BLOCK 672 LOT 8 ~~15~~ QUALIFICATION CODE C5·12 Brick blvd AT ~~C5~~ 12-1 Retail #3
ADDRESS (SITE) ~~CHAMBERS BRIDGE~~ Road PERMIT NO. 02-121

CONSTRUCTION PERMIT APPLICATION

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

brick blvd COMMERCIAL

I. IDENTIFICATION

1. Propsed Work Site at: 1350 RT 36, Airport Plaza Hazlet NJ
2. Name of Owner in Fee: SHL Brick LLC Tel. (732) 945-9555
   Address 525 River Road, Edgewater NJ 07020 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____ COMMERCIAL
4. Principal Contractor: Jewel Contracting Tel. (973) 633-7911
   Address 1599 Hamburg Tpk Wayne NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3305074 FAX: (_____) _____
5. Architect or Engineer ART Michels + Assoc Tel. (201) 867-1717
   Address One Harmon Meadows Blvd Secaucus NJ 07094
6. Responsible Person in Charge of Work Jim Kelly
   Tel. (973) 633-7911 FAX (973) 633-1434

tenant fit up

behind bed, bath, + beyond

V. FEE SUMMARY (for office use only)

			Update 1A	Update 1B
1.	Building	$ 2260		
2.	Electrical	84		
3.	Plumbing		245	25
4.	Fire Protection	437		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	132		4
10.	Subtotal			
11.	Cert. of Occupancy		12	
12.	Other	39		
13.	TOTAL	$ 2942	245	29

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 26' ft.	
3.	Area — Largest Floor 36,000 sq. ft.	
4.	New Building Area _____ sq. ft.	
5.	Volume of New Structure _____ cu. ft.	
6.	Construction Classification COMMERCIAL	
7.	Total Land Area Disturbed _____ sq. ft.	
8.	Flood Hazard Zone _____	
9.	Base Flood Elevation _____ ft.	
10.	Wetlands yes _____ no _____	
11.	Max. Live Load _____	
12.	Max. Occupancy Load _____	

II. PROPOSED WORK

		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			2/14/02						
3.	☐ Addition									
4.	☒ Alteration	90,000				4-17-02	FH			
5.	☒ Fire Protection	45000				4/16/02				
6.	☒ Plumbing	5000								
7.	☒ Electrical	25,000				4.10.02				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWL	2/28/02		2/28/02				
	TOTAL COSTS	165,000								

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3: Change in Use Group, Indicate Former:

LDS BR 10505252

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 Jim Kelly

Address 1599 Hamburg TPK
Wayne, NJ 07470

Telephone (973) 633-7911

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/03/2002
Control #
Permit # 02-1211

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 672 Lot 80 Qual
Work Site Location BRICK BLVD
TENANT FIT UP
Owner in Fee/Occupant SLH BRICK LLC/CHRISTIAN FINE
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Telephone (201)945-9555
Contractor JEWEL CONTRACTING
Address 1599 HAMBURG TPK
WAYNE, NJ 07470-
Telephone (973)633-7911 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305074

Home Warranty No. TENNANT
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 10
Paid [X] Check No. 6198
Collected by: ERP

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/22/2002
Control #
Permit # 02-1211

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION : Block 672 Lot 8 Qual

Work Site Location 1801 BRICK BLVD
TENANT FIT UP

Owner in Fee BLH BRICK LLC/CHRISTIAN FIRE
Address 825 RIVER RD
EDGEWATER, NJ 07020-
Telephone (201)945-9855

Contractor JOHN CONSTRUCTION
Address 1599 HANBURG TPK
WAYNE, NJ 07470-
Telephone (973)633-7911
Lic No or Bldrs Reg No
Federal Exp No 22-3065674

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CONSTRUCTION OF NEW TENANT INTERIOR INCLUDING LOADING PLATFORM FOR CHRISTIAN FIRE HOME FURNISHING INC; RETAIL #3

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

Estimated Cost of Work $ 160,000

Construction Official 04/22/2002
Date

U.C.C. F170 (rev 3/96)

PAYMENTS (Office Use Only)

Building	2,260
Electrical	89
Plumbing	0
Fire Protection	437
Elevator Devices	0
Other	
DCA Training Fee	128
Cert of Occupancy	0
Other	150
Total	8,914
Check No	6198
Cash	
Collected By	ERP

4/22/02 01:29PM DOCUMENT
#007 REV.007

#021211	
BUILDING	$2260 00
ELECTRIC	$89 00
FIRE	$437 00
DCA	$4 00
DCA	$128 00
ZPA	$15 00
EPA	$15 00
CHECK	$2948.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/29/2002
Control #
Permit # 02-1211+A
Permit Issued 04/22/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 472 Lot 8 Qual

Work Site Location BRICK BLVD
TENANT FIT UP
Owner in Fee SLG BRICK LLC/CHRISTIAN FINE
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Telephone (201)945-9555

Contractor COUNTRYSIDE PLUMBING & HEATING
Address 73 PROSPECT AVE
HILLSDALE, NJ 07642-
Telephone (201)665-5690
Lic. No. or Bldrs. Reg. No. 5343
Federal Emp. No. 22-2159393

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	245
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	245
Check No.	1639
Cash	
Collected By	MF

04/29/02 11:40AM 0000008279
2006 SERV.006
#021211
PLUMBING $245.00
CHECK $-245.00

Estimated Cost of Work $ 500

Construction Official

4/29/2002
Date

U.C.C. F190 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/25/2002
Control #
Permit # 02-1211+B
Permit Issued 04/22/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 672 Lot 8 Qual

Work Site Location BRICK BLVD
GAS PIPING
Owner in Fee SLH BRICK LLC/CHRISTIAN FINE
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Telephone (201)945-9555

Contractor TEMP STAR AIR INC
Address PO BOX 474
OAK RIDGE, NJ 07438-
Telephone (973)208-2677
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3202761

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS PIPING FOR 3-ROOFTOP UNITS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	25
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	29
Check No.	5059
Cash	
Collected By	ERP

09/25/02 [illegible] 0000005074
[illegible] SERV.007

4021211	
PLUMBING	$25.00
DCA	$4.00
CHECK	$29.00

Estimated Cost of Work $ 4,000

[signature] 09/25/2002
Construction Official Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/04/2002
Date Issued 4/22/02
Control # ~~C5-72~~
Permit # 02-1211

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 Qual
Work Site Location BRICK BLVD
TENANT FIT UP
Owner in Fee SLH BRICK LLC/CHRISTIAN FINE
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Tele.(201)945-9555
Contractor JEWEL CONTRACTING
Address 1599 HAMBURG TPK
WAYNE, NJ 07470-
Tele.(973)633-7911 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305074

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-17-02	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 5-20-02 5-20-02
Approved By: PW FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			4/26	JC
Foundation				
Slab				
Frame			PARTIAL 4/30	JC
BarrierFree			5-6-02	JC
Insulation			5/15/02	JC
Finishes				
Energy				
Mechanical			Above ceil 5/15/02	JC
TCO				
Other			5-3-02	JC
Final			5-3-02	JC
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present 5-B Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 90,000
3. Total (1+2) $ 90,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

CONSTRUCTION OF NEW TENANT INTERIOR INCLUDING LOADING PLATFORM FOR CHRISTIAN FINE HOME FURNISHING INC: RETAIL #3

Rest Room Fixtures Mus. Have ADA compliant Spacing

5.23.02 PAB

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,260
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 2,260
DCA Training Fee	$ 72

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/04/2002
Date Issued 4/22/02
Control # ~~05-12~~
Permit # 02-1211

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 Qual

Work Site Location BRICK BLVD

TENANT FIT UP Rear of BOBS

Owner in Fee SLH BRICK LLC/CHRISTIAN FINE

Address 525 RIVER RD

EDGEWATER, NJ 07020-

Tele.(973)427-9100 Fax ( )

Contractor AMPTEK ELECTRIC LLC

Address 84 ETHEL AVE

HAWTHORNE, NJ 07506-

Tele.(973)427-9100

Lic. No. or Bldrs. Reg. No. 10721

Federal Emp. No. 22-3749637

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work $ 25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4 10 02
Approved By: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5/31/02
Approved By: MM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approved or Initial
Rough			4/30 or TO
Temp Serv			
Const Serv			
TCO			
Other			
Service			
Final	5-16-02	5/31	or TO
Temp. Cut-in-Card Date Issued			
Final Cut-in-Card Date Issued			

5 Take out - Box of = J Box on Conto

OVER

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
190		Lighting Fixtures	
15		Receptacles	
21		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
12		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
238		TOTAL NUMBERS	80
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
1	5	KW Elect Water Heater	9
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check # _____	Minimum Fee	$ 0
Collected by: _____	TOTAL FEE	$ 89
	DCA Training Fee	$ 20

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

DCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/04/2002
Date Issued 4/02/02
Control # ~~C5-72~~
Permit # 02-7211
ou loads 305sm
14 sprink

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 Qual
Work Site Location BRICK BLVD
TENANT FIT UP
Owner in Fee SLH BRICK LLC/CHRISTIAN FINE (Home Furnishings)
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Tele.(201)782-5177 Fax ( )
Contractor DEHN BROS FIRE PROTECTION
Address 615 JOHN ST
RIVERVALE, NJ 07675-
Tele.(201)782-5177
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3436392

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems. [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location: ROOF
Total Est Cost of Fire Prot Work $ 45,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4-16-02
Approved By: KLR
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-30-02
Approved By: KLR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test	5-15OL		5/02	
Standpipe			5/30	KLR
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	120	229
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 3 ROOFTOP UNITS		138
Other EMER/EXIT LITES		35

- elevates

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	437
DCA Training Fee	$	36

Paid [ ] Check #
Collected by:

U.C.C F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Called 4/29

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/04/2002
Date Issued / /
Control # C5-72-4
Permit # 02-1211+A

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 Qual

Work Site Location BRICK BLVD
TENANT FIT UP

Owner in Fee SLH BRICK LLC/CHRISTIAN FINE

Address 525 RIVER RD
EDGEWATER, NJ 07020-

Tele.(201)666-5690 Fax ( )

Contractor COUNTRYSIDE PLUMBING & HEATING

Address 73 PROSPECT AVE
HILLSDALE, NJ 07642-

Tele.(201)666-5690

Lic. No. or Bldrs. Reg. No. 5363

Federal Emp. No. 22-2159333

Behind Bank of Nova

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[x] Plumb. Plans Approved
Date: 4-26-02
Approved By: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5-17-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5-2-02	
Rough	5-2-02		5-8-02	
Water				
Sewer				
Fixtures			5-17-02	
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	30
1	Urinal / Bidet	10
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 3 A/C	105
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 245
	DCA Training Fee	$ NIL

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/16/2002
Date Issued ~~01/01/1954~~ 9/25/02
Control #
Permit # 02-1211+B

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 Qual
Work Site Location BRICK BLVD
GAS PIPING
Owner in Fee SLH BRICK LLC/CHRISTIAN FINE
Address 525 RIVER RD
EDGEWATER, NJ 07020-
Tele.(973)208-2677 Fax ( )
Contractor TEMP STAR AIR INC
Address PO BOX 474
OAK RIDGE, NJ 07438-
Tele.(973)208-2677
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3282961

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-23-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 12-4-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.			12-4-02	
Gas Piping			12-4-02	
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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub 2001	0
0	Lavatory	0
0	Shower 2 "	0
0	Floor Drain 2	0
0	Sink 550 000	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 25
DCA Training Fee $ ~~4~~ 29

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: February 22, 2002 **No. 2.0159**

Block: 672 **Lot:** 8 **Zone:** B-3, Highway Development

Property Address: 51 Chambers Bridge Road

Applicant: Jim Kelly; Jewel Contracting Co., Inc.

Property Owner: SHL Brick LLC

Existing Use: Vacant retail unit.

Proposed Use: Furniture store; 12,400 square feet.

Proposed Construction: Renovations for tenant fit-up for Unit No. 3 for "Christian Fine Home Furniture, Inc.".

Conditions: No additional signs may be erected without an additional zoning permit.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
FEB 22 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 672 Lot 8 & 10 Qualifier _____

PROPERTY ADDRESS 51 Chambers Bridge Road - Between Brick Blvd.

PERSONAL NAME OF APPLICANT Jim Kelly

BUSINESS NAME OF APPLICANT Jewel Contracting Co Inc

PROPERTY OWNER SHL Brick LLC 525 River Road Edgewater NJ 07020

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Furniture Store 3rd unit of (3) tenant Bldg ① Bed-Bath-Beyond ② Bobs Store ③ Vacant

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Existing 12,400 SF is vacant will be occupied by new Furniture Store Christian Fine Home Furniture Inc

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☑ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☑ Other (please describe) New Entrance + Store Front

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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

Signature of applicant [signature] Date 2/14/02

Reviewed by Zoning Office [signature] Date 2/22/2 (X) Approved ( ) Denied

RECEIVED
FEB 5 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 672 Lot 8 + 12 Qualifier ____

PROPERTY ADDRESS ~~Chambers Bridge Road~~ Brick blvd

PERSONAL NAME OF APPLICANT Jim Kelly

BUSINESS NAME OF APPLICANT Christian Home Furnishings, Inc

PROPERTY OWNER SHL Brick LLC (Starwood Heller)

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Retail Bldg 3 UNITS - Bed Bath + Beyond - Bobs Store - VACANT

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Furniture Store

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ____
☐ Addition
☑ Alteration
☐ Porch or deck (state heights) ____
☐ Shed (state height) ____
☐ Fence (state type & height) ____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) ____

COMMERCIAL

CHECKLIST Arch Schmatics

☑ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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

Signature of applicant ____ Date 1/22/02

Reviewed by Zoning Office ____ Date 2-7-2 ( ) Approved (X) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 672 LOT 8 SITE ADDRESS 31 [illegible]
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER 973-[illegible]
APPLICANT ADDRESS 1549 Hi[illegible] CITY & STATE [illegible]

INCLUSIONARY DEVELOPMENT

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

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 317,000

[signature] 3/5/02
Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required 1,585.00 Date [illegible]
Preliminary Paid _____ Check # [illegible]
Receipt # [illegible]

Final Total Fee Required 3171.00
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

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

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

2/28/02 - Ta [illegible]
3/7/02 [illegible]

_____
Office of Affordable Housing

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

JEWEL CONTRACTING COMPANY, INC.
OPERATING ACCOUNT
1599 HAMBURG TURNPIKE
GROUND FLOOR
WAYNE, NJ 07470

326

GREAT FALLS BANK
100 FURLER ST.
TOTOWA, NEW JERSEY
55-656/212

6108
006108

PAY *ONE THOUSAND FIVE HUNDRED EIGHTY-FIVE AND XX / 100

DATE 03/07/2002

AMOUNT *****1,585.00*

TO THE ORDER OF TOWNSHIP OF BRICK

TOWNBR

AUTHORIZED SIGNATURE

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

006108 "006108" :021206566: "5110316 8"

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Christian Fine Home Furnishings

Owner/Applicant: Jewel Contracting

Property Address: 51 Chambers Bridge Rd

Block: 1072 Lot: 8

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 3/8/02

Check Number 6108

Preliminary Fee Paid 1585.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

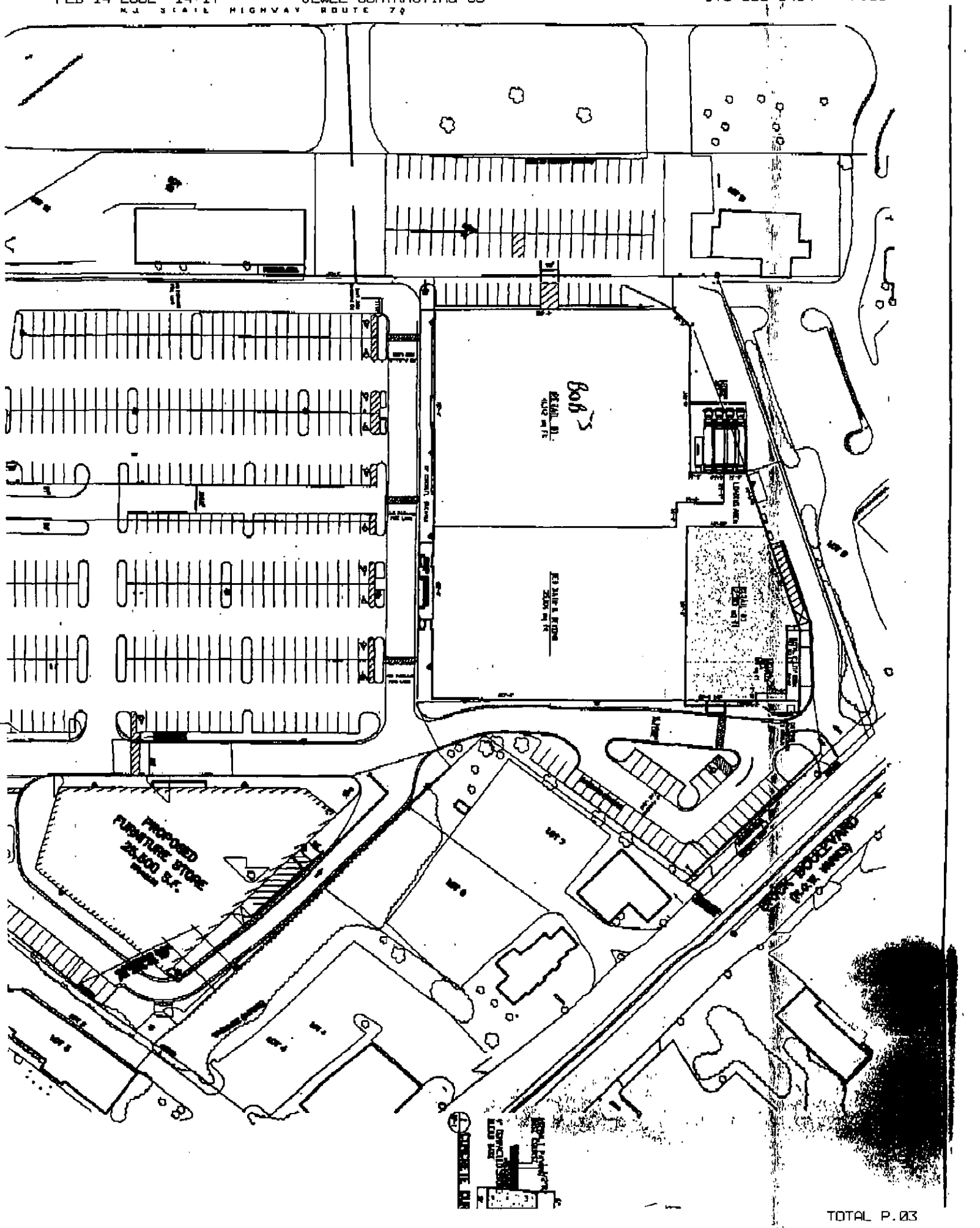
Received in Treasurer's Office by:

Signature

3/8/02
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL


N.J. STATE HIGHWAY ROUTE 79
Bob's
PROPOSED FURNITURE STORE 25,500 S.F. ±
HOOK BOULEVARD

JEWEL
CONTRACTING COMPANY, INC.
1599 HAMBURG TURNPIKE • WAYNE, NJ 07470
PHONE: (973) 633-7911
FAX: (973) 633-1434

February 14, 2002

Township Of Brick
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, New Jersey 08723
Attention: Sean Kinnevy

RE: Zoning Application
Block 672 Lot 8 & 12

Dear Sean:

Attached is my revised application for the referenced site. Please let me know as soon as possible if there is any additional information you may need. I am sending original full site plans via mail.

In addition, I noticed that the address on my original application was changes to Brick Boulevard, the existing tenant Bed Bath & Beyond has a mailing address of 51 Chambus Bridge Road. Therefore, since I am in the same building I assumed the address is the same. I apologize if this is incorrect, and will be happy to update the address if necessary.

Very truly yours,

James Kelly
President
JK/cs
Enclosure*
Via Fax Hard Copy to Follow

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 5-22-02

NAME SHL Brick LLC

ADDRESS 525 River Rd Edgewater, NJ 07020

PROPERTY LOCATION 51 Chambersbridge Rd.

Account No. V084546 Block 672 Lot 8

I hereby 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 Carol Hunsel

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

OK 2/22/2 SK

Recvd 2/22/2

February 7, 2002

Jim Kelly
Christian Home Furnishings, Inc.
1599 Hamburg Turnpike
Wayne, NJ 07470

RE: Block 672, Lot 8 & 12
Brick Boulevard
Zoning permit application

Dear Mr. Kelly:

Your zoning permit application is incomplete and inaccurate. In order to review for compliance with the Township Code a complete and accurate zoning permit application must be submitted to the Division of Inspections.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel F. Newman, Jr., Construction Official

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 7/5/01

NAME Starwood Heller

ADDRESS 525 River Rd. Edgewater, NJ 07020

PROPERTY LOCATION 51 Chambersbridge Rd. Seamans

Account No. J975223 Block 672 Lot 8
J975316

I hereby 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 Carol Gundel

SUBMITTAL SERIAL NO:2162HY2 02-24-2002 PAGE 1
RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

FLOW TEST RESULTS

Water Supply
STATIC 59.00 PSI
RESIDUAL 31.00 PSI @ 787.00 GPM

CITY PRESSURE AVAILABLE AT 668.7 GPM 38.29 PSI

SUMMARY OF SPRINKLER OUTFLOWS

SPR	ACTUAL FLOW	MINIMUM FLOW	K-FACTOR	PRESSURE
207	24.07	24.00	5.60	18.48
208	24.12	24.00	5.60	18.54
209	24.27	24.00	5.60	18.78
210	24.59	24.00	5.60	19.29
212	25.15	24.00	5.60	20.17
213	24.00	24.00	5.60	18.37
214	24.04	24.00	5.60	18.43
215	24.20	24.00	5.60	18.67
216	24.52	24.00	5.60	19.17
218	25.07	24.00	5.60	20.05
219	24.57	24.00	5.60	19.24
220	24.59	24.00	5.60	19.29
221	24.75	24.00	5.60	19.54
223	25.06	24.00	5.60	20.03
203	25.15	24.00	5.60	20.17
204	25.20	24.00	5.60	20.24
206	25.32	24.00	5.60	20.44

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

TOTAL WATER REQUIRED FOR SYSTEM	418.67 GPM
OUTSIDE HOSE STREAMS AT 0	250.00 GPM
TOTAL WATER REQUIREMENT	668.67 GPM
PRESSURE REQUIRED AT 0	34.31 PSI
MAXIMUM PRESSURE UNBALANCE IN LOOPS	0.00 PSI
MAXIMUM VELOCITY FROM 4 TO 205	9.42 FPS

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

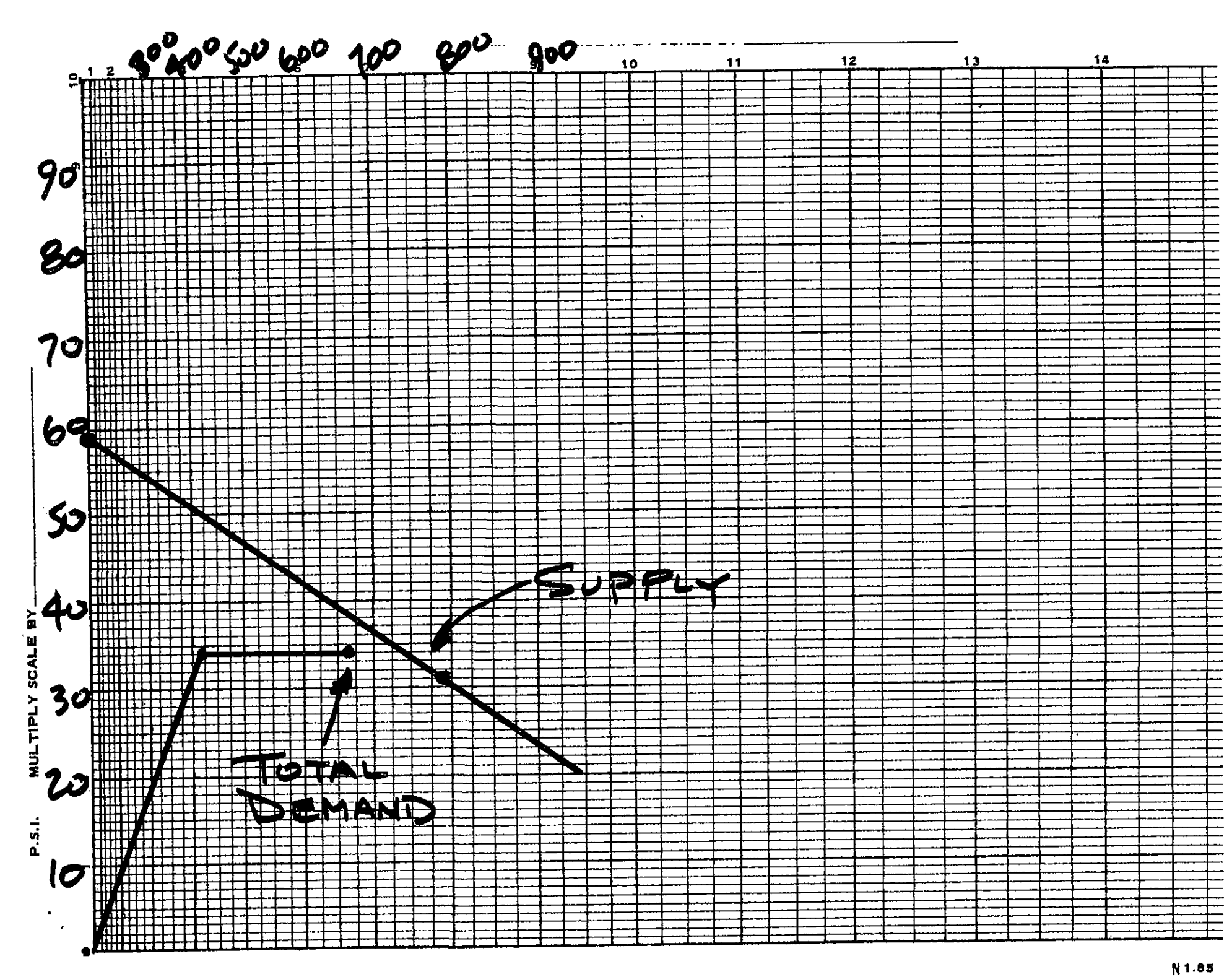
Location From To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
214 213			2.157		L	12.00	C=120	PT	18.37	(213)
	Q	24.00		F=0	F	0.00		PE	0.00	
			BN2		T	12.00	0.0054	PF	0.06	
215 214DQ		24.04	2.157		L	12.00	C=120	PT	18.43	(214)
	Q	48.04		F=0	F	0.00		PE	0.00	
			BN2		T	12.00	0.0197	PF	0.24	
216 215DQ		24.20	2.157		L	12.00	C=120	PT	18.67	(215)
	Q	72.24		F=0	F	0.00		PE	0.00	
			BN2		T	12.00	0.0418	PF	0.50	
217 216DQ		24.52	2.157		L	5.00	C=120	PT	19.17	(216)
	Q	96.76		F=T	F	8.50		PE	0.00	
			BN2		T	13.50	0.0718	PF	0.97	
								PT	20.14	(217)
---										
222 223			2.157		L	7.00	C=120	PT	20.03	(223)
	Q	25.06		F=T	F	8.50		PE	0.00	
			BN1		T	15.50	0.0059	PF	0.09	
								PT	20.12	(222)
---										
220 219			2.157		L	8.00	C=120	PT	19.24	(219)
	Q	24.57		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0057	PF	0.05	
221 220DQ		24.59	2.157		L	12.00	C=120	PT	19.29	(220)
	Q	49.16		F=0	F	0.00		PE	0.00	
			BN1		T	12.00	0.0205	PF	0.25	
222 221DQ		24.75	2.157		L	5.00	C=120	PT	19.54	(221)
	Q	73.91		F=T	F	8.50		PE	0.00	
			BN1		T	13.50	0.0436	PF	0.59	
217 222DQ		25.06	4.260		L	6.00	C=120	PT	20.13	(222)
	Q	98.98		F=0	F	0.00		PE	0.00	
			NC1		T	6.00	0.0027	PF	0.02	
								PT	20.15	(217)
---										
217 218			2.157		L	7.00	C=120	PT	20.05	(218)
	Q	25.07		F=T	F	8.50		PE	0.00	
			BN2		T	15.50	0.0059	PF	0.09	

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From To	Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft	Pressure Summary PSI		
211 217DQ	195.74	4.260		L	10.00	C=120	PT	20.14	(217)
Q	220.81		F=0	F	0.00		PE	0.00	
		NC1		T	10.00	0.0120	PF	0.12	
							PT	20.26	(211)
211 212		2.157		L	7.00	C=120	PT	20.17	(212)
Q	25.15		F=T	F	8.50		PE	0.00	
		BN2		T	15.50	0.0059	PF	0.09	
							PT	20.26	(211)
208 207		2.157		L	12.00	C=120	PT	18.48	(207)
Q	24.07		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0055	PF	0.07	
209 208DQ	24.12	2.157		L	12.00	C=120	PT	18.55	(208)
Q	48.19		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0198	PF	0.24	
210 209DQ	24.27	2.157		L	12.00	C=120	PT	18.79	(209)
Q	72.46		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0421	PF	0.51	
211 210DQ	24.59	2.157		L	5.00	C=120	PT	19.30	(210)
Q	97.05		F=T	F	8.50		PE	0.00	
		BN2		T	13.50	0.0722	PF	0.97	
205 211DQ	245.96	4.260		L	10.00	C=120	PT	20.27	(211)
Q	343.01		F=0	F	0.00		PE	0.00	
		NC1		T	10.00	0.0271	PF	0.27	
							PT	20.54	(205)
205 206		2.157		L	7.00	C=120	PT	20.44	(206)
Q	25.32		F=T	F	8.50		PE	0.00	
		BN2		T	15.50	0.0060	PF	0.09	
							PT	20.53	(205)
204 203		2.157		L	12.00	C=120	PT	20.17	(203)
Q	25.15		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0059	PF	0.07	

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From	To	Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
205	204DQ	25.20	2.157		L	5.00	C=120	PT	20.24	(204)
	Q	50.35		F=T	F	8.50		PE	0.00	
			BN2		T	13.50	0.0215	PF	0.29	
4	205DQ	368.33	4.260		L	93.00	C=120	PT	20.53	(205)
	Q	418.67		F=T	F	16.00		PE	0.00	
			FM3		T	109.00	0.0393	PF	4.28	
3	4		6.357		L	50.00	C=120	PT	24.81	(4)
	Q	418.67		F=2T	F	50.00		PE	-2.17	
			FM2		T	100.00	0.0056	PF	0.56	
2	3		6.357		L	48.00	C=120	PT	23.20	(3)
	Q	418.67		F=2E	F	20.00		PE	0.00	
			FM1		T	68.00	0.0056	PF	0.38	
1	2		6.065		L	18.00	C=120	PT	23.58	(2)
	Q	418.67		F=DCA,CV,T	F	62.00		PE	7.80	
			FR		T	80.00	0.0070	PF	0.56	
		6" Ames Mod. 2000ss - Double Check Valve Assembly							1.92	
0	1		6.340		L	50.00	C=140	PT	33.86	(1)
	Q	418.67		F=E,GV,T	F	56.00		PE	0.00	
			UN		T	106.00	0.0043	PF	0.46	
								PT	34.32	(0)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SUPPLY
TOTAL DEMAND
P.S.I. MULTIPLY SCALE BY
N1.85

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.goshost.com/brick
http://www.twp.brick.nj.us

COMMERCIAL

Date: 1/22/02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 672 Lot: 8 + 12

Property Address: ~~Chambers Bridge Road~~ Brick Blvd Rear of Bed Bath + Beyond + Bob's Store

I, JFM Kelly / Agent Stanwood Heller of 525 River Rd, Edgewater NJ
(name) (address)

Request to be exempted from the plot plan requirement for an addition 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 survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: 2/28/02 Signed:

Rejected: Signed:

Comments: Interior Only

National Electrical Code
Plan Review Record
Township of Brick

Date: 3 20 02

Site Address: ? Ethen Brick Blvd or Behind Bed Bath & Beyond ??? Wawa

Reviewed By:

CORRECTION LIST

No.	Description
1	Load Calculation on board
2	~~[redacted]~~ address ??
3	any other work alarm ? Sound etc...
4	with method

[signature]

03-25-02

-609-

Party Called and Phone #: Jim Kelly - 633 - 7911

Resubmitted on: _____ **By:** _____

National Electrical Code
Plan Review Record
Township of Brick

Date: 3-2702

Site Address: ?

Reviewed By: VM

CORRECTION LIST

No. Description

1) all Calculation Must Be from ~~Eng~~ PE. Not Contractor cannot be faxed

Rest of Items not addressed

Party Called and Phone #:

Resubmitted on: By:

JEWEL
CONTRACTING COMPANY, INC.
1599 HAMBURG TURNPIKE • WAYNE, NJ 07470
PHONE: (973) 633-7911
FAX: (973) 633-1434

March 28, 2002

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723
Attention: Building Department

RE: Christian Fine Home Furnishing
Control # C5-72
Block 672 Lot 8
51 Chambers Bridge Road

Gentlemen:

As per your request, enclosed are the following:

1. (3) HVAC distribution plans
2. (3) revised T-1 drawings with correct site address

In addition, we have previously submitted the following changes per your request.

1. Electrical loads and wiring methods
2. Fire alarm schematic and floor locations
3. Merchandise layout
4. Travel distance
5. Revised storage room layout. Restrooms are now accessible to all.
6. Rear exit is now outside storage room.

Please let me know if any other information is needed.

Very truly yours,

James Kelly
President
JK/cs
Enclosure Plans

JEWEL CONTRACTING CO, INC.
1599 HAMBURG TURNPIKE
GROUND FLOOR
WAYNE, NEW JERSEY 07470
973-633-7911
973-633-1434 FAX

To: ALLISON Fax: 732-262-8954

From: SCOTT Date: 3/25/02

Re: CONTROL # C5-72 Pages: 2

CALL ME WITH ANY QUESTIONS

SCOTT (973) 417-5882

Amptek Electrical Contractors L.L.C.
NJ License # 10721

84 Ethel Avenue
Hawthorne, NJ 07506
Phone # (973) 427-9100
Fax # (973) 427-6965

MARCH 21, 2002

JIM KELLY
JEWEL CONTRACTING

RE: CHRISTIAN FURNISHINGS, ELECTRIC SERVICE
BRICK, NJ

DEAR JIM,

IN RESPONSE TO YOUR REQUEST OF LOAD CALCULATION IS AS FOLLOWS:

1.) EXISTING SERVICE: 400 AMP, 3 PHASE, 277/480 V.A.C.
EXISTING TRANSFORMER: 75 KVA STEP DOWN
EXISTING SERVICE: 200 AMP, 3 PHASE, 120/208 V.A.C.

THESE EXISTING SERVICES AND PANELS ARE FAIRLY NEW AND ARE SERVING NO EXISTING LOADS, HOWEVER, OUR NEW LOADS ARE:

HVAC	95.6 AMP	480 V.A.C.
LIGHTING	60 AMP	277 V.A.C.
CONVENIENCE	30 AMP	120/208 V.A.C.

2.) ALARMS HAVE NOT BEEN CONTRACTED WITH US. ON DWGS

3.) WE WILL BE USING BX CABLE FOR STANDARD BRANCH WIRING.

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE FEEL FREE TO CONTACT ME AT ANYTIME.

SINCERELY,

ERIC EBELING
PRESIDENT

SENT VIA FAX

H&H Engineering
CONSULTING ENGINEERS

828 Pascack Road
Paramus,
New Jersey 07652
Tel: (201) 265-8719
Fax: (201) 265-6844

April 1, 2002

Electric Code Official
Brick Township, NJ

Re: **Christian Furnishings**
Chambers Bridge Road, Rt. 70
Brick Township, NJ

Dear Sir:

In response to your request, the electric service & load of the referenced building are:

a. Building size: 16,000 S.F.
Existing electrical service: 400A, 277/480V,3ϕ, 4W and
(1) 75 KVA step-down transformer with a 200A/3ϕ, 120/208V,4W panel.

b. Connected electrical load:

Lighting (277V):	16 KW
HVAC (480V/3ϕ):	62 KW
Receptacles:	10 KW
Total connected load:	88 KW

c. Wiring method: MC Cable

Please call if further details are required.

Very truly yours,

Louis L. Hegyi, P.E.

Cc: Amptek Electric, Eric Ebeling

l/rzaccone/christian furnishings electric response

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 3-11-02

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 51 BRUCE BLVD. Christian Furniture Store
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY KLR

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1-	No mechandise layover no aisle layout.	✓
2	~~No extinguishers~~	✓
3	No fire alarm	✓
4	No HVAC units - no SD shutdown	✓
5	Travel distance	✓
	* Called Kathy Michels 3/11/02 5:10	
	he will send info.	

SUBMITTAL SERIAL NO:2162HY2 02-24-2002 PAGE 1
RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

FLOW TEST RESULTS

Water Supply
STATIC 59.00 PSI
RESIDUAL 31.00 PSI @ 787.00 GPM

CITY PRESSURE AVAILABLE AT 668.7 GPM 38.29 PSI

SUMMARY OF SPRINKLER OUTFLOWS

SPR	ACTUAL FLOW	MINIMUM FLOW	K-FACTOR	PRESSURE
207	24.07	24.00	5.60	18.48
208	24.12	24.00	5.60	18.54
209	24.27	24.00	5.60	18.78
210	24.59	24.00	5.60	19.29
212	25.15	24.00	5.60	20.17
213	24.00	24.00	5.60	18.37
214	24.04	24.00	5.60	18.43
215	24.20	24.00	5.60	18.67
216	24.52	24.00	5.60	19.17
218	25.07	24.00	5.60	20.05
219	24.57	24.00	5.60	19.24
220	24.59	24.00	5.60	19.29
221	24.75	24.00	5.60	19.54
223	25.06	24.00	5.60	20.03
203	25.15	24.00	5.60	20.17
204	25.20	24.00	5.60	20.24
206	25.32	24.00	5.60	20.44

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N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

TOTAL WATER REQUIRED FOR SYSTEM	418.67 GPM
OUTSIDE HOSE STREAMS AT 0	250.00 GPM
TOTAL WATER REQUIREMENT	668.67 GPM
PRESSURE REQUIRED AT 0	34.31 PSI
MAXIMUM PRESSURE UNBALANCE IN LOOPS	0.00 PSI
MAXIMUM VELOCITY FROM 4 TO 205	9.42 FPS

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N.J. LICENSE #21248
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DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From To		Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
214 213			2.157		L	12.00	C=120	PT	18.37	(213)
	Q	24.00		F=0	F	0.00		PE	0.00	
			BN2		T	12.00	0.0054	PF	0.06	
215 214DQ		24.04	2.157		L	12.00	C=120	PT	18.43	(214)
	Q	48.04		F=0	F	0.00		PE	0.00	
			BN2		T	12.00	0.0197	PF	0.24	
216 215DQ		24.20	2.157		L	12.00	C=120	PT	18.67	(215)
	Q	72.24		F=0	F	0.00		PE	0.00	
			BN2		T	12.00	0.0418	PF	0.50	
217 216DQ		24.52	2.157		L	5.00	C=120	PT	19.17	(216)
	Q	96.76		F=T	F	8.50		PE	0.00	
			BN2		T	13.50	0.0718	PF	0.97	
								PT	20.14	(217)
---										
222 223			2.157		L	7.00	C=120	PT	20.03	(223)
	Q	25.06		F=T	F	8.50		PE	0.00	
			BN1		T	15.50	0.0059	PF	0.09	
								PT	20.12	(222)
---										
220 219			2.157		L	8.00	C=120	PT	19.24	(219)
	Q	24.57		F=0	F	0.00		PE	0.00	
			BN1		T	8.00	0.0057	PF	0.05	
221 220DQ		24.59	2.157		L	12.00	C=120	PT	19.29	(220)
	Q	49.16		F=0	F	0.00		PE	0.00	
			BN1		T	12.00	0.0205	PF	0.25	
222 221DQ		24.75	2.157		L	5.00	C=120	PT	19.54	(221)
	Q	73.91		F=T	F	8.50		PE	0.00	
			BN1		T	13.50	0.0436	PF	0.59	
217 222DQ		25.06	4.260		L	6.00	C=120	PT	20.13	(222)
	Q	98.98		F=0	F	0.00		PE	0.00	
			NC1		T	6.00	0.0027	PF	0.02	
								PT	20.15	(217)
---										
217 218			2.157		L	7.00	C=120	PT	20.05	(218)
	Q	25.07		F=T	F	8.50		PE	0.00	
			BN2		T	15.50	0.0059	PF	0.09	

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RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From To	Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
211 217DQ	195.74	4.260		L	10.00	C=120	PT	20.14	(217)
Q	220.81		F=0	F	0.00		PE	0.00	
		NC1		T	10.00	0.0120	PF	0.12	
							PT	20.26	(211)
211 212		2.157		L	7.00	C=120	PT	20.17	(212)
Q	25.15		F=T	F	8.50		PE	0.00	
		BN2		T	15.50	0.0059	PF	0.09	
							PT	20.26	(211)
208 207		2.157		L	12.00	C=120	PT	18.48	(207)
Q	24.07		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0055	PF	0.07	
209 208DQ	24.12	2.157		L	12.00	C=120	PT	18.55	(208)
Q	48.19		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0198	PF	0.24	
210 209DQ	24.27	2.157		L	12.00	C=120	PT	18.79	(209)
Q	72.46		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0421	PF	0.51	
211 210DQ	24.59	2.157		L	5.00	C=120	PT	19.30	(210)
Q	97.05		F=T	F	8.50		PE	0.00	
		BN2		T	13.50	0.0722	PF	0.97	
205 211DQ	245.96	4.260		L	10.00	C=120	PT	20.27	(211)
Q	343.01		F=0	F	0.00		PE	0.00	
		NC1		T	10.00	0.0271	PF	0.27	
							PT	20.54	(205)
205 206		2.157		L	7.00	C=120	PT	20.44	(206)
Q	25.32		F=T	F	8.50		PE	0.00	
		BN2		T	15.50	0.0060	PF	0.09	
							PT	20.53	(205)
204 203		2.157		L	12.00	C=120	PT	20.17	(203)
Q	25.15		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0059	PF	0.07	

RETAIL #3
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RIVER VALE, N.J.
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N.J. LICENSE #21248
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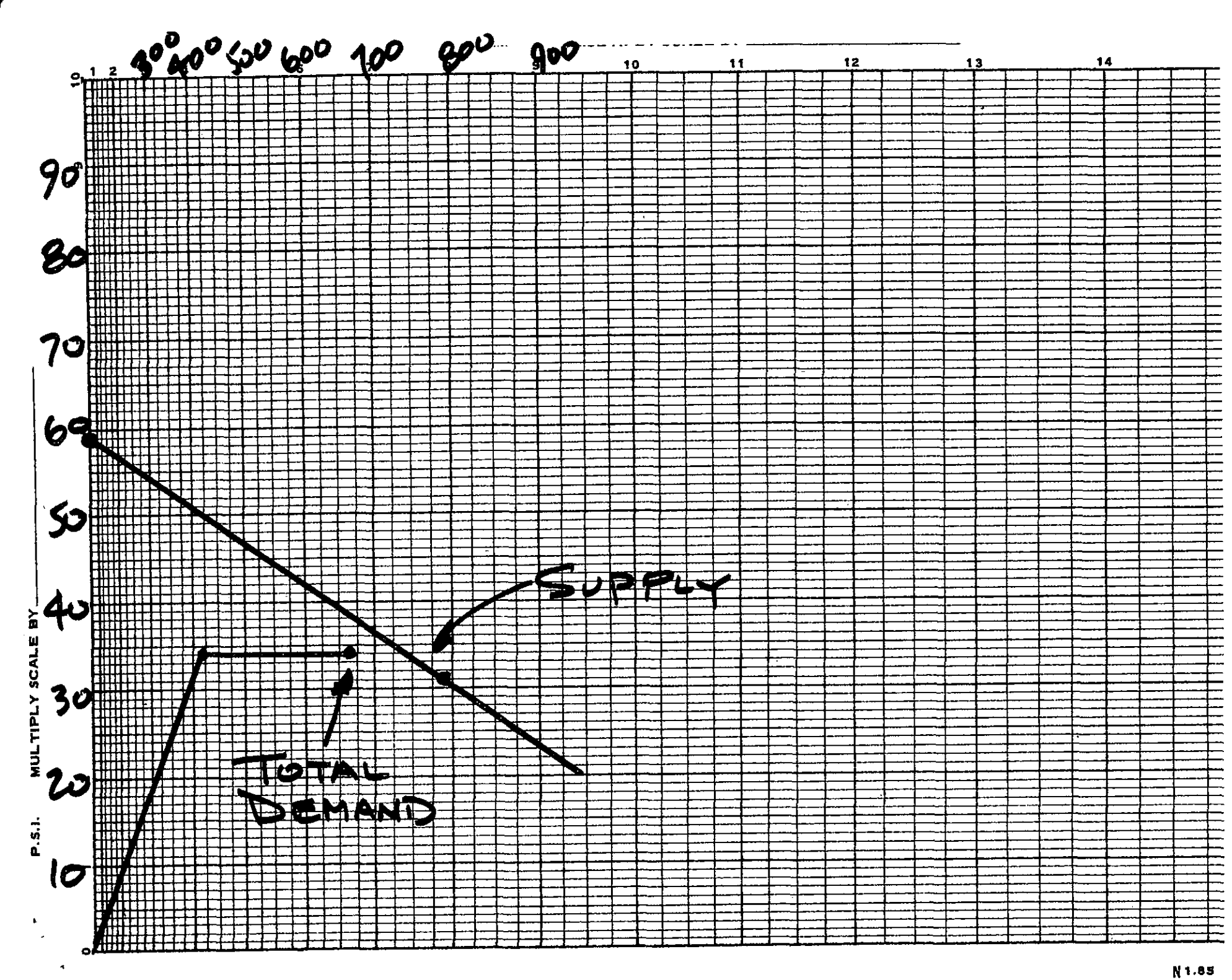
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From	To	Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
205	204DQ	25.20	2.157		L	5.00	C=120	PT	20.24	(204)
	Q	50.35		F=T	F	8.50		PE	0.00	
			BN2		T	13.50	0.0215	PF	0.29	
4	205DQ	368.33	4.260		L	93.00	C=120	PT	20.53	(205)
	Q	418.67		F=T	F	16.00		PE	0.00	
			FM3		T	109.00	0.0393	PF	4.28	
3	4		6.357		L	50.00	C=120	PT	24.81	(4)
	Q	418.67		F=2T	F	50.00		PE	-2.17	
			FM2		T	100.00	0.0056	PF	0.56	
2	3		6.357		L	48.00	C=120	PT	23.20	(3)
	Q	418.67		F=2E	F	20.00		PE	0.00	
			FM1		T	68.00	0.0056	PF	0.38	
1	2		6.065		L	18.00	C=120	PT	23.58	(2)
	Q	418.67		F=DCA,CV,T	F	62.00		PE	7.80	
			FR		T	80.00	0.0070	PF	0.56	
		6" Ames Mod. 2000ss - Double Check Valve Assembly							1.92	
0	1		6.340		L	50.00	C=140	PT	33.86	(1)
	Q	418.67		F=E,GV,T	F	56.00		PE	0.00	
			UN		T	106.00	0.0043	PF	0.46	
								PT	34.32	(0)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SUPPLY
TOTAL DEMAND
P.S.I. MULTIPLY SCALE BY
N 1.85

Plumbing Subcode
Plan Review Record
Township of Brick

RESUBMIT
DATE 4/4/03

Date: 4-2-02

Site Address: Brick Blvd.

Reviewed By: DN

CORRECTION LIST

No.	Description
(1)	NO DRINKING WATER
(2)	NO slop sink
(3)	provide H.C. details →
(4)	~~ADA Restrooms Accessible Route~~ should not be ~~through [illegible] storage~~ area Fixed
(5)	Trap primers ?
(6)	

Party Called and Phone #: Called J. Kelly Left Message

Resubmitted on: _____ **By:** _____

JEWEL
CONTRACTING COMPANY, INC.
1599 HAMBURG TURNPIKE • WAYNE, NJ 07470
PHONE: (973) 633-7911
FAX: (973) 633-1434

April 4, 2002

Township Of Brick
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, New Jersey 08723
Attention: Construction Official

RE: Christian Fine Home Furnishings (Retail-3)
51 Chambers Bridge Road
Brick, New Jersey
Control # C5-72

Dear Dan:

Enclosed are revised drawings showing the following:

1. Floor drains
2. Slop sink
3. Riser diagram (pipe sizes)
4. Handicap details

In addition, confirming our conversation the tenant is proving bottled water in lieu of a drinking fountain. Finally, I have instructed my plumbing contractor that in addition to deep seal traps, he is to install trap primers on the floor drains.

Thank you for your cooperation.
Please call me if you require anything further.

Very truly yours,

James Kelly
President
JK/cs
Enclosure*

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Christian Fire Fur DATE 4-26-02

PROPERTY ADDRESS _____ BLOCK 622 LOT 8

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			
3:~~WATER~~ CLOSETS	3	7.5	
4:LAVATORY	4	4	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK	1	3	
9:LAUNDRY TRAY	1		
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL	1	4	
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE	1		
18:FIRE SPRINKLE			
19:HOSE BIBS			

TOTAL 18.5

GALLONS PER MINUTE 13

SIZE OF SERVICE 1"

DATE: 4-26-02 APPROVED: Daniel F. Fire

SUBMITTAL SERIAL NO:2162HY2 02-24-2002 PAGE 1
RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

FLOW TEST RESULTS

Water Supply
STATIC 59.00 PSI
RESIDUAL 31.00 PSI @ 787.00 GPM

CITY PRESSURE AVAILABLE AT 668.7 GPM 38.29 PSI

SUMMARY OF SPRINKLER OUTFLOWS

SPR	ACTUAL FLOW	MINIMUM FLOW	K-FACTOR	PRESSURE
207	24.07	24.00	5.60	18.48
208	24.12	24.00	5.60	18.54
209	24.27	24.00	5.60	18.78
210	24.59	24.00	5.60	19.29
212	25.15	24.00	5.60	20.17
213	24.00	24.00	5.60	18.37
214	24.04	24.00	5.60	18.43
215	24.20	24.00	5.60	18.67
216	24.52	24.00	5.60	19.17
218	25.07	24.00	5.60	20.05
219	24.57	24.00	5.60	19.24
220	24.59	24.00	5.60	19.29
221	24.75	24.00	5.60	19.54
223	25.06	24.00	5.60	20.03
203	25.15	24.00	5.60	20.17
204	25.20	24.00	5.60	20.24
206	25.32	24.00	5.60	20.44

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

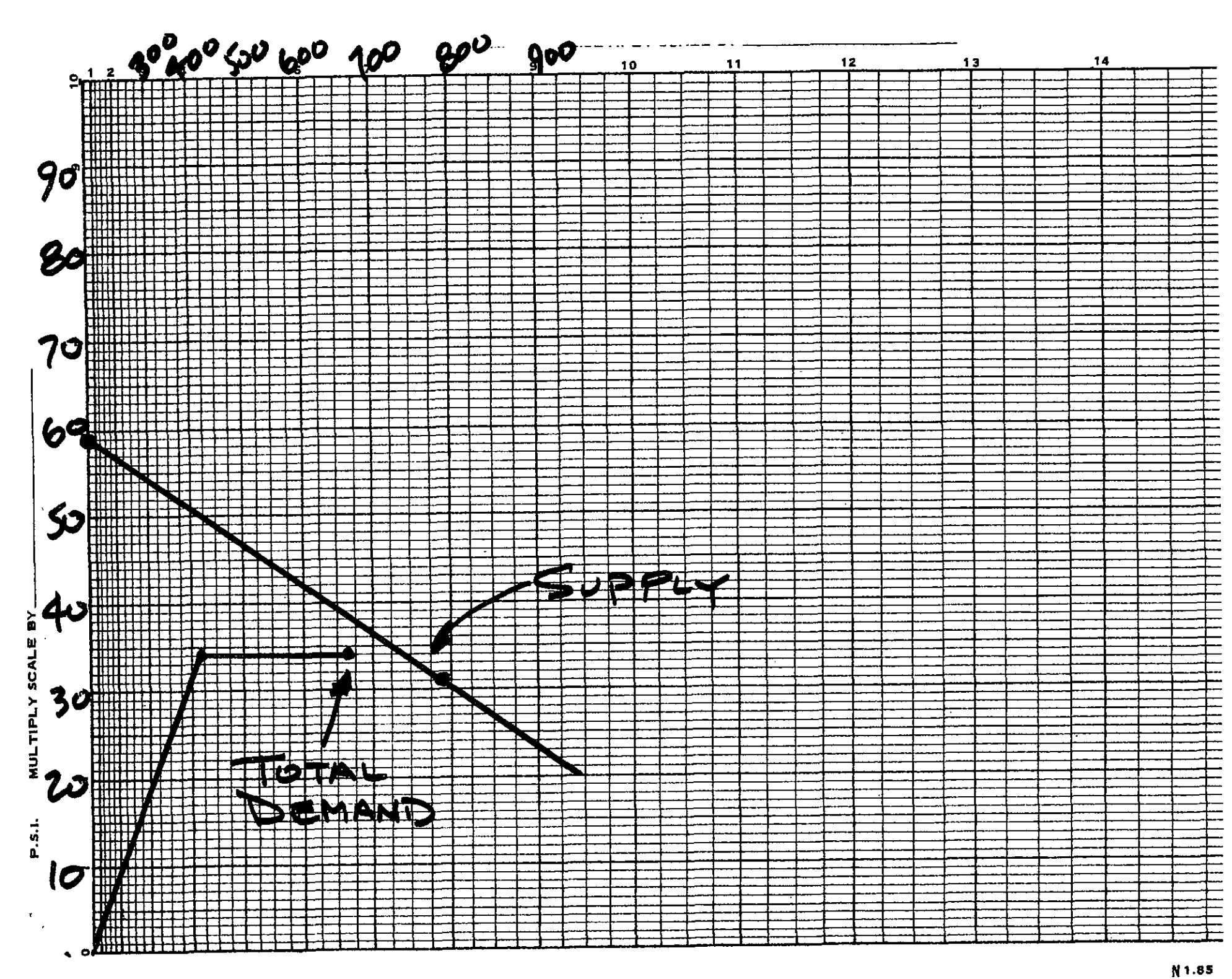
TOTAL WATER REQUIRED FOR SYSTEM	418.67 GPM
OUTSIDE HOSE STREAMS AT 0	250.00 GPM
TOTAL WATER REQUIREMENT	668.67 GPM
PRESSURE REQUIRED AT 0	34.31 PSI
MAXIMUM PRESSURE UNBALANCE IN LOOPS	0.00 PSI
MAXIMUM VELOCITY FROM 4 TO 205	9.42 FPS

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From To	Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
214 213		2.157		L	12.00	C=120	PT	18.37	(213)
Q	24.00		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0054	PF	0.06	
215 214DQ	24.04	2.157		L	12.00	C=120	PT	18.43	(214)
Q	48.04		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0197	PF	0.24	
216 215DQ	24.20	2.157		L	12.00	C=120	PT	18.67	(215)
Q	72.24		F=0	F	0.00		PE	0.00	
		BN2		T	12.00	0.0418	PF	0.50	
217 216DQ	24.52	2.157		L	5.00	C=120	PT	19.17	(216)
Q	96.76		F=T	F	8.50		PE	0.00	
		BN2		T	13.50	0.0718	PF	0.97	
							PT	20.14	(217)
---									
222 223		2.157		L	7.00	C=120	PT	20.03	(223)
Q	25.06		F=T	F	8.50		PE	0.00	
		BN1		T	15.50	0.0059	PF	0.09	
							PT	20.12	(222)
---									
220 219		2.157		L	8.00	C=120	PT	19.24	(219)
Q	24.57		F=0	F	0.00		PE	0.00	
		BN1		T	8.00	0.0057	PF	0.05	
221 220DQ	24.59	2.157		L	12.00	C=120	PT	19.29	(220)
Q	49.16		F=0	F	0.00		PE	0.00	
		BN1		T	12.00	0.0205	PF	0.25	
222 221DQ	24.75	2.157		L	5.00	C=120	PT	19.54	(221)
Q	73.91		F=T	F	8.50		PE	0.00	
		BN1		T	13.50	0.0436	PF	0.59	
217 222DQ	25.06	4.260		L	6.00	C=120	PT	20.13	(222)
Q	98.98		F=0	F	0.00		PE	0.00	
		NC1		T	6.00	0.0027	PF	0.02	
							PT	20.15	(217)
---									
217 218		2.157		L	7.00	C=120	PT	20.05	(218)
Q	25.07		F=T	F	8.50		PE	0.00	
		BN2		T	15.50	0.0059	PF	0.09	

RETAIL #3
BRICK, N.J.
DEHN BROTHERS FIRE PROTECTION, INC.
RIVER VALE, N.J.
NICHOLAS G. ROSANIA III, P.E.
N.J. LICENSE #21248
ORDINARY HAZARD GROUP 2 OCCUPANCY
DENSITY = 0.20 GPM / SQ FT OVER 1500 SQ FT

Location From	To	Flow in GPM	Pipe Size IN	Fittings & Devices		Equiv Length Ft	Friction Loss PSI/Ft		Pressure Summary PSI	
205	204DQ	25.20	2.157		L	5.00	C=120	PT	20.24	(204)
	Q	50.35		F=T	F	8.50		PE	0.00	
			BN2		T	13.50	0.0215	PF	0.29	
4	205DQ	368.33	4.260		L	93.00	C=120	PT	20.53	(205)
	Q	418.67		F=T	F	16.00		PE	0.00	
			FM3		T	109.00	0.0393	PF	4.28	
3	4		6.357		L	50.00	C=120	PT	24.81	(4)
	Q	418.67		F=2T	F	50.00		PE	-2.17	
			FM2		T	100.00	0.0056	PF	0.56	
2	3		6.357		L	48.00	C=120	PT	23.20	(3)
	Q	418.67		F=2E	F	20.00		PE	0.00	
			FM1		T	68.00	0.0056	PF	0.38	
1	2		6.065		L	18.00	C=120	PT	23.58	(2)
	Q	418.67		F=DCA,CV,T	F	62.00		PE	7.80	
			FR		T	80.00	0.0070	PF	0.56	
		6" Ames Mod. 2000ss - Double Check Valve Assembly							1.92	
0	1		6.340		L	50.00	C=140	PT	33.86	(1)
	Q	418.67		F=E,GV,T	F	56.00		PE	0.00	
			UN		T	106.00	0.0043	PF	0.46	
								PT	34.32	(0)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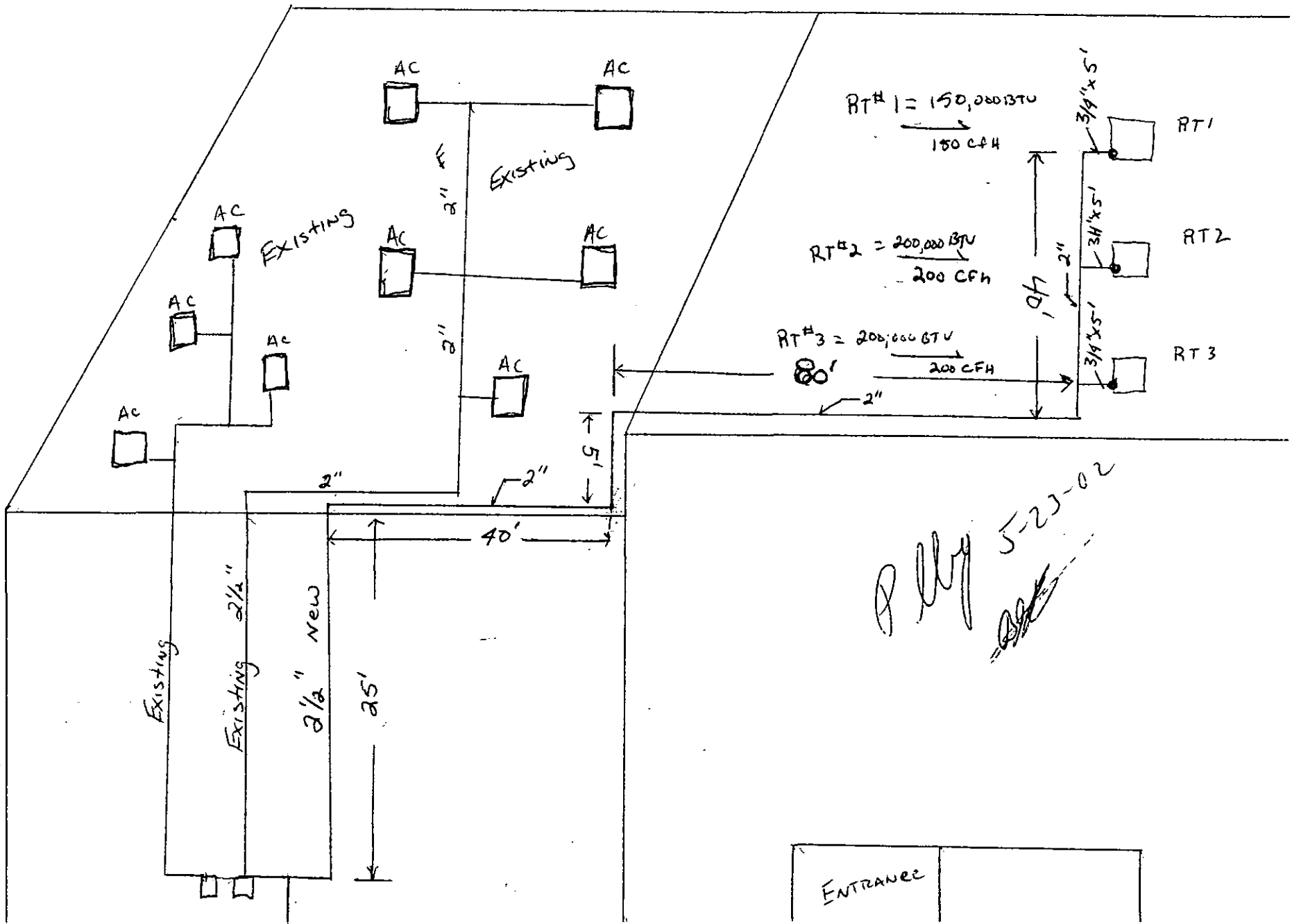
20
10
0
SUPPLY
TOTAL DEMAND
P.S.I. MULTIPLY SCALE BY
N 1.85

Roof Top Plan

TOTAL BTU

550,000 BTU

TOTAL Lenght 185'



5-23-02

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 672 LOT 8 SITE ADDRESS 51 Chambers Bridge Rd.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Christian Tent Hire Business
APPLICANT Jim Kelly PHONE NUMBER 973-633-7911
APPLICANT ADDRESS 1599 Hamburg Tpk. CITY & STATE Wayne, NJ. 07470

INCLUSIONARY DEVELOPMENT

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

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 317,000

Frederick R. Millman, CTA, Tax Assessor — Date 3/5/02

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 317,000

Frederick R. Millman, CTA, Tax Assessor — Date 5/22/02

Prelininary Fee Required	1585.00	Date	3/8/02
Preliminary Paid	1585.00	Check #	6108
		Receipt #	13216
Final Total Fee Required	3170.00		
Preliminary Paid	1585.00	Date	5/29/02
Final Paid	1585.00	Check#	534
Balance Due	-0-	Receipt #	1380

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

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

2/28/02 - Ta prelim.
3/7/02 - called + letter
5/2/02 Ta final
5/23/02 - called + letter

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

SHL BRICK, LLC
525 RIVER ROAD
P.O. BOX 609
EDGEWATER, N.J. 07020-0609

1380

VALLEY NATIONAL BANK
615 MAIN AVENUE
PASSAIC, N.J. 07055

55-138/212

534

**** ONE THOUSAND FIVE HUNDRED EIGHTY FIVE AND 00/100 DOLLARS

TO THE ORDER OF

05/23/02 $1,585.00***

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

MEMO: AFFORDABLE HOUSING

THIS DOCUMENT CONTAINS HEAT-SENSITIVE INK TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT

⑈000534⑈ ⑆021201383⑆ ⑈040681645⑈

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Christian Fair Home Furnishings

Owner/Applicant: SHL Brick, LLC

Property Address: 51 Chambers Bridge Rd.

Block: 672 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 5/24/02

Check Number 534

Preliminary Fee Paid

Final Fee Paid 1585.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

5/24/02
Date

OFFICE OF AFFORDABLE HOUSING

H&H Engineering
CONSULTING ENGINEERS

828 Pascack Road
Paramus,
New Jersey 07652
Tel: (201) 265-8719
Fax: (201) 265-6844

May 2, 2002

Electric Code Official
Brick Township, NJ

Re: **Christian Furnishings**
Chambers Bridge Road, Rt. 70
Brick Township, NJ

Dear Sir:

In response to your request, the electric service & load of the referenced building are:

a. Building size: 16,000 S.F.
Existing electrical service: 400A, 277/480V,3ϕ, 4W and
(1) 75 KVA step-down transformer with a 200A/3ϕ, 120/208V,4W panel.

b. Connected electrical load:

Lighting (120V):	32 KW
HVAC (480V/3ϕ):	62 KW
Receptacles:	10 KW
Total connected load:	104 KW

c. Wiring method: MC Cable

Please call if further details are required.

Very truly yours,

Louis L. Hegyi, P.E.

Cc: Amptek Electric, Eric Ebeling

l/rzaccone/christian furnishings electric response2

Furniture Store

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location...51 Chambers Bridge Block....672.....Lot....8....

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING	APPROVED 5:17:02	OK
PLUMBING	APPROVED 5:17:02	OK +A 5/17/02 +B 12/4/02
FIRE	APPROVED 5:30:02	OK
ELECTRIC	APPROVED 5:31:02	OK
ENGINEERING	APPROVED NA	
O.C.SOIL	APPROVED NA	
COMMERCIAL OCCUPANCY CARD		
C.C. FROM B.T.M.U.A.	OK 5:22:02	

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING..... PAID 5:23:02.....

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

2-19

update 02-1211 +B

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: Buck Blvd. (Christian Fine Farm)
Block: 672 Lot: 8
Owner's Name: SHL BRICK LLC
Owner's Mailing Address: 525 River Road
Edgewater, NJ 07020
Phone: (_____)_____

BUILDING

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

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

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item Quantity

Lighting Fixtures_____
Receptacles_____
Switches_____
Detectors_____
Light Poles_____
Motors w/ Fract. HP_____
Emergency & Exit Lights_____
Communication Points_____
Alarm Devices/FAC Panel_____
Total_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool_____
Electric Range_____KW
Oven/Surface Unit_____KW
Electric Water Heater_____KW
Electric Dryer_____KW
Dishwasher_____KW
Garbage Disposal_____HP
A/C Unit –Central Air_____KW
Space Heater/Air Handler_____KW
Baseboard Heating_____KW
Motors 1+ HP_____
Transformer/Generator_____KW
Light Stander_____AMP
Service_____AMP
Subpanel_____AMP
Motor Control Center_____AMP
Sign/Outline Light_____KW
Furnace_____
Steam Boiler_____
Other:

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: TEMP STAR AIR INC.
Address: PO BOX 474
OAK Ridge NJ 07438
Phone #: (973) 208-2677
Lis #:
Federal Emp # or SSN 22-3282961

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	185' For 3-Roof Top units
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work $4,000.00

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

Signature: Vincent J Nargiso

Please Print Name: VINCENT L. NARGISO

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

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

Signature:

Print Name:

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: Christian Fine Home Furnishing (Behind Bed Bath Beyond)

Block: 672 Lot: 8 + 12

Owner's Name: SHL BRICK LLC

Owner's Mailing Address: 525 River Road
Edgewater, NJ 07020

Phone: (201) 945-9555 Kevin Lukas

BUILDING

Contractor: Jewel Contracting

Address: 1599 Hamburg Tpke
Wayne NJ 07470

Phone#: 973-633-7911

Lis #

Federal Emp # or SSN 22-3305074

Technical Data

Description of Work:
Construction of new tenant interior 12,400 SF including loading platform

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____

No of Stories: 1

Height of Structure: 26 feet

Area of the largest floor:

Area of New Building:

Volume of Structure:

Total Land Disturbed:

Cost of Alteration: 90,000

Cost of New Building:

Total Cost of Building Work: 90,000

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

Signature:

Please Print Name JIM Kelly

ELECTRICAL

Contractor:

Address: AMPTEK ELECTRIC LLC
84 ETHEL AVENUE
HAWTHORNE NJ 07506

Phone#: 973-427-9100

Lis #: NJ LIC. 10721

Federal Emp # or SSN FED. ID 223749637

Technical Data

Item	Quantity
Lighting Fixtures	190
Receptacles	15
Switches	21
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	12
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	1 KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	Exist KW
Light Stander	AMP
Service	Exist AMP
Subpanel	Exist AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 25,000

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

Signature:

Please Print Name Eric Ebeling

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Countryside Plumbing + Heating
Address: 73 Prospect Ave
Hillsdale, NJ 07642
Phone #: 201 666-5690
Lis #: 5363
Federal Emp # or SSN 22-2159333

Fixtures	Quantity
Water Closets	3
Urinals/Bidets	1
Bath Tub	
Lavatory	4
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	3 Roof top units
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work 5,000

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

Signature:

Please Print Name: Lou Ragusso

CONTRACTOR'S SEAL

FIRE

Contractor: Dehn Bros Fire Protection
Address: 615 John ST
River Vale NJ 07675
Phone #: 201 782-5172
Lis #:
Federal Emp # or SSN 22-3436392
DWGS + Calculations being Prepared

Technical Data

Description of Work: Supply + Installation of (3) 10 ton Roof top units
Heating Type: X Gas ___Oil ___Electric ___Solar
Heating System is X New ___Existing
Location of Furnace/Boiler: Roof

Water Supply Source
Method of Valve Supervision Tamper + Flow
Local Alarm Supervision
Central Supervision: yes
Proprietary Supervision:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks ___capacity___fuel
LPG Storage Tanks ___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	120
Dry Sprinkler Heads	
Total	120
Smoke Detectors	3
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances 3 - Roof-top units

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work 45,000

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

Signature: Bill Dehn
Print Name: Bill Dehn

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

TOWNSHIP OF BRICK

Chambers Bridge Road — 672 — 9 + 12
Work Site Address — Block — Lot

SHL Brick LLC 525 River Road, Edgewater NJ 07020
Owner's Name, Address, Phone

Jewel Contracting Co Inc 1599 Hamburg Tpke Wayne NJ 07470
Contractor's Name, Address, Phone

Construction Retail
Describe type (Single-family home, etc.)

Demolition
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material mixed Debris
metal stud, Gypsum, Carpet, C/O Tile ect

Name, address and phone of party responsible for removal of debris: (973)
Jewel Contracting 1599 Hamburg Tpke Wayne NJ 633-7911

Size of dumpster: 30 CY

Destination of discarded debris: Waste Management (800) 348-6161

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Jim Kelly — Signature — Date 1/22/02
Printed/Typed Name

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant