BLOCK 6072 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-2004

CONSTRUCTION PERMIT APPLICATION

19-002032

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: Bed Bath Beyond - 51 Chambersbridge Rd.
2. Name of Owner in Fee: Paramount Plaza at Brick LLC
   Tel. ( ) _____ e-mail _____
   Address 1195 Rt. 70 (street) Lakewood (municipality), NJ 08701 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Bolton Construction Tel. (908) 894-5321
   Address 14 Samuel Wilson Ln e-mail _____
   Pittstown NJ 08867 C.O.C
   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. 20-4544600 FAX: ( ) _____
5. Architect or Engineer AGI Contact Chuck Hunter
   Address 15 W Seventh St e-mail _____
   Tel. (859) 261-5400 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Daniel Mallery
   Tel. (908) 894-5321 FAX: (908) 894-5386

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 500-	550-	
2. Electrical		150-	
3. Plumbing			
4. Fire Protection	85-	115-	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	29-	32-	
10. Subtotal	$	915-	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 614-	847-	

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 _____

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work — Interior
- ☐ 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	10,000	5/10/19			07/02/19	REK			
☑ Electrical		5/31/19			6/12/19	PJC	9/6/19		MV
☐ Plumbing									
☐ Fire Protection				6/3/19	MO		7/15/19		DG
☐ Elevator		6 mo extension			10/9/19 CC				
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 _____

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

Bed, Bath + Beyond

Rolled Plans

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(X Check if contractor.

Agent Name Daniel Mallery - Bolton Const.

Address 14 Samuel Wilson Ln.

Pittstown NJ

Telephone 908 894-5321

Signature

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

7/16/19 Called con (Dan) Rep Cw

10.24.19 Ready for f/u: update to called to get construction ... = OB

732-223-5320 (Adele)

left message on machine

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.				

BLOCK 672 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 51 Chambersbridge Rd PERMIT NO. 19-2004

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 Chambersbridge Rd
2. Name of Owner in Fee: Bed, Bath & Beyond
   Tel. (908) 855-4276 e-mail John.holden@bedbath.com
   Address 650 Liberty Ave (street) Union (municipality) NJ 07083 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Jayeff Construction Corp Tel. (732) 223-5320
   Address 2310 Route 34, Suite 1A e-mail lizp@jayeff.com
   Manasquan NJ 08736
   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. 22-2791171 FAX: (732) 223-6080
5. Architect or Engineer Architectural Group Contact Tim Seaman
   Address 15 W. 7th st. Covington KY 41011 e-mail tseaman@agi-us.com
   Tel. (859) 261-5400 FAX: (859) 261-5530
6. Responsible Person in Charge once Work has Begun John Zoller
   Tel. (732) 232-5320 FAX: (732) 223-6080

Change of Contractors

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure _____ ft.
3. Area — Largest Floor 35,002 sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load 512
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 X

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	10,000								
☑ Electrical	5000	4/10/19							
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	15,000								

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: M
2. Use Group, Proposed: IIB
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present IIB
Proposed IIB

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 Jayeff construction Corp

Address 2310 Route 34 suite 1A

Manasquan NJ 08736

Telephone (732) 232-5320

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. _____	_____	_____	_____	_____

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/13/2019
Control Number C-19-002032
Permit Number 19-2004
Permit Issue Date 8/1/2019
Certificate Number 19-2004

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC

Owner Address: 1195 ROUTE 70 LAKEWOOD NJ 08701

Telephone: (732) 886-1500

Contractor JAYEFF CONSTRUCTION

Address 2310 Highway 34 North Wall NJ 08736

Telephone: (732) 223-5320 Fax: (732) 223-6080

License Number or Builders Registration Number: Federal Emp. Number: 22-2797171

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - - BED, BATH & BEYOND ...RECONFIGURE LAYOUT OF STORE

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: 12/13/2019

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/1/19

Date Issued
Permit # 19-2004

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

Block 672 Lot 8 Qualification Code

Work Site Location Bed Bath Beyond
51 Chambersbridge Rd. Brick, NJ 08723

Owner in Fee: Paramount Plaza at Brick, LLC

Tel. (732) 886-1500 e-mail

Address 1195 Rt. 70 (street) Lakewood (municipality), NJ 08701 (zip code)

Contractor: Bolton Construction Tel. (908) 894-5321

Address 14 Samuel Wilson Ln. e-mail
Pittstown, NJ 08867

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

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

Federal Emp. ID No. 20-4544600 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[✓] All — 07/02/19 KEK
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 07/02/19
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	11/27/19			
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
No. of Stories 1
Height of Structure ft.
Area — Largest Floor 35,000 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load 512

Constr. Class Present IIB Proposed IIB

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:
Print name here: Daniel Mallery

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

-Interior remodel of existing store. The work is limited to new and relocated shelving and sales fixtures.

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

Update 2

8/27/19 Date Received
Control #

Date Issued
Permit # 19-2004 +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 Qualification Code

Work Site Location 51 Chambersbridge Rd Brick NJ

Owner in Fee: Paramount Plaza

Tel. 732-886-1500 e-mail

Address 1175 Rt 70 (street) Lakewood (municipality) NJ (zip code)

Contractor: Balton Const. Tel. 908 894-5321

Address 14 Samuel Wilson Ln e-mail 5321

Pittstown NJ

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

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

Federal Emp. ID No. 20-4544600 FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Daniel Mallery

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Remodel of existing Store

- The work is limited to new and relocated shelving/fixtures & fixtures

* New ext Door ## - Update

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure ft.

Area — Largest Floor 36000 sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load 512

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

RECEIVED SEP 0 2019 BUILDING DEPARTMENT BRICK TOWNSHIP

Update

Date Received 10/01/19
Control #

Date Issued
Permit # 19-2004+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 Qualification Code

Work Site Location 51 Chambersbridge Rd
Brick, NJ

Owner in Fee: Bed, Bath & Beyond

Tel. 908 855-4276 e-mail john.holden@bedbath.com

Address 650 Liberty Ave (street) Union (municipality), NJ 07083 (zip code)

Contractor: Jayeff Construction Corp. Tel. 732-223-5320

Address 2310 Route 34, Suite 1A e-mail jfz@jayeff.com
Manasquan, NJ 08736

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

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

Federal Emp. ID No. 22-2797171 FAX: 732 223-6080

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.

Sign here:

Print name here: Jonathan Lukowitz

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior remodel of existing Store.

The work is limited to relocation of shelving/sales fixtures

New ext. door w/ concrete step & landing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/29/19	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/29/19
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/12/19
Approved by: KEH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	11/27/19		12/12/19	KEH
Barrier-Free				

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present a Proposed M
No. of Stories 1
Height of Structure ft.
Area — Largest Floor 36,000 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load 512

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 10,000

U.C.C. F110 (rev. 11/09)
Internet version

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

change of contractor

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

COMMERCIAL

Date Received
Control #

Date Issued
Permit # 19-2004

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERS BRIDGE RD - BED, BATH & BEYOND

Owner in Fee: BED, BATH & BEYOND

Tel. (908) 855-4276 e-mail john.holden@bedbath.com

Address 650 LIBERTY AVE (street) UNION, NJ (municipality) 07083 (zip code)

Contractor: JAYEFF CONSTRUCTION Tel. (732) 232-5320

Address 2310 ROUTE 34, SUITE 1A e-mail lizp@jayeff.com

MANASQUAN, NJ 08736

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222797171 FAX: (732) 223-6080

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/12/19
Approved by: KEH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	11/27/19		12/12/19	KEH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure ft.

Area — Largest Floor 35,002 sq. ft.

New Bldg. Area/All Floors 35,002 sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load 512

Constr. Class Present IIB Proposed IIB

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 10,000
3. Total (1+ 2) $ 10,000

U.C.C. F110 (rev. 11/09)
Internet version

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.

Sign here:

Print name here: John Z. Holden

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR ALTERATION - RECONFIGURE LAYOUT OF THE STORE

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

OCCD 512

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 8/1/19

Date Issued Permit # 19-2004

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

Block 672 Lot 8 Qualification Code

Work Site Location Bed Bath Beyond
51 Chamberbridge RD Brick, NJ. 08723

Owner in Fee: Paramount plaza at Brick, LLC

Tel. 732 886-1500 e-mail

Address 1195 Rt 70 Lakewood, NJ 08701
street municipality zip code

Contractor: ~~Fetter~~ Bolton Construction Tel.

Address 14 Samuel Wilson Ln e-mail
Pittstown NJ. 08867

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 20-4544600 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 1~

Fuel Storage Tank:
Fuel Type: [ ] Flammable *OR* [ ] Combustible
Capacity

Fire Alarm System: [ ] New *OR* [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New *OR* [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name Here: Joe Becerra

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: - Interior remodel of existing store. The work is limited to new and relocated
Water Supply Source
Method of Alarm/Suppression System Supervision Shelving

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pull, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

See attached letter

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 7/15/19 Approved by: DC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/15/19
Approved by: NC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/11/19
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-9-19	DM
Other				

Work not completed. Letter on file from Architect

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update

Date Received
Control #

Date Issued
Permit # 19-2004 +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 Qualification Code _____

Work Site Location Bed Bath Beyond
51 Chambersbridge Rd Brick NJ

Owner in Fee: Paramount Plaza at Brick

Tel. 732 886-1600 e-mail _____

Address 1195 Rt 70 Lakewood NJ
street municipality zip code

Contractor: Bolton Construction Tel. _____

Address 14 Samuel Wilson Ln. e-mail _____
Pittstown NJ

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 20-4544600 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 1

Fuel Storage Tank:
Fuel Type: [ ] Flammable *OR* [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New *OR* [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New *OR* [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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.

Applicant/Contractor sign here: _____

Print name Here: Daniel Matteo

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: New egress

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices exit light	1	
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/01/19
Control #
Date Issued
Permit # 19-200474

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERSBRIDGE RD - BED, BATH & BEYOND

Owner in Fee: BED, BATH & BEYOND

Tel. (908) 855-7676 e-mail JOHN.HOLDENBEDBATH.COM

Address 650 LIBERTY AVE UNION, NJ 07083
(street) (municipality) (zip code)

Contractor: PRO MAINTENANCE GROUP Tel. (732) 280-6700

Address 2310 ROUTE 34, SUITE 1C e-mail hopev@promaintgroup.com

MANASQUAN, NJ 08736

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223430998 FAX: (732) 280-6800

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present IIB Proposed IIB

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Robert Smarslock

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Relocate existing FA devices for new egress door

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2 - Relocate Only	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Exit light	1	
TOTAL	3 - Relocate Only	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10/1/19 Approved by: DA
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-17-19
Approved by: CAR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/11/19
Approved by: CAR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-9	PM
Other				

Work not completed. Letter on file from Architect

U.C.C. F140 (rev. 02/11) Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received
Control #
Date Issued
Permit # 19-2001-4

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

Block 672 Lot 6 Qualification Code

Work Site Location 51 Chambersbridge Rd Brick, NJ

Owner in Fee: Paramount Plaza at Brick - 1175 Rt 70 Lakewood

Tel. (732) 886-1500 e-mail

Address 51 Chambersbridge Rd. Brick Township NJ 08723
(street) (municipality) (zip code)

Contractor: 2M Electrical Contractors LLC Tel. (908) 923-4148

Address PO Box 1397 e-mail matt@2melectric.com
Whitehouse Station, NJ 08889

Contractor License No. 17749 Exp. Date 3/31/21

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

Federal Emp. ID No. 464071605 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7000

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: Matt Moeller

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Interior Remodel - Addition Electric

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
21		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 9-26-19 Approved by: M

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9-26-19

Approved by: M

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/9/19
Control #
Date Issued
Permit # 19-2004

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 Chambersbridge Road
BRICK, NJ 08723

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC

Tel. (732) 886-1500 e-mail EDWARD.DRNACH@GGP.com

Address 1195 Route 70 LAKEWOOD NJ 08706
street municipality zip code

Contractor: 2M Electrical Contractors, LLC Tel. (908) 923-4148

Address PO Box 1397 e-mail matt@2melectric.com
Whitehouse Station, NJ 08889

Contractor License No. 17749 Exp. Date 3/31/21

107 East Militia Rd

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

Federal Emp. ID No. 460471605 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000

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: Matt Moller

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

COMMERCIAL

QTY	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
19		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	
25		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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 6/12/19 Approved by: RJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/12/19

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

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

Change of Contractor Private Commercial

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/01/19
Control #
Date Issued
Permit # 19-2007HA

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 Chambersbridge Rd

Owner in Fee: Bed, Bath & Beyond

Tel. 908 855-4276 e-mail john.holden@bedbath.com

Address 650 Liberty Ave Union, NJ 07083
street municipality zip code

Contractor: Pro Maintenance Group Tel. 732-280-6700

Address 2310 Route 34, suite 1C e-mail hopeve@promaintgroup.com
Manasquan NJ 08736

Contractor License No. 34EB0062900 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223430998 FAX: 732 280-6800

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as retail store Utility Co.

Est. Cost of Elec. Work $ 5,000.00

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: Robert Smarsick

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Re-Configure Layout of Store

QTY.	SIZE	ITEMS	FEE (Office Use Only)
16		Lighting Fixtures	
19		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
38		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date 10-04-19 Approved by: VMM

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

SUBCODE APPROVAL for PERMIT
Date: 10-10-19
Approved by: VMM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO → CA
Date: 11-04-19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-27-19 VMM	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/01/19
Application Number: ZA-19-01203
Application Date: 10/2/2019
Project Number:
Permit Number: ZP-19-01208
Fee: $75.00

Zoning Permit

Worksite Location: **51 CHAMBERS BRIDGE RD**
Brick Township, NJ 08723

Owner: **PARAMOUNT PLAZA AT BRICK LLC**
Address: **1195 ROUTE 70**
LAKEWOOD, NJ 08701

Applicant: **JAYEFF CONSTRUCTION**
Address: **2310 Highway 34 North**
Wall, NJ 08736

Block: **672** Lot: **8** Qualifier: _____ Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store (Bed, Bath & Beyond)**

Work Description:
Rehabilitation, Exterior Door - Interior alterations to the existing retail store. New exterior door with concrete step and landing.

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/8/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 10/8/2019 Date

CONSTRUCTION PERMIT

Date Issued 8/1/19
Control # C-19-002032
Permit # 19-2009

IDENTIFICATION Block: 672 Lot: 8 Qualifier

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

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70 LAKEWOOD NJ 08701

Telephone: (732) 886-1500

Contractor: BOLTON CONSTRUCTION
Address: 14 SAMUEL WILSON LANE PITTSTOWN NJ 08867
Telephone: (908) 894-5321
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - BED, BATH & BEYOND ...RECONFIGURE LAYOUT OF STORE

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 $15,001

Construction Official: D. Lewandowski (signature) Date: 7/15/19

PAYMENTS (Office Use Only)	
Building	$500
Electrical	$150
Plumbing	$0
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$29
CO Fee	
Other	$0
Total	$764
Check No.	1518
Cash	$0
Credit	$0
Collected By	M. Fagan

U.C.C. F170
equiv (rev 1/04)

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 10/31/19
Control # C-19-002032+A
Permit # 19-2004+A

IDENTIFICATION Block: 672 Lot: 8 Qualifier
Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ
Contractor JAYEEF CONSTRUCTION
Address 2310 Highway 34 North Wall NJ 08736
Owner in Fee PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70 LAKEWOOD NJ 08701
Telephone: (732) 223-5320 / (732) 208-9989
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 886-1500
Federal Employee. No. 22-2797171

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - BED, BATH & BEYOND ...UPDATE +A - NEW EXTERIOR DOOR + ADD'L INTERIOR REMODELING

PAYMENTS (Office Use Only)

Building	$500
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$30
CO Fee	
Other	$0
Total	$796
Check No.	#1046
Cash	$0
Credit	$0
Collected By	

175
871

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 $15,500

Construction Official Date 10/31/19

U.C.C. F170
equiv (rev 1/04)
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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK _____
DATE REC'D 10/30/19

ZONING PERMIT APPLICATION

PERMIT # ZP-19-01208
DATE ISSUED 11/01/19

BLOCK: 672 LOT: 8 QUALIFIER: _____ SITE ADDRESS: 5 Chamberbridge Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bed, Bath & Beyond
   COMPLETE ADDRESS: 650 Liberty Ave
   Union, NJ 07083
   PHONE # (908) 855-4276 EMAIL: john.holden@bedbath.com

2. NAME OF APPLICANT: Jayeff Construction Co.
   APPLICANT ADDRESS: 2310 Rte 34, Suite 1A
   Manasquan, NJ 08736
   PHONE # (732) 223-5320 EMAIL: jfz@jayeff.com

3. RESPONSIBLE PERSON FOR WORK: John F. Zoller
   PHONE # (732) 223-5320 ext 119 FAX # (732) 223-6080

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: _____
PROPOSED USE: Bed, Bath & Beyond

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: New exterior door with concrete step and landing

ZONING REVIEW:
DATE REVIEWED: 10-8-19 DATE DENIED: _____ DATE APPROVED: 10-8-19 INTLS: cm

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 672 **LOT** 9 **ADDRESS** 51 Chambersbridge Rd.

IDENTIFICATION:

1. WORK SITE ADDRESS 51 Chambersbridge Rd Brick, NJ
2. APPLICANT Jayeff Construction Corp.
3. NAME OF OWNER IN FEE Bed, Bath & Beyond
   ADDRESS 650 Liberty Ave Union, NJ 07083
   PHONE _____ EMAIL _____
4. PRINCIPAL CONTRACTOR Jayeff Construction Corp
   ADDRESS 2310 Rte 34, Suite 1A Manasquan, NJ 08736
   PHONE (732) 223 5320 EMAIL jfz@jayeff.com
5. ARCHITECT OR ENGINEER _____
   ADDRESS _____
   PHONE _____ EMAIL _____
6. RESPONSIBLE PERSON FOR WORK John F. Zoller
   ADDRESS 2310 Rte 34, Suite 1A Manasquan, NJ 08736
   PHONE 732 223-5320 ext 47 EMAIL jfz@jayeff.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ Exempt
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS	_____
DRAINAGE EASEMENTS	_____
UTILITY EASEMENTS	_____
CONSERVATION EASEMENTS	_____
FEMA REQUIREMENTS	_____
D.E.P. PERMITS	_____
BOARD APPROVAL: ☐ PB ☐ ZB	
APPLICATION NUMBER	_____
APPROVED DATE	_____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION New exterior door w/ concrete step and landing

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS EJC

ARCHITECTURAL GROUP INTERNATIONAL
15 West Seventh Street, Covington, KY 41011
P: 859.261.5400

November 22, 2019

Township of Brick NJ
Building Official/Inspector
401 Chambersbridge Rd.
Brick Township NJ 08723

Re: **Bed Bath and Beyond - 51 Chambersbridge Rd, Brick NJ**

Dear Building Official:

The work at the referenced location has been completed, but it did not include the additional scope of the proposed, relocation of the exit door, fire alarm devices and the relocation/addition of emergency exit lights.

Bed Bath and Beyond operations determined that the proposed exit door was not necessary and the door that resides north of the proposed exit door installation would remain so that the store may maintain exit compliance.

If additional information or clarification is required, please contact our office.

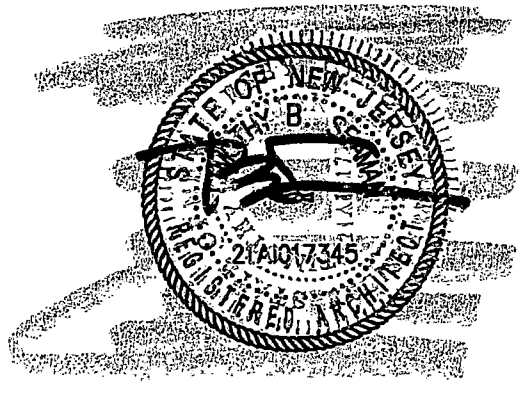
Thank you for your consideration.

Sincerely,

Timothy B. Seaman, Principal
Architectural Group International

Copy: Mike Chinnici – BBBY

RECEIVED
DEC 09 2019
BUILDING



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ARCHITECTURAL GROUP INTERNATIONAL
15 West Seventh Street, Covington, KY 41011
P: 859.261.5100

July 11, 2019

Mr. Richard Orlando
Subcode Official
Township of Brick, Building & Inspections
401 Chambersbridge Rd.
Brick, NJ 08723

Re: Bed Bath and Beyond Store #224 – Control #C-19-002032
51 Chambersbridge Road Brick, NJ 08723

Dear Mr. Orlando:

This letter is in reference to your request.

AGI does not anticipate any impact to the existing Fire Sprinkler/Fire Alarm System in association with the proposed remodel scope of work indicated on the drawings.

If you have any additional questions please feel free to contact me.

Thank you.

Timothy B. Seaman
Principal
Architectural Group International

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, June 13, 2019

To: PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70
LAKEWOOD, NJ 08701

RE: Fire Subcode
Block: 672 Lot: 8 Qual:
51 CHAMBERS BRIDGE RD
Permit Number: Control Number: C-19-002032
Last Submit Date: Wednesday, June 12, 2019

Dear PARAMOUNT PLAZA AT BRICK LLC,

Your request is hereby denied based upon the following infractions,

1. How will work impact existing fire sprinkler and fire alarm systems? If no impact on system exists, please update plan to specify or submit letter from design professional indicating same.

2. If either system will be impacted, permit updates and plans will be required.

Sincerely,

Richard Orlando, Subcode Official

CC:

ARCHITECTURAL GROUP INTERNATIONAL
15 West Seventh Street, Covington, KY 41011
P: 859.261.5400

November 22, 2019

Township of Brick NJ
Building Official/Inspector
401 Chambersbridge Rd.
Brick Township NJ 08723

Re: **Bed Bath and Beyond - 51 Chambersbridge Rd, Brick NJ**

Dear Building Official:

The work at the referenced location has been completed, but it did not include the additional scope of the proposed, relocation of the exit door, fire alarm devices and the relocation/addition of emergency exit lights.

Bed Bath and Beyond operations determined that the proposed exit door was not necessary and the door that resides north of the proposed exit door installation would remain so that the store may maintain exit compliance.

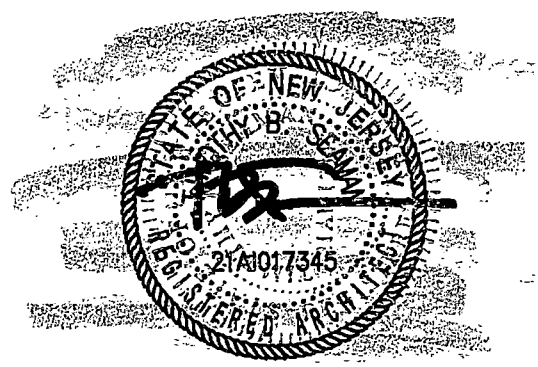
If additional information or clarification is required, please contact our office.

Thank you for your consideration.

Sincerely,

Timothy B. Seaman, Principal
Architectural Group International

Copy: Mike Chinnici – BBBY



ARCHITECTURAL GROUP INTERNATIONAL
15 West Seventh Street, Covington, KY 41011
P: 859.261.5400

November 22, 2019

Township of Brick NJ
Building Official/Inspector
401 Chambersbridge Rd.
Brick Township NJ 08723

Re: **Bed Bath and Beyond - 51 Chambersbridge Rd, Brick NJ**

Dear Building Official:

The work at the referenced location has been completed, but it did not include the additional scope of the proposed, relocation of the exit door, fire alarm devices and the relocation/addition of emergency exit lights.

Bed Bath and Beyond operations determined that the proposed exit door was not necessary and the door that resides north of the proposed exit door installation would remain so that the store may maintain exit compliance.

If additional information or clarification is required, please contact our office.

Thank you for your consideration.

Sincerely,

Timothy B. Seaman, Principal
Architectural Group International

Copy: Mike Chinnici – BBBY

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, August 29, 2019

To: PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70
LAKEWOOD, NJ 08701

RE: Fire Subcode
Block: 672 Lot: 8 Qual:
51 CHAMBERS BRIDGE RD
Permit Number: 19-2004+A Control Number: C-19-002032+A
Last Submit Date: Wednesday, August 28, 2019

Dear PARAMOUNT PLAZA AT BRICK LLC,

Your request is hereby denied based upon the following infractions.

Letter in file states no fire alarm work being completed.

New egress door being added requires fire alarm pull station. Please submit update for fire alarm work, including specifications on devices being added, plan, and copy of fire alarm contractor license

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 10/10/19

Bulletin No. 02

BED BATH & BEYOND: #224 Brick, NJ.

The following drawing sheets were revised in response to RFI #03 Egress Door Location

A0.1 – COVER SHEET
- Updated Drawings index per revised sheets

A0.2 LIFE SAFETY PLAN AND NOTES
- Revised egress path of travel to new exit door
- Revised new egress door location per field dimensions and exterior as-built conditions provided by General Contractor
- Added new exterior concrete landing with stair tread as required by code

A1.0 – OVERALL FIXTURE PLANS AND DETAILS
- Revised new egress door location per field dimensions and exterior as-built conditions provided by General Contractor in both Overall Fixture Plan and Enlarged Floor Plan Detail #02
- Added new exterior concrete landing with stair tread as required by code

A1.1 – BANNER LOCATION FLOOR PLAN AND DETAILS
- Coordinated revisions of new egress door location per sheet A1.0 Overall Fixture Plans and Details

A3.1 – FLOOR FINISH PLAN AND FINISH LEGEND
- Coordinated revisions of new egress door location per sheet A1.0 Overall Fixture Plans and Details

A6.0 – OVERALL HIGH PILE STORAGE PLAN
- Updated high pile storage areas
- Revised High Pile Storage Area square footage

E3.0 – POWER PLAN
- Relocated duplex outlet in kitchen basics.
- Removed duplex outlets in food & bedding dept.
- Removed plugmold in cleaning dept.
- Added relocated pull station to new egress door.

E4.0 – LIGHTING PLAN
- Added note to raise strip lighting at storefront.
- Added egress lighting.

END OF BULLETIN

BRICK TOWNSHIP RECEIVED SEP 30 2019 BUILDING DEPARTMENT

15 W SEVENTH STREET
COVINGTON, KENTUCKY 41011

TEL (859) 261-5400
FAX (859) 261-5530

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

PRO MAINTENANCE GROUP
ROBERT J SMARSLOK
2310 Route 34 Suite 1C
Manasquan NJ 08736-3937

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/01/2018 TO 03/31/2021
VALID

34EB00662900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
PRO MAINTENANCE GROUP
Electrical Business Permit

03/01/2018 TO 03/31/2021
VALID

SIGNATURE

34EB00662900
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Electrical Contra
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

PRO MAINTENANCE GROUP EXPIRATION DATE **2021**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **34EB 00662900** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Exam. of Electrical Contractors
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

6/3/19 Faxed to Cont. MM

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, June 13, 2019

To: PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70
LAKEWOOD, NJ 08701

RE: Fire Subcode
Block: 672 Lot: 8 Qual:
51 CHAMBERS BRIDGE RD
Permit Number: Control Number: C-19-002032
Last Submit Date: Wednesday, June 12, 2019

Dear PARAMOUNT PLAZA AT BRICK LLC,

Your request is hereby denied based upon the following infractions.

1. How will work impact existing fire sprinkler and fire alarm systems? If no impact on system exists, please update plan to specify or submit letter from design professional indicating same.

2. If either system will be impacted, permit updates and plans will be required.

Sincerely,

Richard Orlando, Subcode Official

CC:

Bulletin No. 01

BED BATH & BEYOND: #224 Brick, NJ.

The following drawing sheets were revised addressing BBBY design updates in association with DD Set Revision 01/02 and adding new emergency egress door along the east wall of the building.

A0.1 – COVER SHEET

- Updated Drawings index per revised sheets
- Revised Permit issue date in drawing index to coordinate with date on title block

A0.2 LIFE SAFETY PLAN AND NOTES

- Revised egress path of travel to new exit door
- Added new emergency egress door along the east wall

A1.0 – OVERALL FIXTURE PLANS AND DETAILS

- Revised and updated department configurations
- Added new emergency egress door along the east wall
- Added enlarged floor plan and details for new door opening in the existing exterior wall

A1.1 – BANNER LOCATION FLOOR PLAN AND DETAILS

- Relocated banner cable/clips
- Relocated banner conduit

A3.1 – FLOOR FINISH PLAN AND FINISH LEGEND

- Revised and coordinated Vinyl Wall Covering (VWC) materials and specifications

A3.2 – ENLARGED FLOOR FINISH PLAN AND DETAILS

- Added Door/Hardware Schedules and Types in association with the new emergency egress door

A6.0 – OVERALL HIGH PILE STORAGE PLAN

- Updated high pile storage areas
- Revised High Pile Storage Area square footage

E3.0 – POWER PLAN

- Removed signband
- Removed duplex outlets, added plugmold & relocated J-Box @ lighting dept.
- Added duplex outlets @ duvets in bedding dept.
- Removed specialty lighting & J-Boxes; added signband, duplex outlets & power notes
- Relocated power for beverage cooler
- Added fixture mtd. duplex detail & revised power plan notes & spec lighting fixture schedule
- Added power dimensions
- Relocated power & Unistrut @ seasonal dept
- Added J-Box & note near vestibule & revised power plan notes
- Removed multi-outlet @ drapes desk

15 W SEVENTH STREET
COVINGTON, KENTUCKY 41011

TEL (859) 261-5400
FAX (859) 261-5530

E4.0 – LIGHTING PLAN

- Revised strip lights and removed track lights in 'B3' Department Removed track lighting
- Removed track lighting.

E6.0 – PANEL SCHEDULES

- Updated panels RPB & RPC

END OF BULLETIN

COMcheck Software Version 4.1.1.0

Interior Lighting Compliance Certificate

Project Information

Energy Code:	90.1 (2013) Standard
Project Title:	Bed Bath & Beyond #224
Project Type:	New Construction

Construction Site:
51 Champers Bridge Rd
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:
Peter Hilger
5800 East Skelly Drive
Suite 1100
Tulsa, OK

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B X C)
1-Retail:Sales Area	531	1.44	765
		Total Allowed Watts =	765

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
1-Retail:Sales Area				
Induction 1: V: Other:	1	1	85	85
LED 1: X2: LED PAR 20W:	1	15	20	300
			Total Proposed Watts =	385

Interior Lighting PASSES: Design 50% better than code

Interior Lighting Compliance Statement

Compliance Statement: The proposed interior lighting design represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2013) Standard requirements in COMcheck Version 4.1.1.0 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

Peter A. Hilger - Principal — Name - Title

Signature

5-21-19 — Date

COM*check* Software Version 4.1.1.0

Inspection Checklist

Energy Code: 90.1 (2013) Standard

Requirements: 100.0% were addressed directly in the COM*check* software

Text in the "Comments/Assumptions" column is provided by the user in the COMcheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Plan Review	Complies?	Comments/Assumptions
4.2.2, 8.4.1.1, 8.4.1.2, 8.7 [PR6][2]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the electrical systems and equipment and document where exceptions are claimed. Feeder connectors sized in accordance with approved plans and branch circuits sized for maximum drop of 3%.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
4.2.2, 9.4.3, 9.7 [PR4][1]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the interior lighting and electrical systems and equipment and document where exceptions to the standard are claimed. Information provided should include interior lighting power calculations, wattage of bulbs and ballasts, transformers and control devices.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
8.4.2 [EL10][2]	At least 50% of all 125 volt 15- and 20-Amp receptacles are controlled by an automatic control device.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1 [EL1][2]	Automatic control requirements prescribed in Table 9.6.1, for the appropriate space type, are installed. Mandatory lighting controls (labeled as 'REQ') and optional choice controls (labeled as 'ADD1' and 'ADD2') are implemented.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1 [EL2][2]	Independent lighting controls installed per approved lighting plans and all manual controls readily accessible and visible to occupants.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.2 [EL11][2]	Parking garage lighting is equipped with required lighting controls and daylight transition zone lighting.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1f [EL13][1]	Daylight areas under skylights and roof monitors that have more than 150 W combined input power for general lighting are controlled by photocontrols.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.3 [EL4][1]	Separate lighting control devices for specific uses installed per approved lighting plans.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.6.2 [EL8][1]	Additional interior lighting power allowed for special functions per the approved lighting plans and is automatically controlled and separated from general lighting.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection	Complies?	Comments/Assumptions
8.7.1 [FI16][3]	Furnished as-built drawings for electric power systems within 30 days of system acceptance.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
8.7.2 [FI17][3]	Furnished O&M instructions for systems and equipment to the building owner or designated representative.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.2.2.3 [FI18][1]	Interior installed lamp and fixture lighting power is consistent with what is shown on the approved lighting plans, demonstrating proposed watts are less than or equal to allowed watts.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Interior Lighting fixture schedule for values.*

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

COMcheck Software Version 4.1.1.0

Interior Lighting Compliance Certificate

Project Information

Energy Code:	90.1 (2013) Standard
Project Title:	Bed Bath & Beyond #224
Project Type:	New Construction

Construction Site:
51 Champers Bridge Rd
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:
Peter Hilger
5800 East Skelly Drive
Suite 1100
Tulsa, OK

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B X C)
1-Retail:Sales Area	531	1.44	765
		Total Allowed Watts =	765

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
1-Retail:Sales Area				
Induction 1: V: Other:	1	1	85	85
LED 1: X2: LED PAR 20W:	1	15	20	300
		Total Proposed Watts =		385

Interior Lighting PASSES: Design 50% better than code

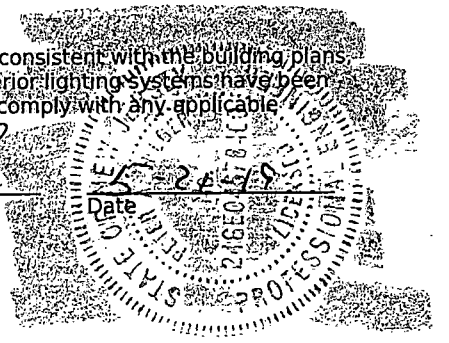
Interior Lighting Compliance Statement

Compliance Statement: The proposed interior lighting design represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2013) Standard requirements in COMcheck Version 4.1.1.0 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

Peter A. Hilger - Principal — Name - Title

Signature

5-24-19 — Date



COM*check* Software Version 4.1.1.0

Inspection Checklist

Energy Code: 90.1 (2013) Standard

Requirements: 100.0% were addressed directly in the COM*check* software

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Additional Comments/Assumptions:

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Section # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
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Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

COM*check* Software Version 4.1.1.0

Interior Lighting Compliance Certificate

Project Information

Energy Code:	90.1 (2013) Standard
Project Title:	Bed Bath & Beyond #224
Project Type:	New Construction

Construction Site:
51 Champers Bridge Rd
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:
Peter Hilger
5800 East Skelly Drive
Suite 1100
Tulsa, OK

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B X C)
1-Retail:Sales Area	531	1.44	765
		Total Allowed Watts =	765

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
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LED 1: X2: LED PAR 20W:	1	15	20	300
			Total Proposed Watts =	385

Interior Lighting PASSES: Design 50% better than code

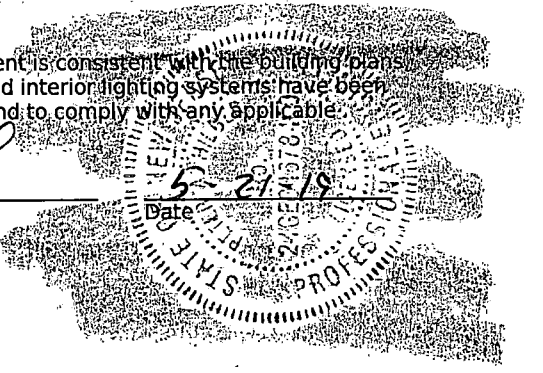
Interior Lighting Compliance Statement

Compliance Statement: The proposed interior lighting design represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2013) Standard requirements in COM*check* Version 4.1.1.0 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

Peter A. Hilger - Principal
Name - Title

Signature

5-21-19
Date



COM*check* Software Version 4.1.1.0

Inspection Checklist

Energy Code: 90.1 (2013) Standard

Requirements: 100.0% were addressed directly in the COM*check* software

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Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
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Additional Comments/Assumptions:

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9.2.2.3 [FI18][1]	Interior installed lamp and fixture lighting power is consistent with what is shown on the approved lighting plans, demonstrating proposed watts are less than or equal to allowed watts.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Interior Lighting fixture schedule for values.*

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

COM*check* Software Version 4.1.1.0

Interior Lighting Compliance Certificate

Project Information

Energy Code:	90.1 (2013) Standard
Project Title:	Bed Bath & Beyond #224
Project Type:	New Construction

Construction Site:
51 Champers Bridge Rd
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:
Peter Hilger
5800 East Skelly Drive
Suite 1100
Tulsa, OK

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B X C)
1-Retail:Sales Area	531	1.44	765
		Total Allowed Watts =	765

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
1-Retail:Sales Area				
Induction 1: V: Other:	1	1	85	85
LED 1: X2: LED PAR 20W:	1	15	20	300
		Total Proposed Watts =		385

Interior Lighting PASSES: Design 50% better than code

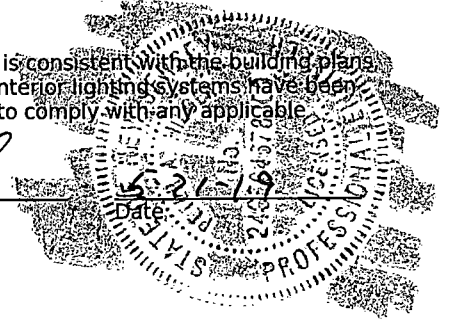
Interior Lighting Compliance Statement

Compliance Statement: The proposed interior lighting design represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2013) Standard requirements in COM*check* Version 4.1.1.0 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

Peter A. Hilger - Principal — Name - Title

Signature

5/2/19 — Date



COM*check* Software Version 4.1.1.0

Inspection Checklist

Energy Code: 90.1 (2013) Standard

Requirements: 100.0% were addressed directly in the COM*check* software

Text in the "Comments/Assumptions" column is provided by the user in the COMcheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Plan Review	Complies?	Comments/Assumptions
4.2.2, 8.4.1.1, 8.4.1.2, 8.7 [PR6][2]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the electrical systems and equipment and document where exceptions are claimed. Feeder connectors sized in accordance with approved plans and branch circuits sized for maximum drop of 3%.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
4.2.2, 9.4.3, 9.7 [PR4][1]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the interior lighting and electrical systems and equipment and document where exceptions to the standard are claimed. Information provided should include interior lighting power calculations, wattage of bulbs and ballasts, transformers and control devices.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
8.4.2 [EL10][2]	At least 50% of all 125 volt 15- and 20-Amp receptacles are controlled by an automatic control device.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1 [EL1][2]	Automatic control requirements prescribed in Table 9.6.1, for the appropriate space type, are installed. Mandatory lighting controls (labeled as 'REQ') and optional choice controls (labeled as 'ADD1' and 'ADD2') are implemented.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1 [EL2][2]	Independent lighting controls installed per approved lighting plans and all manual controls readily accessible and visible to occupants.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.2 [EL11][2]	Parking garage lighting is equipped with required lighting controls and daylight transition zone lighting.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1f [EL13][1]	Daylight areas under skylights and roof monitors that have more than 150 W combined input power for general lighting are controlled by photocontrols.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.3 [EL4][1]	Separate lighting control devices for specific uses installed per approved lighting plans.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.6.2 [EL8][1]	Additional interior lighting power allowed for special functions per the approved lighting plans and is automatically controlled and separated from general lighting.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Final Inspection	Complies?	Comments/Assumptions
8.7.1 [FI16][3]	Furnished as-built drawings for electric power systems within 30 days of system acceptance.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
8.7.2 [FI17][3]	Furnished O&M instructions for systems and equipment to the building owner or designated representative.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.2.2.3 [FI18][1]	Interior installed lamp and fixture lighting power is consistent with what is shown on the approved lighting plans, demonstrating proposed watts are less than or equal to allowed watts.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Interior Lighting fixture schedule for values.*

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)