE W/ (12)-#4 VERT. REINFORCING RODS 2 IN EACH OF SIX CELLS. FILL ALL CELLS SOLID
SIMILAR
NOTE: TOP OF FOUNDATION AND T.O. CMU WALL CHANGES THIS LOCATION
FUTURE 4" CONCRETE SLAB WITH 1.4x1.4 W.W.F. FOR TENANT 2 SPACE SHALL BE DONE AT TIME OF FIT OUT
RETAIL TENANT 2
(2,068 SQ. FT.)
FUTURE FINISHED FLOOR ELEV. 23.8'
T.O. FOOTING ELEVATION 21.16' ± ALIGN WITH TOP OF EXISTING FOOTING
TOP COURSE OF CMU WITH STORE FR ABOVE SHALL BE 6" CMU SEE WALL SECTIONS 9 & 10 SHEET A-8
Soil Comp. in Wall Foundation
20'-9" FROM FACE OF CMU TO EDGE OF CONC. SLAB
TOP COURSE OF CMU WITH STORE FRONT ABOVE SHALL BE 6" CMU SEE WALL
TYP
F1
F2
F3

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control # 9-21-15
Date Issued
Permit # 15-3120

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

Block 547 Lot 1 Qualification Code

Work Site Location Fortunoff Backyard Store
545 Brick Blvd, Brick, NJ 08723

Owner in Fee: 545 Brick Blvd LLC

Tel. (732) 995-8802 e-mail

Address 399 Monmouth St. West Windsor N.J.
street municipality zip code

Contractor: State-Wide Electric Inc. Tel. (732) 528-6959

Address 51 Broad Street e-mail
Manasquan, NJ 08736

Contractor License No. 9390 Exp. Date 3-31-2018

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

Federal Emp. ID No. 22-3027441 FAX: (732) 528-3080

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present MB Proposed MB

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

Building Occupied as Utility Co. SCPA

Est. Cost of Elec. Work $ 100,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 6/20/15 Approved by: PJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6/20/15 *SEE BACK:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 4/26/16
Approved by:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench SEE BACK: | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other ABOVE CEILING | | | 2/2/16 | |
| Service 1/16/16 $4155 | | | 1/19/16 | PJC |
| Final | | | 4/26/16 | PJC |
| Barrier-Free | | | | |

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 1/19/16
Annual Pool Inspection 4/20/16
Date of Grounding and Bonding Certification

**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 sign/Contractor sign and seal here:

Print name here: Dennis D. Palma

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: RENOVATION AND ADDITION TO FORTUNOFF

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 108 | | Lighting Fixtures | |
| 29 | | Receptacles | |
| 8 | | Switches | |
| - | | Detectors | |
| X | | Light Poles | |
| 7 | | Motors—Fract. HP | |
| 25 | | Emergency & Exit Lights | |
| - | | Communications Points | |
| - | | Alarm Devices/F.A.C. Panel | |
| - | | | |
| 181 | | 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 | |
| 2 | | HP Garbage Disposal | |
| 3 | 2-13.68 | KW Central A/C Unit | |
| 3 | 1-15.8 | HP/KW Space Heater/Air Handler | |
| - | | KW Baseboard Heat | |
| - | | HP Motors 1/+ HP | |
| - | | KW Transformer/Generator | |
| 1 | 800 | AMP Service | |
| 4 | 3-200 | AMP Subpanels | |
| - | | AMP Motor Control Center | |
| X | | KW Elec. Sign/Outline Light | |
| | | | |

House 333718818 2

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: (732) 534-3000

Fortunoff · 333718767 Tennant 333718810

92

11/6/15 – PASS – PARTIAL SLAB – SERVICE CONDUIT (10') (PJC)

11/19/15 NO ACCESS 4:00

12-15 IT NOT READY 10:15

12-16-15 TRENCH + PVC NOT COMPLETE 2:10

12/16/15 – 3:30 (PM) – PASS PARTIAL SERVICE TRENCH – COMPLETED. RAIN EXPECTED.

12/17/15 – PASS – SERVICE TRENCH (PJC) PARTIAL SITE LTG.

12/18/15 – PASS PARTIAL SITE LTG. TRENCH

12/19/15 – " "

12/22/15 – PASS FINAL SITE LTG. TRENCH.

12/31/15 – PASS ROUGH – PARTITION WALLS.

1/16/16 ① no available fault current letter from JCPL Mains are 65 k Branch 10k. EC to fax letter and series rating info. on Monday.

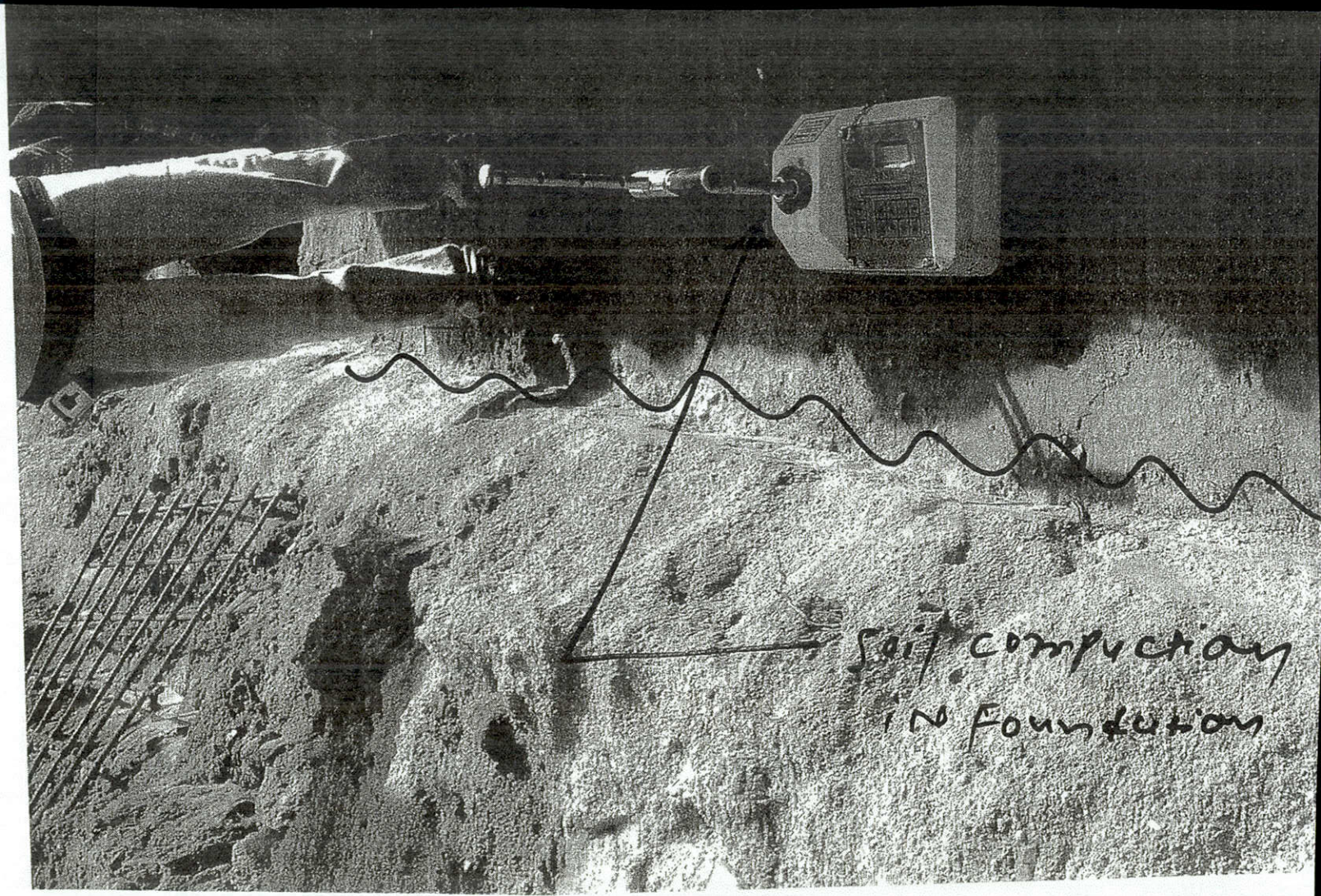
② EC paralleled 3/0 conductors vs 500 kcmil on prints. Advised need redrew of line diagram of service. All else OK 4:45

2/2/16 – PARTIAL FINAL – STILL NEED:

(PJC)

1. – SITE LTG.
2. – TRACK.
3. – WIRE W/H
4. – RTU (?)

(e) tech


soil compaction
in foundation

Lin G so
to L7 on
Oil Plan
Footing, need
Later Date
And Balance

172

UPDATE + C

# PLUMBING SUBCODE
## TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received
Control #
Date Issued 11-25-15
Permit # 15-3128 + C

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

Block 547 Lot 1 Qualification Code

Work Site Location 545 BRICK BLVD. BRICK, NJ 08723

Owner in Fee: 545 BRICK BLVD. LLC

Tel. (732) 995-8802 e-mail

Address 399 MONMOUTH ST. EAST WINDSOR, NJ 08520

Contractor: MR. ROOTER PLUMBING (street / municipality) Tel. (732) 303-8500 (zip code)

Address 1720 GINESI DR FREEHOLD, NJ 07728 e-mail

Contractor License No. 8446 Exp. Date 6/30/17

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

Federal Emp. ID No. 20-3318812 FAX: ( ) 

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1000.00

**C. CERTIFICATION IN LIEU OF OATH.**

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

Applicant sign/Contractor sign and seal here:

Print name here: Andrew August

[ ✓ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: Install backflow

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-10-15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5-4-16

Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | B. Flow 3-21-16 | | 3-21-16 | |
| | any MTR 3-15-16 | | 5-4-16 | |
| | Test Report | | | |

1164

3-15-16 ~~BJH~~

V. Exley

3-21-16 ~~BJH~~

Test report Required for BF

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update 10/1/15

Date Received
Control # 15-002381 +B

Date Issued
Permit # 15-3128+B

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

Block 547 Lot 1 Qualification Code

Work Site Location Fortunoff - Phase 2
545 Brick Blvd Brick, NJ

Owner in Fee: 545 Brick Blvd LLC

Tel. (609) 448-7000 e-mail

Address 399 Monmouth St East Windsor NJ
(street / municipality / zip code)

Contractor: Fire Pro Tech, Inc. Tel. (732) 363-5955

Address 6 Station Place e-mail
Howell, NJ 07731

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00242

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 223554108 FAX: (732) 363-5955

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present Proposed

**Constr. Class:** Present Proposed

**Heating System:** [ ] New OR [X] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

**Total Cost of Fire Protection Work $** 10,000

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [X] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [X] Existing
Location of Main Control Valve: Riser Room

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[V] Fire Protection Plans Approved
Date: 11/6/15 Approved by: NJO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-5-15
Approved by: ECR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-5-16
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | 5/16 | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | 5/16 | |
| Other | | | | |

U.C.C. F140 (rev. 02/11) Internet version

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

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant/Contractor sign here: Karl K Sinn

Print name here: Fire Pro Tech, Inc.

**D. TECHNICAL SITE DATA** [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: ADDITION TO EXIST. WET SYSTEM

**Water Supply Source** existing City

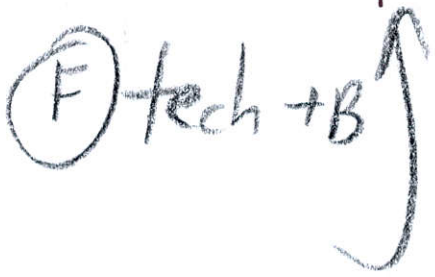
**Method of Alarm/Suppression System Supervision** Central

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) EXISTING | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | 0 | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | 65 | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |

more PLANS to follow

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

- Fire Alarm report
- Above burned
- Checks copy



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 | Prelimin. Initial | Final Date | |
| ☒ Zoning Officer | SC | 5/22/15 | | | | | | | ZA-15-0064 |
| ☐ 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 | | |
|---|---|---|---|---|
| Building | | Energy | | Other |
| Electrical | | Barrier Free | | |
| Plumbing | | Flood Hazard | | |
| Fire Protection | | As Built Elevation Cert. | | |
| Mechanical | | Other | | |

**X. CERTIFICATES ISSUED** (office use only)

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

7-27-15 - Fax Fire & Plumb. Denials to 732-477-6788 ⓓ

9/2/15 Fax Fire Denial to 732-477-6788 ⓓ

10/5/15 - Fax Fire Denial to 732 477-6788

IMPORTANT NON-
A.H.B.T. - MANDATORY FEE - RESIDENTIAL

10/28/15 - Faxed Elect Denial to 732-477-6788 ⓓ

24:15 Ready for P/U = Update +A, Update +B, Update +C } Called Contractor = AR