BLOCK 672 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 51 CHAMBERSBRIDGE RD. PERMIT NO. 06-2252

(106.10 2103

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 CHAMBERSBRIDGE RD. BRICK, NJ.
2. Name of Owner in Fee: INLAND MID ATLANTIC Tel. (201) 313-8063
   Address 311 EDGEWATER TOWN CTR. (street) EDGEWATER (municipality), NJ 07020 (zip code)
3. Ownership in fee: Public _____ Private INLAND.
4. Principal Contractor: TDS CONSTRUCTION Tel. (941) 795-6100
   Address 4239 WEST BRADENTON, FL 34209
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer HERSCHMAN ARCHITECTS Tel. (216) 223-3218
   Address 25001 EMERY-CLEVELAND, OH. 44128 Contact ERIC COX
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	3600	
2.	Electrical		45	
3.	Plumbing			15
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		371	11
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		4016	86
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	EXIST. - 1	
2.	Height of Structure	EXIST. ft.	
3.	Area — Largest Floor	41,230 sq. ft.	
4.	~~New Building Area~~ ALTERATION =	2,886 sq. ft.	
5.	Volume of New Structure	— cu. ft.	
6.	Construction Classification	EXIST.	
7.	Total Land Area Disturbed	— sq. ft.	
8.	Flood Hazard Zone	—	
9.	Base Flood Elevation	— ft.	
10.	Wetlands yes	—	
	no	—	
11.	Max. Live Load	—	
12.	Max. Occupancy Load	EXIST.	

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building	Mail in	5-2-06			6-5-06	VM	8/30/06		
3.	☐ Addition									
4.	☐ a. Repair									
	☒ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection					6-21-06	OS	9/1/06		
6.	☐ Plumbing									
7.	☒ Electrical					6-21-06	VM	8/30/06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use: RETAIL (EXIST.)
2. Use Group: M (EXIST.)
3. Change in Use Group, Indicate Former: —

III. DO YOU WANT: (optional)

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 (MODIFICATION)
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 04/03)

LDS BR-B 10524909

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name HERSCHMAN ARCHITECTS, INC (ATTN: ERIC COX)

Address 25001 EMERY RD. SUITE 400
CLEVELAND, OH. 44128

Telephone (216) 223-3218

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	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. _____	_____	_____	_____	_____

IMPORTANT
A.H.B.T. - EXEMPT

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
5/17/16	app'l was returned to us - no such # - I had called Elec & Cox - 216-223-328 - left msg on machine to the above stated effect.	AEP
5/17/16	Spoke w/ Claire from TDS construction - will mailed electrical subcont form to them for signature + seal. Also will be mailing zoning app to my attention	CJP
	Received zoning App'l	
	Electric to follow	

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) 51 CHAMBERSBRIDGE RD. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 CHAMBERSBRIDGE RD. BRICK, NJ.
2. Name of Owner in Fee: INLAND MID-ATLANTIC Tel. (201) 313-9063
   Address 311 SOUTH WATER TOWN CTR. (street) EDGEWATER (municipality) NJ 07020 (zip code)
3. Ownership in fee: Public _____ Private INLAND.
4. Principal Contractor: TDS CONSTRUCTION Tel. (941) 795-6100
   Address 4239 6TH ST. WEST BRADENTON, FL 34209
   License No. GR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer HERSCHMAN ARCHITECTS Tel. (216) 223-3218
   Address 25001 EMERY-CLEVELAND OH. 44128 Contact ERIC COX
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	EXIST. - 1	
2. Height of Structure	EXIST. ft.	
3. Area — Largest Floor	41,230 sq. ft.	
4. ~~New Building Area~~ ALTERATION =	2,896 sq. ft.	
5. Volume of New Structure	— cu. ft.	
6. Construction Classification	EXIST.	
7. Total Land Area Disturbed	— sq. ft.	
8. Flood Hazard Zone	—	
9. Base Flood Elevation	— ft.	
10. Wetlands yes	—	
no	—	
11. Max. Live Load	—	
12. Max. Occupancy Load	EXIST.	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use: RETAIL (EXIST.)
2. Use Group: M (EXIST.)
3. Change in Use Group, Indicate Former: —

III. DO YOU WANT: (optional)

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 (MODIFICATION)
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

Mark the following applicable boxes:

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

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

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

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

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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.

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Signature _____ Date _____

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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 HERSCHMAN ARCHITECTS, INC (ATTN: ERIC COX)

Address 2500 EMERY RD. SUITE 400
CLEVELAND, OH. 44128

Telephone (216) 223-3218

Signature Eric R. Cox

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	09/01/2006
Tracking Number	C-06-102103
Permit Number	06-2252
Permit Issue Date	07/07/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual:

Owner in Fee: INLAND SOUTHEAST BRICK LLC%INLAND

Owner Address: 2907 BUTTERFIELD RD OAK BROOK NJ 60523

Telephone:

Contractor: TDS CONSTRUCTION

Address: 4239 63RD STREET WEST BADENTON FL 34209

Telephone: (941) 795-6100 Fax: (941) 795-6135

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

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: INTERIOR ALTERATION(S) INTERIOR ALTERATIONS OF HOME THEATER DEPT. WITHIN AN EXISTING BEST BUY.

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: 925
Collected By: Allison Peltier

Date Printed: 09/01/2006

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	09/01/2006
Tracking Number	C-06-102103
Permit Number	06-2252
Permit Issue Date	07/07/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual:

Owner in Fee: INLAND SOUTHEAST BRICK LLC%INLAND

Owner Address: 2907 BUTTERFIELD RD OAK BROOK NJ 60523

Telephone:

Contractor: TDS CONSTRUCTION

Address: 4239 63RD STREET WEST BADENTON FL 34209

Telephone: (941) 795-6100 Fax: (941) 795-6135

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

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: INTERIOR ALTERATION(S) INTERIOR ALTERATIONS OF HOME THEATER DEPT. WITHIN AN EXISTING BEST BUY.

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: 925
Collected By: Allison Peltier

Date Printed: 09/01/2006

CONSTRUCTION PERMIT

Date Issued 07/07/2006
Control # C-06-102103
Permit # 06-2252

IDENTIFICATION Block: 672 Lot: 8 Qualifier

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ

Owner in Fee: INLAND SOUTHEAST BRICK LLC%INLAND
Address: 2907 BUTTERFIELD RD OAK BROOK NJ 60523
Telephone:

Contractor: HERSCHMAN ARCHITECTS, INC
Address: 25001 EMERY ROAD SUITE 400 CLEVELAND OH 44128
Telephone: (216) 223-3218
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S) INTERIOR ALTERATIONS OF HOME THEATER DEPT. WITHIN AN EXISTING BEST BUY.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $275,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$3,600
Electrical	$45
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$371
CO Fee	
Other	$0
Total	$4,016
Check No.	925
Cash	$0
Credit	$0
Collected By	Allison Peltier

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.

PERMIT UPDATE

Date Update Issued 08/28/2006
Control # C-06-103638
Permit # 06-2252+A

IDENTIFICATION Block: 672 Lot: 8 Qualifier

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ

Owner in Fee: INLAND SOUTHEAST BRICK LLC%INLAND
Address: 2907 BUTTERFIELD RD OAK BROOK NJ 60523
Telephone:

Contractor: HERSCHMAN ARCHITECTS, INC
Address: 25001 EMERY ROAD SUITE 400 CLEVELAND OH 44128
Telephone: (216) 223-3218
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FIRE ALTERATIONS INTERIOR ALTERATIONS OF HOME THEATER DEPT. WITHIN AN EXISTING BEST BUY.

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

Estimated Cost of Work $8,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$86
Check No.	
Cash	$86
Credit	$0
Collected By	Stephanie Capozzi

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.

BUILDING SUBCODE
TECHNICAL SECTION

BEST BUYS

Date Received 07-07-06
Control #

Date Issued
Permit # 06-2350

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERSBRIDGE RD. BRICK, NJ.

Owner in Fee	INLAND MID-ATLANTIC	INLAND SOUTHEAST BRICK LLC
Address	311 EDGEWATER TOWN CENTER	7422 CARMEL EXEC. PARK
	EDGEWATER, NJ. 07020	CHARLOTTE, NC. 28226
Tel.	(201) 313-8063	704-527-4555

Contractor ~~FOS~~ TOS CONSTRUCTION
Address 4239 6TH ST. WEST
BRADENTON, FL. 34209
Tel. (941) 795-6100 FAX (941) 795-6035
Contractor License No. or Builder Registration No.
Federal Emp. No

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 Eva Lieno V.P., Inland Mid-Atlantic Management Corp.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR ALTERATION OF HOME THEATER DEPT. WITHIN AN EXISTING BEST BUY.

See Notes in "Yellow"

IF Sprinklers moved Permit Req

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6-5-06	FM
[ ] Footing	—	—
[ ] Foundation	—	—
[ ] Frame	—	—
[ ] Other	—	—

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-30-06 FM
Approved by: FM

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			7/26/06	MV
Truss Sys./Bracing				
~~Barrier-Free~~ OC			8/16/06	MV
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/29/06	MV
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other INT. ALTERATION.
[ ] Demolition

FEE (Office Use Only)
$ —

COMMERCIAL

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

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed —
Constr. Class	Present 2B	Proposed —
No. of Stories	1-EXIST.	
Height of Structure	EXIST. Ft.	
Area — Largest Floor	41,230 Sq. Ft.	
New Bldg. Area/All Floors	— Sq. Ft.	
Volume of New Structure	— Cu. Ft.	
Total Land Area Disturbed	— Sq. Ft.	

Est. Cost of Bldg. Work:

1. New Bldg.	$ —
2. Rehabilitation	$ 200,000
3. Total (1+ 2)	$ 200,000

ELECTRICAL SUBCODE
TECHNICAL SECTION

Best Buys

Change of Contractor Only

Date Received
Control # 06-2252

Date Issued
Permit #

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 Chambers Bridge Rd. Brick, NJ 08723

Owner in Fee BEST BUY

Address 51 CHAMBERS BRIDGE ROAD
BRICK NJ

Tel ( )

Contractor ADEYSON ELECTRIC, INC

Address 1275 BLOOMFIELD AVE, BLDG #5
FAIRFIELD, NJ 07004

Tel (973) 276 8485 FAX (973) 276 8487

Contractor License No. A 9418

Federal Emp. No. 223795209

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 8-30-06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough walls			7-25-06	TD
Barrier-Free				
~~French~~ Ceiling			8-15-06	TD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

State Permit Surcharge Fee $

TOTAL FEE $

over

8-2-06 Ceiling inspection requested
work not complete

8-21-06 Final not complete
missing recessed light trims

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 60 Lot 8 Qualification Code

Work Site Location 51 CHAMBERSBRIDGE RD. BRICK, NJ.

Owner in Fee INLAND MID-ATLANTIC / INLAND SOUTHEAST BRICK

Address ~~31 EDGEWATER~~ 7422 CARMEL EXEC. PARK DR. LLC. CHARLOTTE, NC 28226

Tel (704) 527-4555

Contractor T.B.D. Hudson Electric

Address 599 Franklin Ave Franklin, NJ 07417

Tel (508) 176-8988 FAX ( )

Contractor License No. 10101

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed —

[ ] Pole/Pad # [ ] Temporary [✓] Other EXIST.

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 75,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) for 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 Inland Mid-Atlantic Management Corp.

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
45		Lighting Fixtures
60		Receptacles
6		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with 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

FEE (Office Use Only)

COMMERCIAL

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Best Buys

Date Received 02-07-06
Control #

Date Issued
Permit # 062355

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

Block 670 Lot 5 Qualification Code RA

Work Site Location 51 Chambers Bridge Rd.

Owner in Fee Inland Mid-Atlantic

Address 211 Edgewater Town Ctr
Edgewater, NJ 07020

Tel ( )

Contractor Hudson Electric LLC

Address 599 Franklin Ave Franklin Lakes NJ 07417

Tel (201) 891-5855 FAX (201) 891-[redacted]7559

Contractor License No. 10101

Federal Emp. No. 22-3838333

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
23		Lighting Fixtures
63		Receptacles
___		Switches
___		Detectors
___		Light Poles
___		Motors—Fract. HP
___		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
___	___	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
___	___	_____
___	___	_____

FEE (Office Use Only)

TOTAL NUMBERS $ _____

COMMERCIAL

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date:	6/21/06	
Approved by:		

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

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

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

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] *Fire Plans Approved*

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

U.C.C. F140
(rev. 1/04)

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

B06-2252-TB

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/28/06
Permit # 06-2252-FA
C06-113688

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

Block 672 Lot 8 Qualification Code
Work Site Location BEST BUY 5 Chambers Bridge Rd
5 CHAMBERS BRIDGE RD. BRICK
Owner in Fee TDS CONSTRUCTION INC.
Address 4239 63rd ST WEST
BRADENTON FL 34209
Tel (941) 795-6100
Contractor SERVICE AND MAINTENANCE CORP.
Address 1045 MACOPIN RD
WEST MILFORD NJ 07480
Tel (973) 697-7600 FAX (973) 697-7605
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00065
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153212
Fire Alarm Contractor No. —
Federal Emp. No. 22-2218865

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ORD II Proposed SAME
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: ROOF TOP
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 [ ] Existing
Location of Main Control Valve: RISER ROOM
Total Cost of Fire Protection Work $ 8000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 8-9-06
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-1-06
Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.			9-7-06	[signature]
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9-7-06	[signature]
Other			9/7/06	[signature]

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source STREET MAIN
Method of Alarm/Suppression System Supervision CENTRAL STATION

COMMERCIAL

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	8	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140
(rev. 1/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 51 CHAMBERLAIN RD. BRICK, NJ.

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

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 $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

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 _____				
_____				
_____				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

LETTER OF TRANSMITTAL

TO: TOWNSHIP OF BRICK
401 CHAMBERSBRIDGE ROAD
BRICK TOWNSHIP, NJ 08723

DATE: JULY 06, 2006

ATTN: ALLISON

PROJECT: BEST BUY # 475
51 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723
PERMIT # C06-102103A

JOB #: 06-790

WE TRANSMIT:
- ☒ ATTACHED
- ☐ UNDER SEPARATE COVER VIA

VIA:
- ☒ OVERNIGHT
- ☐ COURIER
- ☐ FAX
- ☐ U. S. MAIL

THE FOLLOWING:
- ☐ DRAWINGS
- ☒ PERMIT CHECK
- ☐ PHOTOGRAPHS
- ☐ PRODUCT LITERATURE
- ☐ SHOP DRAWING PRINTS
- ☐ SPECIFICATIONS
- ☐ CONTRACT
- ☐ INVOICE

FOR YOUR:
- ☐ APPROVAL
- ☐ AS REQUESTED
- ☐ APPROVED AS SUBMITTED
- ☐ FOR BIDS DUE 20___
- ☒ FOR YOUR USE
- ☐ FOR REVIEW AND COMMENT
- ☐ APPROVED AS NOTED
- ☐

PAGES	DATE	NUMBER	DESCRIPTION
1	6/30/06		CHECK FOR PERMIT # C06-102103A FOR $4016.00

- ☐ **FOR SIGNATURE AND RETURN TO THIS OFFICE**
- ☐ **ACTION INDICATED ON ITEM TRANSMITTED**
- ☐ **NO ACTION REQUIRED**
- ☒ **SEE REMARKS BELOW**
- ☐

REMARKS: PLEASE ACCEPT PAYMENT FOR THE PERMIT FOR BEST BUY # 475 – MAGNOLIA HOME THEATER REMODEL PROJECT. OUR SUPERINTENDENT WILL PICK UP THE PERMIT ON MONDAY, JULY 10.THANK YOU!

COPIES TO:
- ☐
- JOB FILE ☒
- ACCOUNTING ☐
- ☐
- ☐
- ☐
- ☐

T D S CONSTRUCTION, INC.
NATIONAL GENERAL CONTRACTORS
4239 63RD STREET WEST
BRADENTON, FL 34209
(941) 795-6100 • FAX (941) 795-6101

BY: JOEL BABITZKE, PROJ. MGR.

HERSCHMAN ARCHITECTS, INC.
25001 Emery Road, Suite 400
Cleveland, OH 44128
216.223.3200
216.223.3210 fax
www.herschmanarchitects.com

TRANSMITTAL

Attn: ANN MARIE HANLON
CITY OF BRICK
BUILDING PERMIT DEPARTMENT
MUNICIPAL BUILDING
401 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723
732-262-1027

Date: 5/1/06

Re: BEST BUY #475
MAGNOLIA HOME THEATER
BRICK, NJ

From: ERIC COX

We are sending you the following via: DHL A.M.

Job #: 9903

Copies	Date	Description
2	4/10/06	COMPLETE SETS OF BOND DRAWINGS - STAMPED & SIGNED
1		PERMIT APPLICATION

These items are transmitted as checked below:

☒	For Your Use	☐	Approved	☐	For Bid
☐	For Approval	☐	Rejected	☒	For Permit
☐	For Review & Comment	☐	Approved as Noted	☐	Reviewed
☐	As Requested	☐	Revise & Resubmit	☐	

Remarks:

cc: ALLEN MCKENZIE (BEST BUY) - TRANSMITTAL (952-430-5921 FAX)

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1027
Fax: (732) 262-8954
http://www.twp.brick.nj.us

TDS CONSTRUCTION
4239 6TH STREET WEST
BRADENTON, FL 34209

Re: 51 Chambers Bridge Road

Gentlemen:

We are in receipt of the permit application that you had mailed into our office and we are returning it to you for incompleteness. Enclosed I have included a check list as well as forms that were missing. Also, highlighted areas are in need to be completed. The plans I have kept in the office so they won't have to go back and forth.

Any questions, please feel free to contact my office at 732-262-1031.

Thank you,

Allison Peltier
Permit Clerk

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date:_____

PLOT PLAN EXEMPT FORM

Block:_____ Lot:_____

Property Address:_____

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

HERSCHMAN ARCHITECTS, INC.
25001 Emery Road, Suite 400
Cleveland, OH 44128
216.223.3200
216.223.3210 fax
www.herschmanarchitects.com

FAX

Attn: ANN MARIE HANLON
CITY OF BRICK
BUILDING PERMIT DEPARTMENT

Fax #: 732-262-8954

Total Pages Incl. Cover: 3

Date: 05/12/06

Re: BEST BUY #475
MAGNOLIA HOME THEATER
51 CHAMBERSBRIDGE RD.
BRICK, NJ

Job #: 9903

From: ERIC

Remarks:

Here is a copy of the permit application that I sent to you on May 1. According to the courier, the drawings and applications where received and signed for on May 4. The lot and block numbers where left blank on the applications. I have a call into the property owner to see if has the lot information.

Please check your system and let me know if you have any luck finding the drawings. Best Buy needs to start construction by the end of June, so let me know if there is anything I can do to help. Please call as soon as you find the information.

Thank you for your help.
Eric Cox
216-223-3218

cc: Allen Mckenzie (Best Buy) 952-430-5921

TDS CONSTRUCTION
4239 6TH STREET WEST
BRADENTON, FL 34209

Re: 51 Chambers Bridge Road

Gentlemen:

We are in receipt of the permit application that you had mailed into our office and we are returning it to you for incompleteness. Enclosed I have included a check list as well as forms that were missing. Also, highlighted areas are in need to be completed. The plans I have kept in the office so they won't have to go back and forth.

Any questions, please feel free to contact my office at 732-262-1031.

Thank you,

Allison Peltier
Permit Clerk

LETTER OF TRANSMITTAL

TO: TOWNSHIP OF BRICK
401 CHAMBERSBRIDGE ROAD
BRICK TOWNSHIP, NJ 08723

DATE: MAY 17, 2006

ATTN: ALLISON

PROJECT: BEST BUY # 475
51 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723

JOB #: 06-790

WE TRANSMIT:
- ☒ ATTACHED
- ☐ UNDER SEPARATE COVER VIA

VIA:
- ☒ OVERNIGHT
- ☐ COURIER
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FOR YOUR:
- ☐ APPROVAL
- ☒ AS REQUESTED
- ☐ APPROVED AS SUBMITTED
- ☐ FOR BIDS DUE 20___
- ☒ FOR YOUR USE
- ☐ FOR REVIEW AND COMMENT
- ☐ APPROVED AS NOTED
- ☐

PAGES	DATE	NUMBER	DESCRIPTION
1	5/18/06		ORIGINAL SIGNED ZONING PERMIT APPLICATION.

- ☐ **FOR SIGNATURE AND RETURN TO THIS OFFICE**
- ☐ **ACTION INDICATED ON ITEM TRANSMITTED**
- ☐ **NO ACTION REQUIRED**
- ☒ **SEE REMARKS BELOW**
- ☐

REMARKS: PLEASE ADD TO THE PERMIT DOCUMENTS AND PLANS FOR THE BEST BUY # 475 – MAGNOLIA HOME THEATER REMODEL PROJECT.THANK YOU!

COPIES TO:
- ☐
- JOB FILE ☒
- ACCOUNTING ☐
- ☐
- ☐
- ☐
- ☐

T D S CONSTRUCTION, INC.
NATIONAL GENERAL CONTRACTORS
4239 63RD STREET WEST
BRADENTON, FL 34209
(941) 795-6100 • FAX (941) 795-6101

BY: DAVID SCHERER, PRESIDENT

Bldg (Elect) Fire Plumbing (Please mark subcode)

CONTROL NUMBER C06 102103

Best Bets

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 51 Chambers Bridge Rd

DATE REVIEWED: Mon 6/14/06

REVIEWED BY:

CONTACT CALLED/FAXED: (1) No sealed permits

Left Message

Resubmitted 06.20.06

CR. COX 614

10:15

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 51 CHAMBERSBRIDGE RD.

Block: 672 Lot: 8

Contractor: TDS CONSTRUCTION

Contractor's Address: 4239 6TH ST. WEST BRADENTON, FL

Type of Construction (minor, new home): COMMERCIAL - INTERIOR ALTERATION.

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: _____

Dumpster size: _____

Destination of debris: _____

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

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

_____ _____
Signature Date

_____
Print Name

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping

Date: 08/04/06 **Property Name:** BEST BUY

Property Address: 51 CHAMBERS BRIDGE ROAD, BRICK, NJ

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 the 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 contractors. It is understood that 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.

Plans

Accepted by [approving authority's name(s)] BRICK TOWNSHIP

Address 401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

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 this new equipment? If no, explain.	☒ Yes	☐ No
Have copies of appropriate instructions and care and maintenance charts and NFPA 13 been left on premises? If no, explain.	☐ Yes	☒ No

Location of System

Supplies building(s) 51 CHAMBERSBRIDGE ROAD

Sprinklers

Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
RELIABLE	G-4 CONCEALED	2000	1/2"	8	155°
TYCO	FIFR	2006	17/32	8	214°

Pipe and Fittings

Pipe conforms to ASTM standard.	☒ Yes	☐ No
Fittings conform to ANSI standard.	☒ Yes	☐ No

If no, explain.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping *(cont.)*

Alarm Valve or Flow Indicator

Alarm Device			Maximum Time to Operate Through Test Pipe	
Type	Make	Model	Min.	Sec.
EXISTING				

Dry Pipe Operating Test

Dry Valve	Q.O.D.				
Make	Model	Serial No.	Make	Model	Serial No.
N/A					

	Time to Trip Through Test Pipe*		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet*		Alarm Operated Properly	
	Min.	Sec.	Psi (Bar)	Psi (Bar)	Psi (Bar)	Min.	Sec.	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain.

Deluge and Preaction Valves N/A

Operation ☐ Pneumatic ☐ Electric ☐ Hydraulic

Piping supervised? ☐ Yes ☐ No Detecting media supervised? ☐ 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?		Does each circuit operate valve release?		Maximum Time to Operate Release	
		Yes	No	Yes	No	Min.	Sec.
N/A							

Test Description

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for two hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for two hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm (1514 L/min) for 4-in. (102-mm) pipe, 600 gpm (2271 L/min) for 5-in. (127-mm) pipe, 750 gpm (2839 L/min) for 6-in. (152-mm) pipe, 1000 gpm (3785 L/min) for 8-in. (203-mm) pipe, 1500 gpm (5678 L/min) for 10-in. (254-mm) pipe and 2000 gpm (7570 L/min) for 12-in. (305-mm) pipe. When supply cannot produce stipulated flow rates, obtain maximum available.

*Measured from time inspector's test pipe is opened.

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping *(cont.)*

Test Description *(cont.)*

PNEUMATIC: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 1/2 psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at 200 psi (bar) for 2 hrs.

Dry piping pneumatically tested? ☐ Yes ☐ No N/A

Equipment operates properly? ☐ Yes ☐ No

If no, state reason.

Drain test—Reading of gauge located near water supply test pipe: Static pressure: 125 psi (bar)

Drain test—Residual pressure with valve in test pipe open wide: 95 psi (bar)

Underground mains and lead-in connections to system risers flushed before connections made to sprinkler piping

Verified by copy of the U Form No. 85B ☐ Yes ☐ No ☐ Other

Flushed by installer of underground sprinkler piping N/A ☐ Yes ☐ No ☐ Other

If other, explain.

Blank Testing Gaskets

Number used 0 Locations _____ Number removed _____

Welding

Welded piping? N/A ☐ 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

Hydraulic Data Nameplate

Nameplate provided? ☐ Yes ☐ No

If no, explain. EXISTING

Remarks Date left in service with all control valves open: 08/04/06

Sprinkler Contractor: TTW MECHANICAL CORP.

Signatures of Test Witnesses

For property owner (signed) _____ Title _____ Date _____

For sprinkler contractor (signed) _____ Title PRESIDENT Date 08/04/06

TVA Fire Security Life Safety
FMG Fire Materials Group
2615 S. Industrial Park Avenue
Tempe, AZ 85282
Tel (480) 753-5444
Fax (480) 753-5450

Service Ticket/Work Order # ____
Date Inspection set up with Manager: 8-15-06
Name of Manager called to set up inspection: JESSICA

Insp. Date: 8-16-06 License # RME Name: RME #

Name of Facility: BEST BUY Store No 475 Insp: GLENN UAHEY

Contact Person: JESSICA Tel: 732-477-4433

Address: 57 CHAMBERS BRIDGE RD. City BRICK State NJ ZIP 08723

Jurisdiction: _____ Division _____

Inspection Start Time: 0630

FIRE PROTECTION SYSTEM

WET SYSTEMS

☒Y ☐N Is there a wet sprinkler system?
☐Y ☒N ☐N/A Is the sprinkler system landlord maintained?
Number of wet risers: 1 Sizes: 8", ", ", ", ", "
Date of last inspection: 5-06
Last 5-Year Service Date (If Required): ____ ☒Unknown
☒Y ☐N ☐N/A In areas protected by a wet system, does building appear to be properly heated including blind attics and perimeter areas where accessible?
☒Y ☐N Is there an anti-freeze loop?
☒Y ☐N ☐N/A Has antifreeze system been tested by measuring specific gravity (if applicable)?
Record temperature protection level (if applicable): -20

DRY SYSTEMS

☐Y ☒N Is there a dry pipe system present?
Number of dry risers: 2 Sizes: ____", ____", ____", ____"
☐Y ☐N ☒N/A Is it in service?
Date of last inspection: ____ ☐Unknown
☐Y ☐N ☒N/A Do air pressures & priming water levels meet minimum requirements?
☐Y ☐N ☒N/A Were auxiliary drains opened during this inspection?
☐Y ☐N ☒N/A Did quick opening device(s) operate?
☐Y ☐N ☒N/A Did dry valve operate within minimum standards?
☐Y ☐N ☒N/A Did dry system valve reset?

TANKS AND PUMPS

☐Y ☒N Is a fire pump present? If yes, how many 2
Pump #1:
☐Diesel ☐Electric ☐Other: ____
Pump rating: ____GPM @ ____PSI
Last Inspection Date:____
☐Y ☐N ☒N/A Was pump operated?
☐Y ☐N ☒N/A Did fire pump operate satisfactorily?
☐Y ☐N ☒N/A Are pump packing glands providing adequate but not excessive lubrication, (minimum 1 drop per second)?
☐Y ☐N ☒N/A Are fire pump suction tanks present, filled, and in good condition
Pump #2:
☐Diesel ☐Electric ☐Other: ____
Pump rating: ____GPM @ ____PSI
Last Inspection Date:____
☐Y ☐N ☒N/A Was pump operated?
☐Y ☐N ☒N/A Did fire pump operate satisfactorily?
☐Y ☐N ☒N/A Are pump packing glands providing adequate but not excessive lubrication, (minimum 1 drop per second)?
☐Y ☐N ☒N/A Are fire pump suction tanks present, filled, and in good condition?

TVA Fire Security Life Safety
FMG Fire Materials Group
2615 S. Industrial Park Avenue
Tempe, AZ 85282
Tel (480) 753-5444
Fax (480) 753-5450

Service Ticket/Work Order # ____

Insp. Date: 8-16-04 License # RME Name: RME #

Name of Facility: BB Store No 625 Insp:

Contact Person: Tel:

Address: City State ZIP

Jurisdiction: Division

ALARMS

☒Y ☐N Is there an alarm panel?
☒Fire ☐Burglar ☐Combination
☐Y ☒N ☐N/A Is the alarm panel tied to a mall?
☐Y ☒N ☐N/A Is the alarm panel landlord maintained?
☒Y ☐N ☐N/A Is the fire system monitored?
Monitoring Company: CHECTOR
Last Inspection Date: 3-06
☒Y ☐N ☐N/A Did water flow alarms operate within 90 seconds?
☒Y ☐N ☐N/A Did tamper switches operate properly?
☐Y ☐N ☒N/A Did fire pump alarm devices operate?
☒Y ☐N ☐N/A Were supervisory and alarm signals received at monitoring company?

SYSTEM COMPONENTS

☒Y ☐N ☐N/A Do sprinklers appear free from corrosion, loading or obstruction to spray pattern development?
☒Y ☐N ☐N/A Is there a minimum of 18" clearance between top of storage & sprinkler deflector?
☒Y ☐N ☐N/A Are fire department connections accessible and in good working order with protective caps in place?
☒Y ☐N ☐N/A Do visible sprinkler system components appear to be free of corrosion, leakage, and mechanical damage?
☒Y ☐N ☐N/A Is there sprinkler coverage in the trash compactors?
Specifically record any/all painted, taped, or blocked sprinkler heads in the comments section

IN-RACK SPRINKLERS

☐Y ☒N Does the building have in-rack sprinklers?
☐Y ☐N ☒N/A Are in-rack sprinklers provided for storage of paint, aerosols, and flammables?
☐Y ☐N ☒N/A Are in-rack sprinklers provided for pesticide storage (combustibles)?
☐Y ☐N ☒N/A Are in-rack sprinklers provided for building material roof coatings (combustibles)?
☐Y ☐N ☒N/A Are in-rack sprinklers installed in pushback racks?

HOSE CABINETS

☐Y ☐N ☒N/A Are hose cabinets/racks unobstructed and accessible?
☐Y ☐N ☒N/A Were hoses removed, inspected, and reloaded?
Number of units: 0
☐Y ☐N ☒N/A Are hose valves and piping free from leaks and signs of corrosion?
☐Y ☐N ☒N/A Are approved nozzles present, gasketed, and in good repair?

CONTROL VALVES

☒Y ☐N ☐N/A Are sprinkler system control valves in the appropriate open or closed position?
☒Y ☐N ☐N/A Are control valves locked, sealed, or electronically monitored?
☒Y ☐N ☐N/A Do sprinkler system control valves have proper signage?
☒Y ☐N ☐N/A Were all control valves operated?

EXTINGUISHERS

Date extinguishers were last serviced: 4-06 ☐Unknown
Name of contractor who last serviced extinguishers: AFB

TVA Fire Security Life Safety
FMG Fire Materials Group

Service Ticket/Work Order # ____

Insp. Date: 8-16-05 License # RME Name: RME #

Name of Facility: BB Store No 475 Insp:

Contact Person: Tel:

Address: City State ZIP

Jurisdiction: Division

WATER FLOW TEST OF MAIN DRAIN MADE AT SPRINKLER RISERS

Test Pipe Size	Static	Residual	Return Static	Test Pipe Size	Static	Residual	Return Static
1 2 "	70	60	70	7 "			
2 "				8 "			
3 "				9 "			
4 "				10 "			
5 "				11 "			
6 "				12 "			

DRY SYSTEM FUNCTION TEST

System #	Start Air Pressure	Start Water Pressure	Air Pressure at Valve Opening	Time to Remote Test Point from Opening (If applicable)
			N/A	

Fire Protection Inspection Issues

Check the following fire protection items and describe unsatisfactory issues below:

		Condition Satisfactory		
		YES	NO	N/A
	Are aisles unobstructed and free of storage?	☑	☐	☐
	Are fire lanes unobstructed?	☑	☐	☐
	Are flue spaces unobstructed?	☐	☐	☑
	If applicable, FMG inspector offers to train store manager on reset and interactions with the fire alarm panel along with training on how to shut off a sprinkler riser, should a sprinkler head be knocked off. ("NO" means store manager has declined the training).	☐	☑	☐

OTHER EQUIPMENT

☒Y ☐N ☐N/A Is there a backflow at this location?
What was the date of the last backflow inspection: 10-05

☐Y ☐N ☒N/A Is there a hood extinguishing system at this location?
What was the date of the last hood inspection: ____

TVA Fire Security Life Safety
FMG Fire Materials Group

Service Ticket/Work Order # ____

Insp. Date: 8-16-04 License # RME Name: RME # ____

Name of Facility: BB Store No 08723 Insp: ____

Contact Person: ____ Tel: ____

Address: ____ City ____ State ____ ZIP ____

Jurisdiction: ____ Division ____

TYCO Recall Information (Only For Required Customers)

Recalled Heads were found at this location: ☐Yes ☐No

Location	Make	Model	Position (U, P, HS, VS)	Thread	Temp	Element (B or L)	Year	Seal (0 or B)	Approx Quantity
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___

EXPLAIN ANY "NO" ANSWERS AND PROVIDE COMMENTS:*

NOTE: CALL PD 732-262-4100 + PD 1-732-455-4100

NOTE: BED BATH + BEYOND HAS KEY TO SPRINKLER Room

SITE/LOCATION STAMP HERE

Was a P-1 issue reported as a result of this inspection? ☐Y ☒N

Was a P-2 issue reported as a result of this inspection? ☐Y ☒N

The owner and/or designated representative acknowledge the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not include as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of knowledge of the party providing such information.

☒Y ☐N Were all inspection copies faxed?

☒Y ☐N ☐N/A Did manager have all necessary access codes?

☒Y ☐N ☐N/A Did manager have all necessary access keys?

☒Y ☐N Does management have contact number for fire protection systems emergency repairs?

☐Y ☐N Did manager have a site/location stamp?

☐Y ☐N If no, did you have manager note that and sign in the site/location stamp box above?

Inspection End Time: 12:30

Jessica Lawlor
Manager's Name

Inspector's Name

Jessica Lawlor
Manager's Signature

8-16-06
Date

Inspector's Signature

8-16-06
Date

TESTING AND INSPECTIONS
WORK COMPLETION FORM

CUSTOMER INFORMATION:

SITE #: BEST BUY

ADDRESS: 57 CHAMBERS BRIDGE ROAD

CITY, ST, & ZIP: BRICK NJ. 08723

PHONE: 732-477-4433

SITE MANAGER: _____ SITE CONTACT: JESSICA

INSPECTOR NAME: GLENN LAMEY Date: 8-16-06

TIME IN: 10:30 (AM) / PM TIME OUT: 12:00 AM / PM

WORK COMPLETED:

- [ ] ALARM
- [ ] PUMP
- [ ] ANNUAL- SP
- [x] QUARTERLY- SP
- [ ] SEMI ANNUAL- SP
- [ ] LANDLORD MAINTAINED
- [ ] MALL MAINTAINED
- [ ] SURVEY
- [ ] DRY TRIP
- [ ] PARTIAL DRY TRIP
- [ ] HOSE RE-RACK #:

COMMENTS:

SITE MANAGER : PLEASE COMPLETE THIS SECTION TO ENSURE PROPER INVOICING AND RECORD KEEPING.

SITE MANAGER: (PRINT NAME)

Jessica Lawlor

SITE MANAGER'S SIGNATURE

X: Jessica Lawlor

DATE: 8-16-06

SATISFACTORY COMPLETION OF WORK? (Y) / N

SITE STAMP (REQUIRED):

BEST BUY CO., INC. #475
51 Chambersbridge Rd.
Brick, NJ 08723
732-477-4443