

BLOCK 672

LOT 8

QUALIFICATION CODE

ADDRESS (SITE)

51 Chambersbridge Rd

PERMIT NO.

19-2312



CONSTRUCTION PERMIT APPLICATION

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

C19-002564

I. IDENTIFICATION

1. Proposed Work Site at: 51 Chambersbridge Rd

2. Name of Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC & Best Buy
 Tel. (612) 291-1000 e-mail sara.marlow@bestbuy.com
 Address 7601 Penn Avenue South Richfield, MN 55432
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒ X

4. Principal Contractor: Beam Team Construction, Inc Tel. (678) 987-1851
 Address 1350 Bluegrass Lakes Parkway e-mail licensing@thebeamteam
Alpharetta, GA 30004

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 465615418 FAX: _____

Architect or Engineer Richard Arden Majors, JR Contact Erin Hylton
 Address 6700 Antioch Plaza, Merriam, KS e-mail erin.hylton@brrarch.com
 Tel. (913) 236-3343 FAX: _____

Responsible Person in Charge once Work has Begun Sean Davis
 Tel. (770) 442-2534 FAX: _____

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>2880</u> ✓	Update	Update
2. Electrical	\$ <u>340</u> ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ <u>151</u>		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>3,371</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>1</u>	(office use only)
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	_____ psf	
7. Max. Occupancy Load	_____ psf	
8. If Industrialized Building: State Approved	☐ YES ☒ NO	
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. -Subpart 170.1 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Alt. Best Buy

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
59,491				07/25/19	WAK			
45,000								

TOTAL COST \$104,491

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

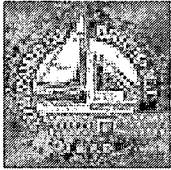
VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group Select Group
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/29/2019
Control Number C-19-002564
Permit Number 19-2312
Permit Issue Date 9/3/2019
Certificate Number 19-2312

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: _____

Contractor BEAM TEAM CONSTRUCTION INC

Address 1350 BLUEGRASS LAKES PARKWAY ALPHARETTA GA 30004

Telephone: (678) 987-1851 Fax: _____

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

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - - BEST BUY ...REMODEL

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: _____

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

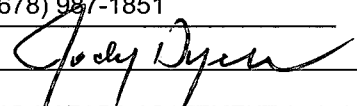
☒ Check if contractor.

Agent Name Jody Dyess

Address 1350 Bluegrass Lakes Parkway

Alpharetta, GA 30004

Telephone (678) 987-1851

Signature 

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

9/3/19
19-2312

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 BEST BUY
Work Site Location 51 Chambersbridge Rd
Brick, NJ 08723

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC & Best Buy

Tel. (612) 291-1000 e-mail sara.marlow@bestbuy.com

Address 7601 Penn Avenue South Richfield, MN 55432

Contractor: Robert Wenteler Electric LLC. Tel. (732) 684-6105

Address 405 Prospect Ave. Pine Beach, NJ e-mail 08741

Contractor License No. 16514 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 831306297 FAX: (630) 908-2442

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:

Robert O. Wenteler Jr.

Print name here: Robert O. Wenteler Jr.

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr. ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Store Re-model

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>0</u>		Lighting Fixtures	
<u>191</u>		Receptacles	
<u>0</u>		Switches	
<u>0</u>		Detectors	
<u>0</u>		Light Poles	
<u>0</u>		Motors—Fract. HP	
<u>0</u>		Emergency & Exit Lights	
<u>0</u>		Communications Points	
<u>0</u>		Alarm Devices/F.A.C. Panel	
<u>191</u>		TOTAL NUMBERS	\$
<u>0</u>		Pool Permit/with UW Lights	
<u>0</u>		Storable Pool/Spa/Hot Tub	
<u>0</u>		KW Elec. Range/Receptacle	
<u>0</u>		KW Oven/Surface Unit	
<u>0</u>		KW Elec. Water Heater	
<u>0</u>		KW Elec. Dryer/Receptacle	
<u>0</u>		KW Dishwasher	
<u>0</u>		HP Garbage Disposal	
<u>0</u>		KW Central A/C Unit	
<u>0</u>		HP/KW Space Heater/Air Handler	
<u>0</u>		KW Baseboard Heat	
<u>0</u>		HP Motors 1/+ HP	
<u>0</u>		KW Transformer/Generator	
<u>0</u>		AMP Service	
<u>0</u>		AMP Subpanels	
<u>0</u>		AMP Motor Control Center	
<u>0</u>		KW Elec. Sign/Outline Light	

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. icp&i

Est. Cost of Elec. Work \$ \$20,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required		Type:	Failure	Failure	Approval
☐ Partial - Underslab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
☒ Electric Plans Approved		Trench			
Date: <u>7/30/19</u> Approved by: <u>RTC</u>		Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		TCO			
SUBCODE APPROVAL FOR PERMIT		Other			
Date: <u>7/30/19</u>		Service			
Approved by: <u>[Signature]</u>		Final			
SUBCODE APPROVAL OF CERTIFICATE		Barrier-Free			
☐ CO ☐ CCO ☐ CA		Temp. Cut-in-Card Date Issued			
Date: <u>10-13-19</u>		Final Cut-in-Card Date Issued			
Approved by: <u>[Signature]</u>		Annual Pool Inspection			
		Date of Grounding and Bonding Certification			

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

BLOCK 672

LOT 8

QUALIFICATION CODE

ADDRESS (SITE)

51 Chambersbridge Rd

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

019-002564

I. IDENTIFICATION

1. Proposed Work Site at: **51 Chambersbridge Rd**

2. Name of Owner in Fee: **PARAMOUNT PLAZA AT BRICK LLC & Best Buy**

Tel. **(612) 291-1000** e-mail **sara.marlow@bestbuy.com**

Address **7601 Penn Avenue South** **Richfield, MN** **55432**

3. Ownership in Fee: ☐ Public ☒ Private ☐ Municipality ☐ ZIP code

4. Principal Contractor: **C.O.C.** Tel. _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer **Richard Arden Majors, JR** **Erin Hylton**

Address **6700 Antioch Plaza, Merriam, KS** **erin.hylton@brrarch.com**

Tel. **(913) 236-3343** FAX: _____

6. Responsible Person in Charge once Work has Begun _____

Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories **1**

2. Height of Structure **EXISTING TO REMAIN (ETR)** ft.

3. Area — Largest Floor **ETR** sq. ft.

4. New Building Area **ETR** sq. ft.

5. Volume of New Structure **ETR** cu. ft.

6. Max. Live Load **ETR**

7. Max. Occupancy Load **ETR**

8. If Industrialized Building: State Approved **HUD**

9. Total Land Area Disturbed **0** sq. ft.

10. Flood Hazard Zone **N/A - no change to site**

11. Base Flood Elevation **ETR** ft.

12. Wetlands yes ☐ no ☒

(office use only)

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)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST \$0

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

VII. DESCRIPTION OF BUILDING USE**A. RESIDENTIAL (primary use)**

1. State Specific Use: _____
2. Use Group, Proposed: **Select Group**
3. Change in Use Group, Indicate Present: **Select Group**
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: **M (ETR)**
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present **11B**
- Proposed **11B (ETR)**

Reviewed Plans

Best Buy



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block 672 Lot 8 Qualification Code _____

Work Site Location 51 Chambersbridge Rd
Brick, NJ 08723

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC & Best Buy

Tel. (612) 291-1000 e-mail sara.marlow@bestbuy.com

Address 7601 Penn Avenue South Richfield, MN 55432
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as Best Buy Utility Co. _____

Est. Cost of Elec. Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor
sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Electrical relocation for fixture relocation

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

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type _____
☐ Partial Under-slab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
☐ Electric Plans Approved	Trench _____
Date: <u>7/18/19</u> Approved by: <u>PSC</u>	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: <u>7/18/19</u>	Service _____
Approved by: <u>[Signature]</u>	Final _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
☐ CO ☐ ECO ☐ CA	Temp. Cut-in Card Date Issued _____
Date: _____	Final Cut-in Card Date Issued _____
Approved by: _____	Annual Pool Inspection _____
	Date of Grounding and Bonding Certification _____

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

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Erin Hylton

Address 6700 Antioch Rd

Merriam, KS 66204

Telephone (913) 236-3343

Signature Erin Hylton

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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



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BUILDING

Brick, NJ— Best But store 475.

The construction cost estimation for the electrical work is \$42,870.00



CONSTRUCTION PERMIT

Date Issued 9/12/19
Control # C-19-002564
Permit # 16-2311

IDENTIFICATION Block: 672 Lot: 8 Qualifier _____
Work Site Location: 51 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor BEAM TEAM CONSTRUCTION INC
Address 1350 BLUEGRASS LAKES PARKWAY ALPHARETTA
Owner in Fee PARAMOUNT PLAZA AT BRICK LLC Address GA 30004
1195 ROUTE 70 LAKEWOOD NJ 08701 Telephone: (678) 987-1851
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - BEST BUY...REMODEL

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 \$79,491

Construction Official [Signature]

Date 9/13/19

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$2,880
Electrical	\$340
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$151
CO Fee	
Other	\$0
Total	\$3,371
Check No.	<u>4165</u>
Cash	\$0
Credit	\$0
Collected By	<u>m. Logan</u>

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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