14-0548

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 CHAMBERSBRIDGE Rd. PERMIT NO. 14-2646

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-003324

05-27-14A10:41 RCVD

I. IDENTIFICATION

1. Proposed Work Site at: 56 CHAMBERSBRIDGE Rd.
2. Name of Owner in Fee: ~~GLOW GOLF VENTURES~~, LLC Fed. Realty
   Tel. (316) 648-2003 e-mail JBENN1973@GMAIL.COM
   Address 7570 W. 21st ST. - BLDG 1626, WICHITA, KS 67205
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: ~~APPLICANT~~ OWNER Tel. (316) 648-2003
   Address Glow Golf Ventures e-mail _____
   7570 W 21st St Wichita KS 67205
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer WALTER J. HESSBERGER Contact _____
   Address 2715 HOOPER AVE. ST 2C, BRICK N.J. e-mail WJHESSBERGER@GMAIL
   Tel. (732) 262-7444 FAX: (732) 262-1312
6. Responsible Person in Charge once Work has Begun JEFF BENNET
   Tel. (316) 648-2003 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 100		
2. Electrical	75		
3. Plumbing			
4. Fire Protection	100		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 278		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	ft.	
3. Area — Largest Floor	10,098 sq. ft.	
4. New Building Area	0 sq. ft.	
5. Volume of New Structure	0 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approval ____ 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
- ☐ 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	$900	MT			08/01/14	KCK			
☑ Electrical	$300				8/6/14	CO			
☐ Plumbing									
☑ Fire Protection	$850				7/14/14				
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/24/2015
Control Number C-14-003324
Permit Number 14-2646
Permit Issue Date 8/11/2014
Certificate Number 14-2646

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Glow Golf Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: (316) 648-2003

Contractor Glow Golf Ventures LLC

Address 7570 W. 21st St. Bldg 1026 Wichita KS 67205

Telephone: (316) 648-2003 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - INDOOR MINIATURE GOLF ...INSTALL LASER MAZE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/24/2015

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

11/13/14 (JB)

Change of Contractor

14-2646

FIRE PROTECTION 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 67 Lot 1.01 Qualification Code

Work Site Location 56 Chamberbridge, Space #9
Brick, NJ 08723

Owner in Fee: Glowgolf Ventures, LLC

Tel. 310 648-2003 e-mail jbenn1973@gmail.com

Address 56 Chamberbridge, Brick, NJ 08723
street municipality state zip code

Contractor: Streamline Fire Protection, LLC. Tel. (855) 393-1567

Address 110 Caernarvon Ct. e-mail jim@streamlineprotection.co

Exton, Pa 19341

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01437

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 179613

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason PA100265

Federal Emp. ID No. 45-297465 FAX: (855) 393-1567

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 $

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: Pet Smart

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: Jim Gibbons

Print name here: James T. Gibbons

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add 7 New Sprinklers

Water Supply Source Private Fire Service

Method of Alarm/Suppression System Supervision Central

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	0	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	
Standpipes	0	
Pre-engineered Systems		
Wet Chemical	0	
Dry Chemical	0	
CO_2 Suppression	0	
Foam Suppression	0	
FM200 Suppression	0	
Other	0	
Other Systems		
Kitchen Hood Exhaust System	0	
Smoke Control System	0	
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	
Fireplace Venting/Metal Chimney	0	
Other	0	

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:
[ ] 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: 12/5/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			12/5/14	JB
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12/5/14		12/16/14	SC
Other				

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.

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 WALTER J. HESSBERGER

Address 2715 Hooper Ave, Suite 2C
P.O. Box 450, Brick, N.J. 08723

Telephone (732) 262-7444

Signature Walter J. Hessberger

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 14-2046

Date Issued / Permit # 8/11/14

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

Block 077 Lot 1.09 Qualification Code _____

Work Site Location 56 CHAMBERSBRIDGE RD

Owner in Fee: ~~GLOW GOLF VENTURES~~ LLC/Fedo Realty

Tel. (316) 648-2003 e-mail JBENN1973@GMAIL.COM

Address 7570 W 21ST ST, BLD 1026, WICHITA KS 67205
(street, municipality, zip code)

Contractor: ~~APPLICANT~~ OWNER Tel. (316) 648-2003

Address _____ e-mail _____

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 (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A-3 Proposed A-3

Constr. Class: Present IIB Proposed II B

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 $ 850

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] 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: Walter J Hessberger

Print name here: WALTER J. HESSBERGER

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source EXISTING

Method of Alarm/Suppression System Supervision EXISTING

	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		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	2	
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: _____

[✓] Fire Protection Plans Approved

Date: 8/11/14 Approved by: LAD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/11/14

Approved by: LAD AES

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12/5/14

Approved by: LAD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			12/5/14	LAD
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting	12/5/14			
Final				LAD
Other				

See Back

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 14-21046

Date Issued / Permit # 8/11/14

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

Block 071 Lot 1.01 Qualification Code _____

Work Site Location 56 CHAMBERSBRIDGE Rd.

Owner in Fee: ~~GLOW GOLF VENTURES~~, LLC / Fed. Realty

Tel. (316) 648-2003 e-mail JBENN19736GMAIL.COM

Address 7570 W. 21st ST, BLDG 1026, WICHITA, KS 67205

Contractor: ~~APPLICANT~~ OWNER (street / municipality) Tel. (316) 648-2003 (zip code)

Address _____ e-mail _____

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

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/01/14	Well
[ ] Footings/Foundations	____	____
[ ] Structural/Framework	____	____
[ ] Exterior	____	____
[ ] Interior	____	____

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

SUBCODE APPROVAL for PERMIT
Date: 08/01/14
Approved by: WCK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/05/14
Approved by: Well

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			12/05/14	WCK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed A-3

Constr. Class Present IIB Proposed IIB

No. of Stories 1

Height of Structure _____ ft.

Area — Largest Floor 10,098 sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 900

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: Walter J. Hessberger

Print name here: WALTER J. HESSIBERGER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL LASER MAZE IN EXISTING SPACE.

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
- [X] Other INSTALL LASER MAZE
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

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

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

12/5/14

Met with Zak

Sprinkler in Laser maze — fixed

Need to address luminaires with darkened windows - no regular lighting at all - all blue/black colored light

Separately

No way to activate regular installed track lighting that has been converted to color

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 14-21646

Date Issued
Permit # 8/11/14

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 CHAMBERSBRIDGE Rd.

Owner in Fee GLOW GOLF VENTURES, LLC / Fed. Realty

Address 7570 W. 21ST ST, BLDG 1026, WICHITA KS 67205

Tel (316) 648-2003

Contractor CHAD CORD

Address 130 Rt 9
D.B. Beach

Tel (732) 349-3223 FAX (732) 349 8007

Contractor License No. 6697

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3

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

Building Occupied as MINITURE GOLF Utility Co.

Est. Cost of Elec. Work $ 150 ~

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.

C. Zingale

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		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 Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date 8/6/14

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 12 5 14

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		12-5-14 TC		
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. 07/03)

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

11/13/14 (RB)

Change of Contractor

Date Received
Control #

14-2646

Date Issued
Permit #

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block 679 Lot 104 Qualification Code

Work Site Location 56 Chamberbridge, Space #9
Brick, NJ 08723

Owner in Fee: Glengolf Ventures, LLC

Tel. 316 648-2003 e-mail jbenn19738@gmail.com

Address 56 Chamberbridge, Brick, NJ 08723
(street, municipality)

Contractor: Streamline Fire Protection, LLC. Tel. (855) 393-1567

Address 110 Caernarvon Ct. e-mail jim@streamlineprotection.co

Exton, Pa 19341

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01437

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 179613

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason PA100265

Federal Emp. ID No. 45-297465 FAX: (855) 393-1567

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $

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: Pet Smart

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: Jim Gibbons

Print name here: James T. Gibbons

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add 2 New Sprinklers

Water Supply Source Private Fire Service

Method of Alarm/Suppression System Supervision Central

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	0	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	0	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	2	
Standpipes	0	
Pre-engineered Systems		
Wet Chemical	0	
Dry Chemical	0	
CO_2 Suppression	0	
Foam Suppression	0	
FM200 Suppression	0	
Other	0	
Other Systems		
Kitchen Hood Exhaust System	0	
Smoke Control System	0	
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	0	
Fireplace Venting/Metal Chimney	0	
Other	0	

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:
[ ] 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:	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				
Other				

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.

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

Letter of Transmittal

Address: The Township of Brick
401 Chambers Bridge Rd.
Brick, NJ 08723
PH: 732-262-1033
FAX:732-262-2941

Date: 10/8/14
Job #: 14BRIK012
RE: Glow Golf Brick Plaza

Attention: Code Enforcement

We are sending you: ■ Attached ☐ Under Separate Cover

☐ SFP Prints ☐ Hydraulic Calculations ☐ Material Submittals
☐ Test Certificate ☐ Maintenance Manual ☐ Change Order
☐ Warranty ☐ Architectural Plans ☐ Project Specifications

DATE	NO.	DESCRIPTION
10/8/14	1	UCC Fire Protection Subcode Application

THESE ARE BEING TRANSMITTED:

■ As Requested ☐ For Approval ■ For Permit ☐ For PE Seal/Stamp

☐ For Your Use ☐ For Distribution ☐ For Resubmittal ☐ For Review/Comment

REMARKS: Intent of project scope is to add two new sprinklers to accommodate laser maze. Sprinklers to be located and installed in accordance with NFPA 13 guidelines. Heads shall be supported by laser maze structure and shall include head guards.

Respectfully yours,
STREAMLINE FIRE PROTECTION, LLC.
James T. Gibbons' /s/
James T Gibbons
President

4 M
8/8/14
L

CONSTRUCTION PERMIT

Date Issued 8/11/14
Control # C-14-003324
Permit # 14-2646

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Glow Golf Brick Township, NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (316) 648-2003

Contractor Glow Golf Ventures LLC
Address 7570 W. 21st St. Bldg 1026 Wichita KS 67205
Telephone: (316) 648-2003
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 - INDOOR MINIATURE GOLF ...INSTALL LASER MAZE

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

Estimated Cost of Work $1,900

Daniel F. Newman Jr — Construction Official
8/7/14 — Date

PAYMENTS (Office Use Only)	
Building	$100
Electrical	$75
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$278
Check No.	cash
Cash	$0
Credit	$0
Collected By	

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.

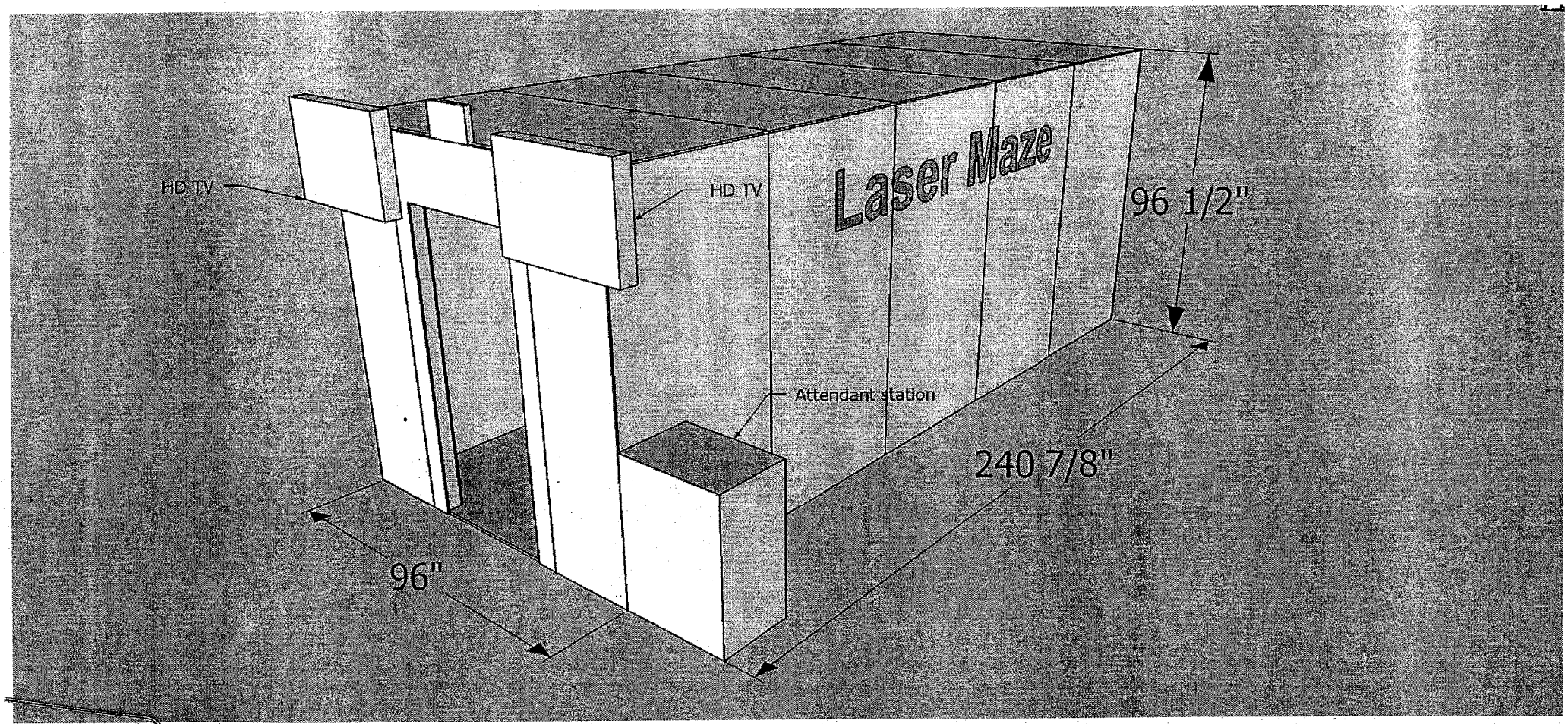
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

X03 SERV.003
#2646
BUILDING $100.00
ELECTRIC $75.00
FIRE $100.00
DCA $3.00
$278.00
CASH $278.00
CHANGE $0.00

☑ 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.



FILE COPY

S&K THEATRICAL DRAPERIES, INC.
7313 Varna Avenue, North Hollywood, CA 91605
818-503-0596 FAX 818-503-0599
www.sktheatricaldraperies.com
info@skdrapes.com

CEILING TARP IN LASER MAZE

Armor Vinyl 13oz Flame Retardant

Specifications

Description:	Vinyl laminated on a weft insertion scrim base of high tenacity filament polyester.
Weight:	Products available in 14 and 15 oz. per lineal yard
Width:	61 inches / 154.94 centimeters
Surface:	High Gloss Embossing
Transparency:	Some light color shades offer good illumination. Total opaque also available.
Abrasion Resistance:	Excellent
Dimensional Stability:	Excellent
Flexibility:	Excellent in both hot and cold environments
Flame Resistance:	Meets California State Fire Marshall Title 19, NFPA-701 Flame Spread Rating Class A (15)
Mildew Resistance:	Excellent
Chemical Resistance:	Excellent
Water Repellency:	Excellent – Water Proof
Oil Resistance:	Excellent
Sewability:	Excellent
Heat Sealability:	Excellent. Can be sealed by hot air weg welder or radio frequency bar type.

Certificate of Flame Resistance

REGISTERED APPLICATION CONCERN No.
GA-134501

ISSUED BY
S&K THEATRICAL DRAPERIES, INC
7313 Varna Ave., N. Hollywood, CA 91605
2216 Armacost Drive, Henderson, NV 89074
Phone NO: 1-800-341-3165
e-mail: info@sktheatricaldraperies.com
www.sktheatricaldraperies.com

Date Work Performed
09/14/11

This is to certify that all materials described at the bottom hereof, have been flame-retardant treated (or are inherently non-flammable)

FOR: FUNOVATION AT: 6837 WINCHESTER CIRCLE 210B
CITY: BOUDER STATE: CO

Certification is hereby made that: (either "a" or "b")

☒ *(a)* The articles listed below have been treated with a flame-retardant chemical approved and registered by the State Fire Marshall and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshall.
Name of Chemical used: FLAMEXX CLS 160 Chemical Registration No.: C 63
Method of Application: PAD DRY

☐ *(b)* The articles described below are made from flame-resistant fabric or material registered and approved by the State Fire Marshall for such use.
Trade name of flame-resistant fabric or material used:
Registration Number:

The Flame Retardant Process used WILL Be Removed By Washing

(On file at S&K Theatrical Draperies, Inc.)
Name of Applicator or Production Superintendent

By: *(Supervisor—Finishing)*
Title

We hereby certify this to be a true and correct copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "Original" of which has been filed with the California State Fire Marshall.

S&K THEATRICAL DRAPERIES, INC

CALIFORNIA SMALL BUSINESS 30211

JOB N.O: GLOWGOLF
S&K P.O NUM: 20338
CUSTOMER INV NO: 3631
QUANTITY:
COLOR: BLACK
STYLE: COMMANDO FR
DATE 09/14/11

IN LASER MAZE

Certificate of Flame Resistance

ISSUED BY

S&K THEATRICAL DRAPERIES, INC

7313 Varna Ave., N. Hollywood, CA 91605
2216 Armacost Drive, Henderson, NV 89074
Phone NO: 1-800-341-3165
e-mail: info@sktheatricaldraperies.com
www.sktheatricaldraperies.com

REGISTERED APPLICATION CONCERN No.
GA-211

Date Work Performed
09/14/11

This is to certify that all materials described at the bottom hereof, have been flame-retardant treated (or are inherently non-flammable)

FOR: FUNOVATION AT: 6837 WINCHESTER CIRCLE 210B
CITY: BOUDER STATE: CO

Certification is hereby made that: (either "a" or "b")

☐ *(a)* The articles listed below have been treated with a flame-retardant chemical approved and registered by the State Fire Marshall and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshall.
Name of Chemical used: Chemical Registration No.:
Method of Application:

X☐ *(b)* The articles described below are made from flame-resistant fabric or material registered and approved by the State Fire Marshall for such use.
Trade name of flame-resistant fabric or material used: ARMOR VINYL
Registration Number: GA-211

The Flame Retardant Process used WILL NOT Be Removed By Washing

(On file at S&K Theatrical Draperies, Inc.)
Name of Applicator or Production Superintendent

By: *(Supervisor—Finishing)*
Title

We hereby certify this to be a true and correct copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "Original" of which has been filed with the California State Fire Marshall.

S&K THEATRICAL DRAPERIES, INC BY:

CALIFORNIA SMALL BUSINESS 30211

JOB N.O: GLOWGOLF
S&K P.O NUM: 20338
CUSTOMER INV NO: 3631
QUANTITY:
COLOR: BLACK
STYLE: ARMOR VINYL
DATE 09/14/11

S&K THEATRICAL DRAPERIES, INC.
7313 Varna Avenue, North Hollywood, CA 91605
818-503-0596 FAX 818-503-0599
www.sktheatricaldraperies.com

CURTAIN IN LASER MAZE

COMMANDO SPECIFICATIONS

(Heavy Commando)

- 100% Cotton Filling Sateen Weave.
- 54" wide.
- Construction 50x56.
- FLAME RETARDANT to pass NFPA-701.
- Weight: 16 ounces per linear yard.

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DESCRIPTION OF TEXTILE PRODUCT

COMMANDO CLOTH

Fiber	100% natural cotton fiber
construction of fabric	plain woven, sheeting
weight per linear yard of fabric	16 ounces (544 gms/m)
weight per square yard of fabric	10.67 ounces (397 gms/m2)
Gauge	35 - 37
count of threads	128 (60 warp x 68 fill)
thread denier (diameter)	16's for warp, 8's for fill
Surface treatment	napped one side
dyes	commercial
Flame Retardant Treatment	Non-durable
process of flame retardant treatment	vat-immersion, then pad dry
washing	non-water only, limited dry cleaning
conformance tests	*N.F.P.A.701, small scale test California, Title 19*
Performance (all tests performed using AATTC Methods, when applicable)	
Opacity	good
Tensile	Warp: 60+ lbs., Fill: 60+ lbs.
Tears	Fill: 48+ lbs
Crocking	Average: 4 dry, 3 wet