BLOCK 547 LOT 1 QUALIFICATION CODE ADDRESS (SITE) 545 BRICK BLVD PERMIT NO. 17-2392

# CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C17-002483

## I. IDENTIFICATION

Proposed Work Site at: 545 BRICK BLVD., BRICK NJ. 08723

Name of Owner in Fee: TFE PROPERTIES Pinot's Palette

Tel. ( 609 ) 994-4050 e-mail

Address 399 MONMOUTH ST (street) EAST WINDSOR (municipality) NJ. 08520 (zip code)

Ownership in Fee: Public ____ Private X

4. Principal Contractor: ELRATH CONSTRUCTION LLC Tel. ( 215 ) 932-5487

Address 1366 YARDLEY NEWTOWN RD e-mail PAUL@ELRATHCONSTRUCTION.COM

YARDLEY, PA 9067

License No. OR, if new home, Builder Reg. No. 34EB01764900 Exp. Date

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

Federal Emp. ID No. 45 4975129 FAX: ( ) 

5. Architect or Engineer JEFFREY A. FLEISHER Contact JEFF FLEISHER

Address 56 MAIN ST., FLEMINGTON, NJ 08822 e-mail JEFF@JAFAIA.COM

Tel. ( 908 ) 782-5382 FAX: ( 908 ) 782-5204

6. Responsible Person in Charge once Work has Begun PAUL ELRATH

Tel. ( 215 ) 932-5487 FAX: ( ) 

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

| | | | Update | | |
|---|---|---|---|---|---|
| 1. Building | $ | 3680- | 10 | +B | 10 |
| 2. Electrical | | 165- | 150 | | 150 |
| 3. Plumbing | | 390- | 110 | | 400 |
| 4. Fire Protection | | 196- | 110 | 110 | |
| 5. Elevator Devices | | | | | |
| 6. Subtotal | | | | | |
| 7. Less 20% for State Plan Review | $ | | | | |
| 8. Subtotal 2 | $ | 75-2 | | | |
| 9. State Permit Surcharge Fee | | 193- | 5- | 7 | |
| 10. Subtotal | $ | | | | |
| 11. Cert. of Occupancy | | 150 | | | |
| 12. Other | | | | | |
| 13. TOTAL | $ | 4739 | 271 | 123 | 550 |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. Number of Stories | 1 | |
| 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 | 93 | |
| 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 ____ | | |

COMMERCIAL

## IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☒ Alteration (Tenant fit up)
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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 | 57,775 | | | | 07/01/17 | KEK | | | |
| ☒ Electrical | 17,000 | 6/7/17 | | | 6/13/17 | PE | | | |
| ☒ Plumbing | 4,725 | | | | 6/15/17 | | | | |
| ☐ Fire Protection | | | | | 7/6/17 | KG | | | |
| ☐ Elevator | | Eng Exempt | | | 6/8/17 | ECC | | | |
| TOTAL COST | 79,500 | | | | | | | | |

## 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: ASSEMBLY / PAINTING
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.

(X) Check if contractor.

Agent Name ELRATH CONSTRUCTION, PAUL ELRATH

Address 1366 YARDLEY NEWTOWN RD
YARDLEY PA 19067

Telephone ( 215 ) 932-5487

Signature Paul Elrath

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 10/20/2017
Control Number C-17-002483
Permit Number 17-2392
Permit Issue Date 07/14/2017
Certificate Number 17-2392

# Certificate

Construction Code Division

(Certificate of Occupancy)

## Identification

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

Owner in Fee: CT07 545 BRICK BLVD LLC ETAL

Owner Address: 399 MONMOUTH ST EAST WINDSOR NJ 08520

Telephone: (609) 994-4050

Contractor ELRATH CONSTRUCTION LLC

Address 1366 YARDLEY NEWTOWN RD YARDLEY PA 19067

Telephone: (215) 932-5487 Fax:

License Number or Builders Registration Number: 34EB01764900 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 93

Description of Work/Use: TENANT FIT UP - PINOT'S PALETTE

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: $150.00
Check Number: 3486
Collected By: Christopher Winters

*Date Printed: 10/20/2017*

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

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 | | | | | | | | | |
| ☐ 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. | | | | |

# PLAN REVIEW SHEET

NAME: _____ DATE: _____

ADDRESS: _____ NEW SUBMITTAL ( )

DESCRIPTION: _____ REVISION ( )

ZONING:

DATE RECEIVED: 6/8/17 SG

DATE APPROVED: 6/8/17 SG SENT TO CINDY

BUILDING:

DATE RECEIVED: 6/27/17 - Spoke to Paul - Will need a Sprinkler plan. (VM)

DATE APPROVED: ~~6/30/17~~ Called. RFA CW

PLUMBING:

DATE RECEIVED: _____

DATE APPROVED: _____

ELECTRIC:

DATE RECEIVED: _____

DATE APPROVED: _____

FIRE:

DATE RECEIVED: _____

DATE APPROVED: _____

## CERTIFICATES ISSUED

DATE ISSUED: _____ BUILDING: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ PLUMBING: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ ELECTRIC: _____ TEMP. ( ) FINAL ( )

DATE ISSUED: _____ FIRE: _____ TEMP. ( ) FINAL ( )

Pinot's Palette

# BUILDING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

TOWNSHIP OF PLAINSBORO
64 Plainsboro Road
Plainsboro, NJ 08536
(609) 799-0909, ext. 2545
FAX (609)-799-8831

Date Received
Control #

Date Issued
Permit #

7/14/17
17-2392

**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, N.J.

Owner in Fee: TFE PROPERTIES

Tel. (609) 994-4050 e-mail DTC@TFEPROPERTIES.COM

Address 399 MONMOUTH ST. (street) E. WINDSOR (municipality) 08520 (zip code)

Contractor: ELRATH CONSTRUCTION LLC Tel. ( )

Address 1866 YARDLEY NEWTOWN RD YARDLEY, PA 19067 e-mail PAUL@ELRATHCONSTRUCTION.COM

Contractor License No. or Builder Registration No. 34EB01764900 Exp. Date

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

Federal Emp. ID No. 954895129 FAX: ( )

**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

NEW TENANT INTERIOR FITOUT

COMMERCIAL

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [✓] All | 07/01/17 | MEK |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 07/01/17
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 10/04/17
Approved by: MEK

| INSPECTIONS Type: | Failure | Failure | Approval (Month/Day) | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab * 7-19-17 | * 8-16-17 | | 9-7-17 | |
| Frame * 9-1-17 | | | 9-7-17 | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | 8-7-17 | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| ~~Other~~ Above Ceiling | | | 10-3-17 | |
| Final * 10-5-17 | | | 10-4-17 | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present A-3 Proposed A-3

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

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

1. New Bldg. $ 79,500
2. Rehabilitation $
3. Total (1+ 2) $ 79,500

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 TENANT FITOUT
- [ ] Demolition

FEE (Office Use Only)

$

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

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

* 7-19-17 SLAB FAIL NO ACCESS @ 12:25 - 12:45

* 8-16-17 SLAB final PROCEED @ own risk NEED letter on 4" to 6" SLAB AND FIBERMESH IN LIEU of 6X6 WWM

SLAB ELT
9-1-17

* 9-1-17 FRAME fail 1) NEED slip track @ WALL THAT is ATTACHED to BAC JOIST
2) NEED Blocking in @ HANDICAP. BATH

* 10-5-17 Final NOT READY, NEED UPDATED PLAN for.

b
tech.

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Updata

Date Received 7/14/17
Control #
Date Issued
Permit # 17-2392+A

**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 Pinots Palette
545 Brick Blvd, Brick, NJ

Owner in Fee: 545 Brick Blvd LLC

Tel. (609) 632-0005 e-mail

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

Contractor: Reliable Safety Systems, Inc. Tel. (732) 730-8880

Address 283 Newtons Corner Rd e-mail reliablesafetysystems@veri
Howell, NJ 07731

Contractor License No. 34BF00089 Exp. Date 01/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223427241 FAX: (732) 730-8881

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

**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: Rich Trevelise

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
Installation of Occupant Notification Devices

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| 89 | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 89 | | 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 | |
| | | | |

COMMERCIAL

Zon, Nel

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:

[✓] Electric Plans Approved
Date: 7/7/17 Approved by: DE

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

SUBCODE APPROVAL for PERMIT
Date: 7/7/17
Approved by: PC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-5-17
Approved by:

INSPECTIONS

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other Open Ceiling | | | 10-5-17 | |
| Service | | | | |
| Final | | | 10-5-17 | |
| Barrier-Free | | | | |

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)
Internet version

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

10-3-17

① D·ROP in cavity installed

Pinot's Palette

# PLUMBING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

TOWN[illegible] OF PLAINSBORO
6[illegible]nsboro Road
Plainsboro, NJ 08536
(609) 799-0909
FAX (609)-799-8831

Date Received
Control #

7/14/17

Date Issued
Permit #

17-2392

**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: TFE PROPERTIES, E. WINDSOR NJ

Tel. (609) 994.4050 e-mail DTC@TFEPROPERTIES.COM

Address 399 MONMOUTH ST. E. WINDSOR 08520
street municipality zip code

Contractor: Connelly Plumbing & Heating Inc Tel. (215) 453-4780

Address 52 S Main St. e-mail
Yardley Pa 19067

Contractor License No. 7803 Exp. Date 6/30/17

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

Federal Emp. ID No. 23-2456060-8 FAX: (215) 493-0890

**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 $ 4,725

**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: 6-15-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-16-17
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | 7-19-17 | |
| Rough | | | 9-11-17 | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar yolla | | | | |
| TCO | | | | |
| Final | 10-5-17 | | 10-13-17 | |
| | 10-11-17 | | | |

**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.

Connelly Plumbing & Heating Inc
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

William P Connelly Jr

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
NEW RESTROOMS, SINKS, WATER HEATER
ICE MACHINE

| QTY. | FIXTURE/EQUIPMENT |
|---|---|
| 2 | Water Closet |
| | Urinal/Bidet |
| | Bath Tub |
| 2 | Lavatory |
| | Shower |
| | Floor Drain |
| 4 | Sink |
| 1 | Dishwasher |
| | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| 1 | Water Heater 20gal E.W.H. |
| | Fuel Oil Piping |
| | Gas Piping |
| | LPGas Tank |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor/Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Sewer Connection |
| | Water Service Connection |
| | Stacks |
| 1 | Other ice mach. |
| | Other |

COMMERCIAL

FEE (Office Use Only)

$

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

U.C.C. F130 (rev. 12/07)

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

10-5-17 WM
NOT READY

10-11-17

6 No Ladder To see Vac Relief for W. H ✓

2 Temp. LAV Email Paper work ✓

3 No >ke

4 Ice Maker Vac breaker ✓

5 4 Back flow test Reports ✓

Pinot's Palette

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/14/17
Control #
Date Issued
Permit # 17-2392

**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, N.J. 08723

Owner in Fee: TFE PROPERTIES

Tel. (609) 994-4050 e-mail PT@TFEPROPERTIES.COM

Address 399 MONMOUTH ST. E. WINDSOR 08520
(street / municipality / zip code)

Contractor: ELRATH CONSTRUCTION LLC Tel. (215) 932-5487

Address 1366 YARDLEY NEWTOWN RD YARDLEY, PA 19067 e-mail PAUL@ELRATHCONSTRUCTION.COM

Contractor License No. 34EB01764900 Exp. Date

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

Federal Emp. ID No. 45 487 5129 FAX: ( )

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present A-3 Proposed A-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 17,000

**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: PAUL ELRATH

[X] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: TENANT FIT OUT

COMMERCIAL

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 22 | | Lighting Fixtures | |
| 20 | | Receptacles | |
| 9 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| 2 | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | 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 | |
| 1 | 5 | 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 | |

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date 6/13/17 Approved by: PJR

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6/13/17

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [ ] CA

Date: 10-5-17

Approved by:

**INSPECTIONS**

| Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough WALLS | | | 9/27 | TO |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other Open Ceiling | 10-3-17 MM | | 10-5-17 MM | |
| Service | | | | |
| Final | | | 10-5-17 MM | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

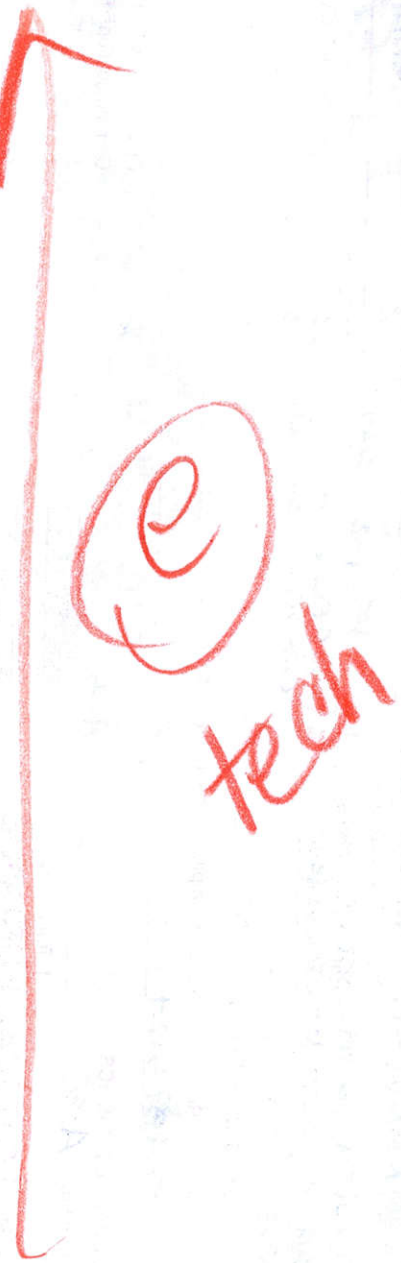
Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

8/28/17 CANCELLED

10-3-17 Dropping ceiling completed in Rooms 1 thru



# Contractor's Material and Test Certificate for Aboveground Piping

**PROCEDURE**

Upon completion of work, inspection and tests shall be made by the Contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.
A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME **Pinot's Palete - Tenant Space** | DATE **10/6/17**

PROPERTY ADDRESS **545 Brick Blvd., Brick, NJ**

**PLANS**

ACCEPTED BY APPROVING AUTHORITIES (NAMES) **Brick Township**

ADDRESS **401 Chambers Bridge Rd., Brick NJ**

INSTALLATION CONFORMS TO ACCEPTED PLANS ☒ YES ☐ NO
EQUIPMENT USED IS APPROVED ☒ YES ☐ NO
IF NO, EXPLAIN DEVIATIONS

**INSTRUCTIONS**

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THEIS NEW EQUIPMENT? ☒ YES ☐ NO
IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES
1. SYSTEM COMPONENTS INSTRUCTIONS ☒ YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS ☒ YES ☐ NO
3. NFPA 25 ☐ YES ☒ NO

**LOCATION**

SUPPLIES BUILDINGS Entire Building

**SPRINKLERS**

| MAKE | MODEL | YEAR OF MANUFACTURE | ORIFICE SIZE | QUANTITY | TEMPERATURE RATING |
|---|---|---|---|---|---|
| Reliable | F1FR - Pen | 2017 | 1/2" | 20 | 155 |
| | | | | | |
| | | | | | |

**PIPE AND FITTINGS**

TYPE OF PIPE **CPVC**
TYPE OF FITTINGS **CPVC**

**ALARM VALVE OR FLOW INDICATOR**

EXISTING

| ALARM DEVICE TYPE | ALARM DEVICE MAKE | ALARM DEVICE MODEL | MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN | MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION SEC |
|---|---|---|---|---|
| Vane | System Sensor | WFD | 0 | 45 |

**DRY PIPE OPERATING TEST**

| MAKE | MODEL | SERIAL NO. | MAKE | MODEL | SERIAL NO. |
|---|---|---|---|---|---|
| N/A | | | | | |

| | TIME TO TRIP THROUGH TEST CONNECTION MIN | TIME TO TRIP THROUGH TEST CONNECTION SEC | WATER PRESSURE PSI | AIR PRESSURE PSI | TRIP POINT AIR PRESSURE PSI | TIME WATER REACHED TEST OUTLET MIN | TIME WATER REACHED TEST OUTLET SEC | ALARM OPERATED PROPERLY YES | ALARM OPERATED PROPERLY NO |
|---|---|---|---|---|---|---|---|---|---|
| WITH Q.O.D. | | | | | | | | | |
| W/O Q.O.D. | | | | | | | | | |

IF NO, EXPLAIN

**DELUGE & PREACTION VALVES**

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC
PIPING SUPERVISED ☐ YES ☐ NO DETECTING MEDIA SUPERVISED ☐ YES ☐ NO
DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? ☐ YES ☐ NO IF NO, EXPLAIN

| MAKE | MODEL | DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES | DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM NO | DOES EACH CIRCUIT OPERATE VALVE RELEASE YES | DOES EACH CIRCUIT OPERATE VALVE RELEASE NO | MAXIMUM TIME TO OPERATE RELEASE MIN | MAXIMUM TIME TO OPERATE RELEASE SEC |
|---|---|---|---|---|---|---|---|
| N/A | | | | | | | |

**PRESSURE REDUCING VALVE TEST**

| LOCATION & FLOOR | MAKE & MODEL | SETTING | STATIC PRESSURE INLET (PSI) | STATIC PRESSURE OUTLET (PSI) | RESIDUAL PRESSURE (FLOWING) INLET (PSI) | RESIDUAL PRESSURE (FLOWING) OUTLET (PSI) | FLOW RATE (GPM) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**TEST DESCRIPTION**

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1½ psi in 24 hours.

**TESTS**

ALL PIPING HYDROSTATICALLY TESTED AT city FOR 2 HOURS IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☒ YES ☐ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ☒ YES ☐ NO

**DRAIN TEST** READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION 68 PSI

RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE 55 PSI

UNDERGROUND MAINS AND LEAD-IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.

VERIFIED BY COPY OF THE U FORM NO. 858 ☐ YES ☒ NO OTHER n/a EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKER PIPING ☒ YES ☐ NO

IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE HAS REPRESENTATIVE SAMPLE TESTING BEEN COMPLETED? ☐ YES ☐ NO IF NO, EXPLAIN

**BLANK TEST GASKETS**

NUMBER USED Zero LOCATIONS NUMBER REMOVED

**WELDING**

WELDED PIPING ☐ YES ☒ NO

IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9. LEVEL AR 3? ☐ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9. LEVEL AR 3? ☐ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? ☐ YES ☐ NO

**CUTOUTS (DISCS)**

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☒ YES ☐ NO

**HYDRAULIC DATA NAMEPLATE**

NAMEPLATE PROVIDED ☒ YES ☐ NO IF NO, EXPLAIN

**REMARKS**

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN.
10/6//17

**SIGNATURES**

NAME OF SPRINKER CONTRACTOR:
Fire Pro Tech, Inc.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED) TITLE DATE

FOR SPRINKLER CONTRACTOR (SIGNED) TITLE Pres DATE 10/6/17

ADDITIONAL EXPLANATIONS AND NOTES:

**5.1.2 Secondary Power**

Type of secondary power: Battery Back Up

Location, if remote from the plant:

Calculated capacity of secondary power to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

**5.2 Control Unit**

[ ] This system does not have power extender panels

[X] Power extender panels are listed on supplementary sheet A

## 6. CIRCUITS AND PATHWAYS

| Pathway Type | Dual Media Pathway | Separate Pathway | Class | Survivability Level |
|---|---|---|---|---|
| Signaling Line | | X | B | |
| Device Power | | | | |
| Initiating Device | | X | B | |
| Notification Appliance | | X | B | |
| Other (specify): | | | | |

## 7. REMOTE ANNUNCIATORS

| Type | Location |
|---|---|
| LCD | Main Entrance |
| | |

## 8. INITIATING DEVICES

| Type | Quantity | Addressable or Conventional | Alarm or Supervisory | Sensing Technology |
|---|---|---|---|---|
| Manual Pull Stations | 1 | Addressable | Alarm | |
| Smoke Detectors | | Addressable | Alarm | Photoelectric |
| Duct Smoke Detectors | | | | |
| Heat Detectors | | Addressable | Alarm | |
| Gas Detectors | | | | |
| Waterflow switches | | Addressable | Alarm | |
| Tamper Switches | | Addressable | Alarm | |

## 9. NOTIFICATION APPLIANCES

| Type | Quantity | Description |
|---|---|---|
| Audible | | |
| Visible | 3 | |
| Combination Audible and Visible | 5 | |
| Weather Proof / Outdoor | | |

## MATERIALS

| QTY | MATERIAL | UNIT | AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| QTY | MATERIAL | UNIT | AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## ADDITIONAL COMMENTS / MATERIALS

Terms and Conditions of Service

It is understood and agreed by and between the parties hereto that RELIABLE SAFETY SYSTEMS, INC. is not an insurer. Insurance, if any, will be obtained by the SUBSCRIBER. Charges are based solely upon the value of the services provided for and are unrelated to the value of SUBSCRIBER's premises. The amounts payable by the SUBSCRIBER are not sufficient to warrant the RELIABLE SAFETY SYSTEMS, INC. assuming any risk of consequential or other damages to the SUBSCRIBER due to RELIABLE SAFETY SYSTEMS, INC. negligence or failure to perform, including, but not limited to loss or damage which may be occasioned by or be caused by the improper working of an equipment or connecting circuit or by or because of the failure of an alarm to be received at the Central Station, or by or because of the failure to notify the police or fire department pursuant to instruction of or agreement with the SUBSCRIBER.

The SUBSCRIBER does not deisre this contract to provide for the liability of the RELIABLE SAFETY SYSTEMS, INC. and SUBSCRIBER agrees that the RELIABLE SAFETY SYSTEMS, INC. shall not be liable for loss or damage due directly or indirectly to any occurrence or consequence therefrom, which the service is designed to detect or avert. It is impractical and extremely difficult to fix actual damages, if any which may proximately result from failure on the part of the RELIABLE SAFETY SYTEMS, INC. to perform any of its obligations herein or in the failure of the system to properly operate with a resulting loss to SUBSCRIBER. In the event that RELIABLE SAFETY SYSTEMS, INC. should be found liable for loss or damage due to a failure on the part of the RELIABLE SAFETY SYSTEMS, INC. or its system, in any respect, this liability shall be limited to the sum of ten percent (10%) of the annual service charge or $250.00 whichever is the greater, as liquidated damages, and not as penalty, and this liability shall be exclusive. The provisions of this paragraph shall apply in the event loss or damage, irrespective of cause or origin, results directly or indirectly to person or property from the performance or non performance of the obligations set forth by the terms of this Agreement or from negligence, active or otherwise, from the RELIABLE SAFETY SYSTEMS, INC. its agents or employees.

**THE BRICK TOWNSHIP**
**MUNICIPAL UTILITIES AUTHORITY**
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

# CERTIFICATE OF COMPLIANCE

Date 10/20/17

NAME 545 Brick Blvd LLC

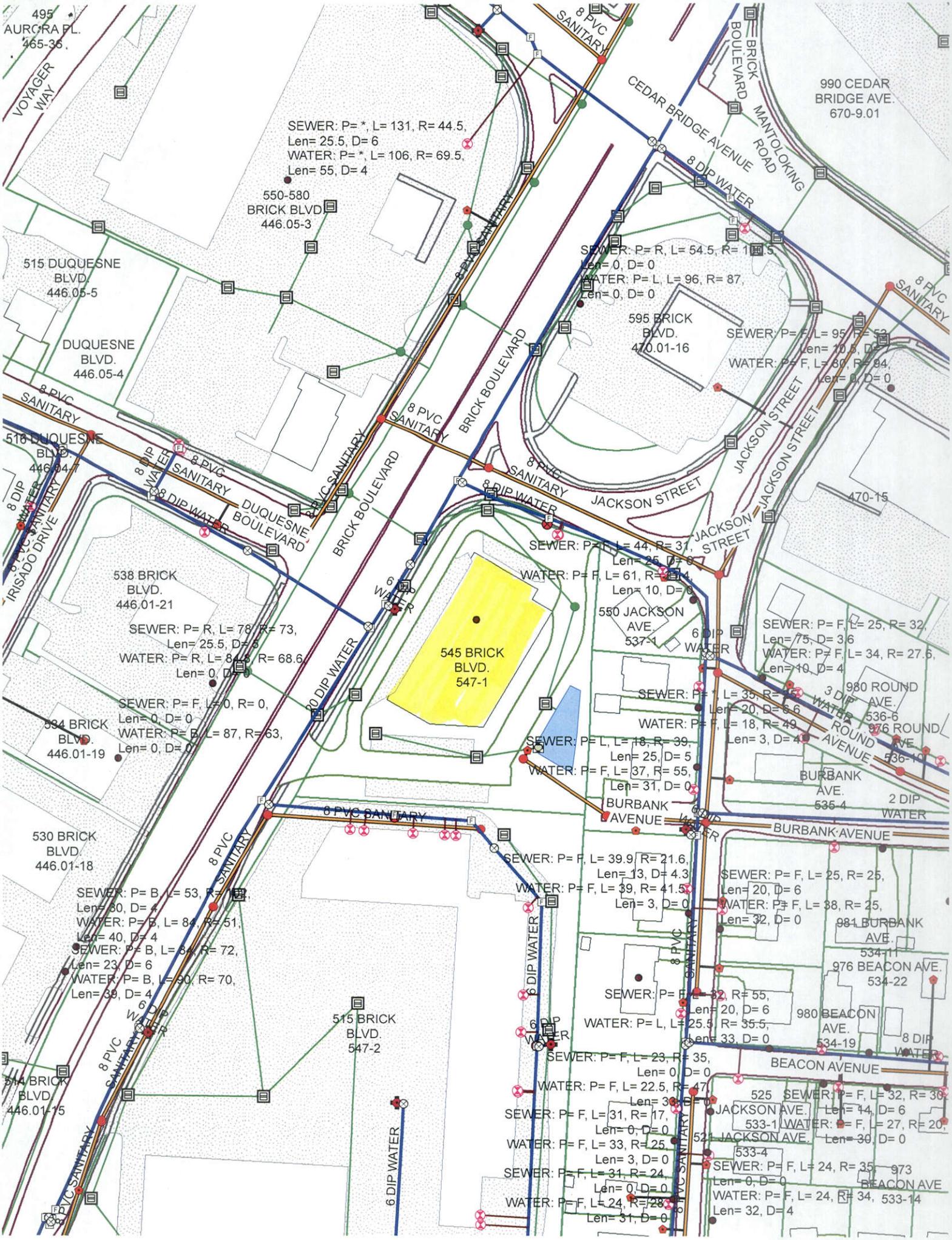
ADDRESS 399 Monmouth St East Windsor NJ 08520

PROPERTY LOCATION 545 Brick Blvd

Account No 9832006-2 Block 547 Lot 1

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Debra M. Stang


495 AURORA PL. 465-36
VOYAGER WAY
SEWER: P= *, L= 131, R= 44.5, Len= 25.5, D= 6
WATER: P= *, L= 106, R= 69.5, Len= 55, D= 4
550-580 BRICK BLVD 446.05-3
515 DUQUESNE BLVD. 446.05-5
DUQUESNE BLVD. 446.05-4
516 DUQUESNE BLVD. 446.04-7
8 PVC SANITARY
8 DIP WATER
DUQUESNE BOULEVARD
BRICK BOULEVARD
IRISADO DRIVE
538 BRICK BLVD. 446.01-21
SEWER: P= R, L= 78, R= 73, Len= 25.5, D= 6
WATER: P= R, L= 84, R= 68.6, Len= 0, D= 0
SEWER: P= F, L= 0, R= 0, Len= 0, D= 0
WATER: P= B, L= 87, R= 63, Len= 0, D= 0
534 BRICK BLVD. 446.01-19
530 BRICK BLVD. 446.01-18
SEWER: P= B, L= 53, R= 1[illegible], Len= 30, D= 4
WATER: P= B, L= 84, R= 51, Len= 40, D= 4
SEWER: P= B, L= 84, R= 72, Len= 23, D= 6
WATER: P= B, L= 90, R= 70, Len= 39, D= 4
514 BRICK BLVD. 446.01-15
515 BRICK BLVD. 547-2
545 BRICK BLVD. 547-1
990 CEDAR BRIDGE AVE. 670-9.01
CEDAR BRIDGE AVENUE
BRICK BOULEVARD
MANTOLOKING ROAD
8 DIP WATER
SEWER: P= R, L= 54.5, R= 1[illegible], Len= 0, D= 0
WATER: P= L, L= 96, R= 87, Len= 0, D= 0
595 BRICK BLVD. 470.01-16
SEWER: P= F, L= 95, R= 53, Len= 10.5, D= 6
WATER: P= F, L= 80, R= 94, Len= 0, D= 0
JACKSON STREET
470-15
SEWER: P= F, L= 44, R= 31, Len= 25, D= 6
WATER: P= F, L= 61, R= [illegible], Len= 10, D= 6
550 JACKSON AVE. 537-1
SEWER: P= F, L= 25, R= 32, Len= 75, D= 3.6
WATER: P= F, L= 34, R= 27.6, Len= 10, D= 4
980 ROUND AVE. 536-6
976 ROUND AVE. 536-10
3 DIP WATER
ROUND AVENUE
SEWER: P= F, L= 35, R= [illegible], Len= 20, D= 6.6
WATER: P= F, L= 18, R= 49, Len= 3, D= 4
SEWER: P= L, L= 18, R= 39, Len= 25, D= 5
WATER: P= F, L= 37, R= 55, Len= 31, D= 0
BURBANK AVE. 535-4
2 DIP WATER
BURBANK AVENUE
8 PVC SANITARY
SEWER: P= F, L= 39.9, R= 21.6, Len= 13, D= 4.3
WATER: P= F, L= 39, R= 41.5, Len= 3, D= 0
SEWER: P= F, L= 25, R= 25, Len= 20, D= 6
WATER: P= F, L= 38, R= 25, Len= 32, D= 0
981 BURBANK AVE. 534-11
976 BEACON AVE. 534-22
6 DIP WATER
SEWER: P= F, L= 32, R= 55, Len= 20, D= 6
WATER: P= L, L= 25.5, R= 35.5, Len= 33, D= 0
980 BEACON AVE. 534-19
8 DIP WATER
BEACON AVENUE
SEWER: P= F, L= 23, R= 35, Len= 0, D= 0
WATER: P= F, L= 22.5, R= 47, Len= 30, D= 0
SEWER: P= F, L= 31, R= 17, Len= 0, D= 0
WATER: P= F, L= 33, R= 25, Len= 3, D= 0
SEWER: P= F, L= 31, R= 24, Len= 0, D= 0
WATER: P= F, L= 24, R= 28, Len= 31, D= 0
525 JACKSON AVE. 533-1
521 JACKSON AVE. 533-4
SEWER: P= F, L= 32, R= 30, Len= 14, D= 6
WATER: P= F, L= 27, R= 20, Len= 30, D= 0
SEWER: P= F, L= 24, R= 35, Len= 0, D= 0
WATER: P= F, L= 24, R= 34, Len= 32, D= 4
973 BEACON AVE 533-14

**BRICK UTILITIES**

**545 BRICK BLVD FORTUNOFF** **UPDATED:** 3/23/16

**C03** 9832006-0 **PAMS:** 547_1

**NOTES:** WATER - LEFT OFF 1 OF 2 C/B, RIGHT OFF PILLAR

| | POS | LEFT | RIGHT | LENGTH | DEPTH |
|---|---|---|---|---|---|
| **SEWER** | L | 75.0 | 86.0 | 0.0 | 0.0 |
| **WATER** | F | 75.0 | 89.0 | 6.0 | 4.0 |

**BILLING ADDRESS**

545 BRICK BLVD LLC
399 MONMOUTH ST
EAST WINDSOR NJ 08520-5003

**OWNER ADDRESS**

545 BRICK BLVD LLC
399 MONMOUTH ST
EAST WINDSOR NJ 08520-5003