MeeMoms

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control #

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 56 CHAMBERS BRIDGE & RT. 70 (BRICK PLAZA SPACE # 27A

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (484) 419-1208 e-mail NCAIN@FEDERALREALTY.COM

Address 50 EAST WYNNEWOOD AVE SUITE 200, WYNNEWOOD, PA 19096
street municipality zip code

Contractor: MONTEFORTE CONSTRUCTION, INC Tel. (732) 222-5757

Address 335 BROADWAY e-mail FRANK@MONTEFORTECONSTRUCTION.COM
LONG BRANCH NJ 07740

Contractor License No. or Builder Registration No. 13VH00233290 Exp. Date 3/31/19

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

Federal Emp. ID No. 222-842-326 FAX: (732) 222-6933

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present M Proposed A-2
No. of Stories 1
Height of Structure 22'-5 1/2" ft.
Area — Largest Floor 2626 sq. ft.
New Bldg. Area/All Floors 3118 sq. ft.
Volume of New Structure 45,244 cu. ft.
Max. Live Load
Max. Occupancy Load 110

**Constr. Class** Present 2B Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 100,000
3. Total (1+ 2) $ 100,000

U.C.C. F110
(rev. 12/07)

**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.

Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
ALL INTERIOR WORK NECESSARY TO CREATE NEW RESTAURANT
(EXTERIOR BY OTHERS)

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 $

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

MeeMom's

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #

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 101 Qualification Code

Work Site Location 56 CHAMBERS BRIDGE RD. at RT 70 (BRICK PLAZA) SPACE # 27A

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 484 419-1208 e-mail NCHAIN@FEDERALREALTY.COM

Address 50 EAST WYNNEWOOD AVE., SUITE 200 WYNNEWOOD PA 19096
street municipality zip code

Contractor: Joan of Arc Electric Tel. 7324142610

Address 919 Route 33 e-mail info@joanofarcelectric.com

Freehold NJ 07728

Contractor License No. 15227 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 200845200 FAX: 7324146377

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 92000

**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: Michael Pianoforte

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
new resturant build out

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 105 | | Lighting Fixtures | |
| 45 | | Receptacles | |
| 15 | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| 13 | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| 178 | | TOTAL NUMBERS | $ |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptacle | |
| 6 | 27 | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Receptacle | |
| 1 | 9 | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air Handler | |
| | | KW Baseboard Heat | |
| 2 | 1.5 | HP Motors 1/+ HP | |
| 1 | 45 | KW Transformer/Generator | |
| | | AMP Service | |
| 1 | 150 | AMP Subpanels | |
| 1 | 30 | AMP Motor Control Center | |
| 1 | 1 | KW Elec. Sign/Outline Light | |
| 1 | 2 | walk in box | |

COMMERCIAL

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 4/1/19 Approved by: PD
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/1/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Type: | | | | |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |
| Temp. Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issued | | | | |
| Annual Pool Inspection | | | | |
| Date of Grounding and Bonding Certification | | | | |



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

Meemom's

# PLUMBING SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

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 56 CHAMBERS BRIDGE & RT. 70 (BRICK PLAZA) SPACE 279

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (484) 419-1208 e-mail NCAIN@FEDERALREALTY.COM

Address 50 EAST WYNNEWOOD RD. SUITE 200, WYNNEWOOD PA 19096

Contractor: MINCIELI MECHANICAL LLC (street / municipality / zip code) Tel. (732) 996-4363

Address 61 CAMPBELL AVE LONG BRANCH NJ 07740 e-mail JEEMINCIELI@AOL.COM

Contractor License No. 9324 Exp. Date —

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

Federal Emp. ID No. 47-1712912 FAX: (732) 222-1426

**B. PLUMBING CHARACTERISTICS**

Use Group Present M Proposed A-2

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 2" Public Water Private Well

Est. Cost of Plumbing Work $ 26,000.00

**JOB SUMMARY (Office Use Only)**

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

SUBCODE APPROVAL for PERMIT
Date: 4-9-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| | | | | |

**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: Joseph Mincieli

Print name here: JOSEPH A MINCIELI

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
PLUMBING & NATURAL GAS MEEMOM'S RST. #279

COMMERCIAL

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) $ |
|---|---|---|
| 3 | Water Closet | |
| — | Urinal/Bidet | |
| — | Bath Tub | |
| 3 | Lavatory | |
| — | Shower | |
| 2 | Floor Drain | |
| 6 | Sink | |
| 1 | Dishwasher | |
| — | Drinking Fountain | |
| — | Washing Machine | |
| 1 | Hose Bibb | |
| 1 | Water Heater | |
| — | Fuel Oil Piping | |
| ✓8 | Gas Piping - SEE LIST. | |
| — | LPGas Tank | |
| — | Steam Boiler | |
| — | Hot Water Boiler | |
| — | Sewer Pump | |
| — | Interceptor/Separator | |
| X | Backflow Preventer • | |
| EXISTING | Greasetrap | |
| — | Sewer Connection | |
| — | Water Service Connection | |
| — | Stacks | |
| 1 | Other ICEMAKER | |

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

MeeMom's

110 occup load
10 employees / 100 seating

A-2

NEW JERSEY UNIFORM CONSTRUCTION CODE

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Control #

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 56 CHAMBERS BRIDGE RD at 70 (BRICK PLAZA)
SPACE # 27A

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 484 419-1208 e-mail NCAIN@FEDERALREALTY.COM

Address 50 EAST WYNNEWOOD RD. SUITE 300, WYNNEWOOD PA 19096

Contractor: MINCHELLI MEEK LLC (street) (municipality) Tel. 732 996-4263 (zip code)

Address 621 CAMPBELL AVE. e-mail _____
LONG BRANCH NJ 07740

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. 47-171-2912 FAX: 732 272-1406

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present M Proposed A-2

**Constr. Class:** Present _____ Proposed 2B

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

**Total Cost of Fire Protection Work $** 2,600

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel: _____

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

**JOB SUMMARY (Office Use Only)**

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| Other _____ | | | | |

**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: X _____

Print name here: X Frank A. Monteforte

[ ] Certified Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

**Water Supply Source**

**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, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other _____ | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid | te | 2 griddles, 2 fryers, 2 range |
| Fireplace Venting/Metal Chimney | | |
| Other _____ | | |

COMMERCIAL

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

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

U.C.C. F140 (rev. 02/11)

Mee Mom's

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

+A

**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 50 CHAMBERS BRIDGE & RT 70 (BRICK PLAZA)

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 484 419-1208 e-mail NCAIN@FEDERALREALTY.COM

Address 50 EAST WYNNEWOOD RD. SUITE 200 WYNNEWOOD, PA 19096
(street, municipality, zip code)

Contractor: Premier Fire Systems Tel. 8484485512

Address 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.

Fire Alarm Contractor No. Exp. Date 4/19

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223828273 FAX: 7322621780

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present Proposed

**Constr. Class:** Present Proposed

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 12,000.-

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve: Landlord Room

**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: Mike Kelly

[ ] Certified Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: New Tenant Fit-out

**Water Supply Source**

**Method of Alarm/Suppression System Supervision** Existing

| | NUMBER | FEE (Office Use Only) $ |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (i.e., tampers, low/high air) | | |
| Signaling Devices (i.e., horn/strobes, bells) | | |
| Other Devices | | |
| TOTAL | 0 | |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | | |
| Dry Pipe/Alarm Valves | | |
| Pre-action Valves | | |
| Sprinkler Heads (Dry and Wet) | 47 | |
| Standpipes | | |
| **Pre-engineered Systems** | | |
| Wet Chemical | | |
| Dry Chemical | | |
| $CO_2$ Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | | |
| Fireplace Venting/Metal Chimney | | |
| Other | | |
| Administrative Surcharge $ | | |
| Minimum Fee $ | | |
| State Permit Surcharge Fee $ | | |
| TOTAL FEE $ | | |

COMMERCIAL

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| Other | | | | |



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