671/11.01

BLOCK 671 LOT 11.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge PERMIT NO. 15-0739

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C14-004779

I. IDENTIFICATION

1. Proposed Work Site at: 74 BRICK PLAZA, BRICK, NJ 08723
2. Name of Owner in Fee: FEDERAL REALTY
   Tel. (301) 998-8100 e-mail JFMILLER@FEDERALREALTY.com
   Address 1626 E. JEFFERSON ST., ROCKVILLE, MD 20852 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: J.A. SALERNO SR. & SONS INC. Tel. (973) 267-0967
   Address 14 RIDGEDALE #107 e-mail MIKE@JASALERNO.com
   CEDAR KNOLLS, NJ 07927
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
   Federal Emp. ID No. 22-2202759 FAX: (973) 267-0306
5. Architect or Engineer GREENBERG FARROW Contact DAWN SCHAFFRAN
   Address 3 EXECUTIVE DR. Suite 150 Somerset e-mail DSCHAFFRAN@
   Tel. (732) 584-3960 SOMERSET, NJ FAX: (___) ___ GREENBERGFARROW.com
6. Responsible Person in Charge once Work has Begun MICHAEL SALERNO
   Tel. (973) 267-0967 FAX: (973) 267-0306

V. FEE SUMMARY (for office use only)

			Update TA	Update +B
1.	Building	$ 3200		
2.	Electrical	860		
3.	Plumbing	1270		
4.	Fire Protection	715	135	110
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	390		
10.	Subtotal	$	2	
11.	Cert. of Occupancy	125		
12.	Other			
13.	TOTAL	$ 6455	137	110

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 Chipotle 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

Plans

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	7000	10/22/14 MD		11-15-14 MW	12/18/14	MW			
☒ Electrical	4500				11/12/14	TC			
☒ Plumbing	5000				10-30-14				
☒ Fire Protection				2/12/15			3/12/15		
☐ Elevator		Eng	Exempt		10/29/14	ECC			
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

PLANS RULED

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 J.A. SALERNO, SR + SONS, INC. - MICHAEL J. SALERNO

Address 14 RIDGEDALE AVENUE, Suite #107
CEDAR KNOLLS, NJ 07927

Telephone (973) 267-0967

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/14/2015
Control Number C-14-004779
Permit Number 15-0739
Permit Issue Date 03/20/2015
Certificate Number 15-0739

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Chipotle Mexican Grill 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:

Contractor JA SALERNO AND SONS

Address 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-

Telephone: (973) 267-0967 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2202759

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - CHIPOTLE MEXICAN GRILL

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: $125.00
Check Number: 14293
Collected By: Geradine Roldan

Date Printed: 07/14/2015

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

671/1.01

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-20-15
Permit # 15-0739

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

Block ~~6671~~ 671 Lot ~~15.9,10.01-10.03~~ 4,8,11,12 Qualification Code

Work Site Location ~~74 BRICK PLAZA~~ 56 Chambers Bridge

Owner in Fee: FEDERAL REALTY

Tel. (301) 998-8100 e-mail JFMILLER@FEDERALREALTY.COM

Address 1626 E. JEFFERSON ST. ROCKVILLE, MD 20852

Contractor: J.A. SALERNO, SR. & SONS, INC. (street / municipality / zip code) Tel. 973-267-0967

Address 14 RIDGEDALE AVE., Suite 107 e-mail MIKE@JASALERNO.com
CEDAR KNOLLS, NJ 07927

Contractor License No. or Builder Registration No. N/A Exp. Date —

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 22-2202759 FAX: 973-267-0306

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-18-14	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/19/14
Approved by: MW

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 06/26/15
Approved by: MW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
~~Footing~~ Backfill / Grease Pit			*6-9-15	MW
~~Footing Bonding~~ Hvac Ceil Only			6-9-15	MW
Foundation				
Slab Plumbing Rough Areas			4-8-15	MW
Frame			5-30-15	MW
Truss Sys./Bracing				
Barrier-Free				
Insulation			5-7-15	MW
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ OC			*6/22/15	MW
Mechanical				
TCO				
Other				
Final			6/24/15	MW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present A-2 Proposed A-2
No. of Stories 1
Height of Structure EXISTING ft.
Area — Largest Floor 2,717 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load 108

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) $ 90000 0

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: MICHAEL J. SALERNO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

A 2,717SF TENANT FIT OUT WITHIN BRICK PLAZA, FOR APPROPOSED CHIPOTLE MEXICAN GRILL.

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
[X] Other TENANT FIT OUT
[ ] Demolition

FEE (Office Use Only)
$

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

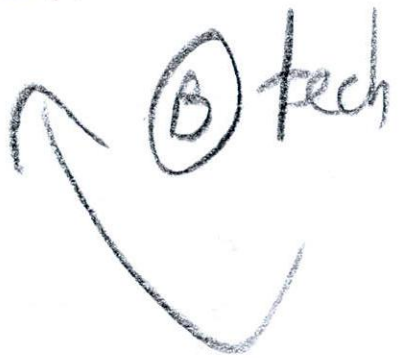
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4-30-15 IW – Frame Approved –
By insul –
- Close Penetrations at Sprinklerpipe
- Addn Screws – at Drop Soffits –

6/9/15 IW * Pictures Req'd for repairs/slurry poured at Foundation Repair

6/22/15 IW – OC. App

*NOTE: Pics of pour Provided –
Contractor to provide dump tickets or other documentation that slurry was of Sufficient psf for footing support



COMMERCIAL


Slurry Composed
of??
6-22-15 MV

671/1.01

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 3-20-15
Permit # 15-0739

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000 Lots: 4, 8, 11, 12

Block 671 Lot ~~1, 5, 9, 10.01, 10.03~~ Qualification Code

Work Site Location Chipotle - Brick, NJ 08723
74 Brick Plaza

Owner in Fee: Federal Realty

Tel. (301) 998-8100 e-mail JFMiller@FederalRealty.com

Address 1626 E. Jefferson St., Rockville, MD 20852
street municipality zip code

Contractor: Giordano Electric Corp. Tel. (732) 281-1562

Address 2274 Maple Manor Court e-mail
Toms River, New Jersey 08755 Cell 908-451-4053

Contractor License No. 10132 Exp. Date

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

Federal Emp. ID No. 22-3162202 FAX: (732) 281-1563

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 45,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved
Date: Approved by:

[✓] Electrical Plans Approved
Date 11/12/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 11/12/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 6/24/15
Approved by:

INSPECTIONS

Type: Comm	Failure	Failure	Approval	Initial
Rough WAHS			4/30/15	CG
Barrier-Fee				
Trench 2-3/4 INSCAB			4/3/15	TO
~~Temp. Srv.~~ ROOFTOP			6/9/15	TO
Constr. Serv.				
TCO				
Other				
Service				
Final			6/24/15	PJS
Barrier-Fee				

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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's Sign/Contractor sign and seal here:

Print name here: John Giordano

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
124		Lighting Fixtures	
56		Receptacles	
		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
22		Emergency & Exit Lights	
20		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		Lighting Inverter	
225		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
5		KW Oven/Surface Unit — 2-2 kw, 1-4 kw, 1-3 kw	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal — 1-1/5	
2		KW Central A/C Unit — 1-12	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
2		HP Motors 1/+ HP — 1-3 HP, 1-1.5 HP	
		KW Transformer/Generator	
		AMP Service	
2	400	AMP Subpanels	
		AMP Motor Control Center	
~~1~~	~~1.2~~	KW Elec. Sign/Outline Light	
1		BDT Panel	

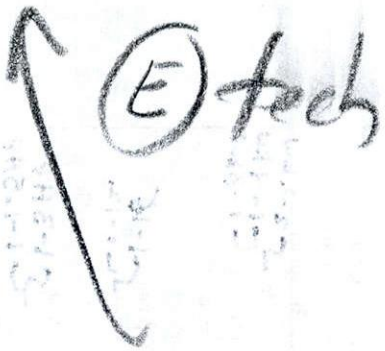
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

COMMERCIAL

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

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

4/30/14 WORKS ONLY PASSED



671/1.01

PLUMBING SUBCODE
TECHNICAL SECTION

Chipolte

Date Received
Control #

Date Issued 3-20-15
Permit # 15-0739

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. Lot: 4, 8, 11, 12

Block [redacted] 671 Lot 1.5-9, 10.01-10.03 Qualification Code

Work Site Location 74 Brick Plaza, Brick NJ 08723

Owner in Fee: FEDERAL REALTY

Tel. 301 998-8100 e-mail JFMILLER@FEDERALREALTY.com

Address 1626 E. JEFFERSON ST., ROCKVILLE, MD 20852
street municipality zip code

Contractor: Dominic Garofolo Tel. 856-672-9008

Address 214 Reading Avenue e-mail dgmech@verizon.net
Oaklyn NJ 08107

Contractor License No. 36BI01092900 Exp. Date 6-31-15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01822600

Federal Emp. ID No. 22-3668954 FAX: 856-672-9008

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 50,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 10-30-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-10-15
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			4-3-15	
Rough			4-29-15	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-21-15	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO 60 days			6-23-15	
Final			7-10-15	
Grease TRAP			5-27-15	

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: Dominic Garofolo

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant fit out of a new Chipotle Restaurant

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
6	Floor Sinks	
5	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
3	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1 8	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventer	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
6	Other floor drain	
1	trench drain	
1	expansion tank	
2	AC	

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

COMMERCIAL

U.C.C. F130 (rev. 11/09)
Internet version

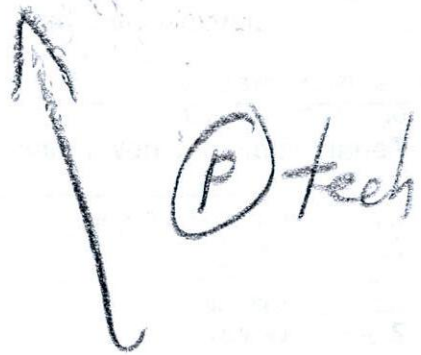
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

6-23-15 /10

~~Reducer's~~ 1+ strainer's 4 Bay sink

~~Labeling~~ (sinks) / and ~~Test Report~~ (RPZ) ok

4 Bay sink Individually pipe Tailpieces to Indirect



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update + D

Date Received
Control #

Date Issued C-14-004779+D
Permit # 3-20-15
15-0739+D

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 CHIPOTLE
BRICK PLAZA BRICK NJ

Owner in Fee: SA SALGADO & SONS

Tel. (973) 267-0967 e-mail

Address 14 R. DELPORT AVE SUITE 107 CEDAR KNOLLS NJ 07927
street municipality zip code

Contractor: TIM TIGER ENTERPRISES Tel. (201) 485-7681

Address 100 WEST MAIN ST RAMSEY NJ 07446 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01236

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153212

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 20-1440263 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A2 & B Proposed SAME Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 9500

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's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATION OF EXISTING HEADS

Water Supply Source MAIN MAIN

Method of Alarm/Suppression System Supervision CENTRAL STATION

	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)	26	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 3/20/15
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4-23-15
Approved by:

INSPECTIONS	Dates (mm/dd/yy)			
Type	Failure	Failure	Approved	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Plan/Compust Tanks				
Fireplace Venting				
Final			4/23/15	
Other				

U.C.C. F140 (rev. 10/06)
Internet version

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

03-09-15 A10:36 IN

5/13/15

Walk thru pre meeting only

6/15/15

Hood light test

- rest of above ceiling

for final

High Pressure H2O test results for cast Iron work

- Above ground pipe cert
- Dead leg accumdest / paperwork
- Kitchen supp test / paperwork

Report for devices LM key

F tech