6

EDWARD IZZO
SUB CODE OFFICIAL
TOWNSHIP OF BRICK

TOWNSHIP OF BRICK

Elephants Trunk

~~Bricky~~

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Brick Plaza Inc. 106 Brick Plaza
2. Owner Name: 100 Brick Plaza S/C Tel. 201 477-4100
   Address Bricktown, N.J. 08723
3. Principal Contractor: Same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Donald W. Smith Assoc., P.A. Tel. 201 477-5850
   Address 40 Airport Rd., Lakewood, N.J. 08701
5. Responsible Person in Charge of Work ~~Robert J. Bolton~~ Craig Stewart Tel. ~~201 477-2323~~ 201-542-6054

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 16,000
2. ☒	Plumbing	1,000
3. ☒	Electrical	1,000
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 18,000

C. DO YOU WANT:

1. ☒ Partial Releases
2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☒ Sprinklers Existing
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction: 1
After Construction: 10
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☒ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: Individual stores

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☒	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 1
15. Height of Structure 22 Ft.
16. Area–Largest Floor ____ Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. Total Land Area Disturbed ____ Sq. Ft.

LDS BR 10207072

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 ~~Robert J. Bolton~~ CRAIG STEWART TEL.(~~201~~) ~~477-2323~~ 542-6054

ADDRESS ~~109 Beach Ct.~~ 284 WALL ST

~~Brielle, N.J. 08723~~ EATONTOWN, NJ 07724

SIGNATURE ~~Robert J. Bolton~~ Craig Stewart

BLOCK NO. 671 LOT NO. 8 SUBDIVISION _____ PERMIT NO. 4754

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☒ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☒ Plumbing	1983 NSPC	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	3-8-85	YA - 3285		EO	
	Footings/Foundations		/			
	Framing					
	Architectural					
	Other _____					
☒	PLUMBING	3-26-85	[illegible]	3-26-85	[illegible]	
☐	ELECTRICAL					
☒	FIRE PROTECTION			3285	MC	APP AS NOTED
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		2-4-86 EJ.	
	Footings/Foundations			
	Framing			
	Architectural			
✓	Other _____			
✓	PLUMBING		1-28-86 Dm	~~[illegible]~~
✓	ELECTRICAL		2-3-86 BF	
✓	FIRE PROTECTION		~~2-3-86 BF~~ 2-5-86 AJ	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 135.00
PLUMBING	80.00
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 215.00
– LESS: 20% of subtotal (when plan review performed by state agency).	– 5.00
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	240.00

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

6/

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 4754
DATE ISSUED 8/16/85
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Brick Plaza Inc.
Address 100 Brick Plaza S/C
Bricktown, N.J. 08723
Tel. (201) 477-4100

Work Site Address 106 Brick Plaza

Contractor Craig Stewart, Contr.
Address 284 Wall St.
Eatontown, N.J. 07724
Tel. (201) 542-6054

Lic. No.
Federal Emp. No. 22-2623533

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Craig Stewart
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Subdivide one area into 10 areas

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Total Building Area–All Floors _____ Sq. Ft.

Height of Structure 22 Ft.
Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green • Office Copy White • Applicant Copy Beige – Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 2-27-18

Inspected by: Edward Hayes

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 4754
DATE ISSUED 8/16/85
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner: Brick Plaza Inc.
Address: 100 Brick Plaza S/C
Bricktown, N.J. 08723
Tel. (201) 477-4100

Work Site Address: 106 Brick Plaza

Contractor: Craig Stewart, Contr.
Address: 284 Wall St.
Eatontown, N.J. 07724
Tel. (201) 542-6054

Lic. No.
Federal Emp. No. 22-2623533

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Craig Stewart
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No N/A
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: N/A
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

$ _____
$ _____
$ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present M Proposed
Heating Systems – Location: _____
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

Brick Plaza
106 Unit

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
3-28-85	Review APP AS NOTED - NEW CONTRACTOR
	1, FIRE EXTING
	2, EMER. LIGHTS
	3, STORAGE AREA / FUR - HUM RMS
	SPRINKLER PROT.

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 3-28-85
Approved By: Mike Clayton

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other FINAL				
☐ Other _____				
☐ Other _____				
☐ Other _____				

PLAN REVIEW AND INSPECTION – [illegible]RE

DATE	JOB CONDITION/COMMENTS
3-28-85	Review: APP AS NOTE
	1 FIRE EXT
	2 EMER. LIGHT.
	3 STORAGE AREAS / FOR-HMM RMS
	SPRINKLER PROT.

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 3-28-85
Approved By: Amit Gupta

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 4755 4754
DATE ISSUED 11/13/85
REVISION DATE 12-4-85
Block 671 Lot 8
Subdivision Brick Plaza

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Brick Plaza Inc.
Address 100 Brick Plaza S/C
Bricktown, N.J. 08723
Tel. (201) 477-4100

Work Site Address 106 Brick Plaza

Contractor Michael Quigley, Plumbing & Heating, INc., 206 Broad St
Address Manasquan, N. J. 08736
Tel. (201) 223-8132
Lic.No./Bus. Permit 6988
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Michael Quigley
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
1	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage – Material _____ Size _____
Building Sewer– Material _____ Size _____
Water Service– Material _____ Size _____
Venting – Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 7759
DATE ISSUED
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner ARTHUR FFROS
Address 100 BRICK PLAZA

Tel. ( )

Work Site Address 106 BRICK PLAZA

Contractor E.J DOBSON JR INC
Address 67 RIVERSIDE AVE
RED BANK, NJ
Tel. (201) 747 - 1307
Lic.No./Bus. Permit 1338
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Brian Patterson
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
2	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage – Material _____ Size _____
Building Sewer– Material _____ Size _____
Water Service– Material _____ Size _____
Venting – Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

6

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 4754
DATE ISSUED 8/16/85
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BRICK PLAZA INC
Address 100 BRICK PLAZA S/C
BRICK, NJ 08723
Tel. ( ) 477-4100
Work Site Address SAME
106 BRICK PLAZA

Contractor William Dalton
Address 1602 Harvard Ave
Brick Town NJ
Tel. 201 458 7109
Lic.No./Bus. Permit 4819
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

William Dalton
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.—		Garbage Disposal	$
	Bathtub		1	Air Conditioner Unit	15.—
2	Lavatory/Sink	10.—		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.—		Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace	15.—	1	Vent Stack	10.—
	Steam Boiler			Solar System	
	Water Util. Connection		1	Other GAS	15.—
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 40.—		COLUMN 2	$ 40.—

Fee	
COLUMN 1	$ 40.—
COLUMN 2	$ 40.—
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 80.—

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ 1,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				10-7-85 DM
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 3-26-85
Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

10052 REV. 1
Supersedes 10052

YORK-LUXAIRE INC. ELYRIA, OHIO 44036 (216) 323-5561
TOTAL COMFORT SYSTEMS BY
LUXAIRE • MONCRIEF • FRASER-JOHNSTON

Plan No. _____
Date 3/13/85
Calculated by BRICK HEATING

WORKSHEET FOR MANUAL J

LOAD CALCULATIONS FOR RESIDENTIAL AIR CONDITIONING

Printed by permission of National Warm Air Heating and Air Conditioning Association

For: Name BRICK PLAZA (10 STORE ADDITION)
Address _____
City and State or Province BRICK N.J.
By: Contractor BRICK TOWNSHIP
Address HEATING & AIR CONDITIONING
City 465 BRICK BLVD.
BRICK TOWNSHIP, N. J. 08723

Winter Design Conditions

Outside 0° F Inside 70° F Temperature Difference 70 Degrees

(Insert data below only after all heat loss calculations have been completed)

Total Heat Loss (Btuh) 72,683 (From Line No. 15) Model No. _____
Serial No. _____ Manufactured by _____
Rating Data: Input _____ Btuh Output at Bonnet _____ Btuh
Description of Controls _____

Summer Design Conditions

Outside 95 F Inside 0 F
North Latitude _____ Degrees Daily Range _____

(Insert data below only after all heat gain calculations have been completed)

Total Heat Gain (Btuh) _____ (From Line No. 20 or 21, if used)
Equipment Capacity Multiplier _____ Model No. _____
Serial No. _____ Manufactured by _____
Rating Data: Cooling Capacity _____ Btuh Air Volume _____ Cfm
Description of Controls _____

Winter Construction Data (See Table 2)

Walls and Partitions R-11
Windows and Doors SINGLE GLASS
Ceilings R-19
Floors SLAB.

Summer Construction Data (See Table 5)

Direction House Faces
Windows and Doors
Walls and Partitions
Ceilings
Floors

FILE

#	Item		Const. No.	HTM Htg	HTM Clg	Entire House Area or Length	Entire House Btuh Htg	Entire House Btuh Clg	1 Area or Length	1 Btuh Htg	1 Btuh Clg	2 Area or Length	2 Btuh Htg	2 Btuh Clg	3 Area or Length	3 Btuh Htg	3 Btuh Clg	4 Area or Length	4 Btuh Htg	4 Btuh Clg	5 Area or Length
1	Name of Room					Entire House			STONE												
2	Running Ft Exposed Wall								106												
3	Room Dimensions, Ft								46x15												
4	Ceiling Ht, Ft	Directions Room Faces							9												
5	Gross Exposed Walls and Partitions	a	10d						954												
		b																			
		c																			
		d																			
6	Windows and Glass Doors (Htg)	a	2b	70					48	3360											
		b	9b	90																	
		c																			
7	Windows and Glass Doors (Clg)	North																			
		E & W or NE & NW																			
		South or SE & SW																			
8	Other Doors		9b	170					27	4590											
9	Net Exposed Walls and Partitions	a	10d	5					849	4245											
		b																			
		c																			
		d																			
10	Ceilings	a	14c	4					690	2760											
		b																			
11	Floors	a	2b	45					106	4770											
		b																			
12	Ventilation																				
13	Sub Total Btuh Loss									19,725											
14	Duct Btuh Loss																				
15	Total Btuh Loss									22683											
16	People @ 300 and Appliances 1200																				
17	Sensible Btuh Gain (Structure)																				
18	Duct Btuh Gain																				
19	Sum of Lines 17 and 18 (Clg)																				
20	Total Btuh Gain (Line 19 x 1.3)				1.3																
21	Btuh for Air Quantities																				

To sewer
3" PVC
WC (FUT.)
WC
CO
LAV'S (FUT.)
2" PVC