BLOCK 612 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 07-2337

T61F

CONSTRUCTION PERMIT APPLICATION C07-003303

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

I. IDENTIFICATION

1. Proposed Work Site at: 705 Route 70
2. Name of Owner in Fee: _____
   Tel. ( ) _____ e-mail _____
   Address _____ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Xanason Mechanical Inc Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____ ✓
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 135		
2. Electrical	46		
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 1		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	24		
13. TOTAL	$		

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. Construction Classification _____
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 _____

COMMERCIAL

IIa. PROPOSED WORK

A/C

- ☐ 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									
☐ Electrical					7/30/08		10-31-08		
☑ Plumbing					7/30/08		9-18-08		
☐ Fire Protection							9-29-08		
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/3/2008
Control Number C-07-003303
Permit Number 07-2337
Permit Issue Date 7/31/2007
Certificate Number 07-2337

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 705 ROUTE 70 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 ONE MORE ENTERPRISE, INC%TGI FRIDAY

Address 2 WOODLAND DRIVE DALLAS PA 18612

Telephone: Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AIR CONDITIONER ROOF TOP UNIT CHANGE-OUT

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: 11/3/2008 U.C.C. F260 (rev. 08/05)

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.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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 07/09/2007
Date Issued 7/31/07
Control # C-07-003303
Permit # 07-2337

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

Block 672 Lot 12 Qualification Code

Work Site Location: 705 ROUTE 70 Brick Township, NJ

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

Address 2 WOODLAND DRIVE DALLAS PA

Tel.

Contractor: YENASON MECHANICAL, INC

Address 132 DARLING STREET WILKES-BARRE PA

Tel. (570) 826-9010 Fax. (570) 826-7058

Lic No.

Federal Employee No. 23-3063289

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☑ No Plan Required		

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 7/30/07
Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: 10/8/08
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			10208 MM	
Other				
Service				
Final 92608 MM			92908 MM	
Barrier-Free				

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

No access

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
1		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
1	24	KW Central A/C Unit	$50
1	24	HP/KW Space Heater/Air	$50
0	0	KW 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 Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$1
TOTAL FEE	$136

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

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 07/09/2007 9:27:59 AM
Control # C-07-003303
Date Issued 7/31/07
Permit # 07-2337

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

Block 672 Lot 12 Qualification Code

Work Site Location: 705 ROUTE 70 Brick Township, NJ

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

Address 2 WOODLAND DRIVE DALLAS PA

Tel.

Contractor: YENASON MECHANICAL, INC

Address 132 DARLING STREET WILKES-BARRE PA

Tel. (570) 826-9010 Fax. (570) 826-7058

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

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

Fire Alarm Contractor No.

Federal Employee No. 23-3063289

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-2 Fire Alarm System: ☐ New *or* ☐ Existing

Constr. Class Present Proposed Location of Panel:

Heating Systems: ☐ New *or* ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New *or* ☐ Existing

☐ Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* *or* ☐ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $300

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AIR CONDITIONER, ROOF TOP UNIT CHANGE-OUT

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☐ System / ☐ 110v Interconnected / ☐ CO Detectors/110v	Hvac Duct Shutdown	
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	45
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$0
Sprinkler Heads (Dry and Wet)	0	$0
Standpipes	0	$0
Pre-engineered Systems		
Wet Chemical	0	$0
Dry Chemical	0	$0
CO2 Suppression	0	$0
Foam Suppression	0	$0
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☑ Gas ☐ Oil	1	$50
Fireplace Venting/Metal Chimney	0	$0
Other	0	$0
Administrative Surcharge		$0
Minimum Fee		$65
State Permit Surcharge Fee		$0
TOTAL FEE		$65

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ ~~No~~ Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire Plans Approved

Date: 7-16-07

Approved by: DS

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 9/28/08

Approved by: DS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	9/25		9/28/08	DS
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			9/28/08	DS
Other				

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

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 07/09/2007
Control # C-07-003303
Date Issued 7/31/07
Permit # 07-3337

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

Block 672 Lot 12 Qualification Code

Work Site Location: 705 ROUTE 70 Brick Township, NJ

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

Address 2 WOODLAND DRIVE DALLAS PA

Tel.

Contractor: YENASON MECHANICAL, INC

Address 132 DARLING STREET WILKES-BARRE PA

Tel. (570) 826-9010 Fax. (570) 826-7058

Contractor License No.

Federal Employee No. 23-3063289

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-2

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $25

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 7/10/07

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 9.18.08

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO	9/E		9.18.08	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	$0
0	Urinal/Bidet	$0
0	Bath Tub	$0
0	Lavatory	$0
0	Shower	$0
0	Floor Drain	$0
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
1	Other A/C	$40
0	Other	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$0
TOTAL FEE	$40

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