



UC
New Jersey
Uniform Construction
Code

CONSTRUCTION PERMIT APPLICATION

C-15-004642

Tel. (877) 438-3375 FAX: ()

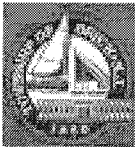
1.	Building	\$	
2.	Electrical	\$	
3.	Plumbing	\$	
4.	Fire Protection	\$	16
5.	Elevator Devices	\$	
6.	Subtotal	\$	
7.	Less 20% for State Plan Review	\$	
8.	Subtotal	\$	
9.	State Permit Surcharge Fee	\$	3
10.	Subtotal	\$	
11.	Cert. of Occupancy	\$	
12.	Other	\$	
13.	TOTAL	\$	73

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 _____

[illegible]

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

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/10/2015
Control Number C-15-004642
Permit Number 15-3153
Permit Issue Date 9/22/2015
Certificate Number 15-3153

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. CHUCK E. CHEESE 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: (732) 262-9202
Contractor: Eastern Fire & Safety LLC
Address: 1933 HWY 35 Suite 105-343 Wall NJ 07719
Telephone: (877) 438-3375 Fax: (732) 359-1571
License Number or Builders Registration Number: P01242 Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: FIRE SUPPRESSION ALTERATIONS

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 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 Eastern Fire & Safety LLC

Address 5718 Hwy 33, Wall, NJ, 07727

Telephone (877) 438-3375

Signature [Signature]

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



CONSTRUCTION PERMIT

Date Issued 9/22/15
Control # C-15-004642
Permit # 5-3153

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. CHUCK E. CHEESE Contractor Eastern Fire & Safety LLC
Brick Township, NJ Address 1933 HWY 35 Suite 105-343 Wall NJ 07719
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE NJ Telephone: (877) 438-3375
20852 Lic. No. or Bldrs. Reg. No. P01242
Telephone: (732) 262-9202 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:

FIRE SUPPRESSION ALTERATIONS

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 \$1424

Daniel Newman Jr
Construction Official

9/21/15
Date

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	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$70
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$73
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 15:23-2.18. 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.



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 671 Lot L.O.I Qualification Code _____

Work Site Location Brick Plaza Brick NJ 08723

Owner in Fee: Chuck E. Cheese

Tel. 232 262-9200 e-mail _____

Address 56 Chambers Bridge Rd Brick NJ 08723

Contractor: Eastern Fire and Safety, LLC Municipality Brick Tel. 8774383375

Address 1933 Hwy. #35, Wall, NJ 07719 e-mail service@easternfiresafety.c

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01242

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P01242

Fire Alarm Contractor No. P01242 Exp. Date 4/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 26-201527 FAX: 7323591571

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other Location of Main Control Valve: Spent Air Room Area

Location: _____

Total Cost of Fire Protection Work \$ 1424

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 Phil Chase

Print name here: Sueen Gallagher Phil Andrew

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

DESCRIPTION OF WORK: Relocate 3 obstructed sprinklers

Water Supply Source Heads

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) 3

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ 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 \$ _____

Date Received 9/22/15
Control # 15-3153
Date Issued
Permit #

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: Phil Chase

Print name here: Sueen Gallagher Phil Andrew

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

DESCRIPTION OF WORK: Relocate 3 obstructed sprinklers

Water Supply Source Heads

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) 3

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ 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 \$ _____

September 9, 2015

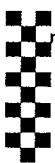
To: Brick Township Fire Office
500 Herbetsville Road
Brick, NJ 08723

Attn: Fire Official

The work that was performed at the Chuck E Cheese's Brick, NJ was to relocate (3) fire sprinkler heads that were too close to the sky tubes. Our technician arrived on site and relocated the (3) sprinkler heads to a location that ensures proper coverage.

Very Respectfully,
Joe Cacio
Assistant Service Manager

*1933 State Highway 35, Suite 105-343
Wall Township, NJ 07719
Phone 1-877-438-3375
Fax 1-732-359-1571
NJ DFS Permit # P01242*



FAX

Date: 09/11/2015**Pages including cover sheet:** 2

To:	+17322622941
Phone	
Fax Number	+17322622941

From:	Service Department
Phone	(877) 438-3375 * 102
Fax Number	(877) 438-3375

NOTE:

Attention Pam



State of New Jersey
Department of Community Affairs
Division of Fire Safety



Hereby Issues To

EASTERN FIRE & SAFETY LLC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

Fire Alarm System

Portable Fire Extinguisher

Kitchen Fire Suppression System

STATE OF NEW JERSEY

DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to

EASTERN FIRE & SAFETY LLC

And is authorized to provide services on the following systems: FSS, FAS, PFE, KFSS

04/07/2014 to 04/30/2017

P01242

P01242

04/07/2014 to 04/30/2017

Permit ID

Date Issued

Lapse Date

Richard E. Constable, III

Commissioner

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:
AFPS- All Fire Protection Equipment System
FSS- Fire Sprinkler System
SHFSS- Special Hazard Fire Suppression System
FAS- Fire Alarm System
PFE- Portable Fire Extinguisher
KFSS- Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

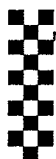
Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 984-7860.

Sincerely,

Richard E. Constable, III



FAX

Date:	09/11/2015
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Pages including cover sheet:	2
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To:	+17322622941
Phone	
Fax Number	+17322622941

From:	Service Department
Phone	(877) 438-3375 * 102
Fax Number	(877) 438-3375

NOTE:

Attn Pam

* * * Error Report (Sep. 11. 2015 4:02PM) * * *

1)
2)

File No.	User Name	Destination	Mode	Time	Page	Result
9712		JCacio@EasternFireSa	G3RED	12'32"	P. 2	E

Page not received

Quick Service Code

P. 2

06-00

: Batch
M : Memory
S : Standard
) : Reduction
Q : RX Notice Req.
<-> : IP-FAX

C : Confidential
L : Send later
D : Detail
H : Stored/D. Server
A : RX Notice
F : Folder

S : Transfer
@ : Forwarding
F : Fine
* : LAN-Fax
N : NGN

P : SEP Code
E : ECM
U : Super Fine
+ : Delivery
◇ : Mail