BLOCK C4-40X 4008-67 / LOT 8 QUALIFICATION CODE Ethan Allen ADDRESS (SITE) Cherlestsbridge + Rt. 70 PERMIT NO. 98-3297

RECEIVED
AUG 0 4 1998
DIV. OF INSPECTION

# CONSTRUCTION PERMIT APPLICATION

COMMERCIAL

Application Instructions: Sections I, II, III (optional), IV, VI, and VII

## I. IDENTIFICATION

1. Propsed Work Site at: Ethan Allen Burlington Shopp. Ctr.
2. Name of Owner in Fee: Federal Realty Tel. (301) 998-8178
   Address 1626 E. Jefferson St. Rockville MD. 20852
   street municipality zip code
3. Ownership in Fee: Public X Private
4. Principal Contractor: Sar-Ser Inc. Tel. (717) 829-4078
   Address 108 N. Main St. Wilkes Barre PA. 18702
   License No. OR, if new home, Builder Reg. No. 427 Exp. Date 6-30-99
   Federal Employee No. 16-520-8600 FAX: (717) 829-4088
5. Architect or Engineer G. Serpico Tel. (717) 829-4078
   Address 108 N. Main St. Wilkes Barre. PA. 18702
6. Responsible Person in Charge of Work Herbert L. Sartin.
   Tel. (717) 829-4078 FAX (717) 829-4088.

Next to Ashleys old Jamesway Warehouse

INTERIOR ALTERATION

Plumbing, Fire, Electrical To Follow

## V. FEE SUMMARY (for office use only)

| | | | +A Update | +B Update |
|---|---|---|---|---|
| 1. Building | $ | 5713. | 221. | |
| 2. Electrical | | | | 270. |
| 3. Plumbing | | | | 138. |
| 4. Fire Protection | | | | |
| 5. Elevator Devices | | | | |
| 6. Subtotal | $ | | | |
| 7. Less 20% for State Plan Review | | | | |
| 8. Subtotal | $ | | | |
| 9. DCA Training Fee | | 184 | 84. | 10. |
| 10. Subtotal | | | | |
| 11. Cert. of Occupancy | | | | |
| 12. Other 2PA | | $30 | | |
| 13. TOTAL | $ | 5987 | 245 | 458 |

## VI. BUILDING/SITE CHARACTERISTICS

| | | (office use only) |
|---|---|---|
| 1. Number of Stories | ONE | |
| 2. Height of Structure | 20 ft. | |
| 3. Area — Largest Floor | 14000± sq. ft. | |
| 4. New Building Area | / sq. ft. | |
| 5. Volume of New Structure | NONE cu. ft. | |
| 6. Construction Classification | MASONRY + STEEL | |
| 7. Total Land Area Disturbed | NONE sq. ft. | |
| 8. Flood Hazard Zone | / | |
| 9. Base Flood Elevation | ft. | |
| 10. Wetlands yes / no | / | |
| 11. Max. Live Load | 30LBS ON GRADE | |
| 12. Max. Occupancy Load | | |

## II. PROPOSED WORK

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | | | | | | | | |
| 2. ~~☐ New Building~~ | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☒ Alteration | 230500 | | | | | | | | |
| 5. ☒ Fire Protection | 20000 | | | 10-25 | SPK ONLY | RW | | | |
| 6. ☒ Plumbing | 15500 | | | | | | " | " | " |
| 7. ☒ Electrical | 31000 | | | | 10/98 | RW | " | " | " |
| 8. ☐ Elevator Devices | | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | | |
| 11. ☒ Demolition | | GW | 8/21/98 | | 8/21/98 | SL | | | |
| TOTAL COSTS | 300000 | | | | | | | | |

OPTIONAL (for office use only)

## III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One Family (R-3) BOCA
6. ☐ One Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: Retail
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10409071

**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(e)1.vii:

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. 5:32-2.15(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 SPR-SER. INC.

Address 198 N. MAIN

WILKES BARRE PENNA.

Telephone (717.) 8294078.

Signature Herbert L Santee

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

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | | | | | | | |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Department of Environmental Protection | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

| Name of Code & Edition | | Name of Code & Edition | | |
|---|---|---|---|---|
| Building | | Energy | | Other |
| Electrical | | Barrier Free | | |
| Plumbing | | Flood Hazard | | |
| Fire Protection | | As Built Elevation Cert. | | |
| Mechanical | | Other | | |

**X. CERTIFICATES ISSUED** (office use only)

| | | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | | | |
| ☐ Temporary Certificate of Compliance | No. | | | | |
| ☐ Continued Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Compliance | No. | | | | |
| ☐ Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Approval | No. | | | | |
| ☐ Lead Abatement Clearance Certificate | No. | | | | |

# CERTIFICATE

Date Issued 12-30-98
Control #
Permit # 98-3297

## IDENTIFICATION

Block 671 Lot 8
Work Site Location Chambers Bridge Rd & Route 70
Brick, NJ 08723
Owner in Fee Federal Realty
Address 1626 E Jefferson St
Rockville, MD 20852
Tele. ( 301 ) 998-8128
Contractor Sar-SGR Inc
Address 198 N Main Street
Wilkes Barre, PA 18702
Tele. ( 717 ) 825-4078
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 16520-8600
or Social Security No.

Home Warranty No.
Use Group M 3 1/2 hours
Maximum Live Load
Description of Work/Use:

"Ethan Allens Furniture" SHELL ONLY

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

## CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XXXX☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey *Uniform Construction Code*, and is approved for use and/or occupancy.

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J Cuniaggia
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/23/98
Control #
Permit # 98-3297

# UCC NEW JERSEY
# CONSTRUCTION PERMIT

IDENTIFICATION Block 468.671 Lot 129 Qual

Work Site Location CHAMBERSBRIDGE/RT 70
INTERIOR RENOVATIONS
Owner in Fee FEDERAL REALTY
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8128

Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA 18702-
Telephone (717)825-4078
Lic. No. or Bldrs. Reg. No. 427
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS FOR ETHAN ALLEN FURNITURE STORE
NEXT TO ASHLEYS-OLD JAMESWAY WAREHOUSE

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 $ 230,500

Construction Official

09/23/98
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 5,773 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 184 |
| Cert. of Occupancy | 0 |
| ~~Other~~ 299 | 30 |
| Total 5987 | ~~5,957~~ |
| Check No. | 0084667 |
| Cash | |
| Collected By | AJP |

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

**0004** 11/04/98 NO. 5 0015A005 11:
3297*B
BLOCK 468 # 0.
LOT 129 # 0.
PLUMBING 290.
FIRE 13
U.C.A. 10
TOTAL 438
CHECK 438
CHANGE 0.

Update Issued 11/04/98
Control #
Permit # 98-3297+B
Permit Issued 09/23/98

UCC NEW JERSEY
# PERMIT UPDATE

IDENTIFICATION Block 468.671 Lot 129 Qual

Work Site Location CHAMBERSBRIDGE/RT 70
PLUMBING UPDATE
Owner in Fee FEDERAL REALTY / ETHAN ALLEN
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8128

Contractor MAGIC TOUCH CONSTRUCTION
Address 59 W FRONT ST
KEYPORT, NJ 07735-
Telephone (732)888-9625
Lic. No. or Bldrs. Reg. No. 7124
Federal Emp. No. 22-1631968

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PLUMBING UPDATE

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 0 |
| Electrical | 0 |
| Plumbing | 290 |
| Fire Protection | 138 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 10 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 438 |
| Check No. | 7418 |
| Cash | |
| Collected By | |

11/12/98

Estimated Cost of Work $ 12,010

Construction Official

11/04/98
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/15/98
Control #
Permit # 98-3297+A
Permit Issued 09/23/98

# UCC NEW JERSEY
# PERMIT UPDATE

IDENTIFICATION Block 468.671 Lot 129 Qual

Work Site Location CHAMBERSBRIDGE/RT 70
INTERIOR RENOVATIONS
Owner in Fee FEDERAL REALTY
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8128

Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Telephone (732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRICAL FOR ETHAN ALLEN

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 0 |
| Electrical | 221 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA Training Fee | 24 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 245 |
| Check No. | 999 |
| Cash | |
| Collected By | AJP |

Estimated Cost of Work $ 30,001

Construction Official

10/15/98
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/23/98
Date Issued 01/01/54
Control # 10-15-98
Permit # 98-3297+A

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

Block 468.671 Lot 129 Qual
Work Site Location CHAMBERSBRIDGE/RT 70
INTERIOR RENOVATIONS
Owner in Fee FEDERAL REALTY
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M
[ ] Pole/Pad # [ ] Temporary [X] Other ETHAN ALLEN
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10-1-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12 30 98
Approved By:
Shell only

INSPECTIONS

| Type | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | 10 20 98 | MW645T |
| Temp Serv | | | | |
| Const Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 12/7/98 | JK NOTE |
| Final | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

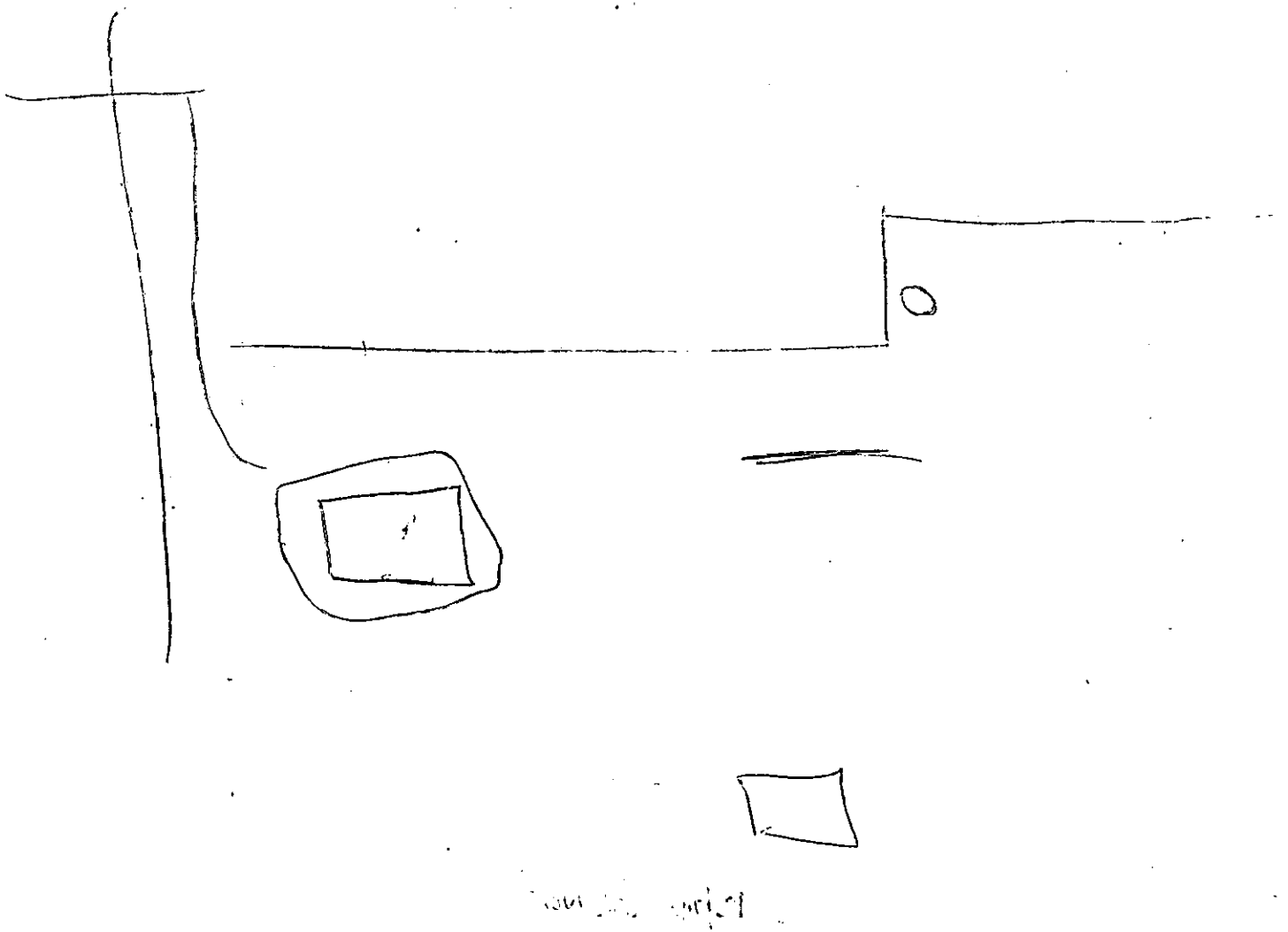
| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 3 | | Lighting Fixtures | |
| 51 | | Receptacles | |
| 5 | | Switches | |
| 0 | | Detectors | |
| 0 | | Light Poles | |
| 0 | | Motors-Fract HP | |
| 8 | | Emergency & Exit Lights | |
| 1 | | Communications Points | |
| 0 | | Alarm Devices/F.A.C. Panel | |
| 68 | | TOTAL NUMBERS | 45 |
| 0 | | Pool Permit/with UW Lights | 0 |
| 0 | | Storable Pool/Spa/Hot Tub | 0 |
| 0 | 0 | KW Elect Range/Receptacle | 0 |
| 0 | 0 | KW Oven/Surface Unit | 0 |
| 1 | 2 | KW Elect Water Heater | 9 |
| 0 | 0 | KW Elect Dryer/Receptacle | 0 |
| 0 | 0 | KW Dishwasher | 0 |
| 0 | 0 | HP Garbage Disposal | 0 |
| 3 | 5 | KW Central A/C Unit | 27 |
| 0 | 0 | HP/KW Space Heater/Air Handler | 0 |
| 0 | 0 | Baseboard Heat | 0 |
| 0 | 0 | HP Motors 1/+ HP | 0 |
| 0 | 0 | KW Transformer/Generator | 0 |
| 1 | 600 | AMP Service | 100 |
| 1 | 200 | AMP Subpanels | 40 |
| 0 | 0 | AMP Motor Control Center | 0 |
| 0 | 0 | KW Elect Sign/Outline Light | 0 |
| | | Other | 0 |
| | | Other | 0 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0 |
| Minimum Fee | $ | 0 |
| TOTAL FEE | $ | 221 |
| DCA Training Fee | $ | 24 |

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

OH FIUSE CHECK GRD ROD & WATER METER JUMPER.



TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/30/98
Date Issued ~~01/01/54~~
Control # 11-04-98
Permit # 98-3297+C

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

Block 468.471 Lot 129 Qual
Work Site Location CHAMBERSBRIDGE/RT 70
INTERIOR RENOVATIONS SPK ONLY
Owner in Fee FEDERAL REALTY
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852
Tele.(215)245-0133 Fax ( )
Contractor MAC SPRINKLER INC MIKE
Address 2811 BRISTOL PIKE
BENSALEM, PA 19020
Tele.(215)245-0133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2885967

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 24,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved SPK
Date: 10-15-98
Approved By: KCB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-14-98
Approved By: KCB

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm Sys | | | | |
| Suppr Test | 12-3-98 | | 12/14/98 | KCB |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pneum Sys | | | | |
| Mechanical | | | | |
| Smoke Ctl | | | | |
| CO | | | | |
| Final | | | | |
| Other | | | | |

SHOP DWGS

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.

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

| Storage Tanks | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel | | |
| Alarm Systems [ ] 110v Interconnected [ ] System | | |
| Alarm Devices(smoke,heat,pulls,water/flow) | 0 | |
| Supervisory Devices (tampers,low/high air) | 0 | |
| Signalling Devices (horn/strobes, bells) | 0 | |
| Other Devices | 0 | |
| TOTAL | 0 | 0 |
| Suppression Systems | | |
| Fire Pump 0 GPM Type | 0 | |
| Dry Pipe/Alarm Valves | 0 | |
| Pre-action Valves | 0 | |
| Sprinkler Heads (Dry and Wet) | 133 | 229 |
| Standpipes | 0 | 0 |
| Pre-Engineered Systems | | |
| Wet Chemical | 0 | 0 |
| Dry Chemical | 0 | 0 |
| CO2 Suppression | 0 | 0 |
| Foam Suppression | 0 | 0 |
| Halon Suppression | 0 | 0 |
| Other | | 0 |
| Kitchen Hood Exhaust System | 0 | 0 |
| Smoke Control System | 0 | 0 |
| Gas [ ] or Oil [ ] Fired Appliances | 0 | 0 |
| Other | | 0 |
| Other | | 0 |

* NEED TENANT FIT-UP
- DUCT DETECTION
- AREA OF EMERGENCY LIGHTS

| | | |
|---|---|---|
| | Administrative Surcharge | $ 0 |
| Paid [ ] Check # | Minimum Fee | $ 0 |
| Collected by: | TOTAL FEE | $ 229 |
| | DCA Training Fee | $ 19 |

248

N.C.C. F140 (rev. 3/96)

MAIN SPRINKLER 12-3-98

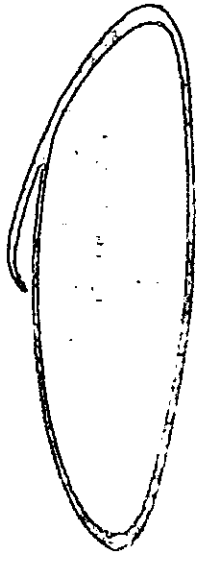
- SPK PIPING ABOVE CLAPPER TESTED 200 PSI ✓ 1:00 ; 3:30 OK

- * PIPE from SHUT OFF VALVE / BACK flow ? TO CLAPPER NOT TESTED contractor advised of NOT being able to shut off valve completely to test - FAILED -

ALSO BTMUA did not test like YET.

* may be leak underground

12/14/98 200 psi test passed



TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/04/98
Date Issued 11/04/98
Control #
Permit # 98-3297+D

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

Block 468.~~01~~ Lot ~~2~~ 5 Qual
Work Site Location CHAMBERSBRIDGE/RT 70 1048 Cedar Bridge Rd
ROOF DRAINS
Owner in Fee FEDERAL REALTY
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(732)888-9625 Fax ( )
Contractor MAGIC TOUCH CONSTRUCTION
Address 59 W FRONT ST
KEYPORT, NJ 07735-
Tele.(732)888-9625
Lic. No. or Bldrs. Reg. No. 7124
Federal Emp. No. 22-1631968

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 12-8-97

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equip. | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | 12-8-97 | |

D. TECHNICAL SITE DATA (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 0 | Water Closet | 0 |
| 0 | Urinal / Bidet | 0 |
| 0 | Bath Tub | 0 |
| 0 | Lavatory | 0 |
| 0 | Shower | 0 |
| 0 | Floor Drain | 0 |
| 0 | Sink | 0 |
| 0 | Dishwasher | 0 |
| 0 | Drinking Fountain | 0 |
| 0 | Washing Machine | 0 |
| 0 | Hose Bib | 0 |
| 0 | Water Heater | 0 |
| 0 | Fuel Oil Piping | 0 |
| 0 | Gas Piping | 0 |
| 0 | Steam Boiler | 0 |
| 0 | Hot Water Boiler | 0 |
| 0 | Sewer Pump | 0 |
| 0 | Interceptor / Separator | 0 |
| 0 | Backflow Preventer | 0 |
| 0 | Greasetrap | 0 |
| 0 | Sewer Connection | 0 |
| 0 | Water Service Connection | 0 |
| 0 | Stacks | 0 |
| | Other 4 ROOF DRAIN | 40 |
| | Other | 0 |

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 0

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/26/98
Date Issued ~~01/01/547~~ 11/04/98
Control #
Permit # 98-3297+B

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

Block 468.~~01~~ Lot ~~20~~ 5 Qual

Work Site Location CHAMBERSBRIDGE/RT 70
PLUMBING UPDATE 1048 Cedar Bridge

Owner in Fee FEDERAL REALTY / ETHAN ALLEN
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(732)888-9625 Fax ( )
Contractor MAGIC TOUCH CONSTRUCTION
Address 59 W FRONT ST
KEYPORT, NJ 07735-
Tele.(732)888-9625
Lic. No. or Bldrs. Reg. No. 7124
Federal Emp. No. 22-1631968

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11/2/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [x] CA
Approved By:
Date: 12-30-98
shell only

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | 11-13-98 | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | 12-498 | 12-8-98 | 12-30-98 | shell only |
| Gas Equip. | | | | |
| Gas Piping | | | 1113-98 | |
| Solar | | | | |
| TCO | 9/c | 12-8-98 | | |
| | Joke | | 12-21-98 | |

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 2 | Water Closet | 20 |
| 0 | Urinal / Bidet | 0 |
| 0 | Bath Tub | 0 |
| 2 | Lavatory | 20 |
| 0 | Shower | 0 |
| 0 | Floor Drain | 0 |
| 1 | Sink | 10 |
| 0 | Dishwasher | 0 |
| 1 | Drinking Fountain | 10 |
| 0 | Washing Machine | 0 |
| 0 | Hose Bib | 0 |
| 1 | Water Heater | 35 |
| 0 | Fuel Oil Piping | 0 |
| 1 | Gas Piping | 25 |
| 0 | Steam Boiler | 0 |
| 0 | Hot Water Boiler | 0 |
| 0 | Sewer Pump | 0 |
| 0 | Interceptor / Separator | 0 |
| 1 | Backflow Preventer | 35 |
| 0 | Greasetrap | 0 |
| 1 | Sewer Connection | 15 |
| 1 | Water Service Connection | 15 |
| 0 | Stacks | 0 |
| | Other 3 A/C | 105 |
| | Other | 0 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0 |
| Minimum Fee | $ | 0 |
| TOTAL FEE | $ | 290 |
| DCA Training Fee | $ | 10 |

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

12/4/98 ① NO Hot Water

② Kit sink + ~~[illegible]~~ not done

③ T+P Relief line run into pan - pan not big enough to handle it

④ drain for pan - were does it run?

12-8-98 ① No hot water

② D/c cond drains not run

③ W. Heater pan, blocks take up all the volume in pan

**TOWNSHIP OF BRICK**

ZONING PERMIT

Date of Issue: August 6, 1998 1998 - 1324

Block 671 Lot 8 Zone B-3, H.D.

Property Address: Brick Plaza

Owner: Federal Realty (Phone): (301) 998-8128

Applicant: Herbert Sartin (Phone): (717) 829-4078

Existing Use: Vacant retail unit (former Jamesway area).

Proposed Use: Ethan Allan furniture store.

Proposed Construction (if any): Interior alterations; 14,630 square feet.

Conditions: Interior work only. No doors or windows.
Site Plan approved by Planning Board April 30, 1998.
Resolution No. R-12-98.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

COMMERCIAL

# TOWNSHIP OF BRICK
## Zoning Permit Application
*(Please Type or Print Neatly)*

BLOCK 468-671 LOT ~~128-348-1-12~~ 8.

PROPERTY ADDRESS RT. 70 & CHAMBERBRIDGE RD. BRICK.

NAME OF OWNER FEDERAL REALTY. OWNER'S PHONE (301) 998128

NAME OF APPLICANT SAR-SER INC.

APPLICANTS COMPLETE ADDRESS 198 N MAIN ST. W. BERRE PA.

APPLICANTS PHONE NUMBER (717) 8294078 APPLICANTS BUSINESS NAME SAR-SER. INC.

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) SHOPP CTR.

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) SHOPPING CTR.

☐ Other (please describe) _____

PROPOSED CONSTRUCTION INTERIOR RENOVATION.

All Dimensions _____ W _____ L _____ ft

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ ft _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☒ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☒ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Herbert L Sarver Date 8-4-98

Reviewed by Zoning Officer Date 8/6

☒ Approved ☐ Rejected

## SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Federal Realty DATE 12-14-98

PROPERTY ADDRESS Chamberbridge & Rt 70 BLOCK 468.671 LOT 129

ZONING _____ USE GROUP _____

CONTRACTOR Magic Touch LICENSE # REGISTRATION 7124

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

| PLUMBING FIXTURES | NUMBER | (sfu) WATER UNITS | (dfu) DRAINAGE |
|---|---|---|---|
| 1:BATHROOM GROUP | ( ) | ( ) | ( ) |
| 2:KITCHEN GROUP | ( ) | ( ) | ( ) |
| 3:WATER CLOSETS | 2 ( ) | 5 ( ) | ( ) |
| 4:LAVATORY | 2 ( ) | 2 ( ) | ( ) |
| 5:BATH TUB | ( ) | ( ) | ( ) |
| 6:SHOWER STALL | ( ) | ( ) | ( ) |
| 7:KITCHEN SINK | 1 ( ) | 1.5 ( ) | ( ) |
| 8:SERVICE SINK | ( ) | ( ) | ( ) |
| 9:LAUNDRY TRAY | ( ) | ( ) | ( ) |
| 10:DISHWASHER | ( ) | ( ) | ( ) |
| 11:WASHING MACHINE | ( ) | ( ) | ( ) |
| 12:URINAL | ( ) | ( ) | ( ) |
| 13:FLOOR DRAIN | ( ) | ( ) | ( ) |
| 14:DRINK FOUNTAIN | 1 ( ) | .5 ( ) | ( ) |
| 15:AIR COND WATER COOLED | ( ) | ( ) | ( ) |
| 16:DENTAL UNIT | ( ) | ( ) | ( ) |
| 17:LAWN SPRINKLE | ( ) | ( ) | ( ) |
| 18:FIRE SPRINKLE | ( ) | ( ) | ( ) |
| 19:HOSE BIBS | ( ) | ( ) | ( ) |

TOTAL 9

GALLONS PER MINUTE 8

SIZE OF SERVICE 3/4"

DATE: 12-14-98 APPROVED: _____

# BOCA®
# NATIONAL BUILDING CODE
# PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

**JURISDICTION** Plumbing
*(City, County, Township, etc.)*

**BUILDING LOCATION** ETHAN Allen
*(Street address)*

**BUILDING DESCRIPTION** _____

**REVIEWED BY** DN

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

## CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| (1) | GAS sketch not to code pipe undersized | |
| (2) | Sink and Drinking fountain on tech not on plan called Art | |



06/93

# BOCA®
# NATIONAL BUILDING CODE
# PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 10-28-97

JURISDICTION: _____
(City, County, Township, etc.)

BUILDING LOCATION: ETHAN ALLEN
(Street address)

BUILDING DESCRIPTION: _____

REVIEWED BY: KEES

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| | | |
| | | |
| | NO CFM OR INFO ON HEATING UNITS | |
| | | |
| | MAY REQUIRE DUCT DETECTOR PROVIDE ADDITIONAL information | |
| | called MAGIC TOUCH @ 5:00 Am. ~~Left~~ Left MESSAGE | |



06/93

# BOCA®
# NATIONAL BUILDING CODE
# PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 10/14/98

**JURISDICTION** Plumbing
(City, County, Township, etc.)

**BUILDING LOCATION** Ethan Allen
(Street address)

**BUILDING DESCRIPTION** Brat Pizza Update + B

**REVIEWED BY** DAN

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

## CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| (1) | NO OCCUPANT LOAD or square Footage | |
| (2) | Details needed for HANDI-CAPP | |
| (3) | Gas pipe not on plumbers Application | |
| (4) | NO Length of run is on gas sketch | |
| (5) | NO permit Application for RTU's | |
| (6) | NO BTU' load for RTU's | |
| (7) | Riser diagram from plumber. Must be from Architect for class II building | |
| (8) | Plan shows drains from RTU - must have trap primers | |
| (9) | | |
| | For plumbers info: | |
| | ① plan specifies cast iron underground | |
| | ② plan specifies welded gas pipe | |
| | ③ plan specifies L copper | |
| | Charge 2 furnaces + a/c | |



06/93

GAS PIPEING
ETHEN ALLAN STORE
BRICK, NJ 10-26-88

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire

Energy

Electrical

COMMERCIAL

# TOWNSHIP OF BRICK
## PLOT PLAN REVIEW CHECKLIST

BLOCK 468-671. LOT 129-2-4&8 DATE RECEIVED 8/4/98.

ADDRESS RT. 70 & CHAMBERBRIDGE Brick N.J.

APPLICANT JBR-SER INC. PHONE 717-8294078

CONTRACTOR JBR-SER- PHONE 717. 8294078

ADDRESS 198 N. MAIN ST. N.B. PA. SUBDIVISION

TYPE OF WORK INTERIOR RENOVATION. ZONING APPROVAL YES.

REVIEW FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP # DATED

FEMA LETTER RECEIVED YES NO

| | | YES | NO | N/A |
|---|---|---|---|---|
| 1. | SITE PLAN &/OR SURVEY SIGNED & SEALED | ✓ | | |
| 2. | DRAW TO A SCALE OF NOT LESS THAT 1"-100' | ✓ | | |
| 3. | EXISTING ELEVATIONS (NGVD IN FLOOD ZONES) | ✓ | | |
| 4. | SIDE PROPERTY LINES & DWELLINGS & PROP. CORNERS | ✓ | | |
| 5. | STREET GUTTER, TOP CURB & CENTER LINE ELEV. | ✓ | | |
| 6. | CONTOURS; 1' INCREMENTS / IF ELEV. FLUCTUATES 2' | ✓ | | |
| 7. | ADJACENT DWELLING CORNERS | ✓ | | |
| 8. | PROPOSED GRADING | ✓ | | |
| 9. | GARAGE / 1ST FLOOR / CRAWLSPACE / BASEMENT ELEV. | | | |
| 10. | LOT GRADING / FILLING & FINAL ELEVATION | | | |
| 11. | METHOD OF DRAINING | | | |
| 12. | FLOOD OPENING SIZED & PLACED | | | |
| 13. | DRIVEWAY WIDTH / TYPE & DRAINAGE | | | |
| 14. | DIMENSIONS / ACREAGE OF PARCEL IN QUESTION | | | |
| 15. | LOCATION OF FLOODWAY BOUNDARY / HAZARD AREA | | | |
| 16. | SIDEWALK | | | |
| 17. | PARKING AREAS | | | |
| 18. | UTILITY & CONNECTIONS; WATER / SEWER / GAS / ELEC | | | |
| 19. | PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS | | | |
| 20. | STREETS | | | |
| 21. | CURBING | | | |
| 22. | DESCRIPTION OF ALTERATIONS / REL. OF WATERCOURSE | | | |
| 23. | PRIOR APPR: ARMY CORP / NJDEP / WETLANDS, ETC. | | | |
| 24. | SOIL CONSERVATION SERVICE | | | |
| 25. | PLANNING BOARD | | | |

PLOT PLAN REVIEW DATE APPROVED REJECTED

SIGNATURE 8/21/98 ok

REVISED Interior Only NO Site Work

REVISED

REVISED

FIELD CHECK

REVISED

REVISED

REVISED

MUNICIPAL ENGINEER

REVISED

REVISED

REVISED

GAETANO SERPICO, A.I.A.
ARCHITECT - NCARB CERTIFIED

198 N. MAIN STREET • WILKES-BARRE, PA 18702 • (717) 829-4088

9/17/98.

ATTENTION.
MR. FRANK MEISER
TOWNSHIP OF BRICK
401. CHAMBERS BRIDGE RD.
DIVISION OF INSPECTIONS.

PROPOSED ETHAN ALLEN STORE
BRICK PLAZA SHOPPING CTR.
BRICK TOWNSHIP. NEW JERSEY.
BLOCK # 468 -
LOT. # 129.

DEAR MR. MEISER,

CONFORMING OUR TELEPHONE CONVERSATION WHEREBY I ADVISED YOU THA THE WALL SEPARATING THE ADJACENT TENANT WILL CONFORM TO CODE REQUIREMENT WITH A 2 HR. RATING. (UL-U-411)

THANK YOU FOR
YOUR COOPERATION.

## SYSTEM DESCRIPTION

## SKETCH AND DESIGN DATA

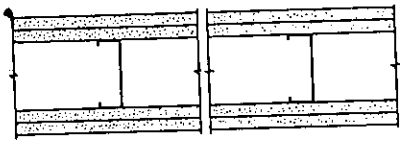
### GA FILE NO. WP 1711

**2 HOUR** **40 to 44 STC**

#### GYPSUM WALLBOARD, METAL STUDS

**Base** layer 5/8" type X gypsum wallboard or veneer base applied parallel to each side of 3 5/8" metal studs spaced 24" o.c. with 1" Type S drywall screws 8" o.c. to edges and 12" o.c. to intermediate studs. **Face** layer 5/8" plain or predecorated type X gypsum wallboard or veneer base applied parallel to studs over **base** layers with laminating compound combed over entire surface. Metal base and top retainer channels. Stagger joints 24" o.c. each layer and side. **(NLB)**

FIRE SOUND



Thickness: 6 1/8"
Limiting Height: Refer to Section VI
Approx. Weight: 10 psf
Fire Test: UL R1319-31, 6-2-60, Design U411
Sound Test: RAL TL 61-213, 7-6-61

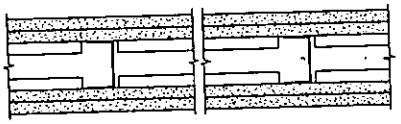
### GA FILE NO. WP 1714

**2 HOUR** **40 to 44 STC**

#### GYPSUM WALLBOARD, METAL STUDS

**Base** layer 5/8" type X gypsum wallboard or veneer base applied parallel with 1" Type S-12 drywall screws 12" o.c. to 18 gage steel studs 2 1/2" wide with 1 3/8" flange. Studs 16" o.c. braced laterally each side with 3/4" cold rolled channel at 1/3 points screw attached with 1/2" Type S-12 drywall screws. Studs welded both sides to floor and ceiling track. **Face** layer 5/8" type X gypsum wallboard or veneer base on each side applied parallel to studs with 1 5/8" Type S-12 drywall screws 12" o.c. Stagger joints 16" o.c. each layer and side. Tested at 100 percent of design load. **(LOAD-BEARING)**

FIRE SOUND



Thickness: 5"
Limiting Height: Subject to design
Approx. Weight: 10 psf
Fire Test: FM WP 199-2, 1-25-71
Sound Test: Estimated

### GA FILE NO. WP 1716

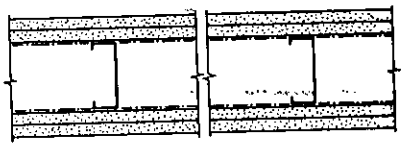
**2 HOUR** **40 to 44 STC**

#### GYPSUM WALLBOARD, METAL STUDS

**Base** layer 5/8" type X gypsum wallboard or veneer base applied parallel to each side of 3 1/2" 20 gage steel studs 24" o.c. and attached to studs and runner track with 1" Type S-12 drywall screws 12" o.c. **Face** layer 5/8" type X gypsum wallboard or veneer base applied parallel to each side of studs and attached to studs and runner track with 1 5/8" Type S-12 drywall screws 12" o.c. Stagger joints 24" o.c. each layer and side. Studs attached to each side of top and bottom track with 1/2" Type S-12 panhead screws, or welded.

**Bracing:** Lateral bracing shall be as described by assembly WP 1206. Tested at 80 percent of design load. **(LOAD-BEARING)**

FIRE SOUND



Thickness: 6"
Limiting Height: Subject to design
Approx. Weight: 10 psf
Fire Test: UL NC 505-6, 7-29-82, Design U425
Sound Test: Estimated

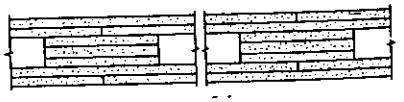
### GA FILE NO. WP 1830

**2 HOUR** **35 to 39 STC**

#### SEMI-SOLID GYPSUM WALLBOARD, GYPSUM STUDS

**Base** layer 1/2" type X gypsum wallboard or veneer base applied parallel to each side of 1 5/8" x 6" type X gypsum board studs 24" o.c. with laminating compound combed over entire surface of gypsum studs. 2" Type G drywall screws at 24" o.c. to studs. **Face** layer 1/2" type X gypsum wallboard or veneer base applied parallel to studs on each side with laminating compound combed over entire contact surface and 2" Type G drywall screws spaced 24" o.c. into gypsum studs. Ends secured to top and bottom channels with 1 1/2" Type S drywall screws 24" o.c. Stagger joints 24" o.c. for each layer and side. **(NLB)**

FIRE SOUND



Thickness: 3 5/8"
Limiting Height: 14'0"
Approx. Weight: 10 psf
Fire Test: UC, 2-8-62
Sound Test: Estimated



*Contact the manufacturer for more detailed information on proprietary products

# BOCA®
# NATIONAL BUILDING CODE
# PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9/10/98

**JURISDICTION** Budding

**BUILDING LOCATION** Brick Plaza (City, County, Township, etc.) (Street address) (Ethen Allen)

**BUILDING DESCRIPTION** INT Renovation

**REVIEWED BY** FM

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CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| (1) | Supply Occupancy LOAD | |
| (2) | Fixture layout showing Isle width | |
| (3) | exit Access Travel Distance | |
| (4) | Rating OF Walls TO Adjoining Spaces | |
| | | |
| | | |
| | | |
| | | |
| | | |
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Spoke to Bob Dett 2:45 pm FM



06/93

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Department of Administration & Finance
Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 920-4850

FAX CORRESPONDENCE

732
~~(908)~~ 262-8954

DATE: 9-23-98

To Fax Number: 717-829-4088 Pages to Follow: 8

Attention: Herbert L Sartin

From: Allison- Brick Bldg dept

Message: Ethan Allen Furniture permit has been approved and paid for as of today. P/S pick-up plans and permit. Any questions call me 732-262-1028

* to Big to mail *

# BOCA®
# NATIONAL BUILDING CODE
# PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 9/30/98

**JURISDICTION** _____

**BUILDING LOCATION** Bethlehem (City, County, Township, etc.)

(Street address)

**BUILDING DESCRIPTION** Store

**REVIEWED BY** WAK

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| (1) | Called Elect Contr Rich AIA | |
| | No lighting? | |
| | | |
| | | |
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06/93

**MAC**

*SPRINKLER, INC.*

RECEIVED
SEP 30 1998
DIV. OF INSPECTION

# TRANSMITTAL

**Date** 9-28-98

**TO:**

NAME: ALISON

COMPANY: Brick

**FROM:** CHARLIE PISTORIO

As you requested____ For your use____

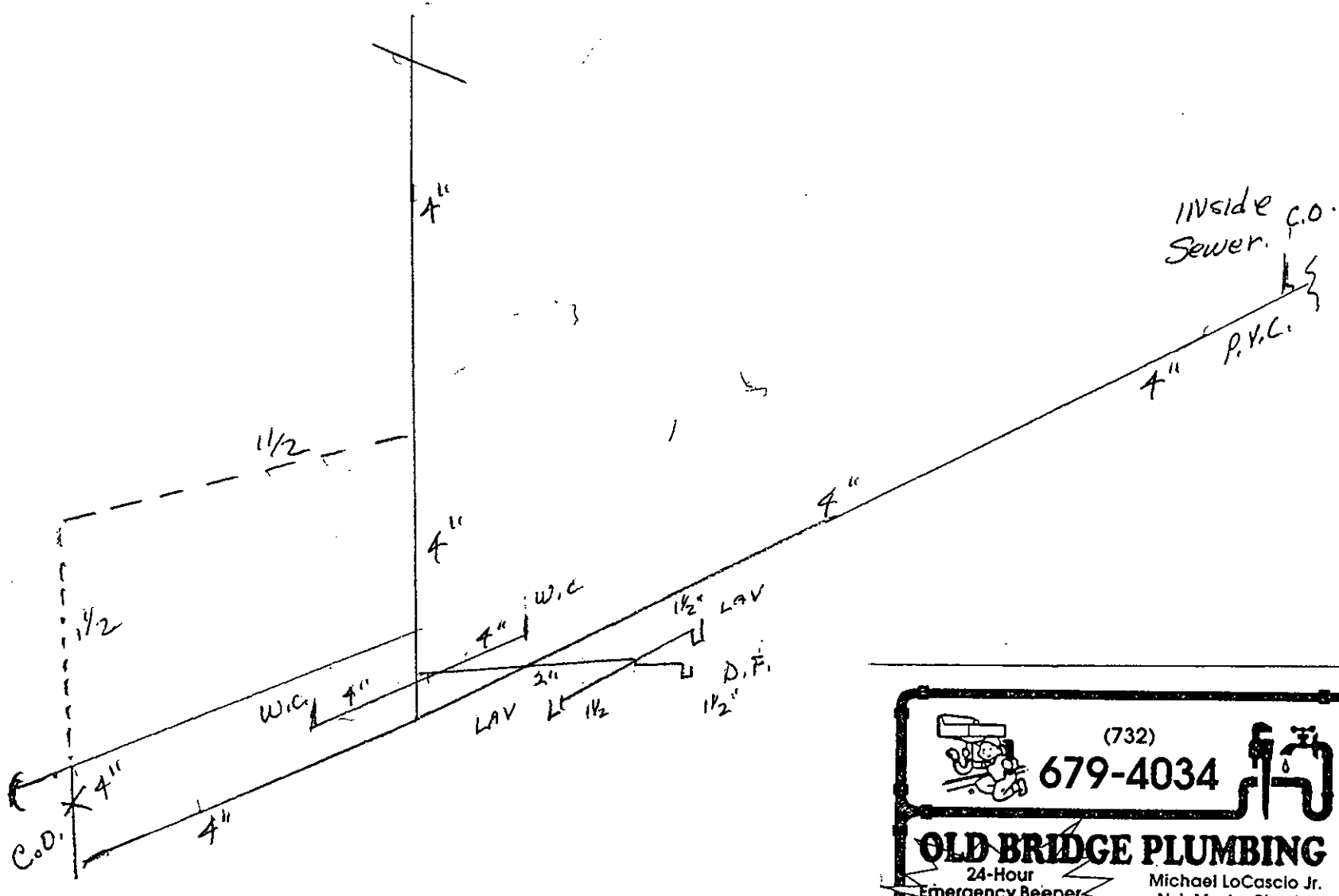
**SUBJECT:** 2 SETS of PLANS + CALCS.
1 APPLICATION.
BRICK PLAZA (ETHAN ALLEN)

THANKS.

Charlie

2811 BRISTOL PIKE, BENSALEM, PA. 19020
(215) 245-0133 / FAX (215) 245-0671

EATHAN Allen Showroom
BRICK PLAZA



MAC
SPRINKLER, INC.
2811 BRISTOL PIKE, BENSALEM, PA. 19020

# H Y D R A U L I C  C A L C U L A T I O N S

## C O V E R  S H E E T

ETHAN ALLEN BRICK PLAZA BRICK NJ.

### W A T E R  S U P P L Y

| | | |
|---|---|---|
| STATIC PRESSURE | (psi) | 65 |
| RESIDUAL PRESSURE | (psi) | 58 |
| RESIDUAL FLOW | (gpm) | 1211 |

### B O O S T E R  P U M P S

NUMBER OF BOOSTER PUMPS 0

### S P R I N K L E R S

| | | |
|---|---|---|
| MAXIMUM SPACING OF SPRINKLERS | (ft) | 8.5 |
| MAXIMUM SPACING OF SPRINKLER LINES | (ft) | 12.5 |
| SPECIFIED DISCHARGE DENSITY | (gpm/sq. ft.) | .2 |

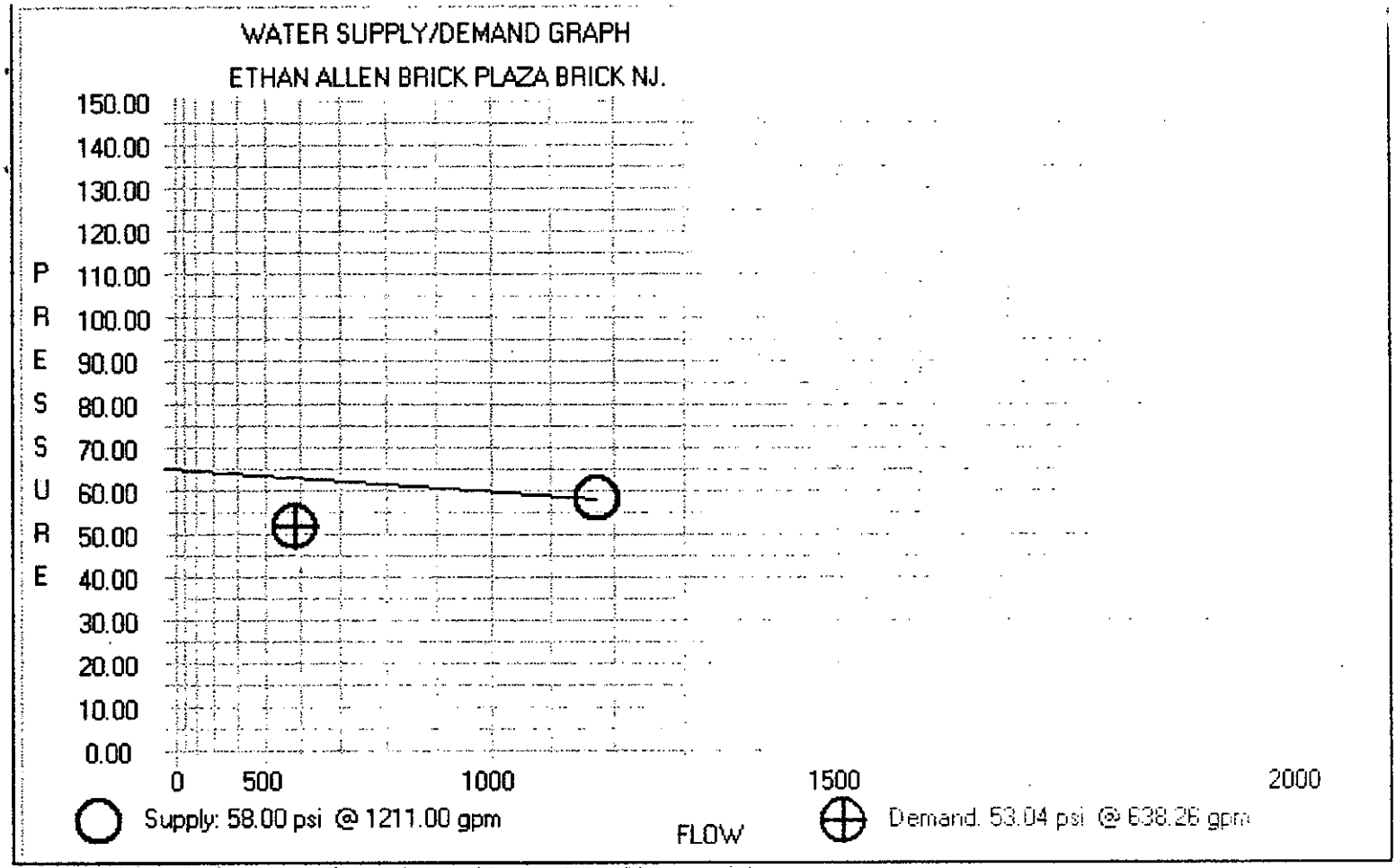
THIS SPRINKLER SYSTEM WILL DELIVER A DENSITY OF .2 gpm/sq. ft.
FOR A DESIGN AREA OF 1500 SQ. FT. OF FLOOR AREA

THIS SYSTEM OPERATES AT A FLOW OF 388.26 gpm AT A PRESSURE OF 51.90 psi
AT THE BASE OF THE RISER (REF. PT. 3)

PIPES USED FOR THIS SYSTEM
==========

111 DUCTILE IRON (350)
001 SCHEDULE 40
002 SCHEDULE 10
006 WHEATLAND WLS

E. Schuler
28 Sept 98


WATER SUPPLY/DEMAND GRAPH
ETHAN ALLEN BRICK PLAZA BRICK NJ.
150.00
140.00
130.00
120.00
P 110.00
R 100.00
E 90.00
S 80.00
S 70.00
U 60.00
R 50.00
E 40.00
30.00
20.00
10.00
0.00
0
500
1000
1500
2000
Supply: 58.00 psi @ 1211.00 gpm
FLOW
Demand: 53.04 psi @ 838.26 gpm

MAC
SPRINKLER, INC.

ETHAN ALLEN BRICK PLAZA BRICK NJ.



HYDRAULIC CALCULATIONS AT SPECIFIED DENSITY

THE FOLLOWING SPRINKLERS ARE OPERATING IN:
[ ] TEST AREA 1 [ ] TEST AREA 2 [ ] TEST AREA 3 [ ] REMOTE AREA

Elevation of sprinklers = Elevation above water test.

| REF. PT. | K | ELEV. ft | FLOW gpm | PRESSURE (psi) Total | Velocity | Normal |
|---|---|---|---|---|---|---|
| 71 | 5.60 | 10.50 | 30.99 | 30.63 | 0.00 | 30.63 |
| 72 | 5.60 | 10.50 | 28.88 | 26.60 | 0.00 | 26.60 |
| 73 | 5.60 | 10.50 | 28.92 | 26.66 | 0.00 | 26.66 |
| 74 | 5.60 | 10.50 | 30.45 | 29.57 | 0.00 | 29.57 |
| 75 | 5.60 | 10.50 | 26.46 | 22.32 | 0.00 | 22.32 |
| 76 | 5.60 | 10.50 | 26.49 | 22.37 | 0.00 | 22.37 |
| 77 | 5.60 | 10.50 | 30.60 | 29.85 | 0.00 | 29.85 |
| 78 | 5.60 | 10.50 | 25.70 | 21.05 | 0.00 | 21.05 |
| 79 | 5.60 | 10.50 | 25.73 | 21.11 | 0.00 | 21.11 |
| 80 | 5.60 | 10.50 | 24.20 | 18.68 | 0.00 | 18.68 |
| 81 | 5.60 | 10.50 | 24.24 | 18.73 | 0.00 | 18.73 |
| 82 | 5.60 | 10.50 | 21.25 | 14.40 | 0.00 | 14.40 |
| 83 | 5.60 | 10.50 | 21.27 | 14.42 | 0.00 | 14.42 |
| 84 | 5.60 | 10.50 | 21.53 | 14.78 | 0.00 | 14.78 |
| 85 | 5.60 | 10.50 | 21.56 | 14.82 | 0.00 | 14.82 |

THE SPRINKLER SYSTEM FLOW IS 388.26 gpm

THE OUTSIDE HOSE FLOW AT REFERENCE POINT NO. 1 IS 250.00 gpm
[ ] THE INSIDE HOSE [ ] RACK SPKLR'S.
[ ] YARD HYDT. FLOW IS 0.00 gpm
THE MINIMUM DENSITY PROVIDED BY THIS SYSTEM IS 0.200 gpm/sq. ft.

THE FOLLOWING PRESSURES & FLOWS OCCUR
---> AT REF. PT. 1 <---

| | | | |
|---|---|---|---|
| STATIC PRESSURE | 65.00 psi | | |
| RESIDUAL PRESSURE | 58.00 psi | AT | 1211.00 gpm |
| TOTAL SYSTEM FLOW | 638.26 gpm | | |
| AVAILABLE PRESSURE | 63.73 psi | AT | 638.26 gpm |
| OPERATING PRESSURE | 53.04 psi | AT | 638.26 gpm |
| PRESSURE REMAINING | 10.69 psi | | |

SAFETY

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt / Pv / Pn | Pt / Pv / Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 388.26 | 105.00 | 352 | 72.59 | 140 | 111 | 6.400 | 0.004 | -1.733 | 53.04 | 54.14 | 0.63 |
| 2 | 3 | 388.26 | 5.00 | 2 | 15.55 | 140 | 111 | 6.400 | 0.004 | 2.167 | 54.14 | 51.90 | 0.07 |
| 3 | 4 | 388.26 | 8.00 | 6 | 32.00 | 120 | 1 | 6.065 | 0.006 | 3.467 | 51.90 | 48.19 | 0.25 |
| 4 | 5 | 388.26 | 9.00 | 0 | 0.00 | 120 | 2 | 4.260 | 0.034 | 3.900 | 48.19 | 43.98 | 0.31 |
| 5 | 7 | 388.26 | 104.00 | 222 | 26.94 | 120 | 2 | 4.260 | 0.034 | 0.000 | 43.98 | 39.49 | 4.49 |
| 7 | 8 | 388.26 | 7.00 | 2T | 12.00 | 120 | 1 | 5.047 | 0.015 | 0.000 | 39.49 | 39.25 | 0.25 |
| 8 | 9 | 388.26 | 15.00 | 3T | 20.00 | 120 | 1 | 4.026 | 0.045 | 0.000 | 39.25 | 37.67 | 1.58 |
| 9 | 10 | 388.26 | 37.50 | 0 | 0.00 | 120 | 1 | 3.548 | 0.083 | 0.000 | 37.67 | 34.54 | 3.13 |
| 10 | 11 | 296.22 | 12.50 | 0 | 0.00 | 120 | 1 | 3.068 | 0.103 | 0.000 | 34.54 | 33.23 | 1.30 |
| 11 | 12 | 148.20 | 12.50 | 0 | 0.00 | 120 | 1 | 2.469 | 0.082 | 0.000 | 33.23 | 32.20 | 1.04 |
| 10 | 20 | 92.04 | 1.50 | 3T | 10.00 | 120 | 1 | 2.067 | 0.081 | 0.650 | 34.54<br>1.07<br>33.47 | 31.89 | 2.00 |
| 11 | 21 | 148.02 | 1.50 | 3T | 10.00 | 120 | 1 | 2.067 | 0.194 | 0.650 | 33.23<br>1.11<br>32.12 | 29.24 | 3.35 |
| 12 | 22 | 148.20 | 1.50 | 3T | 10.00 | 120 | 1 | 2.067 | 0.195 | 0.650 | 32.20 | 29.31 | 2.24 |

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt / Pv / Pn | Pt / Pv / Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | 51 | 92.04 | 4.00 | 2T | 5.00 | 120 | 1 | 2.067 | 0.081 | 0.000 | 31.89 | 31.16 | 0.73 |
| 21 | 52 | 148.02 | 4.00 | 2T | 5.00 | 120 | 1 | 2.067 | 0.194 | 0.000 | 29.24 | 27.49 | 1.75 |
| 22 | 53 | 148.20 | 4.00 | 2T | 5.00 | 120 | 1 | 2.067 | 0.195 | 0.000 | 29.31 | 27.56 | 1.75 |
| 51 | 54 | 61.05 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.127 | 0.000 | 31.16 | 30.08 | 1.08 |
| 52 | 55 | 119.14 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.439 | 0.000 | 27.49 | 23.72 | 3.77 |
| 53 | 56 | 119.28 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.440 | 0.000 | 27.56 | 23.78 | 3.78 |
| 54 | 57 | 30.60 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.035 | 0.000 | 30.08 | 29.77 | 0.31 |
| 55 | 58 | 92.68 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.276 | 0.000 | 23.72 | 21.36 | 2.36 |
| 56 | 59 | 92.79 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.276 | 0.000 | 23.78 | 21.43 | 2.35 |
| 58 | 60 | 66.99 | 8.50 | 0 | 0.00 | 120 | 1 | 1.380 | 0.320 | 0.000 | 21.36 | 18.65 | 2.71 |
| 59 | 61 | 67.06 | 8.50 | 0 | 0.00 | 120 | 1 | 1.380 | 0.321 | 0.000 | 21.43 | 18.71 | 2.72 |
| 60 | 62 | 42.78 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.531 | 0.000 | 18.65 | 14.14 | 4.51 |
| 61 | 63 | 42.83 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.532 | 0.000 | 18.71 | 14.18 | 4.53 |

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt<br>Pv<br>Pn | Pt<br>Pv<br>Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 64 | 21.53 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.149 | 0.000 | 14.14 | 12.88 | 1.27 |
| 63 | 65 | 21.56 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.149 | 0.000 | 14.18 | 12.92 | 1.26 |
| 51 | 71 | 30.99 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.246 | -3.900 | 31.16<br>0.52<br>30.65 | 30.63 | 4.44 |
| 52 | 72 | 28.88 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.216 | -3.900 | 27.49<br>1.35<br>26.14 | 26.60 | 4.79 |
| 53 | 73 | 28.92 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.216 | -3.900 | 27.56<br>1.35<br>26.20 | 26.66 | 4.80 |
| 54 | 74 | 30.45 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.238 | -3.900 | 30.08<br>0.62<br>29.46 | 29.57 | 4.41 |
| 55 | 75 | 26.46 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.183 | -3.900 | 23.72<br>2.37<br>21.34 | 22.32 | 5.30 |
| 56 | 76 | 26.49 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.184 | -3.900 | 23.78<br>2.38<br>21.40 | 22.37 | 5.31 |
| 57 | 77 | 30.60 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.240 | -3.900 | 29.77 | 29.85 | 3.83 |
| 58 | 78 | 25.70 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.174 | -3.900 | 21.36<br>1.44<br>19.92 | 21.05 | 4.21 |
| 59 | 79 | 25.73 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.174 | -3.900 | 21.43<br>1.44<br>19.99 | 21.11 | 4.22 |
| 60 | 80 | 24.20 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.155 | -3.900 | 18.65<br>1.39<br>17.26 | 18.68 | 3.87 |
| 61 | 81 | 24.24 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.156 | -3.900 | 18.71<br>1.39<br>17.31 | 18.73 | 3.88 |

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt / Pv / Pn | Pt | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 82 | 21.25 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.122 | -3.900 | 14.14<br>1.70<br>12.45 | 14.40 | 3.65 |
| 63 | 83 | 21.27 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.122 | -3.900 | 14.18<br>1.70<br>12.48 | 14.42 | 3.66 |
| 64 | 84 | 21.53 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.125 | -3.900 | 12.88 | 14.78 | 2.00 |
| 65 | 85 | 21.56 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.125 | -3.900 | 12.92 | 14.82 | 2.00 |

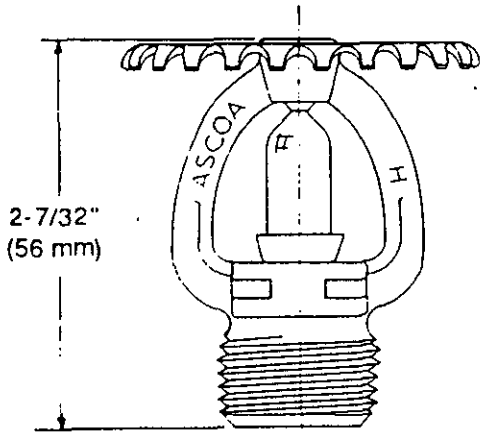
A MAX. VELOCITY OF 18.79 ft./sec. OCCURS BETWEEN REF. PT. 53 AND 56

Sprinkler-CALC Release 7.2 Win
By Walsh Engineering Inc.
North Kingstown R.I. U.S.A.

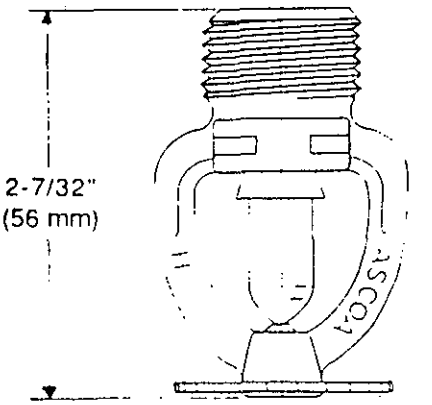
# "Automatic" Upright & Pendent Glass Bulb Sprinklers (15 mm) – FOC, VDS

- **Model H – 15 mm (1/2" Orifice x 1/2" NPT) – Upright or Pendent Use**
- **FOC Approved**
- **VDS Approved**

K = 5.6 (8.1)




☐ Upright Sprinkler




☐ Pendent sprinkler

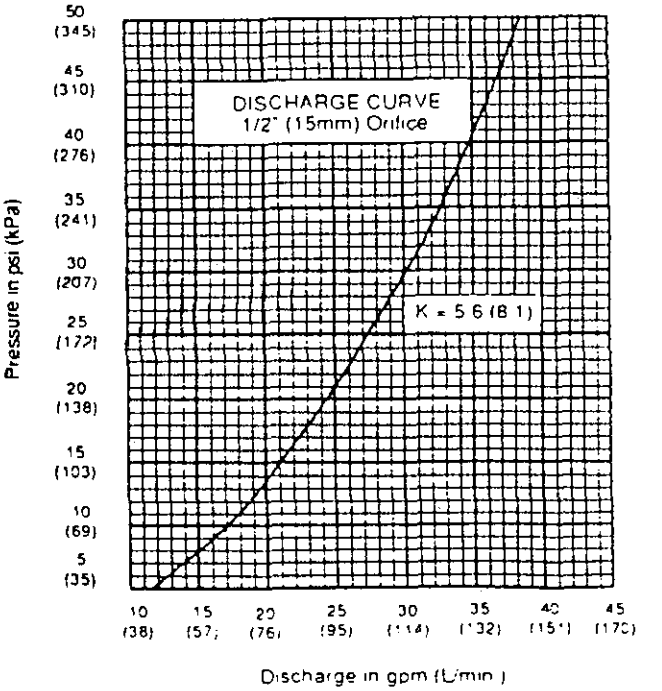
**Temperature Ratings:**

- ☐ 57° C (135° F)
- ☐ 68° C (155° F)
- ☐ 79° C (175° F)
- ☐ 93° C (200° F)
- ☐ 141° C (286° F)
- ☐ 182° C (360° F)
- ☐ Open (No Rating)

**Finishes:**

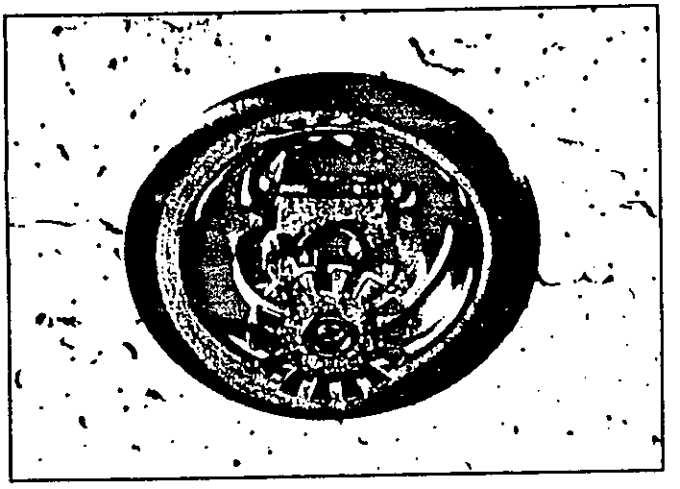
- ☐ Plain Brass
- ☐ Chrome Plated (Bright)
- ☐ Coro-Coated (Wax)*
- ☐ Coro-Coated over Lead*

* See chart on back of page.



# "Automatic" Model H Recessed Pendent Sprinklers

- **Model H – 1/2" Orifice x 1/2" NPT – Standard Pendent** K = 5.6 (8.1)
- **UL Listed**
- **FM Approved – Up to Ordinary Hazard, Group II**



(Bright Chrome Illustrated)

**Orifice:**

☐ 1/2" (12.7 mm)

**Temperature Ratings:**

☐ 135° F (57° C)
☐ 155° F (68° C)
☐ 175° F (79° C)
☐ 200° F (93° C)

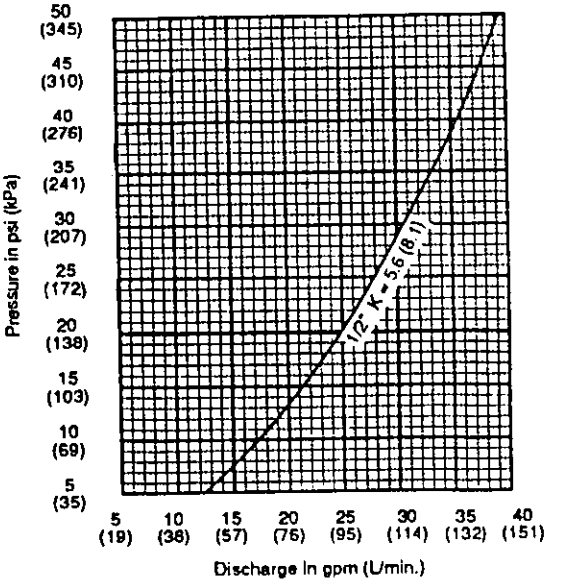
**Sprinkler Finishes:**

☐ Brass
☐ Chrome
☐ White
☐ Bright Brass

**Trim Ring Finishes:**

☐ Bright Chrome
☐ Bright Brass
☐ Antique Brass
☐ Painted (Decorator White)

**Discharge Curve:**



MAC
SPRINKLER, INC.
2811 BRISTOL PIKE, BENSALEM, PA. 19020

# H Y D R A U L I C  C A L C U L A T I O N S

## C O V E R  S H E E T

ETHAN ALLEN BRICK PLAZA BRICK NJ.

### W A T E R  S U P P L Y

| | | |
|---|---|---|
| STATIC PRESSURE | (psi) | 65 |
| RESIDUAL PRESSURE | (psi) | 58 |
| RESIDUAL FLOW | (gpm) | 1211 |

### B O O S T E R  P U M P S

NUMBER OF BOOSTER PUMPS 0

### S P R I N K L E R S

| | | |
|---|---|---|
| MAXIMUM SPACING OF SPRINKLERS | (ft) | 8.5 |
| MAXIMUM SPACING OF SPRINKLER LINES | (ft) | 12.5 |
| SPECIFIED DISCHARGE DENSITY | (gpm/sq. ft.) | .2 |

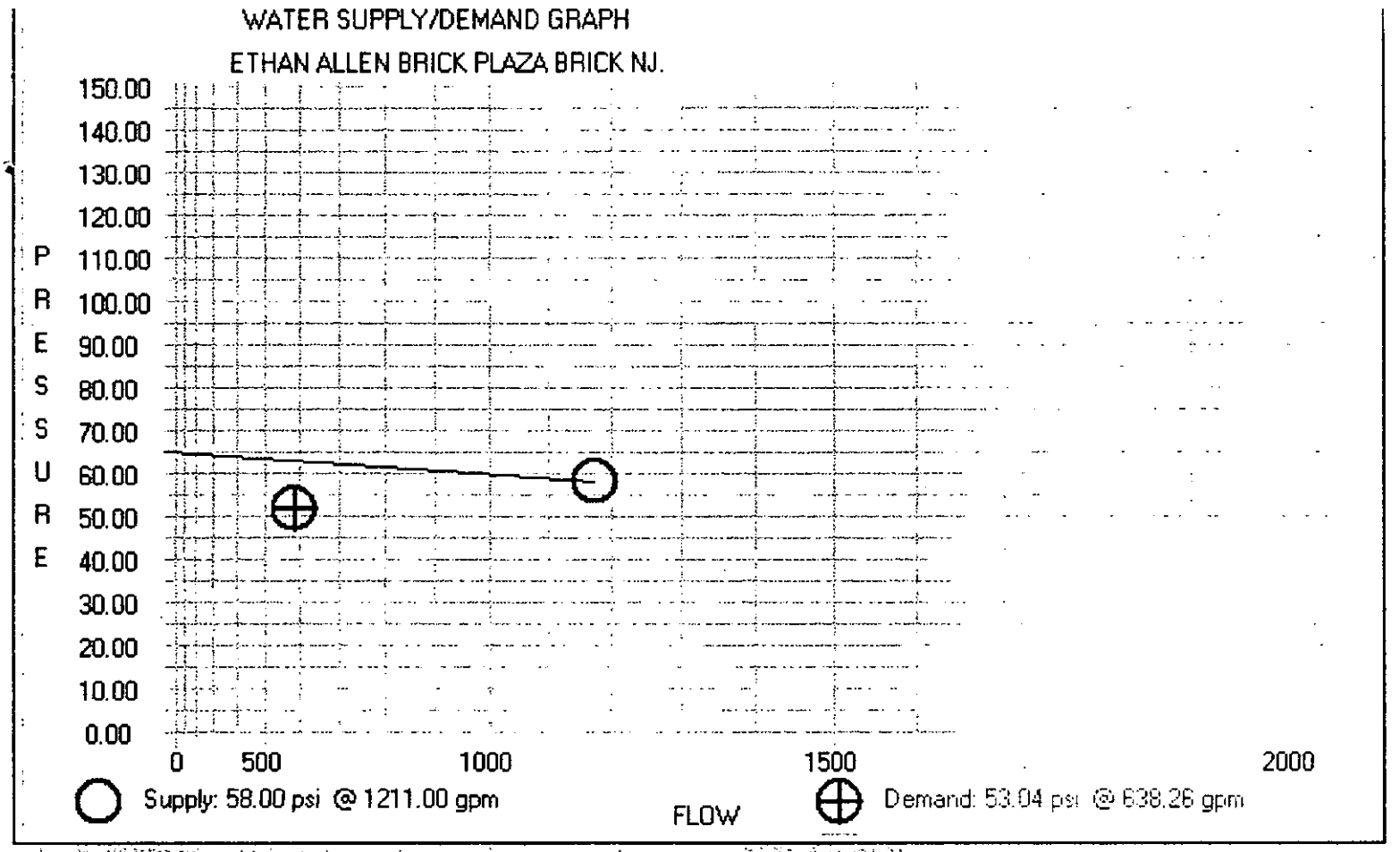
THIS SPRINKLER SYSTEM WILL DELIVER A DENSITY OF .2 gpm/sq. ft.
FOR A DESIGN AREA OF 1500 SQ. FT. OF FLOOR AREA

THIS SYSTEM OPERATES AT A FLOW OF 388.26 gpm AT A PRESSURE OF 51.90 psi
AT THE BASE OF THE RISER (REF. PT. 3)

PIPES USED FOR THIS SYSTEM
==========

111 DUCTILE IRON (350)
001 SCHEDULE 40
002 SCHEDULE 10
006 WHEATLAND WLS

E. Schuh
28 Sept 98


WATER SUPPLY/DEMAND GRAPH
ETHAN ALLEN BRICK PLAZA BRICK NJ.
150.00
140.00
130.00
120.00
110.00
100.00
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
PRESSURE
0
500
1000
1500
2000
FLOW
Supply: 58.00 psi @ 1211.00 gpm
Demand: 53.04 psi @ 638.26 gpm

MAC
SPRINKLER, INC.

ETHAN ALLEN BRICK PLAZA BRICK NJ.



HYDRAULIC CALCULATIONS AT SPECIFIED DENSITY

THE FOLLOWING SPRINKLERS ARE OPERATING IN:
[ ] TEST AREA 1 [ ] TEST AREA 2 [ ] TEST AREA 3 [ ] REMOTE AREA

Elevation of sprinklers = Elevation above water test.

| REF. PT. | K | ELEV. ft | FLOW gpm | PRESSURE (psi) Total | Velocity | Normal |
|---|---|---|---|---|---|---|
| 71 | 5.60 | 10.50 | 30.99 | 30.63 | 0.00 | 30.63 |
| 72 | 5.60 | 10.50 | 28.88 | 26.60 | 0.00 | 26.60 |
| 73 | 5.60 | 10.50 | 28.92 | 26.66 | 0.00 | 26.66 |
| 74 | 5.60 | 10.50 | 30.45 | 29.57 | 0.00 | 29.57 |
| 75 | 5.60 | 10.50 | 26.46 | 22.32 | 0.00 | 22.32 |
| 76 | 5.60 | 10.50 | 26.49 | 22.37 | 0.00 | 22.37 |
| 77 | 5.60 | 10.50 | 30.60 | 29.85 | 0.00 | 29.85 |
| 78 | 5.60 | 10.50 | 25.70 | 21.05 | 0.00 | 21.05 |
| 79 | 5.60 | 10.50 | 25.73 | 21.11 | 0.00 | 21.11 |
| 80 | 5.60 | 10.50 | 24.20 | 18.68 | 0.00 | 18.68 |
| 81 | 5.60 | 10.50 | 24.24 | 18.73 | 0.00 | 18.73 |
| 82 | 5.60 | 10.50 | 21.25 | 14.40 | 0.00 | 14.40 |
| 83 | 5.60 | 10.50 | 21.27 | 14.42 | 0.00 | 14.42 |
| 84 | 5.60 | 10.50 | 21.53 | 14.78 | 0.00 | 14.78 |
| 85 | 5.60 | 10.50 | 21.56 | 14.82 | 0.00 | 14.82 |

THE SPRINKLER SYSTEM FLOW IS 388.26 gpm

THE OUTSIDE HOSE FLOW AT REFERENCE POINT NO. 1 IS 250.00 gpm
[ ] THE INSIDE HOSE [ ] RACK SPKLR'S.
[ ] YARD HYDT. FLOW IS 0.00 gpm
THE MINIMUM DENSITY PROVIDED BY THIS SYSTEM IS 0.200 gpm/sq. ft.

THE FOLLOWING PRESSURES & FLOWS OCCUR
---> AT REF. PT. 1 <---

| | | | |
|---|---|---|---|
| STATIC PRESSURE | 65.00 psi | | |
| RESIDUAL PRESSURE | 58.00 psi | AT | 1211.00 gpm |
| TOTAL SYSTEM FLOW | 638.26 gpm | | |
| AVAILABLE PRESSURE | 63.73 psi | AT | 638.26 gpm |
| OPERATING PRESSURE | 53.04 psi | AT | 638.26 gpm |
| PRESSURE REMAINING | 10.69 psi | | |

SAFETY

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt / Pv / Pn | Pt / Pv / Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 388.26 | 105.00 | 352 | 72.59 | 140 | 111 | 6.400 | 0.004 | -1.733 | 53.04 | 54.14 | 0.63 |
| 2 | 3 | 388.26 | 5.00 | 2 | 15.55 | 140 | 111 | 6.400 | 0.004 | 2.167 | 54.14 | 51.90 | 0.07 |
| 3 | 4 | 388.26 | 8.00 | 6 | 32.00 | 120 | 1 | 6.065 | 0.006 | 3.467 | 51.90 | 48.19 | 0.25 |
| 4 | 5 | 388.26 | 9.00 | 0 | 0.00 | 120 | 2 | 4.260 | 0.034 | 3.900 | 48.19 | 43.98 | 0.31 |
| 5 | 7 | 388.26 | 104.00 | 222 | 26.94 | 120 | 2 | 4.260 | 0.034 | 0.000 | 43.98 | 39.49 | 4.49 |
| 7 | 8 | 388.26 | 7.00 | 2T | 12.00 | 120 | 1 | 5.047 | 0.015 | 0.000 | 39.49 | 39.25 | 0.25 |
| 8 | 9 | 388.26 | 15.00 | 3T | 20.00 | 120 | 1 | 4.026 | 0.045 | 0.000 | 39.25 | 37.67 | 1.58 |
| 9 | 10 | 388.26 | 37.50 | 0 | 0.00 | 120 | 1 | 3.548 | 0.083 | 0.000 | 37.67 | 34.54 | 3.13 |
| 10 | 11 | 296.22 | 12.50 | 0 | 0.00 | 120 | 1 | 3.068 | 0.103 | 0.000 | 34.54 | 33.23 | 1.30 |
| 11 | 12 | 148.20 | 12.50 | 0 | 0.00 | 120 | 1 | 2.469 | 0.082 | 0.000 | 33.23 | 32.20 | 1.04 |
| 10 | 20 | 92.04 | 1.50 | 3T | 10.00 | 120 | 1 | 2.067 | 0.081 | 0.650 | 34.54<br>1.07<br>33.47 | 31.89 | 2.00 |
| 11 | 21 | 148.02 | 1.50 | 3T | 10.00 | 120 | 1 | 2.067 | 0.194 | 0.650 | 33.23<br>1.11<br>32.12 | 29.24 | 3.35 |
| 12 | 22 | 148.20 | 1.50 | 3T | 10.00 | 120 | 1 | 2.067 | 0.195 | 0.650 | 32.20 | 29.31 | 2.24 |

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt Pv Pn | Pt Pv Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | 51 | 92.04 | 4.00 | 2T | 5.00 | 120 | 1 | 2.067 | 0.081 | 0.000 | 31.89 | 31.16 | 0.73 |
| 21 | 52 | 148.02 | 4.00 | 2T | 5.00 | 120 | 1 | 2.067 | 0.194 | 0.000 | 29.24 | 27.49 | 1.75 |
| 22 | 53 | 148.20 | 4.00 | 2T | 5.00 | 120 | 1 | 2.067 | 0.195 | 0.000 | 29.31 | 27.56 | 1.75 |
| 51 | 54 | 61.05 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.127 | 0.000 | 31.16 | 30.08 | 1.08 |
| 52 | 55 | 119.14 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.439 | 0.000 | 27.49 | 23.72 | 3.77 |
| 53 | 56 | 119.28 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.440 | 0.000 | 27.56 | 23.78 | 3.78 |
| 54 | 57 | 30.60 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.035 | 0.000 | 30.08 | 29.77 | 0.31 |
| 55 | 58 | 92.68 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.276 | 0.000 | 23.72 | 21.36 | 2.36 |
| 56 | 59 | 92.79 | 8.50 | 0 | 0.00 | 120 | 1 | 1.610 | 0.276 | 0.000 | 23.78 | 21.43 | 2.35 |
| 58 | 60 | 66.99 | 8.50 | 0 | 0.00 | 120 | 1 | 1.380 | 0.320 | 0.000 | 21.36 | 18.65 | 2.71 |
| 59 | 61 | 67.06 | 8.50 | 0 | 0.00 | 120 | 1 | 1.380 | 0.321 | 0.000 | 21.43 | 18.71 | 2.72 |
| 60 | 62 | 42.78 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.531 | 0.000 | 18.65 | 14.14 | 4.51 |
| 61 | 63 | 42.83 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.532 | 0.000 | 18.71 | 14.18 | 4.53 |

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt<br>Pv<br>Pn | Pt<br>Pv<br>Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 64 | 21.53 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.149 | 0.000 | 14.14 | 12.88 | 1.27 |
| 63 | 65 | 21.56 | 8.50 | 0 | 0.00 | 120 | 1 | 1.049 | 0.149 | 0.000 | 14.18 | 12.92 | 1.26 |
| 51 | 71 | 30.99 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.246 | -3.900 | 31.16<br>0.52<br>30.65 | 30.63 | 4.44 |
| 52 | 72 | 28.88 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.216 | -3.900 | 27.49<br>1.35<br>26.14 | 26.60 | 4.79 |
| 53 | 73 | 28.92 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.216 | -3.900 | 27.56<br>1.35<br>26.20 | 26.66 | 4.80 |
| 54 | 74 | 30.45 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.238 | -3.900 | 30.08<br>0.62<br>29.46 | 29.57 | 4.41 |
| 55 | 75 | 26.46 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.183 | -3.900 | 23.72<br>2.37<br>21.34 | 22.32 | 5.30 |
| 56 | 76 | 26.49 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.184 | -3.900 | 23.78<br>2.38<br>21.40 | 22.37 | 5.31 |
| 57 | 77 | 30.60 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.240 | -3.900 | 29.77 | 29.85 | 3.83 |
| 58 | 78 | 25.70 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.174 | -3.900 | 21.36<br>1.44<br>19.92 | 21.05 | 4.21 |
| 59 | 79 | 25.73 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.174 | -3.900 | 21.43<br>1.44<br>19.99 | 21.11 | 4.22 |
| 60 | 80 | 24.20 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.155 | -3.900 | 18.65<br>1.39<br>17.26 | 18.68 | 3.87 |
| 61 | 81 | 24.24 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.156 | -3.900 | 18.71<br>1.39<br>17.31 | 18.73 | 3.88 |

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

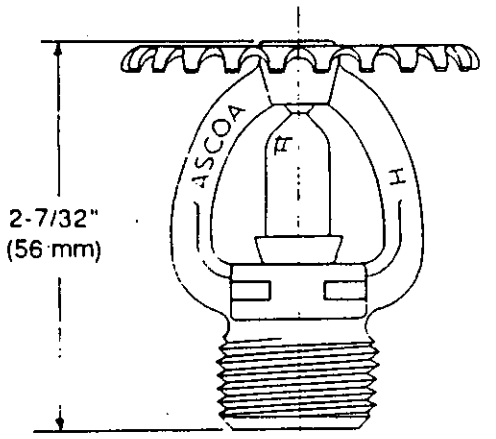
| FROM | TO | FLOW (gpm) | PIPE (ft) | FITS | EQV. (ft) | H-W C | PIPE TYPE | DIA. (in) | FRIC. (psi) | ELEV. (psi) | PRESSURE (psi) Pt<br>Pv<br>Pn | Pt<br>Pv<br>Pn | DIFF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 82 | 21.25 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.122 | -3.900 | 14.14<br>1.70<br>12.45 | 14.40 | 3.65 |
| 63 | 83 | 21.27 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.122 | -3.900 | 14.18<br>1.70<br>12.48 | 14.42 | 3.66 |
| 64 | 84 | 21.53 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.125 | -3.900 | 12.88 | 14.78 | 2.00 |
| 65 | 85 | 21.56 | 10.00 | 3T | 5.95 | 120 | 6 | 1.087 | 0.125 | -3.900 | 12.92 | 14.82 | 2.00 |

A MAX. VELOCITY OF 18.79 ft./sec. OCCURS BETWEEN REF. PT. 53 AND 56

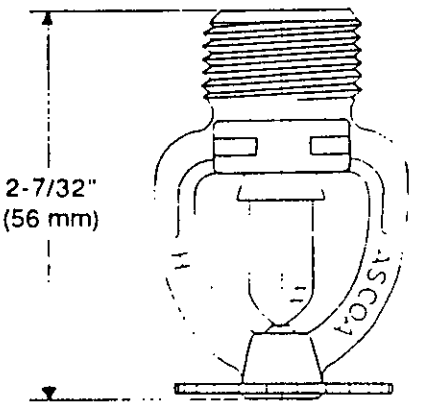
# "Automatic" Upright & Pendent Glass Bulb Sprinklers (15 mm) – FOC, VDS

- Model H – 15 mm (1/2" Orifice x 1/2" NPT) – Upright or Pendent Use
- FOC Approved
- VDS Approved

K = 5.6 (8.1)




☐ Upright Sprinkler




☐ Pendent sprinkler

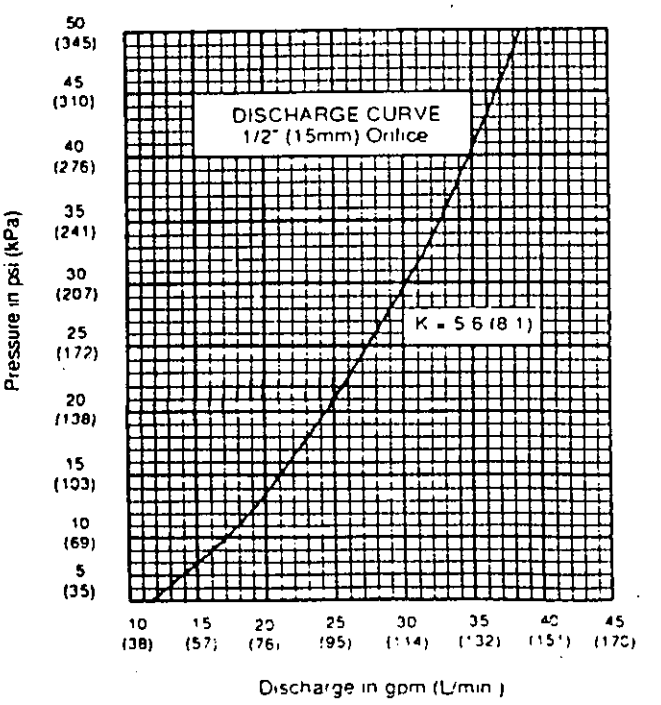
**Temperature Ratings:**

- ☐ 57° C (135° F)
- ☐ 68° C (155° F)
- ☐ 79° C (175° F)
- ☐ 93° C (200° F)
- ☐ 141° C (286° F)
- ☐ 182° C (360° F)
- ☐ Open (No Rating)

**Finishes:**

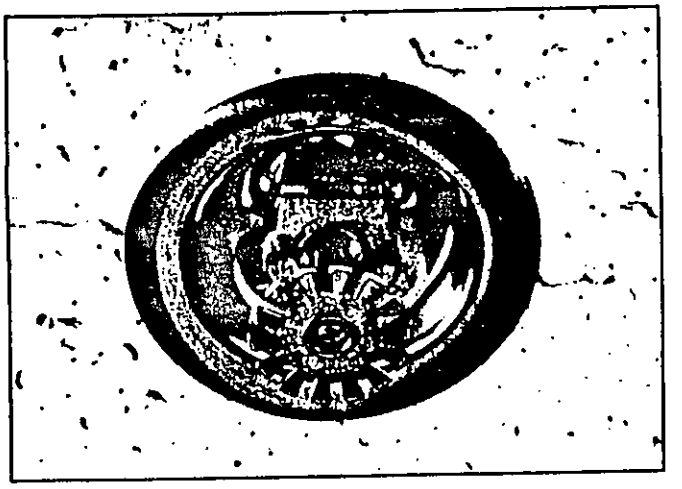
- ☐ Plain Brass
- ☐ Chrome Plated (Bright)
- ☐ Coro-Coated (Wax)*
- ☐ Coro-Coated over Lead*

* See chart on back of page.



# "Automatic" Model H Recessed Pendent Sprinklers

- Model H – 1/2" Orifice x 1/2" NPT – Standard Pendent K = 5.6 (8.1)
- UL Listed
- FM Approved – Up to Ordinary Hazard, Group II



(Bright Chrome Illustrated)

**Orifice:**

☐ 1/2" (12.7 mm)

**Temperature Ratings:**

☐ 135° F (57° C)
☐ 155° F (68° C)
☐ 175° F (79° C)
☐ 200° F (93° C)

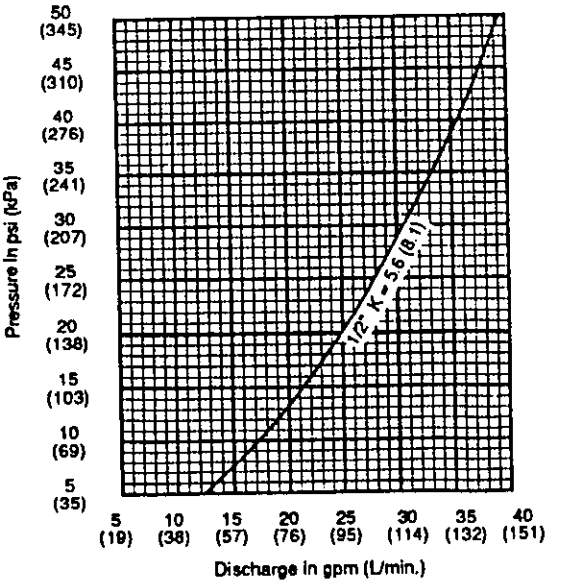
**Sprinkler Finishes:**

☐ Brass
☐ Chrome
☐ White
☐ Bright Brass

**Trim Ring Finishes:**

☐ Bright Chrome
☐ Bright Brass
☐ Antique Brass
☐ Painted (Decorator White)

**Discharge Curve:**



# BOCA®
# NATIONAL BUILDING CODE
# PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 10-1-96

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION ETHAN ALLEN BRICK PLANT
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY KER

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

## CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| 1- | PROVIDE DUCT DETECTION FOR HVAC UNITS IF OVER 2000 CFM | |
| 2- | PROVIDE TRAVEL DISTANCE AND AISLE LAYOUT (EXITS) | |
| 3- | | |



06/93

GAS PIPEING
ETHEN ALLAN STORE
BRICK, NJ
10-26-98

COUNTER FORM
PLEASE PRINT

Re-Submitted 10-26-98 UP Date 98-3297+B

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

RECEIVED
OCT 26 1998
DIV. OF INSPECTION

Site Location: CHAMBERS BRIDGE/RT 70 Date Rec'd.:
Block: 468.67 Lot: 129 Date Issued:
Owner in Fee: FEDERAL REALTY Control #:
Address: 1626 E. Jefferson St Permit #:
ROCKVILLE, MD 20852
State: MD Zip: 20852 Phone: (301) 998-8128
SS #: Provide only if Applicant is owner

## PLUMBING SUBCODE

CONTRACTOR: MAGIC Touch Const/Mnt
ADDRESS: 59 W. Front St
Keyport, NJ 07735
PHONE: 732-888 9623
LIC.#: 7124
LIC. EXPIRATION DATE: 6/30/99
FEDERAL EMP. # (or S.S. #): 22-1631966

TECHNICAL SITE DATA (LIST ALL FIXTURES)

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| 2 | Water Closet |
| | Urinal / Bidet |
| | Bath Tub |
| 2 | Lavatory |
| | Shower |
| | Floor Drain |
| * 1 | Sink CAPPED |
| | Dishwasher |
| 1 | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| * 150' | Gas Piping |
| | Fuel Oil Piping |
| * 1 | Water Heater |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor / Separator |
| * 1 | Backflow Preventer |
| | Greasetrap |
| | Water Cooled AC or Refrig. Unit |
| 1 | Sewer Connection INSIDE BUILDING |
| | Septic (Disposal System) Closure |
| | Water Service Connection |
| 1 | Gas Service Connection |
| | Active Solar System |
| 1 | Vent Through Roof |
| | Other |

Change of Contractor

Estimated Cost of Plumbing Work: $ 12,300
Signature: Ed Burden
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

## BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA
DESCRIPTION OF WORK:

TYPE OF WORK
☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☒ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS
USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

# COUNTER FORM
PLEASE PRINT

## ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #.: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

| DESCRIPTION ITEMS | QTY | SIZE |
|---|---|---|
| Lighting Fixtures | | |
| Receptacles | | |
| Switches | | |
| Detectors | | |
| Light Poles | | |
| Motors - Fract. HP | | |
| Emergency & Exit Lights | | |
| Communications Points | | |
| Alarm Devices/F.A.C. Panel | | |

TOTAL NUMBERS

| | |
|---|---|
| Pool Permit w/UW Lights | |
| Storable Pool/Spa/Hot Tub | |
| KW Elec. Range / Receptacle | KW |
| KW Oven / Surface Unit | KW |
| KW Elec. Water Heater | KW |
| KW Elec. Dryer / Receptacle | KW |
| KW Dishwasher | KW |
| HP Garbage Disposal | HP |
| KW Central A/C Unit | KW |
| HP/KW Space Heater/Air Handler | HP/KW |
| KW Baseboard Heat | KW |
| HP Motors 1/+ HP | HP |
| KW Transformer/Generator | KW |
| AMP Service | AMP |
| AMP Subpanels | AMP |
| AMP Motor Control Center | AMP |
| AMP Elec. Sign/Outline Light | KW |
| Other | |
| Other | |
| Other | |
| Other | |

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

## FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #.: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

| | | |
|---|---|---|
| Water Supply Source | | |
| Method of Valve Supervision | | |
| Local Alarm Supervision | | |
| Central Supervsion | | |
| Proprietary Supervision | | |
| Flammable Liquip Storage Tanks | Capacity: | Fuel: |
| Combustable Liquid Storage Tanks | Capacity: | Fuel: |
| L.G.P. Storage Tanks | Capacity: | Fuel: |

| DESCRIPTION | NUMBER |
|---|---|
| Wet Sprinkler Heads | |
| Dry Sprinkler Heads | |
| Total | |
| Smoke Detectors | |
| Heat Detectors | |
| Total | |
| Stand Pipes | |
| Kitchen Hood Exhaust Systems | |
| Pre-Engineered Systems | |
| Co2 Suppression | |
| Halon Suppression | |
| Foam Suppression | |
| Dry Chemical | |
| Wet Chemical | |
| Gas or Oil Fired Appliance | |
| Other | |
| Other | |

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

# COUNTER FORM
PLEASE PRINT

Update 98-3297+A

**ELECTRICAL SUBCODE**

RACTOR:
ESS:
E: EXP. DATE:
AL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

| CRIPTION | QTY | SIZE |
|---|---|---|
| g Fixtures | | |
| acles | | |
| es | | |
| ors | | |
| oles | | |
| - Fract. HP | | |
| ncy & Exit Lights | | |
| unications Points | | |
| Devices/F.A.C. Panel | | |

. NUMBERS

| | |
|---|---|
| ermit w/UW Lights | |
| le Pool/Spa/Hot Tub | |
| ec. Range / Receptacle | KW |
| ven / Surface Unit | KW |
| ec. Water Heater | KW |
| ec. Dryer / Receptacle | KW |
| ishwasher | KW |
| rbage Disposal | HP |
| entral A/C Unit | KW |
| W Space Heater/Air Handler | HP/KW |
| aseboard Heat | KW |
| otors 1/+ HP | HP |
| ransformer/Generator | KW |
| Service | AMP |
| Subpanels | AMP |
| Motor Control Center | AMP |
| Elec. Sign/Outline Light | KW |

ated Cost of Electrical Work: $
ure (print name):
ated Cost of Electrical Work: $
ure (print name):
Owner ☐ Contractor ☐
CODE APPROVAL:
IS: Required ☐ Approved ☐
oved by:

RACTOR AFFIX SEAL:

2 SETS working ON

**FIRE PROTECTION SUBCODE**

CONTRACTOR: MAC SPRINKLER INC
ADDRESS: 2811 Bristol Pike
BENSALEM PA 19020
PHONE: 215 245 0133
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 23-2853967

TECHNICAL DATA (DESCRIPTION OF WORK)

RELOCATE Existing RISER.
DROP SPRINKLER INTO THE.
NEW CEILING.

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source CITY (Existing)
Method of Valve Supervision Existing
Local Alarm Supervision WMAC
Central Supervsion YES.
Proprietary Supervision YES.

Flammable Liquip Storage Tanks Capacity: Fuel: NA
Combustable Liquid Storage Tanks Capacity: Fuel: NA
L.G.P. Storage Tanks Capacity: Fuel: NA

| DESCRIPTION | NUMBER |
|---|---|
| Wet Sprinkler Heads | 133 |
| Dry Sprinkler Heads | 0 |
| Total | 133 |
| Smoke Detectors | N/A |
| Heat Detectors | N/A |
| Total | — |
| Stand Pipes | 0 |
| Kitchen Hood Exhaust Systems | 0 N/A |
| Pre-Engineered Systems | X |
| Co2 Suppression | |
| Halon Suppression | |
| Foam Suppression | |
| Dry Chemical | |
| Wet Chemical | |
| Gas or Oil Fired Appliance | X |
| Other | X |
| Other | X |

Estimated Cost of Fire Protection Work: $ 24000.00
Signature:
Owner ☐ Contractor ☒

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

008 gf 3297 update

Alison

# COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

RECEIVED
SEP 30 1998
DIV. OF INSPECTION

Site Location: BRICK PLAZA — Date Rec'd.:
Block: 46671 Lot: 8 — Date Issued:
Owner in Fee: FEDERAL REALTY — Control #:
Address: 1626 E. JEFFERSON ST, — Permit #:
ROCKVILLE MD 20852
State: Zip: Phone: ( 800 ) 658 8980
SS #: Provide only if Applicant is o

SEE SPRINKLER

## PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| | Water Closet |
| | Urinal / Bidet |
| | Bath Tub |
| | Lavatory |
| | Shower |
| | Floor Drain |
| | Sink |
| | Dishwasher |
| | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| | Gas Piping |
| | Fuel Oil Piping |
| | Water Heater |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor / Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Water Cooled AC or Refrig. Unit |
| | Sewer Connection |
| | Septic (Disposal System) Closure |
| | Water Service Connection |
| | Gas Service Connection |
| | Active Solar System |
| | Vent Through Roof |
| | Other |

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

## BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Heigh
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Propo
CONSTR. CLASS Present: Propo
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbe
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Update 98-3247

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# COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Brick Plaza — Date Rec'd.:
Block: 671 Lot: 8 — Date Issued:
Owner in Fee: Federal Realty — Control #:
Address: 1626 E. Jefferson St Rockville MD 20852 — Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

## PLUMBING SUBCODE

CONTRACTOR: ~~ITS Electrical Contractors~~
ADDRESS: ~~566 Michelle Place Brick NJ 08723~~
PHONE: ~~732-477-4725~~
LIC #: 11920
LIC. EXPIRATION DATE: ~~2000~~
FEDERAL EMP. # (or S.S. #) [redacted]

TECHNICAL SITE DATA (LIST ALL FIXTURES)

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| | Water Closet |
| | Urinal / Bidet |
| | Bath Tub |
| | Lavatory |
| | Shower |
| | Floor Drain |
| | Sink |
| | Dishwasher |
| | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| | Gas Piping |
| | Fuel Oil Piping |
| | Water Heater |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor / Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Water Cooled AC or Refrig. Unit |
| | Sewer Connection |
| | Septic (Disposal System) Closure |
| | Water Service Connection |
| | Gas Service Connection |
| | Active Solar System |
| | Vent Through Roof |
| | Other |

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

## BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

RECEIVED
SEP 2 3 1998
DIV. OF INSPECTION

COUNTER FORM
PLEASE PRINT

Ethan Allen
98-3299+A

| ELECTRICAL SUBCODE | FIRE PROTECTION SUBCODE |
|---|---|
| CONTRACTOR: ETS Electrical Contractors | CONTRACTOR: |
| ADDRESS: 566 Michelle Pl. Brick NJ 08723 | ADDRESS: |
| PHONE: 732-477-1721 | PHONE: |
| LIC. #: 11930 EXP. DATE: 2000 | LIC. #: EXP. DATE: |
| FEDERAL EMPL. #: (or S.S. #): 157301631 | FEDERAL EMPL. # (or S.S. #): |
| TECHNICAL DATA (LIST ALL FIXTURES) | TECHNICAL DATA (DESCRIPTION OF WORK) |
| DESCRIPTION QTY SIZE | |
| ITEMS | |
| Lighting Fixtures 3 | |
| Receptacles 51 | |
| Switches 5 | |
| Detectors | |
| Light Poles | Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar |
| Motors - Fract. HP | Heating Sys: ☐ New ☐ Existing |
| Emergency & Exit Lights 8 | Location of Furnace / Boiler |
| Communications Points 1 | |
| Alarm Devices/F.A.C. Panel | |
| TOTAL NUMBERS | |
| Pool Permit w/UW Lights | Water Supply Source |
| Storable Pool/Spa/Hot Tub | Method of Valve Supervision |
| KW Elec. Range / Receptacle KW | Local Alarm Supervision |
| KW Oven / Surface Unit KW | Central Supervsion |
| KW Elec. Water Heater 2 KW | Proprietary Supervision |
| KW Elec. Dryer / Receptacle KW | |
| KW Dishwasher KW | Flammable Liquip Storage Tanks Capacity: Fuel: |
| HP Garbage Disposal HP | Combustable Liquid Storage Tanks Capacity: Fuel: |
| (3) KW Central A/C Unit 12.5 Ton 480V KW | L.G.P. Storage Tanks Capacity: Fuel: |
| HP/KW Space Heater/Air Handler HP/KW | |
| KW Baseboard Heat KW | DESCRIPTION NUMBER |
| HP Motors 1/+ HP | Wet Sprinkler Heads |
| KW Transformer/Generator KW | Dry Sprinkler Heads |
| AMP Service ~~400~~ 600 AMP | Total |
| (1) AMP Subpanels 200 AMP | |
| AMP Motor Control Center | Smoke Detectors |
| AMP Elec. Sign/Outline Light 2 KW | Heat Detectors |
| Other | Total |
| Other | |
| Other | Stand Pipes |
| Other | Kitchen Hood Exhaust Systems |
| Estimated Cost of Electrical Work: $ 30,000.00 | |
| Signature (print name): FRED DAVIES | Pre-Engineered Systems |
| Estimated Cost of Electrical Work: $ | Co2 Suppression |
| Signature (print name): | Halon Suppression |
| Owner ☐ Contractor ☐ | Foam Suppression |
| SUBCODE APPROVAL: | Dry Chemical |
| PLANS: Required ☐ Approved ☐ | Wet Chemical |
| Approved by: | |
| Date: | Gas or Oil Fired Appliance |
| | Other |
| CONTRACTOR AFFIX SEAL: | Other |
| | Estimated Cost of Fire Protection Work: $ |
| | Signature: |
| | Owner ☐ Contractor ☐ |
| | SUBCODE APPROVAL: |
| | PLANS: Required ☐ Approved ☐ |
| | Approved by: |
| | Date: |

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Rt. 70 & Chambersbridge Rd. 468-671- 129-2-46-11-12
Work Site Address — Block — Lot

Federal Realty 1626-E. Jefferson St. Rockville MD.
Owner's Name, Address, Phone

Spencer-Inc. 198 N. Main St. Nikes Barre PA. 18702
Contractor's Name, Address, Phone

Construction Interior Renovations.
Describe type (Single -family home, etc.)

Demolition Cutting of new windows etc. in ext. walls.
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Masonry Bricks & Conc.

Name, address and phone of party responsible for removal of debris:

Oceans. Recycling Inc. 665 Cedar Bridge Ave Brewood N.J.

Size of dumpster: 40 C.Y.

Destination of discarded debris:

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Herbert Santos — Herbert Santos — 8/4/98
Printed/Typed Name — Signature — Date

**********

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

## ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

| DESCRIPTION | QTY | SIZE |
|---|---|---|
| ITEMS | | |
| Lighting Fixtures | | |
| Receptacles | | |
| Switches | | |
| Detectors | | |
| Light Poles | | |
| Motors - Fract. HP | | |
| Emergency & Exit Lights | | |
| Communications Points | | |
| Alarm Devices/F.A.C. Panel | | |

| TOTAL NUMBERS | |
|---|---|
| Pool Permit w/UW Lights | |
| Storable Pool/Spa/Hot Tub | |
| KW Elec. Range / Receptacle | KW |
| KW Oven / Surface Unit | KW |
| KW Elec. Water Heater | KW |
| KW Elec. Dryer / Receptacle | KW |
| KW Dishwasher | KW |
| HP Garbage Disposal | HP |
| KW Central A/C Unit | KW |
| HP/KW Space Heater/Air Handler | HP/KW |
| KW Baseboard Heat | KW |
| HP Motors 1/+ HP | HP |
| KW Transformer/Generator | KW |
| AMP Service | AMP |
| AMP Subpanels | AMP |
| AMP Motor Control Center | AMP |
| AMP Elec. Sign/Outline Light | KW |
| Other | |
| Other | |
| Other | |
| Other | |

INFO TO FOLLOW

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

## FIRE PROTECTION SUBCODE

CONTRACTOR: SAK. SAK. INC
ADDRESS: 198 N. MAIN ST. WILKES BARRE PA. 18702
PHONE: 717-8294078.
LIC. #: 427-[redacted] EXP. DATE: 6-25-99
FEDERAL EMPL. # (or S.S. #): [redacted]

TECHNICAL DATA (DESCRIPTION OF WORK)

INFO TO FOLLOW.

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

SPRINKLER EXISTING

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

| | Capacity: | Fuel: |
|---|---|---|
| Flammable Liquip Storage Tanks | | |
| Combustable Liquid Storage Tanks | | |
| L.G.P. Storage Tanks | | |

| DESCRIPTION | NUMBER |
|---|---|
| Wet Sprinkler Heads | |
| Dry Sprinkler Heads | |
| Total | |
| Smoke Detectors | |
| Heat Detectors | |
| Total | |
| Stand Pipes | |
| Kitchen Hood Exhaust Systems | |
| Pre-Engineered Systems | |
| Co2 Suppression | |
| Halon Suppression | |
| Foam Suppression | |
| Dry Chemical | |
| Wet Chemical | |
| Gas or Oil Fired Appliance | |
| Other: | |
| Other: | |

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: RT. 70 + CHAMBERS BRIDGE RD. Date Rec'd.: 8/4/98.
Block: 468-671 Lot: 122-2-4.6 -11-12 Date Issued:
Owner in Fee: Control #:
Address: FEDERAL REALTY Permit #:
1826 - E. JEFFERSON ST.
State: ROCKVILLE Zip: 20852 Phone: (301) 998-8128.
SS #: Provide only if Applicant is owner

## PLUMBING SUBCODE

CONTRACTOR: S
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| | Water Closet |
| | Urinal / Bidet |
| | Bath Tub |
| | Lavatory |
| | Shower |
| | Floor Drain |
| | Sink |
| | Dishwasher |
| | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| | Gas Piping |
| | Fuel Oil Piping |
| | Water Heater |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor / Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Water Cooled AC or Refrig. Unit |
| | Sewer Connection |
| | Septic (Disposal System) Closure |
| | Water Service Connection |
| | Gas Service Connection |
| | Active Solar System |
| | Vent Through Roof |
| | Other |

NORD TO FOLLOW.

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

## BUILDING SUBCODE

CONTRACTOR: JER-JER INC.
ADDRESS: 198 N. MAIN ST. WILKES BARRE PA. 18702
PHONE: 717-8294078.
LIC #: 427-
LIC. EXPIRATION DATE: 6-30-99
FEDERAL EMP. # (or S.S. #): [redacted]

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INTERIOR RENOVATIONS.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☒ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: 20
Area - Largest Floor: 14000 sq.
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed: NONE
Signature: Herbert J Sartin

Estimated Cost of Building Work: 300,000 ±
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☒ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

AGF update

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OCT 0 5 1998
DIV. OF INSPECTION

98-329

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Brick PLAZA
Block: 468.671 Lot: 129
Owner in Fee: Federal REALTY
Address:
Rt 70 & Chambers Bridge Rd.
Brick Township.
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

Old Bridge Plumbing.

## PLUMBING SUBCODE

CONTRACTOR: Michael LoCascio Jr.
ADDRESS: 87 Woodview Dr.
Old Bridge N.J. 08857
PHONE: 732-679-7034
LIC #: 5566
LIC. EXPIRATION DATE: June 1999
FEDERAL EMP. # (or S.S. #): 222-52-7907

TECHNICAL SITE DATA (LIST ALL FIXTURES)

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| 2 | Water Closet |
| | Urinal / Bidet |
| | Bath Tub |
| 2 | Lavatory |
| | Shower |
| | Floor Drain |
| 1 Future | Sink capped. |
| | Dishwasher |
| 1 | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| | Gas Piping |
| | Fuel Oil Piping |
| | Water Heater |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor / Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Water Cooled AC or Refrig. Unit |
| 1 4" | Sewer Connection INside Building |
| | Septic (Disposal System) Closure |
| | Water Service Connection |
| | Gas Service Connection |
| | Active Solar System |
| 1 | Vent Through Roof |
| | Other |

New

Estimated Cost of Plumbing Work: $ 12,000
Signature: Michael LoCascio Jr 10/5/98
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

## BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

# COUNTER FORM
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## ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

| DESCRIPTION | QTY | SIZE |
|---|---|---|
| ITEMS | | |
| Lighting Fixtures | | |
| Receptacles | | |
| Switches | | |
| Detectors | | |
| Light Poles | | |
| Motors - Fract. HP | | |
| Emergency & Exit Lights | | |
| Communications Points | | |
| Alarm Devices/F.A.C. Panel | | |

TOTAL NUMBERS

| | |
|---|---|
| Pool Permit w/UW Lights | |
| Storable Pool/Spa/Hot Tub | |
| KW Elec. Range / Receptacle | KW |
| KW Oven / Surface Unit | KW |
| KW Elec. Water Heater | KW |
| KW Elec. Dryer / Receptacle | KW |
| KW Dishwasher | KW |
| HP Garbage Disposal | HP |
| KW Central A/C Unit | KW |
| HP/KW Space Heater/Air Handler | HP/KW |
| KW Baseboard Heat | KW |
| HP Motors 1/+ HP | HP |
| KW Transformer/Generator | KW |
| AMP Service | AMP |
| AMP Subpanels | AMP |
| AMP Motor Control Center | AMP |
| AMP Elec. Sign/Outline Light | KW |
| Other | |
| Other | |
| Other | |
| Other | |

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

## FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

| | | |
|---|---|---|
| Water Supply Source | | |
| Method of Valve Supervision | | |
| Local Alarm Supervision | | |
| Central Supervsion | | |
| Proprietary Supervision | | |
| Flammable Liquip Storage Tanks | Capacity: | Fuel: |
| Combustable Liquid Storage Tanks | Capacity: | Fuel: |
| L.G.P. Storage Tanks | Capacity: | Fuel: |

| DESCRIPTION | NUMBER |
|---|---|
| Wet Sprinkler Heads | |
| Dry Sprinkler Heads | |
| Total | |
| Smoke Detectors | |
| Heat Detectors | |
| Total | |
| Stand Pipes | |
| Kitchen Hood Exhaust Systems | |
| Pre-Engineered Systems | |
| Co2 Suppression | |
| Halon Suppression | |
| Foam Suppression | |
| Dry Chemical | |
| Wet Chemical | |
| Gas or Oil Fired Appliance | |
| Other | |
| Other | |

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

98-3297-P

# COUNTER FORM
PLEASE PRINT

O+L 6226-96

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Rt 70 Chambers Bridge Rd Date Rec'd:
Block: 486/62 Lot: 129 Date Issued:
Owner in Fee: Control #:
Address: Ethan Allen Permit #:
Federal Realty
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

## PLUMBING SUBCODE

CONTRACTOR: Magic Touch/Comet
ADDRESS: 594 W. Front St
Keyport N.J.
PHONE: 888 9825
LIC #: 7124
LIC. EXPIRATION DATE: 6-99
FEDERAL EMP. # (or S.S. #): 22-1631968

TECHNICAL SITE DATA (LIST ALL FIXTURES)

| NO. | FIXTURE/EQUIPMENT |
|---|---|
| | Water Closet |
| | Urinal / Bidet |
| | Bath Tub |
| | Lavatory |
| | Shower |
| | Floor Drain |
| | Sink |
| | Dishwasher |
| | Drinking Fountain |
| | Washing Machine |
| | Hose Bibb |
| | Gas Piping |
| | Fuel Oil Piping |
| | Water Heater |
| | Steam Boiler |
| | Hot Water Boiler |
| | Sewer Pump |
| | Interceptor / Separator |
| | Backflow Preventer |
| | Greasetrap |
| | Water Cooled AC or Refrig. Unit |
| | Sewer Connection |
| | Septic (Disposal System) Closure |
| | Water Service Connection |
| | Gas Service Connection |
| | Active Solar System |
| | Vent Through Roof |
| 4 | Other Roof Drains 40 - |

Estimated Cost of Plumbing Work: $
Signature: Ed Reuben
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: JPC
Date: 11/4/98
CONTRACTOR AFFIX SEAL:

## BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

# COUNTER FORM
PLEASE PRINT

## ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

| DESCRIPTION | QTY | SIZE |
|---|---|---|
| ITEMS | | |
| Lighting Fixtures | | |
| Receptacles | | |
| Switches | | |
| Detectors | | |
| Light Poles | | |
| Motors - Fract. HP | | |
| Emergency & Exit Lights | | |
| Communications Points | | |
| Alarm Devices/F.A.C. Panel | | |

| TOTAL NUMBERS | |
|---|---|
| Pool Permit w/UW Lights | |
| Storable Pool/Spa/Hot Tub | |
| KW Elec. Range / Receptacle | KW |
| KW Oven / Surface Unit | KW |
| KW Elec. Water Heater | KW |
| KW Elec. Dryer / Receptacle | KW |
| KW Dishwasher | KW |
| HP Garbage Disposal | HP |
| KW Central A/C Unit | KW |
| HP/KW Space Heater/Air Handler | HP/KW |
| KW Baseboard Heat | KW |
| HP Motors 1/+ HP | HP |
| KW Transformer/Generator | KW |
| AMP Service | AMP |
| AMP Subpanels | AMP |
| AMP Motor Control Center | AMP |
| AMP Elec. Sign/Outline Light | KW |
| Other | |
| Other | |
| Other | |
| Other | |

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

## FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

| DESCRIPTION | NUMBER |
|---|---|
| Wet Sprinkler Heads | |
| Dry Sprinkler Heads | |
| Total | |
| Smoke Detectors | |
| Heat Detectors | |
| Total | |

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems
Co2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
Other
Other
Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: