



# PERMIT UPDATE

Date Update Issued 1/24/19  
Control # C-18-003399+A  
Permit # 18-2837+A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier \_\_\_\_\_  
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout  
Address 48A Vincent Circle Ivyland PA 18974  
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %  
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX  
76092 Telephone: (215) 442-2538  
Telephone: (240) 478-9791 Lic. No. or Bldrs. Reg. No. 13vh07302100  
Federal Employee No. 300020638

## Is hereby granted permission to perform the following work:

- |                                                |                                                                    |                                                |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING   | <input checked="" type="checkbox"/> PLUMBING                       | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION                | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES      | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

## DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER MANSION ...UPDATE +A - SHELL  
FOR FUTURE TENANT

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 \$370,000

D. Newman  
Construction Official

1/22/19  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |              |
|------------------|--------------|
| Building         | \$11,500     |
| Electrical       | \$1,010      |
| Plumbing         | \$785        |
| Fire Protection  | \$116        |
| Elevator Devices | \$0          |
| Other            | \$0.00       |
| DCA Training Fee | \$702        |
| CO Fee           |              |
| Other            | \$0          |
| Total            | \$14,113     |
| Check No.        | <u>23499</u> |
| Cash             | \$0          |
| Credit           | \$0          |
| Collected By     | <u>CW</u>    |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# BUILDING SUBCODE TECHNICAL SECTION



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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location 56 CHAMBERS BRIDGE ROAD, BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST  
Tel. (301) 998-8173 e-mail \_\_\_\_\_

Address P.O. BOX 92129 SOUTHLAKE 76092  
City State Zip

Contractor: NATIONAL MAINTENANCE & BUILD OUT CO Tel. (215) 442-5380  
Address 1044 PULINSKI ROAD e-mail kornsey@nmboc.com

IVYLAND, PA 18974  
Contractor License No. or Builder Registration No. 13VH07302100 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. 300020638 FAX: \_\_\_\_\_

| JOB SUMMARY (Office Use Only)                 |                 |           |                           |
|-----------------------------------------------|-----------------|-----------|---------------------------|
| PLAN REVIEW                                   | Date            | Initial   | INSPECTIONS               |
| <input type="checkbox"/> No Plans Required    |                 |           | Type: _____               |
| <input checked="" type="checkbox"/> All       | <u>01/11/19</u> | <u>JK</u> | Footings _____            |
| <input type="checkbox"/> Footings/Foundations |                 |           | Foundation _____          |
| <input type="checkbox"/> Structural/Framework |                 |           | Slab _____                |
| <input type="checkbox"/> Exterior             |                 |           | Frame _____               |
| <input type="checkbox"/> Interior             |                 |           | Truss Sys./Bracing _____  |
| Joint Plan Review Required:                   |                 |           | Barrier-Free _____        |
| <input type="checkbox"/> Elec.                |                 |           | Insulation _____          |
| <input type="checkbox"/> Plumb.               |                 |           | Finishes-Base Layer _____ |
| SUBCODE APPROVAL FOR PERMIT                   |                 |           | Finishes-Final _____      |
| Date:                                         | <u>01/11/19</u> | <u>JK</u> | Energy _____              |
| Approved by:                                  |                 |           | Mechanical _____          |
| SUBCODE APPROVAL FOR CERTIFICATE              |                 |           | TCO _____                 |
| <input type="checkbox"/> CO                   |                 |           | Other _____               |
| <input type="checkbox"/> CCO                  |                 |           | Final _____               |
| Date:                                         |                 |           | Barrier-Free _____        |
| Approved by:                                  |                 |           |                           |

B. BUILDING CHARACTERISTICS

Use Group Present R2 Proposed \_\_\_\_\_

No. of Stories 40

Height of Structure 13,472 ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg. Area/All Floors N/A sq. ft.

Volume of New Structure N/A cu. ft.

Max. Live Load \_\_\_\_\_

Constr. Class Present IF Proposed DB

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ 3,000,000

2. Rehabilitation \$ 300,000

3. Total (1+2) \$ 3,300,000

1/16/19 Date Received Control #  
1/24/19 Date Issued Permit #  
18-28374-A

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the agent of owner of record and am authorized to make this application.

Sign here: [Signature]  
Print name here: JOE KORNSEY  
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
Landlord Shell  
Fit out  
**COMMERCIAL**

TYPE OF WORK:

☐ New Building  
☐ Addition  
☒ Rehabilitation  
☐ Roofing  
☐ Siding  
☐ Fence \_\_\_\_\_ Height (exceeds 6')  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☐ Pool  
☐ Retaining Wall \_\_\_\_\_ Sq. Ft.  
☐ Asbestos Abatement Subchapter 8  
☐ Lead Haz. Abatement NJAC 5:17  
☐ Radon Remediation  
☐ Other \_\_\_\_\_  
☐ Demolition

FEE (Office Use Only)

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



# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code \_\_\_\_\_  
Work Site Location 56 CHAMBERS BRIDGE RD., BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (301) 998-8173 e-mail jfmiller@federalrealty.com

Address P.O. BOX 92129 SOUTHLAKE 76092  
street municipality zip code

Contractor: M.J.M. ELECTRIC INC Tel. (732) 223-9732  
Address 7 SOUTH TAMARACK DRIVE e-mail mike@mjmelectricnj.com  
BRIELLE, NJ 08730

Contractor License No. 1271513 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 22-3485744 FAX: \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 35,000

| JOB SUMMARY (Office/Use Only)                                                                                                |                               | INSPECTIONS |          | Dates (Month/Day) |  |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------|----------|-------------------|--|
| PLAN REVIEW                                                                                                                  | Type                          | Failure     | Approval | Initial           |  |
| <input type="checkbox"/> No Plans Required                                                                                   | Rough                         |             |          |                   |  |
| <input type="checkbox"/> Partial - Underslab Utilities Approved                                                              | Barrier-Free                  |             |          |                   |  |
| Date: _____ Approved by: _____                                                                                               | Trench                        |             |          |                   |  |
| <input checked="" type="checkbox"/> Electric Plans Approved                                                                  | Temp. Serv.                   |             |          |                   |  |
| Date: <u>1/24/19</u> Approved by: <u>PJL</u>                                                                                 | Constr. Serv.                 |             |          |                   |  |
| Joint Plan Review Required:                                                                                                  | TCO                           |             |          |                   |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. | Other                         |             |          |                   |  |
| SUBCODE APPROVAL FOR PERMIT                                                                                                  | Service                       |             |          |                   |  |
| Date: _____ Approved by: _____                                                                                               | Final                         |             |          |                   |  |
| SUBCODE APPROVAL FOR CERTIFICATE                                                                                             | Barrier-Free                  |             |          |                   |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                         | Temp. Cut-in-Card Date Issued |             |          |                   |  |
| Date: _____ Approved by: _____                                                                                               | Final Cut-in-Card Date Issued |             |          |                   |  |
|                                                                                                                              | Annual Pool Inspection        |             |          |                   |  |
|                                                                                                                              | Date of Grounding and Bonding |             |          |                   |  |
|                                                                                                                              | Certification                 |             |          |                   |  |

Date Received  
Control #  
Date Issued  
Permit #

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Elect Service, 150 h.A.M.

| QTY       | SIZE | ITEMS                      |
|-----------|------|----------------------------|
| <u>27</u> |      | Lighting Fixtures          |
| <u>5</u>  |      | Receptacles                |
| <u>9</u>  |      | Switches                   |
| <u>1</u>  |      | Detectors                  |
| <u>1</u>  |      | Light Poles                |
| <u>4</u>  |      | Motors—Fract. HP           |
| <u>17</u> |      | Emergency & Exit Lights    |
| <u>1</u>  |      | Communications Points      |
| <u>3</u>  |      | Alarm Devices/F.A.C. Panel |

| TOTAL NUMBERS |                                |
|---------------|--------------------------------|
| <u>66</u>     | Pool Permit/with UW Lights     |
|               | Storable Pool/Spa/Hot Tub      |
|               | KW Elec. Range/Receptacle      |
|               | KW Oven/Surface Unit           |
| <u>1</u>      | KW Elec. Water Heater          |
|               | KW Elec. Dryer/Receptacle      |
|               | KW Dishwasher                  |
|               | HP Garbage Disposal            |
| <u>5</u>      | KW Central A/C Unit            |
|               | HP/KW Space Heater/Air Handler |
|               | KW Baseboard Heat              |
|               | HP Motors 1/+ HP               |
| <u>1</u>      | KW Transformer/Generator       |
| <u>1</u>      | AMP Service                    |
| <u>1</u>      | AMP Subpanels                  |
|               | AMP Motor Control Center       |
|               | KW Elec. Sign/Outline Light    |

Administrative Surcharge \$  
Minimum Fee \$  
State Permit Surcharge Fee \$



# PLUMBING SUBCODE TECHNICAL SECTION

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

Block 101 Lot 1.01 Qualification Code \_\_\_\_\_  
 Work Site Location 56 Chambers bridge Rd  
Black NS Beck Plaza  
 Owner in Fee: FEDERAL REALTY INVESTMENT TRUST  
301 998 8173 e-mail NCAIN@FEDERALREALTY.COM  
Po Box 92129 Southlake, TX 76092  
 Address \_\_\_\_\_  
 Contractor: Pinnacle Plumbing & Heating Inc. Tel. (732) 818-0508  
 Address 915 Rt. 9 N Unit 2 e-mail info@pinnacle1plumbing.co  
Bayville, NJ 08721

Contractor License No. 10508 Exp. Date 06/30/2019  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable):  
 Federal Emp. ID No. 810591940 FAX: (732) 504-7428

B. PLUMBING CHARACTERISTICS  
 Use Group Present Proposed \_\_\_\_\_  
 Building Sewer Size 4" Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
 Water Service Size 3/4" Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ 20,000  
 JOE SUMMERS (Owner Use Only)  
 PLAN REVIEW  
☒ No Plans Required  
☐ Partial Understate Utilities Approved  
☐ Complete Understate Utilities Approved  
 Date \_\_\_\_\_ Approved by \_\_\_\_\_  
☒ Plumbing Plans Approved  
 Date \_\_\_\_\_ Approved by \_\_\_\_\_  
☒ Joint Plan Review Required  
☐ Planing. 1 Filed 1 Filed 1 Filed  
 SUBCODE APPROVAL BY \_\_\_\_\_  
 Date \_\_\_\_\_  
 Approved by \_\_\_\_\_  
 SUBCODE APPROVAL BY CERTIFICATE  
 1100 1100 1100  
 Date \_\_\_\_\_  
 Approved by \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: Shawn Forlenza Licensed Plumbing Contractor [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
Cankload SKC-11 kit out

| QTY      | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|----------|--------------------------|-----------------------|
| <u>4</u> | Water Closet             | \$/                   |
| <u>1</u> | Urinal/Bidet             | \$/                   |
| <u>3</u> | Bath Tub                 | \$/                   |
| <u>1</u> | Lavatory                 | \$/                   |
| <u>1</u> | Shower                   | \$/                   |
| <u>1</u> | Floor Drain              | \$/                   |
| <u>1</u> | Sink                     | \$/                   |
| <u>1</u> | Dishwasher               | \$/                   |
| <u>1</u> | Drinking Fountain        | \$/                   |
| <u>1</u> | Washing Machine          | \$/                   |
| <u>1</u> | Hose Bibb                | \$/                   |
| <u>1</u> | Water Heater             | \$/                   |
| <u>1</u> | Fuel Oil Piping          | \$/                   |
| <u>1</u> | Gas Piping               | \$/                   |
| <u>1</u> | LP Gas Tank              | \$/                   |
| <u>1</u> | Steam Boiler             | \$/                   |
| <u>1</u> | Hot Water Boiler         | \$/                   |
| <u>1</u> | Sewer Pump               | \$/                   |
| <u>1</u> | Interceptor/Separator    | \$/                   |
| <u>1</u> | Backflow Preventer       | \$/                   |
| <u>1</u> | Greasetrap               | \$/                   |
| <u>1</u> | Sewer Connection         | \$/                   |
| <u>1</u> | Water Service Connection | \$/                   |
| <u>1</u> | Stacks                   | \$/                   |
| <u>1</u> | Other                    | \$/                   |

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

Date Received 1/24/19  
 Control #  
 Date Issued 18-2837+1A  
 Permit #



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 671 Lot 101 Qualification Code  
Work Site Location SPACE 411 BB SC CLANDERS BRIDGE RD  
Owner in Fee: FEDERAL REALTY AND TRST  
Tel. 484 419 1205 e-mail WCAIN@FEDERALREALTY.COM  
Address 50 E WYNWOOD ST WYNWOOD PA  
Contractor: THE NATIONAL MAINTENANCE Tel. 610 261 1111  
Address 1180 N 10TH ST e-mail THE NATIONAL MAINTENANCE  
City/State PHILADELPHIA PA zip code 19104  
Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_  
Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_  
Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present A2 Proposed \_\_\_\_\_  
Constr. Class: Present IB Proposed 4B  
Heating System: [ ] New OR [ ] Modification to Existing [ ] New OR [ ] Existing  
OR [ ] Conversion OR [ ] Replacement  
Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar  
[ ] Other \_\_\_\_\_  
Location: \_\_\_\_\_  
Total Cost of Fire Protection Work \$ 15,000

| JOB SUMMARY (Office Use Only)              |                                 | INSPECTIONS |          |
|--------------------------------------------|---------------------------------|-------------|----------|
| PLAN REVIEW                                |                                 | Type:       |          |
| [ ] No Plans Required                      |                                 | Failure     | Approval |
| [ ] Partial - Underslab Utilities Approved |                                 | Failure     | Approval |
| Date: _____                                | Approved by: _____              | Failure     | Approval |
| [X] Fire Protection Plans Approved         |                                 | Failure     | Approval |
| Date: <u>1/16/19</u>                       | Approved by: <u>[Signature]</u> | Failure     | Approval |
| Joint Plan Review Required:                |                                 | Failure     | Approval |
| [ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.   |                                 | Failure     | Approval |
| SUBCODE APPROVAL for PERMIT                |                                 | Failure     | Approval |
| Date: <u>1-17-19</u>                       |                                 | Failure     | Approval |
| Approved by: <u>[Signature]</u>            |                                 | Failure     | Approval |
| SUBCODE APPROVAL for CERTIFICATE           |                                 | Failure     | Approval |
| [ ] CO [ ] SCO [ ] CA                      |                                 | Failure     | Approval |
| Date: _____                                |                                 | Failure     | Approval |
| Approved by: _____                         |                                 | Failure     | Approval |

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant/Contractor sign here:

Print name Here: JOHN DOE

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

## DESCRIPTION OF WORK:

Water Supply Source Under Shell

Method of Alarm/Suppression System Supervision \_\_\_\_\_

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



# PERMIT UPDATE

Date Update Issued 2/19/19  
Control # C-18-003399+B  
Permit # 18-2837+B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier \_\_\_\_\_  
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout  
Address 48A Vincent Circle Ivyland PA 18974  
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %  
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX  
76092 Telephone: (215) 442-2538  
Telephone: (240) 478-9791 Lic. No. or Bldrs. Reg. No. 13vh07302100  
Federal Employee No. 300020638

## Is hereby granted permission to perform the following work:

- |                                              |                                                                    |                                                |
|----------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES    | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

### DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER MANSION ...UPDATE +B -  
STRUCTURAL REVISIONS

**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 \$5,000

D. Newman  
Construction Official

2/19/19  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |              |
|------------------|--------------|
| Building         | \$250        |
| Electrical       | \$0          |
| Plumbing         | \$0          |
| Fire Protection  | \$0          |
| Elevator Devices | \$0          |
| Other            | \$0.00       |
| DCA Training Fee | \$10         |
| CO Fee           |              |
| Other            | \$0          |
| Total            | \$260        |
| Check No.        | <u>22959</u> |
| Cash             | \$0          |
| Credit           | \$0          |
| Collected By     | <u>TJ</u>    |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# BUILDING SUBCODE TECHNICAL SECTION



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

Block 611 Chambers Bridge Rd Lot 10 Qualification Code 10

Work Site Location Brick Plaza Space 41 Investment Trust

Owner in Fee: Federal Realty Investment Trust

Tel. 610-715-0342 e-mail ncain@federalrealty.com

Address street municipality zip code

Contractor: NMBOC Joe Kornsey Tel. 267-966-5239

Address 1044 Pulaski Rd e-mail jkornsey@nmboc.com

Contractor License No. or Builder Registration No. PA 18974 Exp. Date 2/7/19

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

Federal Emp. ID No. #18-2837+A

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

FAX: #18-2837+A

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                   | Date                            | Initial                       | INSPECTIONS                       | Type: | Dates (Month/Day) | Failure | Approval | Initial |
|-----------------------------------------------|---------------------------------|-------------------------------|-----------------------------------|-------|-------------------|---------|----------|---------|
| <input type="checkbox"/> No Plans Required    |                                 |                               |                                   |       |                   |         |          |         |
| <input checked="" type="checkbox"/> All       |                                 |                               |                                   |       |                   |         |          |         |
| <input type="checkbox"/> Footings/Foundations |                                 |                               |                                   |       |                   |         |          |         |
| <input type="checkbox"/> Structural/Framework |                                 |                               |                                   |       |                   |         |          |         |
| <input type="checkbox"/> Exterior             |                                 |                               |                                   |       |                   |         |          |         |
| <input type="checkbox"/> Interior             |                                 |                               |                                   |       |                   |         |          |         |
| Joint Plan Review Required:                   |                                 |                               |                                   |       |                   |         |          |         |
| <input type="checkbox"/> Elec.                | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Fire | <input type="checkbox"/> Elevator |       |                   |         |          |         |
| SUBCODE APPROVAL for PERMIT                   |                                 |                               |                                   |       |                   |         |          |         |
| Date:                                         |                                 |                               |                                   |       |                   |         |          |         |
| Approved by:                                  |                                 |                               |                                   |       |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE              |                                 |                               |                                   |       |                   |         |          |         |
| <input type="checkbox"/> CO                   | <input type="checkbox"/> CCO    | <input type="checkbox"/> CA   |                                   |       |                   |         |          |         |
| Date:                                         |                                 |                               |                                   |       |                   |         |          |         |
| Approved by:                                  |                                 |                               |                                   |       |                   |         |          |         |

## B. BUILDING CHARACTERISTICS

|                           |         |          |                             |         |          |
|---------------------------|---------|----------|-----------------------------|---------|----------|
| Use Group                 | Present | Proposed | Constr. Class               | Present | Proposed |
| No. of Stories            |         |          | If Industrialized Building: |         |          |
| Height of Structure       |         |          | State Approved              |         | HUD      |
| Area — Largest Floor      |         |          | sq. ft.                     |         |          |
| New Bldg. Area/All Floors |         |          | sq. ft.                     |         |          |
| Volume of New Structure   |         |          | cu. ft.                     |         |          |
| Max. Live Load            |         |          |                             |         |          |
| Max. Occupancy Load       |         |          |                             |         |          |

## Est. Cost of Bldg. Work:

|                   |    |               |
|-------------------|----|---------------|
| 1. New Bldg.      | \$ | <u>5,000</u>  |
| 2. Rehabilitation | \$ | <u>5,000</u>  |
| 3. Total (1+2)    | \$ | <u>10,000</u> |

U.C.C. F10 (rev. 11/09)

Date Received  
Control #

Date Issued  
Permit #

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Submit Revised Structural plans  
Structural Sheets S1.1, S1.3 & S4.1  
to current permit  
#18-2837+A

### TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

### FEE (Office Use Only)

|                          |    |  |
|--------------------------|----|--|
| Administrative Surcharge | \$ |  |
| Minimum Fee              | \$ |  |
| State Permit Surcharge   | \$ |  |
| TOTAL FEE                | \$ |  |



# PERMIT UPDATE

Date Update Issued \_\_\_\_\_  
Control # C-18-003399+C  
Permit # 18-2837+C

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier \_\_\_\_\_  
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout  
Address 48A Vincent Circle Ivyland PA 18974  
Owner in Fee FEDERAL REALTY INVESTMENT TRUST % Telephone: (215) 442-2538  
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX Lic. No. or Bldrs. Reg. No. 13vh07302100  
76092 Federal Employee No. 300020638  
Telephone: (240) 478-9791

## Is hereby granted permission to perform the following work:

- |                                              |                                                                    |                                                |
|----------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES    | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

## DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER MANSION ...UPDATE +C - REVISED  
STRUCTURAL PAGES S1.1, S1.2, S3.2 & S4.1

**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 \$6,000

D. Newman  
Construction Official

3/25/19  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$300  |
| Electrical       | \$0    |
| Plumbing         | \$0    |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$11   |
| CO Fee           | \$0    |
| Other            | \$0    |
| Total            | \$311  |
| Check No.        |        |
| Cash             | \$0    |
| Credit           | \$0    |
| Collected By     |        |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE  
TECHNICAL SECTION



Update 2/21/19  
Date Received  
Control #

18-28374C  
Date Issued  
Permit #

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

Block 671 Lot 1.01 Qualification Code  
Work Site Location Chambers Bridge Rd & Rt 70 Brick, NJ, Brick Plaza Space 41  
Former Mansion Amendment to Permit #18-28374A

Owner in Fee: Federal Realty Investment Trust  
Tel. (484) 419-1208 e-mail NCain@federalrealty.com

Address 50 E Wynnwood Road, Wynnwood, PA. 19096

Contractor: National Maintenance & Build Out Corp. Tel. (267) 966-5239  
Address 48 Vincent Circle e-mail jkornsey@nmboc.com

Iveyland PA 18974  
Contractor License No. or Builder Registration No. Exp. Date  
Home Improvement Contractor Registration No. or Exemption Reason  
Federal Emp. ID No. FAX: (888) 242-6100

JOB SUMMARY (Office Use Only)  
PLAN REVIEW

Form with checkboxes for various building components: All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, Elec., Plumb., Fire, Elevator, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE, Approved by, Date, CO, CCO, CA, TCO, Mechanical, Energy, Barrier-Free, Final, Approved by.

B. BUILDING CHARACTERISTICS

Form with fields for building characteristics: Use Group Present, Proposed, No. of Stories, Height of Structure, Area - Largest Floor, New Bldg. Area/All Floors, Volume of New Structure, Max. Live Load, Max. Occupancy Load, Constr. Class Present, Proposed, State Approved, HUD, Est. Cost of Bldg. Work, 1. New Bldg., 2. Rehabilitation, 3. Total (1+2).

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.  
Sign here: Joe Kornsey

Print name here: Joe Kornsey  
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
Revised Sheets S1.1, S1.2, S3.2 & S4.1 add 3 columns at the east end of the space to avoid revising steel inside occupied adjacent tenant spaces. All revisions are clouded and dated.

COMMITMENT

Form with checkboxes for TYPE OF WORK: New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement Subchapter 8, Lead Haz. Abatement NJAC 5:17, Radon Remediation, Other, Demolition. Includes a table for FEE (Office Use Only) with columns for Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee, and TOTAL FEE.



# PERMIT UPDATE

4/9/19

|                    |               |
|--------------------|---------------|
| Date Update Issued |               |
| Control #          | C-18-003399+D |
| Permit #           | 18-2837+D     |

|                     |                                                                                     |           |                             |                                     |
|---------------------|-------------------------------------------------------------------------------------|-----------|-----------------------------|-------------------------------------|
| IDENTIFICATION      | Block: 671                                                                          | Lot: 1.01 | Qualifier                   |                                     |
| Work Site Location: | 56 CHAMBERS BRIDGE RD. Brick Township, NJ                                           |           | Contractor                  | National Maintenance & Buildout     |
| Owner in Fee        | FEDERAL REALTY INVESTMENT TRUST %<br>PO BOX 92129 (ALTUS GROUP SOUTH LAKE TX 76092) |           | Address                     | 48A Vincent Circle Ivyland PA 18974 |
| Telephone:          | (240) 478-9791                                                                      |           | Telephone:                  | (215) 442-2538                      |
|                     |                                                                                     |           | Lic. No. or Bldrs. Reg. No. | 13vh07302100                        |
|                     |                                                                                     |           | Federal Employee. No.       | 300020638                           |

## Is hereby granted permission to perform the following work:

- |                                           |                                                                    |                                                |
|-------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BUILDING         | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL       | <input checked="" type="checkbox"/> FIRE PROTECTION                | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

## DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER MANSION ...UPDATE +D -  
SPRINKLERS

**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 \$28,000

Construction Official

Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |        |
|------------------|--------|
| Building         | \$0    |
| Electrical       | \$0    |
| Plumbing         | \$0    |
| Fire Protection  | \$406  |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$53   |
| CO Fee           | \$0    |
| Other            | \$0    |
| Total            | \$459  |
| Check No.        | 24619  |
| Cash             | \$0    |
| Credit           | \$0    |
| Collected By     | CW     |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

### ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# **FIRE PROTECTION SUBCODE TECHNICAL SECTION**



Shell for existing work

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

Block 671 Lot 1.01 Qualification Code 65455

Work Site Location 56 Chambersburg Rd - Grantsland

Owner In Fee: Federal Realty + Trust

Tel. 50 East Wmms St e-mail

Address Premier Fire Systems municipality  Tel. 8484485512 code

Contractor 2 Ilene Ct. e-mail

Hillsborough, NJ 08844

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00647

Fire Protection Equipment, NJ Div of Fire Safety Installer No.  Exp. Date 4/19

Fire Alarm Contractor No.  FAX: 7322621780

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223828273

## **B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present  Proposed  Fuel Storage Tank:  Fuel Type:  Flammable or  Combustible

Constr. Class: Present  Proposed  Capacity

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

Fuel Type:  Gas  Oil  Electric  Solar  Location of Main Control Panel:  New or  Existing

Location:  Total Cost of Fire Protection Work \$ 28,000.00 Location of Main Control Panel: Central Electric Rm.

JOBS SUMMARY (Office Use Only)

PLAN REVIEW  Type:  Dates: (Month/Day)  Initial

No Plans Required  Alarm System  Failure  Approval  Initial

Permit Underlab Utilities Approved  Standpipe

Approved by  Fire Pump

Fire Protection Plans Approved  Pre-Eng. System

Approved by  Mechanical

Fire Protection Review Required  Smoke Control

Approved by  TCO

Approved by  Flammable Tanks

Approved by  Fireplaces/Venting

Approved by  Other

Approved by

Approved by

## **C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant/Contractor sign here: Mike Kelly

Print name here: Mike Kelly

Certified Contractor  Exempt Applicant

## **D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK New System for Alarm

Water Supply Source Flow Tank

Method of Alarm/Suppression System Supervision Flow Tank

Flammable/Combustible Tanks

Alarm Systems

System

110v Interconnected

CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pull, (waterflow))

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

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

Other Devices

TOTAL 0

Suppression Systems

Fire Pump  GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO<sub>2</sub> Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances  Gas  Oil  Solid

Date Received 4/9/19  
Control #   
Date Issued 18-2837+D  
Permit #

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

COMMERCIAL

MFF 2/27/19



# PERMIT UPDATE

Date Update Issued \_\_\_\_\_  
Control # C-18-003399+E  
Permit # 18-2837+E

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier \_\_\_\_\_  
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout  
Address 48A Vincent Circle Ivyland PA 18974  
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %  
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX Telephone: (215) 442-2538  
76092 Lic. No. or Bldrs. Reg. No. 13vh07302100  
Telephone: (240) 478-9791 Federal Employee No. 300020638

## Is hereby granted permission to perform the following work:

- |                                              |                                                                    |                                                |
|----------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING                                  | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> FIRE PROTECTION                           | <input type="checkbox"/> DEMOLITION            |
| <input type="checkbox"/> ELEVATOR DEVICES    | <input type="checkbox"/> ASBESTOS ABATEMENT<br>(Subchapter 8 only) | <input type="checkbox"/> OTHER                 |

## DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER MANSION ...UPDATE +E -  
FOUNDATION DETAIL AT COLUMN K/7

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 \$1,000

D. Newman  
Construction Official

3/25/19  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |              |
|------------------|--------------|
| Building         | \$150        |
| Electrical       | \$0          |
| Plumbing         | \$0          |
| Fire Protection  | \$0          |
| Elevator Devices | \$0          |
| Other            | \$0.00       |
| DCA Training Fee | \$2          |
| CO Fee           |              |
| Other            | \$0          |
| Total            | \$152        |
| Check No.        | <u>17657</u> |
| Cash             | \$0          |
| Credit           | \$0          |
| Collected By     |              |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

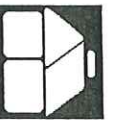
- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# BUILDING SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code 08723  
Work Site Location 56 CHAMBERS BRIDGE ROAD, BRICK NJ 08723

Former Mansion

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (301) 998-8173 e-mail SOUTHLAKE 76092

Address P.O. BOX 92129 zip code 76092

Contractor: NATIONAL MAINTENANCE & BUILD OUT CO Tel. (215) 442-5380 e-mail kornsey@nmboc.com

Address 1044 PULINSKI ROAD e-mail kornsey@nmboc.com

IVYLAND, PA 18974

Contractor License No. or Builder Registration No. 13VH07302100 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason FAX: \_\_\_\_\_

Federal Emp. ID No. 300020638

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                           | Date                            | Initial                       | INSPECTIONS                       | Dates (Month/Day) |         |          |         |
|-------------------------------------------------------|---------------------------------|-------------------------------|-----------------------------------|-------------------|---------|----------|---------|
|                                                       |                                 |                               | Type                              | Failure           | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Required | <u>03/25/19</u>                 | <u>MEK</u>                    | Footing                           |                   |         |          |         |
| <input type="checkbox"/> All                          |                                 |                               | Footing Bonding                   |                   |         |          |         |
| <input type="checkbox"/> Footings/Foundations         |                                 |                               | Foundation                        |                   |         |          |         |
| <input type="checkbox"/> Structural/Framework         |                                 |                               | Slab                              |                   |         |          |         |
| <input type="checkbox"/> Exterior                     |                                 |                               | Frame                             |                   |         |          |         |
| <input type="checkbox"/> Interior                     |                                 |                               | Truss Sys./Bracing                |                   |         |          |         |
|                                                       |                                 |                               | Barrier-Free                      |                   |         |          |         |
| Joint Plan Review Required:                           |                                 |                               |                                   |                   |         |          |         |
| <input type="checkbox"/> Elec.                        | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Fire | <input type="checkbox"/> Elevator | Insulation        |         |          |         |
| SUBCODE APPROVAL for PERMIT <u>03/25/19</u>           |                                 |                               |                                   |                   |         |          |         |
| Date: <u>03/25/19</u>                                 |                                 |                               |                                   |                   |         |          |         |
| Approved by: <u>MEK</u>                               |                                 |                               |                                   |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE                      |                                 |                               |                                   |                   |         |          |         |
| Date: <u>03/25/19</u>                                 |                                 |                               |                                   |                   |         |          |         |
| Approved by: <u>MEK</u>                               |                                 |                               |                                   |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE                      |                                 |                               |                                   |                   |         |          |         |
| Date: <u>03/25/19</u>                                 |                                 |                               |                                   |                   |         |          |         |
| Approved by: <u>MEK</u>                               |                                 |                               |                                   |                   |         |          |         |

## B. BUILDING CHARACTERISTICS

| Use Group                 | Present | Proposed | Constr. Class               | Present | Proposed |
|---------------------------|---------|----------|-----------------------------|---------|----------|
| No. of Stories            |         |          | If Industrialized Building: |         |          |
| Height of Structure       |         |          | State Approved              |         | HUD      |
| Area — Largest Floor      |         |          | sq. ft.                     |         |          |
| New Bldg. Area/All Floors |         |          | sq. ft.                     |         |          |
| Volume of New Structure   |         |          | cu. ft.                     |         |          |
| Max. Live Load            |         |          |                             |         |          |

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: JOE KORNSEY

Print name here: JOE KORNSEY

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Update Column Repair  
to existing footer

# COMMERCIAL

### TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_ Sq. Ft.
- ☐ Sign \_\_\_\_\_ Sq. Ft.
- ☐ Pool \_\_\_\_\_ Sq. Ft.
- ☐ Retaining Wall \_\_\_\_\_ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other \_\_\_\_\_
- ☐ Demolition

### FEE (Office Use Only)

|                               |  |
|-------------------------------|--|
| Administrative Surcharge \$   |  |
| Minimum Fee \$                |  |
| State Permit Surcharge Fee \$ |  |
| TOTAL FEE \$                  |  |

Date Received 3/28/19  
Control # 18-2837 + E  
Date Issued 3/28/19  
Permit # 18-2837 + E