BLOCK ~~671~~ 672 LOT ~~8~~ 12 QUALIFICATION CODE _____ ADDRESS (SITE) ~~781~~ 705 State Hwy Rt 70 PERMIT NO. 12.0261

CONSTRUCTION PERMIT APPLICATION

TGI Sheds
C12-000006

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~781~~ 705 State Hwy Rt 70 Brick N.J.
2. Name of Owner in Fee: Metz enterprises DAVE BANKUS
   Tel. (570) 262-4645 e-mail _____
   Address 2-Woodland Dr. (street) Dallas (municipality) PA, 18612 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: EDWARDS mechanical Tel. (732) 684-4188
   Address 63-Almond Dr e-mail _____
   Toms River. NJ. 08753
   License No. OR, if new home, Builder Reg. No. 11870 Exp. Date 6-13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (732) 255-6321
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun Brian EDWARDS
   Tel. (732) 684-4188 FAX: (732) 255-6321

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	40.-	
2. Electrical		120.-	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		21.-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	181.-	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		BOT	12/28/11						
☐ Electrical					1-5-12	JT			
☐ Plumbing					1-3-12	JJ			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

COMMERCIAL

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name Edwards mechanical Plumbing & Heating

Address 63 Almond Dr

Toms River NJ 08753

Telephone (732) 684-4188

Signature

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

01-09-12 Ready for pick-called contractor. ajp

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/28/2012
Control Number C-12-000006
Permit Number 12-0261
Permit Issue Date 2/2/2012
Certificate Number 12-0261

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 705 ROUTE 70 TGI Friday's Brick Township, NJ Block: 672 Lot: 12 Qual:

Owner in Fee: ONE MORE ENTERPRISE, INC%TGI FRIDAY

Owner Address: 2 WOODLAND DRIVE DALLAS PA 18612

Telephone:

Contractor EDWARDS MECHANICAL P H

Address 63 ALMOND DR TOMS RIVER NJ 08753-

Telephone: (732) 255-2347 Fax: (732) 255-6321

License Number or Builders Registration Number: 11840 Federal Emp. Number: 15-2680870

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: Boiler, HOT WATER HEATER

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/28/2012

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

CONSTRUCTION PERMIT

Date Issued 1/2/12
Control # C-12-000006
Permit # 12-0261

IDENTIFICATION Block: 672 Lot: 12 Qualifier
Work Site Location: 705 ROUTE 70 TGI Friday's Brick Township, NJ
Owner in Fee: ONE MORE ENTERPRISE, INC%TGI FRIDAY
2 WOODLAND DRIVE DALLAS PA 18612
Telephone:

Contractor: EDWARDS MECHANICAL P H
Address: 63 ALMOND DR TOMS RIVER NJ 08753-
Telephone: (732) 255-2347
Lic. No. or Bldrs. Reg. No. 11840
Federal Employee. No. 15-2680870

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:
Boiler, HOT WATER HEATER

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

Estimated Cost of Work $12,300

Construction Official

1-9-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$120
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$181
Check No.	1608
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Tbithudays

Date Received / Control # 2/2/12

Date Issued / Permit # 1/26/12 0261

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

Block ~~67 672~~ Lot ~~67~~ 12 Qualification Code

Work Site Location 75 State Rt 70 205 Rt #70 Brick NJ

Owner in Fee: Metz Enterprises Dave Bankos

Tel. (570) 262-4645 e-mail

Address 2-Woodland Dr Dallas P.A. 18612
street municipality zip code

Contractor: EDWARDS mech Plumbing & Heating Tel. (732) 684-4188

Address 63 Almond Dr Toms River e-mail

Contractor License No. 21840 Exp. Date 6-13

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

Federal Emp. ID No. [redacted] FAX: (732) 285-6321

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 $ 12000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-3-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-28-12
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	MAH	12.06.12	02.9.12	02.23.12 PM

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

DESCRIPTION OF WORK

Hot water new boiler + storage tank

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
✓	Hot Water Boiler 299/270	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
X	Other Hot Storage tank	
	Other	

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

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

02-06-12 PM

1. BOILER CONDENSATE LEAKING ON FLOOR.
2. NEED ISOLATION VALVE DOWNSTREAM OF BACK FLOW PREVENTER. — OK — 02-14-12 PM
3. STORAGE TANK RELIEF NOT TO FLOOR. OK
4. RELIEF VALVE FOR BOILER MUST BE OK BEFORE ISOLATION VALVE.

02-14-12 PM

1. ~~FD CLOGGED DRAIN~~ FLOOR DRAIN CLOGGED — OK 02-23-12 PM
   BOILER CONDENSATE FLOODING FROM

ELECTRICAL SUBCODE
TECHNICAL SECTION

T61 Fridays

Date Received 2/2/12
Control # 12.0261
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 ~~[illegible]~~ 672 Lot ~~8-11-6-13~~ 12 Qualification Code

Work Site Location 751 State Highway, Rt 70
Brick Town, N.J

Owner in Fee: Metz Enterprises, Dave Barkus

Tel. (570) 262 4645 e-mail

Address 2 Woodland Dr, Dallas, PA, 18617

Contractor: AFG Electric LLC (street / municipality / zip code) Tel. (732) 978 2920

Address 5 Maretta pl, Lakewood, NJ e-mail

Contractor License No. 16162 Exp. Date 03/2012

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

Federal Emp. ID No. 27 443 0313 FAX: (732) 276 5405

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 1-3-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-6-12
Approved by: D. Daniel (ACT)

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-6-12	JS
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 sign/Contractor sign and seal here:

Print name here: ADAN F. GRANADOS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Boiler and circ. pumps replacement

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	
1		Boiler-Recovery	

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

U.C.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 2/2/12
Date Issued / Permit # 12-0261

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

Block ~~START~~ 672 Lot ~~5 THRU 13~~ 12 Qualification Code

Work Site Location 751 state Rt 29
Rocky Hill

Owner in Fee: Metz Enterprises Dave Bankus

Tel. (570) 267-4445 e-mail

Address 2 Woodland Dr Dallas PA 18612
street municipality zip code

Contractor: Edwards mech Plumb & Htg Tel. (732) 684-4184

Address 63 Almond Dr Toms River e-mail

Contractor License No. 11845 Exp. Date 6-13

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

Federal Emp. ID No. [redacted] FAX: (732) 255-6321

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 $ 12000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg [ ] Elec [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 2-2-12
Approved by: RP

SUBCODE APPROVAL for CERTIFICATE
[ ] 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

DESCRIPTION OF WORK
Hot water new boiler + storage tank

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
✓	Hot Water Boiler 299/270	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
X	Other Hot Storage tank	
	Other	

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

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

T61 [illegible]

Date Received 2/2/12
Control #
Date Issued
Permit # 12-0261

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

Block ~~[illegible]~~ 672 Lot ~~[illegible]~~ 12 Qualification Code

Work Site Location 751 State Rt [illegible]

[illegible]

Owner in Fee: [illegible] Enterprises [illegible]

Tel. (570) [illegible] e-mail

Address [illegible] (street) (municipality) (zip code)

Contractor: Edwards [illegible] Tel. (732) [illegible]

Address [illegible] e-mail

Contractor License No. [illegible] Exp. Date 6-13

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

Federal Emp. ID No. [redacted] FAX: (732) [illegible]

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 $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: ______ Approved by: ______
[ ] Plumbing Plans Approved
Date: ______ Approved by: ______
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: [illegible]
Approved by: [illegible]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Hot water [illegible] new boiler + storage tank

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
✓	Hot Water Boiler 299/270	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
X	Other Hot storage tank	
	Other	
	Administrative Surcharge	$
	Minimum Fee	$
	State Permit Surcharge Fee	$
	TOTAL FEE	$

U.C.C. F130 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ACTION OFFICE SUPPLIES, INC (732) 534-3000

Date Received 2/2/12
Control # 12.0261
Date Issued
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Thi Fridays

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

Block ~~671 671~~ 672 Lot ~~8-11-6-15~~ 12 Qualification Code ______

Work Site Location 751 state highway, Rt 70
brick town, N.J

Owner in Fee: Metz Enterprises, Dave Barkus

Tel. (570) 262 4645 e-mail ______

Address 2 Woodland Dr, Dallas PA 18617
street municipality zip code

Contractor: AFG Electric LLC Tel. (732) 978 2920

Address 5 Manetta pl, Lakewood, NJ e-mail ______

Contractor License No. 16162 Exp. Date 03/2012

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

Federal Emp. ID No. 27 443 0313 FAX: (732) 276 5405

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 300.00/00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 1-5-12

Approved by: JT

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	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 ______

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Adam F. G[signature]

Print name here: Adam F. Granados

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Boiler and circ. pumps replacement

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	
1		Boiler replacement	

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

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

Date Received 2/2/12
Control # 12.0261
Date Issued
Permit #

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

TEI Facility

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

Block 61.A Lot 12 Qualification Code ______

Work Site Location 751 State highway, Rt 70, Lakehurst, N.J

Owner in Fee: Metz Enterprises Dave Darkus

Tel. (570) 262 46 45 e-mail ______

Address 2 Woodland Dr, Dallas PA 18617 (street, municipality, zip code)

Contractor: AFG Electric LLC Tel. (732) 978 2920

Address 5 Manetta pl, Lakewood NJ e-mail ______

Contractor License No. 16162 Exp. Date 03/2012

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

Federal Emp. ID No. 27 493 0313 FAX: (732) 276 5405

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 1-5-12

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	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 ______

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Arnaldo Granados

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Boiler and circ. pumps replacement

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	
1		KW Elec. Sign/Outline Light	
1	5	Boiler	

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

AQUA PLUS

Ratings – (With 50°F domestic water inlet and stated other conditions)

Aqua Plus Model	200°F Boiler Water		
	Boiler Out	115°F DHW	140°F DHW
	MBH	GPH	GPH
35	170	337	223
45	190	363	243
55	210	443	302
85	300	551	374
105	350	715	483

Aqua Plus Model	190°F Boiler Water		
	Boiler Out	115°F DHW	140°F DHW
	MBH	GPH	GPH
35	170	311	202
45	170	335	222
55	190	411	278
85	250	511	343
105	350	662	442

Aqua Plus Model	165°F Boiler Water		
	Boiler Out	115°F DHW	140°F DHW
	MBH	GPH	GPH
35	150	284	181
45	150	307	200
55	190	378	252
85	260	470	310
105	300	608	400

Data

Aqua Plus Model	35	45	55	85	105
DHW Side Storage (gal.)	29.6	39.9	53.1	80.6	109.4
Boiler Side Storage (gal.)	1.6	1.9	2.2	2.5	3.5
Recommended Flow Rates (GPM)	8	8	8	14	14
Head Loss-Boiler Side (ft.)	2.0	3.3	1.6	5.4	7.1
Working Pressure (Tank) (psi)	150 (MAXIMUM)				
Working Pressure (Coil) (psi)	145 (MAXIMUM)				
DHW Operating Temp (°F)	160*			180	
Approx. Shipping Weight (lbs)	94	111	122	223	238

*Optional 180°F thermostat available

Dimensions

Aqua Plus Model	35	45	55	85	105
DHW In/Out & Recirc	3/4 In NPT			1 In NPT	
Boiler Water In/Out	1 In NPT			1 In NPT*	
A Dimension (in.)	36 3/8	46 1/4	60	59 1/2	59 3/4
B Dimension (in.)	7 7/8	7 7/8	7 7/8	10 3/8	14 1/4
C Dimension (in.)	24	26	29 7/8	33 1/4	41 3/8
D Dimension (in.)	21 7/8	21 7/8	21 7/8	26	30
E Dimension (in.)	7 3/8	7 3/8	7 3/8	8 7/8	9 7/8
F Dimension (in.)	17 5/8	21 1/4	28 1/8	31 1/2	29 5/8
G Dimension (in.)	28	37 7/8	51 3/8	50 3/8	48 5/8

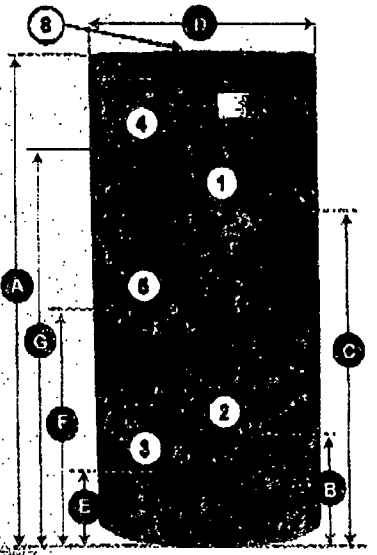
*1 1/4 piping required

Standard Equipment

Standard Equipment:

- AHRI Certified®- The Trusted Mark of Performance Assurance
- Factory pressure tested
- 316L welded stainless steel tank
- 304L stainless steel coil over 1inch in diameter
- Exclusive replaceable anode
- Dedicated recirculation tapping
- 2"-thick CFC-free foam insulation
- Large inspection port for easy cleaning and service
- 150 PSI T&P relief valve included
- Limited Lifetime warranty

Tank Sizes: 35, 45, 55, 85, 105



Key Features:

1. Boiler water inlet
2. Boiler water outlet
3. Cold water inlet
4. Hot water outlet
5. Domestic water recirculation inlet
6. Inspection hatch and cover with thermostat knob
7. Magnesium anode rod
8. T&P relief valve connection

WEIL-McLAIN

Ultra Efficient Condensing Gas Boiler

Models	Ultra 80	Ultra 105	Ultra 155	Ultra 230	Ultra 299	Ultra 399
Packaged Boiler	Part No.	Part No.	Part No.	Part No.	Part No.	Part No.
Natural Gas	383-500-700	383-500-702	383-500-703	383-500-704	383-500-705	383-500-706
Propane Gas	383-500-701	383-500-702*	383-500-703*	383-500-704*	383-500-705*	383-500-706*
Taco Pump	007	007	0014	0014	0014	2400-20

*Natural Gas field convertible to LP as standard equipment except for the Ultra 80

Optional Equipment

Wall Mounting Kit	389-900-180	389-900-180	389-900-180	389-900-180	389-900-180	389-900-180
LWCO (w/harness & test button)	511-100-005	511-100-005	511-100-005	511-100-005	511-100-005	511-100-005
Concentric Vent Kit (3")	383-500-350	383-500-350	383-500-350	383-500-350	383-500-350	-
Indirect-Fired Water Heaters	Matching Ultra Plus 40, 60, 80, 100, 110, and 119 Water Heaters are available					

Ratings

CSA Input (Maximum)	80 MBH	105 MBH	155 MBH	230 MBH	299 MBH	399 MBH
CSA Input (Minimum)	16 MBH	21 MBH	31 MBH	46 MBH	62 MBH	80 MBH
DOE Heating Cap.	71 MBH	94 MBH	139 MBH	207 MBH	270 MBH	*365 MBH
Net I=B=R	62 MBH	81 MBH	123 MBH	183 MBH	234 MBH	317 MBH
DOE AFUE	**95.2%**	**95.3%**	**95.6%**	**95.4%**	**96.4%**	***91.7%**

*Combustion Efficiency

Data

Vent Size	2" or 3"	2" or 3"	3"	3" or 4"	4"	4"
Vent Material	PVC/CPVC	PVC/CPVC	PVC/CPVC	PVC/CPVC	PVC/CPVC	PVC/CPVC
Combustion Air Size	2" or 3"	2" or 3"	3"	3" or 4"	4"	4"
Water Volume	.69 Gal.	.82 Gal.	1.17 Gal.	1.57 Gal.	2.1 Gal.	2.1 Gal.
Approx. Ship. Weight	199 lbs.	207 lbs.	234 lbs.	246 lbs.	297 lbs.	297 lbs.

Dimensions

Min. Recommended Pipe Size	1"	1"	1-1/4"	1-1/4"	1-1/2"	1-1/2"
Supply Tappings	1"	1"	1"	1"	1-1/4"	1-1/4"
Return Tappings	1"	1"	1"	1"	1-1/4"	1-1/4"
Gas Connection Size	1/2"	1/2"	1/2"	1/2"	3/4"	3/4"