2290

YANKEE Candle

BLOCK 143 LOT 25 QUALIFICATION CODE ______ ADDRESS (SITE) 540 Shoppes PERMIT NO. 07-0725

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION YANKEE CANDLE N. BRUNSWICK NJ 08902

1. Proposed Work Site at 540 SHOPPES BLVD
2. Name of Owner in Fee: SHOPPES AT N. BRUNSWICK / STONBERRY
   Tel. (614) 431 8100 e-mail
   Address 650 SHOPPES BLVD N. BRUNSWICK NJ
   street municipality zip code
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Rebcor Tel. 610 827 1113
   Address 1081 Yellow Springs Chester Springs PA 19425 e-mail
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 23 260 5806 FAX: (610) 827 1113
5. Architect or Engineer Don Rothman Contact ←
   Address 7575 Paragon Rd e-mail
   Tel. (937) 439 44 00 FAX: ( )
6. Responsible Person in Charge once Work has Begun Eric Miller
   Tel. ( ) Eric Miller 610 827 1113

V. FEE SUMMARY (for office use only)

		$		Update	Update
1.	Building	$	2550.		
2.	Electrical		325.		
3.	Plumbing		200.		
4.	Fire Protection		120.		
5.	Elevator Devices				
6.	Subtotal Admin	$	49.		
7.	Less 20% for State Plan Review				
8.	Subtotal	$			
9.	State Permit Surcharge Fee				
10.	Subtotal DCA	$	223.		
11.	Cert. of Occupancy		28.		
12.	Other				
13.	TOTAL	$	3495.		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure ______ ft.
3. Area – Largest Floor 1803 sq. ft.
4. New Building Area ______ sq. ft.
5. Volume of New Structure ______ cu. ft.
6. Construction Classification ______
7. Total Land Area Disturbed ______ sq. ft.
8. Flood Hazard Zone ______
9. Base Flood Elevation ______ ft.
10. Wetlands yes ______ no ______
11. Max. Live Load ______
12. Max. Occupancy Load ______

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration	129 600								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	6 400			6.20.07	6.21.07	AD			
6. ☑ Plumbing 9000 →	9 000				6-12-7	WG			
7. ☑ Electrical	20 000				6-13-7	JNF			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	165,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

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

III. DO YOU WANT: (optional)
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☑ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

Contact Lauren Chase 888 544 3710 – Fax 410 544 1652

LDS NOB-B 10700947

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

NJ LOCAL Agent - Fordham

Agent Name Kebco Inc

Address 1081 Yellow Springs Rd

Chester Springs PA 19425

Telephone (610) 827 [illegible]

Signature _____

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

OFFICE DATE RECEIVED: _____

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

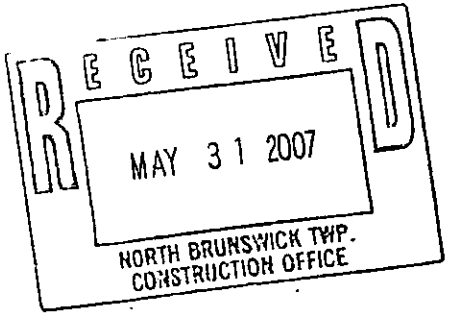
070725

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

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

X. CERTIFICATES ISSUED (office use only)

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


RECEIVED
MAY 31 2007
NORTH BRUNSWICK TWP.
CONSTRUCTION OFFICE

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE

Date Issued: 10/31/2007
Control #: 22990
Permit #: 20070725

IDENTIFICATION

Block: 143 Lot : 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD
NORTH BRUNSWICK

Owner in Fee: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: 614 437-8124
Agent/Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425
Telephone: 610 827-1113
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 23-2605805
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [X] Private
Use Group: M
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

Update Desc. of Wk/Use:
YANKEE CANDLE -FIRE ALARM - SHOPPES AT NORTH BRUNSWICK

[X] **CERTIFICATE OF OCCUPANCY**

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

[ ] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, t the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas Paun
THOMAS PAUN Construction Official

Fees $28.00
Paid[X]Check No. 45890
Collected by: mw

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922

CERTIFICATE

Date Issued: 10/31/2007
Control #: 22990
Permit #: 20070725

IDENTIFICATION

Block: 143 Lot : 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD
NORTH BRUNSWICK

Owner in Fee: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: 614 437-8124
Agent/Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425
Telephone: 610 827-1113

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 23-2605805
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [X] Private
Use Group: M
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

Update Desc. of Wk/Use:
YANKEE CANDLE -FIRE ALARM - SHOPPES AT NORTH BRUNSWICK

[X] **CERTIFICATE OF OCCUPANCY**

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

[ ] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, t the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Thomas Paun
THOMAS PAUN Construction Official

Fees $28.00
Paid[X]Check No. 45890
Collected by: mw

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Permit Number: 20070725
Permit Date: 06/26/2007
Update Number:
Control Number: 22990
Application Date: 06/11/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD NORTH BRUNSWICK

Owner In Fee: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: (614) - 437-8124

Use Group(s): M

Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425

Telephone: (610) - 827-1113

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 23-2605805

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	165,000.00
Cost of Demolition:	0.00
Total Cost:	$165,000.00

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.

THOMAS PAUN
Construction Official

Date 6/26/07

PAYMENTS (Office Use Only)	
Building	$2,550.00
Electrical	$374.00
Plumbing	$200.00
Fire Protection	$120.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$223.00
Other Fees	
CO Fee	$28.00
CCO Fee	
Minimum Fee	
Total	**$3,495.00**
All Fees Waived:	No

Amount to be Paid:	**$3,495.00**
Check Number:	44915
Check amount:	$3,495.00

Collected by:	mw
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$3,495.00
Total CC Amount:	
Grand Total:	$3,495.00

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 22990
Application Date: 06/11/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD NORTH BRUNSWICK

Owner In Fee: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: (614) - 437-8124

Use Group(s): M

Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425

Telephone: (610) - 827-1113

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 23-2605805

is hereby granted permission to perform the following work :

[X] BUILDING	[X] PLUMBING	[ ] DEMOLITION
[X] ELECTRICAL	[X] FIRE PROTECTION	[ ] OTHER
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	
[ ] ASBESTOS ABATEMENT	[ ] LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	165,000.00
Cost of Demolition:	0.00
Total Cost:	$165,000.00

PAYMENTS (Office Use Only)	
Building	$2,550.00
Electrical	$374.00
Plumbing	$200.00
Fire Protection	$120.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$223.00
Other Fees	
CO Fee	$28.00
CCO Fee	
Minimum Fee	
Total	**$3,495.00**
All Fees Waived:	No

Amount to be Paid: **$3,495.00**

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.

Thomas Paun
THOMAS PAUN
Construction Official

6/21/07
Date

20 20 07

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 22990
Application Date: 06/11/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD NORTH BRUNSWICK

Contractor: REBCAR

Owner In Fee: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET
COLUMBUS OH

Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425

Telephone: (610) - 827-1113

Telephone: (614) - 437-8124

Lic. No. / Bldrs. Reg. No.:

Use Group(s): M

Federal Emp. No.: 23-2605805

is hereby granted permission to perform the following work :

[X]BUILDING [X]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

THOMAS PAUN
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	
All Fees Waived:	No

Amount to be Paid:

Note:

TOWNSHIP OF NORTH BRUNSWICK
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732 - 247-0922

Control Number: 22990
Application Date: 05/31/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD NORTH BRUNSWICK

Owner In Fee: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: (614) - 437-8124

Use Group(s): M

Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425

Telephone: (610) - 827-1113

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 23-2605805

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

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.

THOMAS PAUN
Construction Official

Date

PAYMENTS (Office Use Only)

Building	0.00
Electrical	0.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	0.00
All Fees Waived:	No

Amount to be Paid: 0.00

Note:

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 143 Lot 25

Work Site Location YANKEE CANDLE 540 SHOPPES BLVD N BRUNSWICK NJ 08902

Owner in Fee SHOPPES AT N BRUNSWICK / STANBERRY

Address 650 SHOPPES BLVD N BRUNSWICK NJ 08902

Tele. (614) 437 8100

Contractor Rebcor

Address 1091 Yellow Springs Chester Springs PA 19425

Tele. (610) 827 1113 Fax (610) 827 1136

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23 260 5805

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

Tenant Remodel For New YANKEE CANDLE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	2/26			
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	M	M
Constr. Class		
No. of Stories	1	1
Height of Structure	18 ft 3 in	Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 129600
3. Total (1+ 2) $

U.C.C. F110 (rev. 3/96)

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

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007
Control #: 22990

Date Issued: 06/26/2007
Permit #: 20070725

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:
Work Site Location: 540 SHOPPES BOULEVARD

Owner Details

Name: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET

COLUMBUS OH

Telephone: 614 - 437-8124

Contractor Details

Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425
Telephone: (610) 827-1113
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No: 232605805

B. BUILDING CHARACTERISTICS

Use Group Present: M Proposed:
Constr. Class Present: Proposed:

No. of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. work:

1. New Building	0.00
2. Rehabilitation	129,600.00
3. Demolition	0.00
4. Total (1+2+3)	$129,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 10/30/07

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			9.24.07	MD
Truss Sys./Bracing				
Barrier-Free				
Insulation			9.21.07	MD
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO			10.30.07	MD
Other				
Final				
Barrier-Free				

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
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

DAVE 484.431.6645

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign_____ Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$2,550.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$175.00
Total Fee	$2,725.00

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

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007
Control #: 22990

Date Issued: 06/26/2007
Permit #: 20070725

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:
Work Site Location: 540 SHOPPES BOULEVARD

Owner Details

Name: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET

COLUMBUS OH

Telephone: 614 - 437-8124

Contractor Details

Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425
Telephone: (610) 827-1113
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No: 232605805

B. BUILDING CHARACTERISTICS

Use Group	Present: M	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure	Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	129,600.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$129,600.00

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
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign_____ Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$2,550.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$175.00
Total Fee	$2,725.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates(Month/Day)			
Type:	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				

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

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007
Control #: 22990

Date Issued: 06/26/2007
Permit #: 20070725

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:
Work Site Location: 540 SHOPPES BOULEVARD

Owner Details

Name: STANBERRY DEVELOPMENT LLC
Address: 250 EAST BROAD STREET

COLUMBUS OH

Telephone: 614 - 437-8124

Contractor Details

Contractor: REBCAR
Address: 1081 YELLOW SPRINGS
CHESTER SPRINGS PA 19425
Telephone: (610) 827-1113
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No: 232605805

B. BUILDING CHARACTERISTICS

Use Group	Present: M	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure	Ft.	**Est. Cost of Bldg. work:**	
Area - Largest Floor	Sq. Ft.	1. New Building	0.00
New Bldg. Area/All Floors	Sq. Ft.	2. Rehabilitation	129,600.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$129,600.00

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
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign_____ Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Lead Haz. Abatement
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$2,550.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$175.00
Total Fee	$2,725.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates(Month/Day)			
Type:	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				

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 143 Lot 25
Work Site Location Yankee Candle 540 Shoppes Blvd
North Brunswick, NJ 08902
Owner in Fee/Occupant Shoppes at North Brunswick / Starwood
Address 650 Shoppes Blvd
North Brunswick NJ 08902
Tele. (614) 737 8100
Contractor JP Scaglione / Merchant Electric Inc
Address 230 Market St
Elmwood Park NJ 07407
Tele. (201) 794-2229 Fax (201) 794-9011
Lic. No. 9294
Federal Emp. No. 222515182

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 20,000

07 0725

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required 6/13/07 RF
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 6/13/07 NF
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
100		Lighting Fixtures
33		Receptacles
3		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
7		Emergency & Exit Lights
		Communications Points
1		Alarm Devices/F.A.C. Panel ALL
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1	1.5	KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1	5.3	KW Central A/C Unit
1		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	125	AMP Service
		AMP Subpanels
		AMP Motor Control Center
1	.8	KW Elec. Sign/Outline Light
24		20A Branch Ckts
		.....

FEE (Office Use Only)	
	66
	10
TOTAL NUMBERS	$
	10
	46
	10
	46
	60
	+ 240
	438

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007 Date Issued: 06/26/2007

TOWNSHIP OF NORTH BRUNSWICK

Control #: 22990 Permit #: 20070725

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee: STANBERRY DEVELOPMENT LLC

Address: 250 EAST BROAD STREET
COLUMBUS OH

Yankee Candle

Telephone: (614)-437-8124

Contractor: JP SCAGLIONE/MERCHANT ELECTRIC INC.

Address: 230 MARKET ST.
ELMWOOD PARK NJ 07407

Telephone: (201) 794-2229

Fax:

Contractor License No.: 9294 Federal Emp. No.: 222915182

B. ELECTRICAL CHARACTERISTICS

Use Group: Present M Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $20,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $20,000.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10/30/07

Approved by: NP

INSPECTIONS	Dates(Month/Day) Failure	Failure	Approval	Initial
Type: Rough			9-21	NP
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other Above.			10/22	NP
Service				
Final			10/30	NP
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature

[ ] Licened Electrical Contractor

[ ] Certified Landscape Irrigation Contractor

Irrigation Cert. No.

[ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
110		Lighting Fixtures	
33		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
7		Emergency&Exit Lights	
		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 154	$66.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	1.50	KW Elec. Water Heater	$10.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5.30	KW Central A/C Unit	$10.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	125.00	AMP Service	$46.00
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
24		BRANCH CIRCUITS	$240.00
1		HEATER	$10.00

Administrative Surcharge	$49.00
Minimum Fee	
State Permit Surcharge Fee	$27.00
TOTAL FEE	$401.00

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 09/14/2007 Date Issued: 10/10/2007

TOWNSHIP OF NORTH BRUNSWICK Control #: 23675 Permit #: 20071242

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 25.01 Qualification Code:

Work Site Location: US ROUTES 1 & 130

Owner in Fee: BRUNSWICK CIRCLE DEVELOPERS LLC

Address: 820 MORRIS TURNPIKE
SHORT HILLS NJ 07078

Yankee Candle

Telephone: 0-

Contractor:

Address:

Telephone:

Fax:

Contractor License No.: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present U Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $500.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $500.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10/30/7

Approved by: NF

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough			10/22	NF
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			10/24	NF
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature

[ ] Licened Electrical Contractor

[ ] Certified Landscape Irrigation Contractor

Irrigation Cert. No.

[ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 1	$36.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
1	5.00	KW Transformer/Generator	$10.00
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	2.00	KW Elec. Sign/Outline Light	$46.00

Administrative Surcharge	$12.00
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$91.00

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 10/10/2007 Date Issued: 10/19/2007

TOWNSHIP OF NORTH BRUNSWICK Control #: 23829 Permit #: 20070725 - 2

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee: STANBERRY DEVELOPMENT LLC

Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: (614)-437-8124

Contractor: JP SCAGLIONE/MERCHANT ELECTRIC INC.

Address: 230 MARKET ST.
ELMWOOD PARK NJ 07407

Telephone: (201) 794-2229

Fax:

Contractor License No.: 9294 Federal Emp. No.: 222915182

B. ELECTRICAL CHARACTERISTICS

Use Group: Present M Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $8,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $8,000.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10/30/7

Approved by: NF

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough			10/22	NF
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			10/30	NF
Barrier-Free				

Temp Cut-in-Card Date Issued

Final Cut-in-Card Date Issue

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature

[ ] Licened Electrical Contractor

[ ] Certified Landscape Irrigation Contractor

Irrigation Cert. No.

[ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
10		Alarm Devices/F.A.C. Panel
		TOTAL NUMBER 10
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Htr./Air Handler
		KW Baseboard Heat
		HP Motors 1/+HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$36.00

Administrative Surcharge	$6.00
Minimum Fee	$43.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$54.00

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007 Date Issued: 06/26/2007

TOWNSHIP OF NORTH BRUNSWICK Control #: 22990 Permit #: 20070725

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee: STANBERRY DEVELOPMENT LLC

Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: (614)-437-8124

Contractor: JP SCAGLIONE/MERCHANT ELECTRIC INC.

Address: 230 MARKET ST.
ELMWOOD PARK NJ 07407

Telephone: (201) 794-2229

Fax:

Contractor License No.: 9294 Federal Emp. No.: 222915182

B. ELECTRICAL CHARACTERISTICS

Use Group: Present M Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $20,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $20,000.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Licened Electrical Contractor

[ ] Certified Landscape Irrigation Contractor

Irrigation Cert. No.

[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
110		Lighting Fixtures	
33		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
7		Emergency&Exit Lights	
		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 154	$66.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	1.50	KW Elec. Water Heater	$10.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5.30	KW Central A/C Unit	$10.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	125.00	AMP Service	$46.00
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
24		BRANCH CIRCUITS	$240.00
1		HEATER	$10.00

Administrative Surcharge	$49.00
Minimum Fee	
State Permit Surcharge Fee	$27.00
TOTAL FEE	$401.00

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007 Date Issued: 06/26/2007

TOWNSHIP OF NORTH BRUNSWICK Control #: 22990 Permit #: 20070725

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee: STANBERRY DEVELOPMENT LLC

Address: 250 EAST BROAD STREET
COLUMBUS OH

Telephone: (614)-437-8124

Contractor: JP SCAGLIONE/MERCHANT ELECTRIC INC.

Address: 230 MARKET ST.
ELMWOOD PARK NJ 07407

Telephone: (201) 794-2229

Fax:

Contractor License No.: 9294 Federal Emp. No.: 222915182

B. ELECTRICAL CHARACTERISTICS

Use Group: Present M Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $20,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $20,000.00

Job Summary(Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec.Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Licened Electrical Contractor

[ ] Certified Landscape Irrigation Contractor

Irrigation Cert. No.

[ ] Exempt Applicant

Applicant's Signature/Contractor's seal and Signature

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
110		Lighting Fixtures	
33		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
7		Emergency&Exit Lights	
		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBER 154	$66.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	1.50	KW Elec. Water Heater	$10.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5.30	KW Central A/C Unit	$10.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	125.00	AMP Service	$46.00
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
24		BRANCH CIRCUITS	$240.00
1		HEATER	$10.00

Administrative Surcharge	$49.00
Minimum Fee	
State Permit Surcharge Fee	$27.00
TOTAL FEE	$401.00

Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original and three photocopies

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 143 Lot 25 Qualification Code

Work Site Location YANKEE CANDLE BLDG-B 540 SHOPPES BLVD
SHOPPES @ NORTH BRUNSWICK NJ

Owner in Fee SHOPPES AT NORTH BRUNSWICK / STAMBERRY

Address 640 SHOPPES BLVD
N BRUNSWICK NJ 08902

Tel (614) 481 8100

Contractor EAST COAST FIRE PROTECTION

Address 24 BRADLEY ST. PO BOX 454
HAMILTON NJ 08827

Tel (908) 537-7300 FAX (908) 537-7296

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00428

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 1536667

Fire Alarm Contractor No.

Federal Emp. No. 22-2888205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location: _____

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: BLDG-B
VALVE Room, COL. LINE 6/1

Total Cost of Fire Protection Work $ 6,400.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[+] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocate From Existing Outlet To New Ceiling

Water Supply Source CITY WATER

Method of Alarm/Suppression System Supervision TAMPER

	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) Existing	6	
Supervisory Devices (i.e., tamper, 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)	21	120 -
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____
Minimum Fee $ 120 -
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 6.21.07
Approved by: MD

SUBCODE APPROVAL
[ ] 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 _____				

U.C.C. F140
(rev. 1/04)

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

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 06/11/2007 Date Issued 06/26/2007
Control # 22990 Permit # 20070725

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

Block: 143 Lot: 25 Qualification Code:

Work Site Location : 540 SHOPPES BOULEVARD

Owner Details		Contractor Details	
Owner in Fee:	STANBERRY DEVELOPMENT LLC	Contractor:	EAST COAST FIRE PROTECTION CORP.
Address:	250 EAST BROAD STREET	Address:	24 BOWLBY ST. PO BOX 454
	COLUMBUS OH		HAMPTON NJ 08827
Telephone:	(614) - 437-8124	Telephone:	(908) 537-7380
Fire/Security Alarm Contractor No.:		Fax:	

Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:

Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Federal Emp. No.: 222884265

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed

Constr. Class: Present Proposed

Heating Systems: [ ]New [ ]Existing [ ] HVAC

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

[ ] Other

Location:

Fire Alarm System: [ ] New *or* [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New *or* [ ] Existing

Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $6,400.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work: 6,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Elec.

[ ] Plumbing [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/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.

_____
Signature

[ ] Certified Contractor
[ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

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.,horns/strobes,bells)		
Other Devices:		
TOTAL		
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)	21	$120.00
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$129.00

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 06/11/2007 Date Issued 06/26/2007
Control # 22990 Permit # 20070725

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

Block: 143 Lot: 25 Qualification Code:

Work Site Location : 540 SHOPPES BOULEVARD

Owner Details		Contractor Details	
Owner in Fee:	STANBERRY DEVELOPMENT LLC	Contractor:	EAST COAST FIRE PROTECTION CORP.
Address:	250 EAST BROAD STREET	Address:	24 BOWLBY ST. PO BOX 454
	COLUMBUS OH		HAMPTON NJ 08827
Telephone:	(614) - 437-8124	Telephone:	(908) 537-7380

Fire/Security Alarm Contractor No.: Fax:

Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:

Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Federal Emp. No.: 222884265

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed

Constr. Class: Present Proposed

Heating Systems: [ ]New [ ]Existing [ ] HVAC

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

[ ] Other

Location:

Fire Alarm System: [ ] New *or* [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New *or* [ ] Existing

Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel

1. New: $0.00 2. Rehabilitation: $6,400.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work: 6,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Elec.

[ ] Plumbing [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/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.

_____ [ ] Certified Contractor

Signature [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TENANT FIT-UP - YANKEE CANDLE - SHOPPES AT NORTH BRUNSWICK

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.,horns/strobes,bells)		
Other Devices:		
TOTAL		
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)	21	$120.00
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$9.00
TOTAL FEE	$129.00

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 103 Lot 25

Work Site Location Yankee Candle – North Brunswick, NJ 08902
540 Shoppes Blvd

Owner in Fee Shoppes at North Brunswick/Stanberly

Address 650 Shoppes Blvd
N. Brunswick NJ 08902

Tele. (614) 431 8100

Contractor Timothy Peters Plumbing & Heating Co. Inc.

Address P.O. Box 1047
Toms River, NJ 08754

Tele. (732) 341-4414 Fax (732) 341-7614

Lic. No. #10716

Federal Emp. No. 22-3145634

B. PLUMBING CHARACTERISTICS

Use Group Present NA Proposed M.

Building Sewer Size 4 Public Sewer _____ Private Septic _____

Water Service Size 2 Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 9000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 6-12-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	10
	Shower	
1	Floor Drain	10
1	Sink MOP	10
	Dishwasher	
1	Drinking Fountain	10
	Washing Machine	
	Hose Bibb	
1	Water Heater	10
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	65
1	Water Service Connection	65
1	Stacks VTR	10
	Other _____	
	Other _____	
	Other _____	

07725

Administrative Surcharge	$	
Minimum Fee	$	200.00
DCA Training Fee	$	
TOTAL FEE	$	

CHANGE OF CONTRACTOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/11/07
Control # 22990
Date Issued 6/26/07
Permit # 20070725

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

Block 143 Lot 25 Qualification Code ____

Work Site Location 540 SHOPPES BLVD.

Owner in Fee STANBERRY DEVELOPMENT LLC

Address 250 EAST BROAD STREET
COLUMBUS OH

Tel. (614) 437-8124

Contractor MANNY STEIN, INC.

Address 199 SCOTLAND ROAD
ORANGE, NEW JERSEY 07050

Tel. (973) 672-0900 FAX (973) 672-8761

Contractor License No. 7065 / 8266

Federal Emp. No. 22-1693841

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed ____

Building Sewer Size ____ Public Sewer ____ Private Septic ____

Water Service Size ____ Public Water ____ Private Well ____

Est. Cost of Plumbing Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8-9-7

Approved by: M

SUBCODE APPROVAL

[ ] 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				
Fule Oil Piping				
Solar				
TCO				

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 appliation

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
1	Lavatory	
	Shower	
1	Floor Drain	
1	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fule Oil piping	
6.00	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks ____	
	Other ____	
	Other ____	

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

RECEIVED
AUG - 8 2007

U.C.C. F130
(rev. 1/04)

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

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007 Date Issued: 06/26/2007

Control #: 22990 Permit #: 20070725

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee : STANBERRY DEVELOPMENT LLC

Address : 250 EAST BROAD STREET
COLUMBUS OH

Telephone : (614) - 437-8124

Contractor: MANNY STEIN, INC

Address: 199 SCOTLAND ROAD
ORANGE NJ 07050

Telephone: (973) 672-0900 Fax:

Contractor License No.: 7065/8266 Federal Emp. No.: 221693841

B. PLUMBING CHARACTERISTICS

Use Group: Present: M Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $9,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $9,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8-9-7

Approved by: NN

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10.00
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10.00
	Shower	
1	Floor Drain	$10.00
1	Sink	$10.00
	Dishwasher	
1	Drinking Fountain	$10.00
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
	Gas Piping	
0.00	LPGas Tank	0.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
1	Sewer Connection	$65.00
1	Water Service Connection	$65.00
1	Stacks	$10.00
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$12.00
TOTAL FEE	$212.00

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

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007 Date Issued: 06/26/2007

Control #: 22990 Permit #: 20070725

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee : STANBERRY DEVELOPMENT LLC

Address : 250 EAST BROAD STREET
COLUMBUS OH

Telephone : (614) - 437-8124

Contractor: TIMOTHY PETERS PLUMBING HEATING

Address: PO BOX 1847
TOMS RIVER NJ 08754

Telephone: (732) 341-4414 Fax:

Contractor License No.: Federal Emp. No.: 223145636

B. PLUMBING CHARACTERISTICS

Use Group: Present: M Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $9,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): *$9,000.00*

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10.00
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10.00
	Shower	
1	Floor Drain	$10.00
1	Sink	$10.00
	Dishwasher	
1	Drinking Fountain	$10.00
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
	Gas Piping	
0.00	LPGas Tank	0.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
1	Sewer Connection	$65.00
1	Water Service Connection	$65.00
1	Stacks	$10.00
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$12.00
TOTAL FEE	$212.00

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

TOWNSHIP OF NORTH BRUNSWICK

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 06/11/2007 Date Issued: 06/26/2007

Control #: 22990 Permit #: 20070725

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.

Block: 143 Lot: 25 Qualification Code:

Work Site Location: 540 SHOPPES BOULEVARD

Owner in Fee : STANBERRY DEVELOPMENT LLC

Address : 250 EAST BROAD STREET

COLUMBUS OH

Telephone : (614) - 437-8124

Contractor: TIMOTHY PETERS PLUMBING.HEATING

Address: PO BOX 1847

TOMS RIVER NJ 08754

Telephone: (732) 341-4414 Fax:

Contractor License No.: Federal Emp. No.: 223145636

B. PLUMBING CHARACTERISTICS

Use Group: Present: M Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $9,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $9,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

_____

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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	Urinal/Bidet	
	Bath Tub	
1	Lavatory	$10.00
	Shower	
1	Floor Drain	$10.00
1	Sink	$10.00
	Dishwasher	
1	Drinking Fountain	$10.00
	Washing Machine	
	Hose Bibb	
1	Water Heater	$10.00
	Fuel Oil Piping	
	Gas Piping	
0.00	LPGas Tank	0.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
1	Sewer Connection	$65.00
1	Water Service Connection	$65.00
1	Stacks	$10.00
	Other_____	
	Other_____	
	Other_____	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$12.00
TOTAL FEE	$212.00

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

TOWNSHIP OF NORTH BRUNSWICK

Agent : REBCAR
1081 YELLOW SPRINGS
CHESTER SPRINGS, PA-19425
Ph: (610) 827-1113

Contractor : EAST COAST FIRE PROTECTION CORI
24 BOWLBY ST. PO BOX 454
HAMPTON, NJ-08827
Ph: (908) 5377380

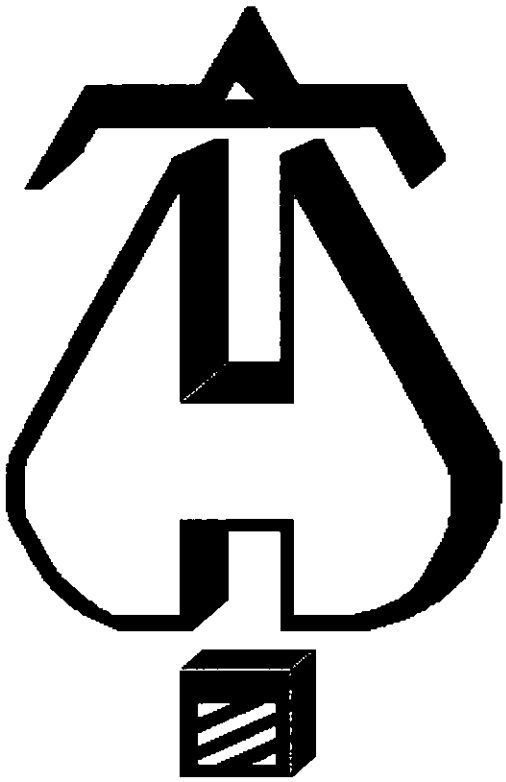
Ref : Application #. 22990

Subject : FireProtection Review for 540 SHOPPES BOULEVARD

Date : June 20, 2007

Subcode Notes

Need sealed drawings. Spoke to Tom Casella from East Coast Sprinkler and he will send them.



. . . **Fire Protection by Computer Design**

EAST COAST FIRE PROTECTION

2025

Job Name	:	YANKEE CANDLE SHOPS AT NB
Building	:	BUIDING B
Location	:	SHOPPES @ BORTH BRUNSWICK
System	:	
Contract	:	
Data File	:	8962-FP-.WX1

R. Mac
6/7/07

Hydraulic Design Information Sheet

Name - YANKEE CANDLE
Location - SHOPPES @ BORTH BRUNSWICK
Building - BUIDING B
Contractor - EAST COAST FIRE PROTECTION
Calculated By - TAC
Construction: ( ) Combustible (X) Non-Combustible
Occupancy - MERCANTILE

Date - 6-07-09
System No. -
Contract No. -
Drawing No. - FP-1
Ceiling Height -

SYSTEM DESIGN

(X) NFPA 13 ( ) Lt. Haz. Ord.Haz.Gp. ( ) 1 ( ) 2 ( ) 3 ( ) Ex.Haz.
( ) NFPA 231 ( ) NFPA 231C ( ) Figure Curve
Other
Specific Ruling Made By Date

Area of Sprinkler Operation - 1500	System Type	Sprinkler/Nozzle
Density - .2000	(X) Wet	Make VIKING
Area Per Sprinkler - 96.00	( ) Dry	Model PENDENT
Elevation at Highest Outlet - 11	( ) Deluge	Size 1/2"
Hose Allowance - Inside -	( ) Preaction	K-Factor 5.6
Rack Sprinkler Allowance -	( ) Other	Temp.Rat.165
Hose Allowance - Outside - 250		

Note

Calculation Summary

Flow Required - 564 Press Required - 24
C-Factor Used: 120 Overhead 140 Underground

WATER SUPPLY

Water Flow Test:	Pump Data:	Tank or Reservoir:
Date of Test - 1-17-07		Cap. -
Time of Test -	Rated Cap.-	Elev.-
Static Press - 50	@ Press -	
Residual Press - 40	Elev. -	Well
Flow - 954		Proof Flow
Elevation - 0		

Location - ON SITE

Source of Information - AMERICAN WATER CO.

COMMODITY STORAGE

Commodity Class Location
Storage Ht. Area Aisle W.
Storage Method: Solid Piled % Palletized % Rack

( ) Single Row	( ) Conven. Pallet	( ) Auto. Storage	( ) Encap.
( ) Double Row	( ) Slave Pallet	( ) Solid Shelf	( ) Non
( ) Mult. Row		( ) Open Shelf	

Flue Spacing Clearance:Storage to Ceiling
Longitudinal Transverse

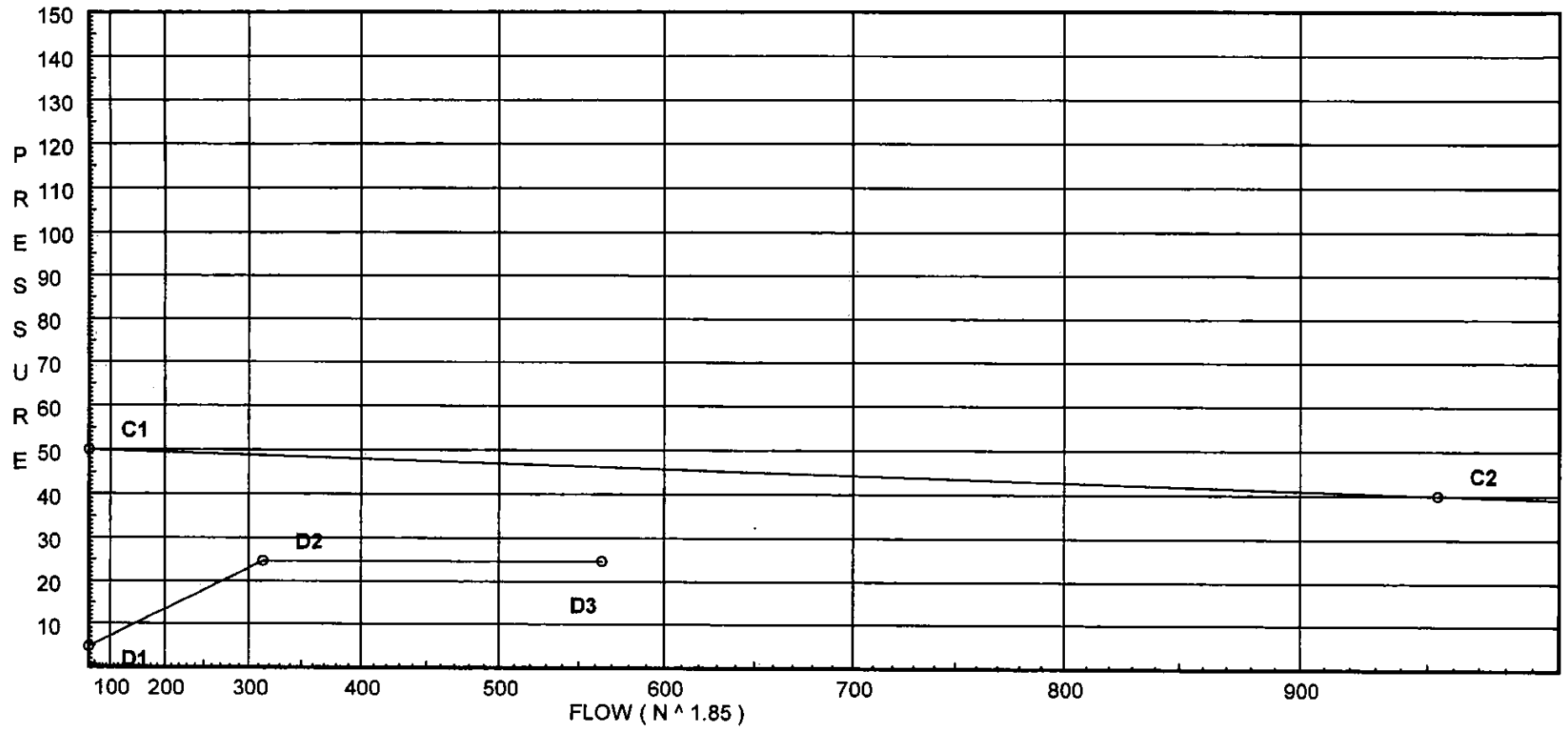
Horizontal Barriers Provided:

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

City Water Supply:
- C1 - Static Pressure : 50
- C2 - Residual Pressure: 40
- C2 - Residual Flow : 954

Demand:

D1 - Elevation	:	4.764
D2 - System Flow	:	314.057
D2 - System Pressure	:	24.657
Hose (Adj City)	:	
Hose (Demand)	:	250
D3 - System Demand	:	564.057
Safety Margin	:	21.561



Fitting Legend

Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
A	Generic Alarm Valve	0	0	0	0	0	0	7.7	21.5	0	17	17	27	29	0	0	0	0	0	0	0
E	90' Standard Elbow	2	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
G	Generic Gate Valve	0	0	0	0	0	1	1	1	1	2	2	3	4	5	6	7	8	10	11	13
T	90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zab	Ames 2000SE	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

Pressure / Flow Summary - STANDARD

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Page 4
Date 060707

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
D001	11.0	5.6	11.95	na	19.36	0.2	96	7.21
D002	11.0	5.6	12.06	na	19.45	0.2	96	7.21
D003	11.0	5.6	11.8	na	19.24	0.2	96	7.21
D004	11.0	5.6	12.26	na	19.61	0.2	96	7.21
D005	11.0	5.6	11.98	na	19.38	0.2	96	7.21
D006	11.0	5.6	14.41	na	21.25	0.2	96	7.21
D007	11.0	5.6	12.08	na	19.46	0.2	94	7.21
D008	11.0	5.6	12.15	na	19.52	0.2	96	7.21
D009	11.0	5.6	11.89	na	19.31	0.2	96	7.21
D010	11.0	5.6	11.76	na	19.2	0.2	96	7.21
D011	11.0	5.6	12.06	na	19.45	0.2	96	7.21
D012	11.0	5.6	12.4	na	19.72	0.2	96	7.21
D013	11.0	5.6	12.51	na	19.81	0.2	96	7.21
D014	11.0	5.6	12.24	na	19.59	0.2	96	7.21
D015	11.0	5.6	12.71	na	19.97	0.2	96	7.21
D016	11.0	5.6	12.42	na	19.73	0.2	96	7.21
44	14.0		11.22	na				
42	14.0		11.6	na				
43	14.0		12.3	na				
41	14.0		10.96	na				
39	14.0		11.32	na				
40	14.0		12.35	na				
38	14.0		10.82	na				
36	14.0		11.8	na				
37	14.0		12.34	na				
35	14.0		11.14	na				
33	14.0		11.5	na				
34	14.0		12.64	na				
32	14.0		11.15	na				
30	14.0		11.49	na				
31	14.0		12.29	na				
26	14.0		11.13	na				
27	14.0		11.8	na				
28	14.0		11.9	na				
29	14.0		12.49	na				
22	14.0		10.87	na				
23	14.0		11.87	na				
24	14.0		11.97	na				
25	14.0		12.54	na				
18	14.0		11.34	na				
19	14.0		11.86	na				
20	14.0		12.1	na				
21	14.0		12.68	na				
14	14.0		11.05	na				
15	14.0		12.15	na				
16	14.0		12.25	na				
17	14.0		12.83	na				
13	14.0		13.54	na				
1	14.0		11.02	na				
2	14.0		11.8	na				
3	14.0		11.9	na				
4	14.0		12.48	na				
5	14.0		13.52	na				
6	14.0		13.53	na				
7	14.0		13.56	na				
8	14.0		13.73	na				
9	14.0		13.87	na				
10	14.0		13.97	na				
11	14.0		14.53	na				
12	0.0		24.6	na				
TEST	0.0		24.66	na	250.0			

The maximum velocity is 8.49 and it occurs in the pipe between nodes 29 and 6

Final Calculations - Hazen-Williams

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Date 060707

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
D001	19.36	1.049	1E	2.0	1.000	11.955		K Factor = 5.60
to		120		0.0	2.000	-1.299		
1	19.36	0.1223		0.0	3.000	0.367		Vel = 7.19
	0.0							
	19.36					11.023		K Factor = 5.83
D002	19.45	1.049	1E	2.0	1.000	12.058		K Factor = 5.60
to		120		0.0	2.000	-1.299		
26	19.45	0.1233		0.0	3.000	0.370		Vel = 7.22
	0.0							
	19.45					11.129		K Factor = 5.83
D003	19.24	1.049	1E	2.0	1.000	11.802		K Factor = 5.60
to		120		0.0	2.000	-1.299		
22	19.24	0.1213		0.0	3.000	0.364		Vel = 7.14
	0.0							
	19.24					10.867		K Factor = 5.84
D004	19.61	1.049	1E	2.0	1.000	12.261		K Factor = 5.60
to		120		0.0	2.000	-1.299		
18	19.61	0.1253		0.0	3.000	0.376		Vel = 7.28
	0.0							
	19.61					11.338		K Factor = 5.82
D005	19.38	1.049	1E	2.0	1.000	11.976		K Factor = 5.60
to		120		0.0	2.000	-1.299		
14	19.38	0.1230		0.0	3.000	0.369		Vel = 7.19
	0.0							
	19.38					11.046		K Factor = 5.83
D006	21.25	1.049	1E	2.0	1.000	14.406		K Factor = 5.60
to		120		0.0	2.000	-1.299		
13	21.25	0.1453		0.0	3.000	0.436		Vel = 7.89
	0.0							
	21.25					13.543		K Factor = 5.77
D007	19.46	1.049	1E	2.0	1.000	12.078		K Factor = 5.60
to		120		0.0	2.000	-1.299		
32	19.46	0.1237		0.0	3.000	0.371		Vel = 7.22
	0.0							
	19.46					11.150		K Factor = 5.83
D008	19.52	1.049	1E	2.0	1.000	12.149		K Factor = 5.60
to		120		0.0	2.000	-1.299		
44	19.52	0.1243		0.0	3.000	0.373		Vel = 7.25
	0.0							
	19.52					11.223		K Factor = 5.83
D009	19.31	1.049	1E	2.0	1.000	11.890		K Factor = 5.60
to		120		0.0	2.000	-1.299		
41	19.31	0.1220		0.0	3.000	0.366		Vel = 7.17
	0.0							
	19.31					10.957		K Factor = 5.83
D010	19.20	1.049	1E	2.0	1.000	11.755		K Factor = 5.60
to		120		0.0	2.000	-1.299		
38	19.2	0.1207		0.0	3.000	0.362		Vel = 7.13

Final Calculations - Standard

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	19.20					10.818		K Factor = 5.84
D011	19.45	1.049	1E	2.0	1.000	12.065		K Factor = 5.60
to		120		0.0	2.000	-1.299		
35	19.45	0.1233		0.0	3.000	0.370		Vel = 7.22
	0.0							
	19.45					11.136		K Factor = 5.83
D012	19.72	1.049	1E	2.0	1.000	12.405		K Factor = 5.60
to		120		0.0	2.000	-1.299		
30	19.72	0.1267		0.0	3.000	0.380		Vel = 7.32
	0.0							
	19.72					11.486		K Factor = 5.82
D013	19.81	1.049	1E	2.0	1.000	12.514		K Factor = 5.60
to		120		0.0	2.000	-1.299		
42	19.81	0.1277		0.0	3.000	0.383		Vel = 7.35
	0.0							
	19.81					11.598		K Factor = 5.82
D014	19.59	1.049	1E	2.0	1.000	12.239		K Factor = 5.60
to		120		0.0	2.000	-1.299		
39	19.59	0.1253		0.0	3.000	0.376		Vel = 7.27
	0.0							
	19.59					11.316		K Factor = 5.82
D015	19.97	1.049	1E	2.0	1.000	12.713		K Factor = 5.60
to		120		0.0	2.000	-1.299		
36	19.97	0.1297		0.0	3.000	0.389		Vel = 7.41
	0.0							
	19.97					11.803		K Factor = 5.81
D016	19.73	1.049	1E	2.0	1.000	12.416		K Factor = 5.60
to		120		0.0	2.000	-1.299		
33	19.73	0.1270		0.0	3.000	0.381		Vel = 7.32
	0.0							
	19.73					11.498		K Factor = 5.82
44	19.52	1.049	1T	5.0	0.450	11.223		
to		120		0.0	5.000	0.0		
28	19.52	0.1244		0.0	5.450	0.678		Vel = 7.25
	0.0							
	19.52					11.901		K Factor = 5.66
42	19.81	1.049	1T	5.0	0.450	11.598		
to		120		0.0	5.000	0.0		
43	19.81	0.1279		0.0	5.450	0.697		Vel = 7.35
43	0.0	1.682	1T	9.9	4.910	12.295		
to		120		0.0	9.900	0.0		
29	19.81	0.0128		0.0	14.810	0.190		Vel = 2.86
	0.0							
	19.81					12.485		K Factor = 5.61
41	19.31	1.049	1T	5.0	3.290	10.957		
to		120		0.0	5.000	0.0		
24	19.31	0.1220		0.0	8.290	1.011		Vel = 7.17

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	19.31					11.968		K Factor = 5.58
39	19.59	1.049	1T	5.0	3.290	11.316		
to		120		0.0	5.000	0.0		
40	19.59	0.1252		0.0	8.290	1.038		Vel = 7.27
40	0.0	1.682	1T	9.9	4.910	12.354		
to		120		0.0	9.900	0.0		
25	19.59	0.0126		0.0	14.810	0.186		Vel = 2.83
	0.0							
	19.59					12.540		K Factor = 5.53
38	19.20	1.049	1T	5.0	5.660	10.818		
to		120		0.0	5.000	0.0		
20	19.2	0.1206		0.0	10.660	1.286		Vel = 7.13
	0.0							
	19.20					12.104		K Factor = 5.52
36	19.97	1.049		0.0	4.160	11.803		
to		120		0.0	0.0	0.0		
37	19.97	0.1296		0.0	4.160	0.539		Vel = 7.41
37	0.0	1.682	2T	19.799	6.410	12.342		
to		120		0.0	19.799	0.0		
21	19.97	0.0130		0.0	26.209	0.342		Vel = 2.88
	0.0							
	19.97					12.684		K Factor = 5.61
35	19.45	1.049	1T	5.0	4.000	11.136		
to		120		0.0	5.000	0.0		
16	19.45	0.1237		0.0	9.000	1.113		Vel = 7.22
	0.0							
	19.45					12.249		K Factor = 5.56
33	19.73	1.049	1T	5.0	4.000	11.498		
to		120		0.0	5.000	0.0		
34	19.73	0.1269		0.0	9.000	1.142		Vel = 7.32
34	0.0	1.682	1T	9.9	4.910	12.640		
to		120		0.0	9.900	0.0		
17	19.73	0.0128		0.0	14.810	0.189		Vel = 2.85
	0.0							
	19.73					12.829		K Factor = 5.51
32	19.46	1.049	1T	5.0	1.080	11.150		
to		120		0.0	5.000	0.0		
3	19.46	0.1237		0.0	6.080	0.752		Vel = 7.22
	0.0							
	19.46					11.902		K Factor = 5.64
30	19.72	1.049	1T	5.0	1.370	11.486		
to		120		0.0	5.000	0.0		
31	19.72	0.1268		0.0	6.370	0.808		Vel = 7.32
31	0.0	1.682	1T	9.9	4.910	12.294		
to		120		0.0	9.900	0.0		
4	19.72	0.0127		0.0	14.810	0.188		Vel = 2.85

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	*******	Notes	******
	0.0									
	19.72					12.482		K Factor = 5.58		
26	19.45	1.049	1T	5.0	0.450	11.129				
to		120		0.0	5.000	0.0				
27	19.45	0.1235		0.0	5.450	0.673		Vel = 7.22		
27	0.0	1.682		0.0	8.000	11.802				
to		120		0.0	0.0	0.0				
28	19.45	0.0124		0.0	8.000	0.099		Vel = 2.81		
28	19.51	1.682	1T	9.9	3.120	11.901				
to		120		0.0	9.900	0.0				
29	38.96	0.0449		0.0	13.020	0.584		Vel = 5.63		
29	19.82	1.682	1T	9.9	1.000	12.485				
to		120		0.0	9.900	0.0				
6	58.78	0.0960		0.0	10.900	1.046		Vel = 8.49		
	0.0									
	58.78					13.531		K Factor = 15.98		
22	19.24	1.049	1T	5.0	3.290	10.867				
to		120		0.0	5.000	0.0				
23	19.24	0.1211		0.0	8.290	1.004		Vel = 7.14		
23	0.0	1.682		0.0	8.000	11.871				
to		120		0.0	0.0	0.0				
24	19.24	0.0121		0.0	8.000	0.097		Vel = 2.78		
24	19.31	1.682	1T	9.9	3.120	11.968				
to		120		0.0	9.900	0.0				
25	38.55	0.0439		0.0	13.020	0.572		Vel = 5.57		
25	19.59	1.682	1T	9.9	1.000	12.540				
to		120		0.0	9.900	0.0				
7	58.14	0.0940		0.0	10.900	1.025		Vel = 8.39		
	0.0									
	58.14					13.565		K Factor = 15.79		
18	19.61	1.049		0.0	4.160	11.338				
to		120		0.0	0.0	0.0				
19	19.61	0.1255		0.0	4.160	0.522		Vel = 7.28		
19	0.0	1.682	1T	9.9	9.500	11.860				
to		120		0.0	9.900	0.0				
20	19.61	0.0126		0.0	19.400	0.244		Vel = 2.83		
20	19.20	1.682	1T	9.9	3.120	12.104				
to		120		0.0	9.900	0.0				
21	38.81	0.0445		0.0	13.020	0.580		Vel = 5.60		
21	19.97	1.682	1T	9.9	1.000	12.684				
to		120		0.0	9.900	0.0				
8	58.78	0.0959		0.0	10.900	1.045		Vel = 8.49		
	0.0									
	58.78					13.729		K Factor = 15.86		
14	19.38	1.049	1T	5.0	4.000	11.046				
to		120		0.0	5.000	0.0				
15	19.38	0.1227		0.0	9.000	1.104		Vel = 7.19		

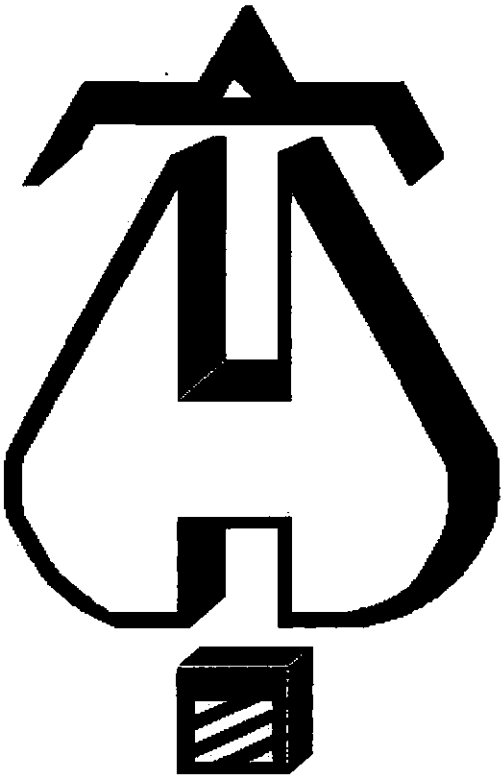
EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
15	0.0	1.682		0.0	8.000	12.150		
to		120		0.0	0.0	0.0		
16	19.38	0.0124		0.0	8.000	0.099		Vel = 2.80
16	19.45	1.682	1T	9.9	3.120	12.249		
to		120		0.0	9.900	0.0		
17	38.83	0.0445		0.0	13.020	0.580		Vel = 5.61
17	19.73	1.682	1T	9.9	1.000	12.829		
to		120		0.0	9.900	0.0		
9	58.56	0.0953		0.0	10.900	1.039		Vel = 8.46
	0.0							
	58.56					13.868		K Factor = 15.73
13	21.25	1.682	2T	19.799	9.160	13.543		
to		120		0.0	19.799	0.0		
10	21.25	0.0146		0.0	28.959	0.423		Vel = 3.07
	0.0							
	21.25					13.966		K Factor = 5.69
1	19.36	1.049	1T	5.0	1.370	11.023		
to		120		0.0	5.000	0.0		
2	19.36	0.1226		0.0	6.370	0.781		Vel = 7.19
2	0.0	1.682		0.0	8.000	11.804		
to		120		0.0	0.0	0.0		
3	19.36	0.0122		0.0	8.000	0.098		Vel = 2.80
3	19.46	1.682	1T	9.9	3.120	11.902		
to		120		0.0	9.900	0.0		
4	38.82	0.0445		0.0	13.020	0.580		Vel = 5.61
4	19.73	1.682	1T	9.9	1.000	12.482		
to		120		0.0	9.900	0.0		
5	58.55	0.0952		0.0	10.900	1.038		Vel = 8.45
5	0.0	4.26		0.0	10.160	13.520		
to		120		0.0	0.0	0.0		
6	58.55	0.0011		0.0	10.160	0.011		Vel = 1.32
6	58.77	4.26		0.0	9.160	13.531		
to		120		0.0	0.0	0.0		
7	117.32	0.0037		0.0	9.160	0.034		Vel = 2.64
7	58.14	4.26		0.0	20.910	13.565		
to		120		0.0	0.0	0.0		
8	175.46	0.0078		0.0	20.910	0.164		Vel = 3.95
8	58.78	4.26		0.0	10.330	13.729		
to		120		0.0	0.0	0.0		
9	234.24	0.0135		0.0	10.330	0.139		Vel = 5.27
9	58.56	4.26		0.0	4.870	13.868		
to		120		0.0	0.0	0.0		
10	292.8	0.0201		0.0	4.870	0.098		Vel = 6.59
10	21.26	4.26	1E	13.167	11.200	13.966		
to		120		0.0	13.167	0.0		
11	314.06	0.0231		0.0	24.367	0.562		Vel = 7.07
11	0.0	6.357	7E	123.219	76.290	14.528		
to		120	1T	37.72	202.431	9.157		* Fixed loss = 3.093
12	314.06	0.0033	2G	7.544	278.721	0.915		Vel = 3.17

Final Calculations - Standard

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	*******	Notes	******
			1A	33.948						
			1Zab	0.0						
12	0.0	8.27	1E	28.468	54.500	24.600				
to		140		0.0	28.468	0.0				
TEST	314.06	0.0007		0.0	82.968	0.057		Vel = 1.88		
	250.00							Qa = 250.00		
	564.06					24.657		K Factor = 113.59		



. . . Fire Protection by Computer Design

EAST COAST FIRE PROTECTION

Job Name	:	YANKEE CANDLE SHOPS AT NB
Building	:	BUIDING B
Location	:	SHOPPES @ BORTH BRUNSWICK
System	:	
Contract	:	
Data File	:	8962-FP-.WX1

R. Mac
6/7/07

Hydraulic Design Information Sheet

Name - YANKEE CANDLE
Location - SHOPPES @ BORTH BRUNSWICK
Building - BUIDING B
Contractor - EAST COAST FIRE PROTECTION
Calculated By - TAC
Construction: ( ) Combustible (X) Non-Combustible
Occupancy - MERCANTILE

Date - 6-07-09
System No. -
Contract No. -
Drawing No. - FP-1
Ceiling Height -

SYSTEM DESIGN

(X) NFPA 13 ( ) Lt. Haz. Ord.Haz.Gp. ( ) 1 ( ) 2 ( ) 3 ( ) Ex.Haz.
( ) NFPA 231 ( ) NFPA 231C ( ) Figure Curve
Other
Specific Ruling Made By Date

Area of Sprinkler Operation - 1500	System Type	Sprinkler/Nozzle
Density - .2000	(X) Wet	Make VIKING
Area Per Sprinkler - 96.00	( ) Dry	Model PENDENT
Elevation at Highest Outlet - 11	( ) Deluge	Size 1/2"
Hose Allowance - Inside -	( ) Preaction	K-Factor 5.6
Rack Sprinkler Allowance -	( ) Other	Temp.Rat.165
Hose Allowance - Outside - 250		

Note

Calculation Summary

Flow Required - 564 Press Required - 24
C-Factor Used: 120 Overhead 140 Underground

WATER SUPPLY

Water Flow Test:	Pump Data:	Tank or Reservoir:
Date of Test - 1-17-07		Cap. -
Time of Test -	Rated Cap.-	Elev.-
Static Press - 50	@ Press -	
Residual Press - 40	Elev. -	Well
Flow - 954		Proof Flow
Elevation - 0		

Location - ON SITE

Source of Information - AMERICAN WATER CO.

COMMODITY STORAGE RACK

Commodity Class Location
Storage Ht. Area Aisle W.
Storage Method: Solid Piled % Palletized % Rack

( ) Single Row	( ) Conven. Pallet	( ) Auto. Storage	( ) Encap.
( ) Double Row	( ) Slave Pallet	( ) Solid Shelf	( ) Non
( ) Mult. Row		( ) Open Shelf	

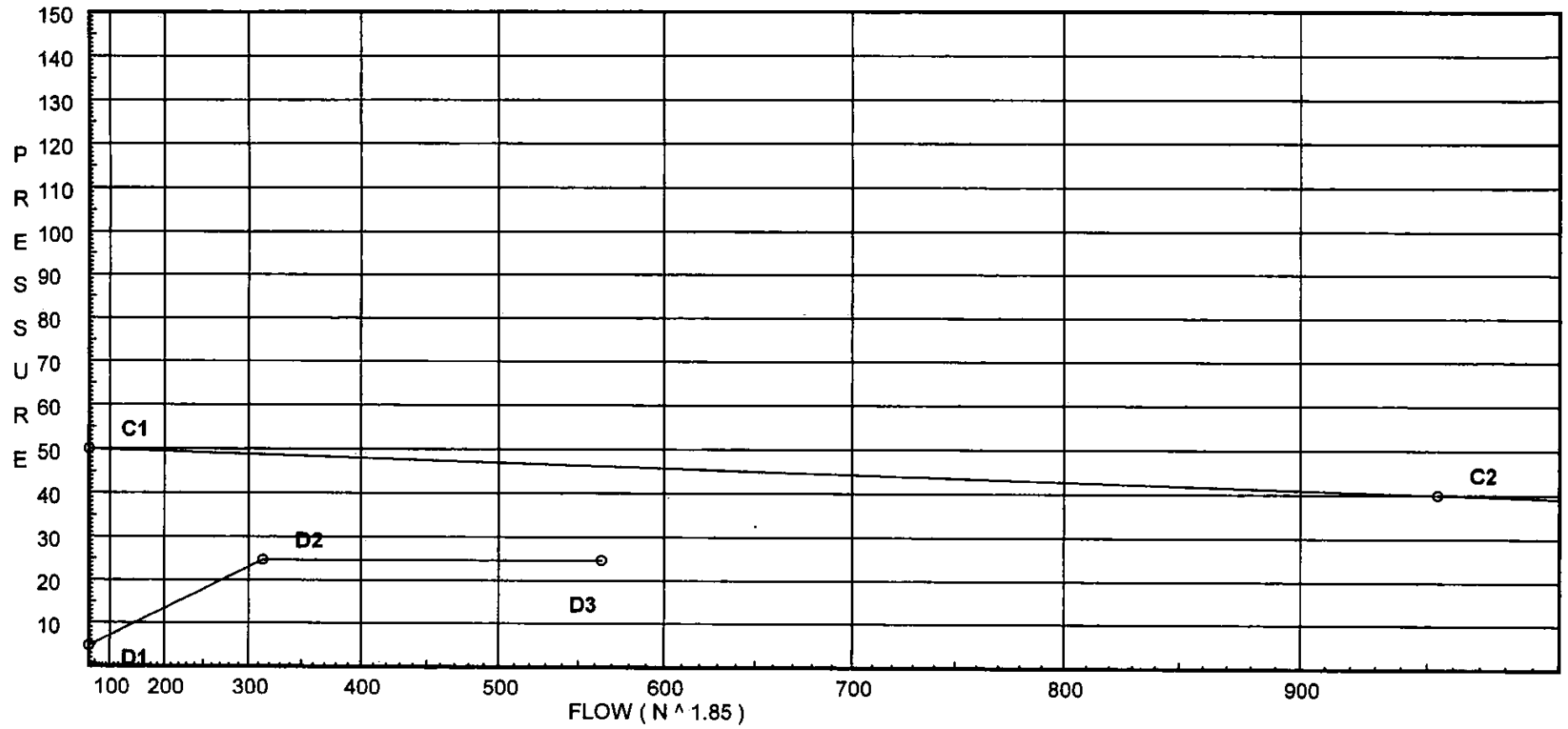
Flue Spacing Clearance:Storage to Ceiling
Longitudinal Transverse

Horizontal Barriers Provided:

City Water Supply:
- C1 - Static Pressure : 50
- C2 - Residual Pressure: 40
- C2 - Residual Flow : 954

Demand:

D1 - Elevation	:	4.764
D2 - System Flow	:	314.057
D2 - System Pressure	:	24.657
Hose (Adj City)	:	
Hose (Demand)	:	250
D3 - System Demand	:	564.057
Safety Margin	:	21.561



Fitting Legend

Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
A	Generic Alarm Valve	0	0	0	0	0	0	7.7	21.5	0	17	17	27	29	0	0	0	0	0	0	0
E	90' Standard Elbow	2	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
G	Generic Gate Valve	0	0	0	0	0	1	1	1	1	2	2	3	4	5	6	7	8	10	11	13
T	90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Zab	Ames 2000SE	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

Pressure / Flow Summary - STANDARD

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

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Date 060707

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
D001	11.0	5.6	11.95	na	19.36	0.2	96	7.21
D002	11.0	5.6	12.06	na	19.45	0.2	96	7.21
D003	11.0	5.6	11.8	na	19.24	0.2	96	7.21
D004	11.0	5.6	12.26	na	19.61	0.2	96	7.21
D005	11.0	5.6	11.98	na	19.38	0.2	96	7.21
D006	11.0	5.6	14.41	na	21.25	0.2	96	7.21
D007	11.0	5.6	12.08	na	19.46	0.2	94	7.21
D008	11.0	5.6	12.15	na	19.52	0.2	96	7.21
D009	11.0	5.6	11.89	na	19.31	0.2	96	7.21
D010	11.0	5.6	11.76	na	19.2	0.2	96	7.21
D011	11.0	5.6	12.06	na	19.45	0.2	96	7.21
D012	11.0	5.6	12.4	na	19.72	0.2	96	7.21
D013	11.0	5.6	12.51	na	19.81	0.2	96	7.21
D014	11.0	5.6	12.24	na	19.59	0.2	96	7.21
D015	11.0	5.6	12.71	na	19.97	0.2	96	7.21
D016	11.0	5.6	12.42	na	19.73	0.2	96	7.21
44	14.0		11.22	na				
42	14.0		11.6	na				
43	14.0		12.3	na				
41	14.0		10.96	na				
39	14.0		11.32	na				
40	14.0		12.35	na				
38	14.0		10.82	na				
36	14.0		11.8	na				
37	14.0		12.34	na				
35	14.0		11.14	na				
33	14.0		11.5	na				
34	14.0		12.64	na				
32	14.0		11.15	na				
30	14.0		11.49	na				
31	14.0		12.29	na				
26	14.0		11.13	na				
27	14.0		11.8	na				
28	14.0		11.9	na				
29	14.0		12.49	na				
22	14.0		10.87	na				
23	14.0		11.87	na				
24	14.0		11.97	na				
25	14.0		12.54	na				
18	14.0		11.34	na				
19	14.0		11.86	na				
20	14.0		12.1	na				
21	14.0		12.68	na				
14	14.0		11.05	na				
15	14.0		12.15	na				
16	14.0		12.25	na				
17	14.0		12.83	na				
13	14.0		13.54	na				
1	14.0		11.02	na				
2	14.0		11.8	na				
3	14.0		11.9	na				
4	14.0		12.48	na				
5	14.0		13.52	na				
6	14.0		13.53	na				
7	14.0		13.56	na				
8	14.0		13.73	na				
9	14.0		13.87	na				
10	14.0		13.97	na				
11	14.0		14.53	na				
12	0.0		24.6	na				
TEST	0.0		24.66	na	250.0			

The maximum velocity is 8.49 and it occurs in the pipe between nodes 29 and 6

Final Calculations - Hazen-Williams

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Date 060707

Hyd. Ref. Point	Qa / Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes *******
D001	19.36	1.049	1E	2.0	1.000	11.955		K Factor = 5.60
to		120		0.0	2.000	-1.299		
1	19.36	0.1223		0.0	3.000	0.367		Vel = 7.19
	0.0							
	19.36					11.023		K Factor = 5.83
D002	19.45	1.049	1E	2.0	1.000	12.058		K Factor = 5.60
to		120		0.0	2.000	-1.299		
26	19.45	0.1233		0.0	3.000	0.370		Vel = 7.22
	0.0							
	19.45					11.129		K Factor = 5.83
D003	19.24	1.049	1E	2.0	1.000	11.802		K Factor = 5.60
to		120		0.0	2.000	-1.299		
22	19.24	0.1213		0.0	3.000	0.364		Vel = 7.14
	0.0							
	19.24					10.867		K Factor = 5.84
D004	19.61	1.049	1E	2.0	1.000	12.261		K Factor = 5.60
to		120		0.0	2.000	-1.299		
18	19.61	0.1253		0.0	3.000	0.376		Vel = 7.28
	0.0							
	19.61					11.338		K Factor = 5.82
D005	19.38	1.049	1E	2.0	1.000	11.976		K Factor = 5.60
to		120		0.0	2.000	-1.299		
14	19.38	0.1230		0.0	3.000	0.369		Vel = 7.19
	0.0							
	19.38					11.046		K Factor = 5.83
D006	21.25	1.049	1E	2.0	1.000	14.406		K Factor = 5.60
to		120		0.0	2.000	-1.299		
13	21.25	0.1453		0.0	3.000	0.436		Vel = 7.89
	0.0							
	21.25					13.543		K Factor = 5.77
D007	19.46	1.049	1E	2.0	1.000	12.078		K Factor = 5.60
to		120		0.0	2.000	-1.299		
32	19.46	0.1237		0.0	3.000	0.371		Vel = 7.22
	0.0							
	19.46					11.150		K Factor = 5.83
D008	19.52	1.049	1E	2.0	1.000	12.149		K Factor = 5.60
to		120		0.0	2.000	-1.299		
44	19.52	0.1243		0.0	3.000	0.373		Vel = 7.25
	0.0							
	19.52					11.223		K Factor = 5.83
D009	19.31	1.049	1E	2.0	1.000	11.890		K Factor = 5.60
to		120		0.0	2.000	-1.299		
41	19.31	0.1220		0.0	3.000	0.366		Vel = 7.17
	0.0							
	19.31					10.957		K Factor = 5.83
D010	19.20	1.049	1E	2.0	1.000	11.755		K Factor = 5.60
to		120		0.0	2.000	-1.299		
38	19.2	0.1207		0.0	3.000	0.362		Vel = 7.13

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	19.20					10.818		K Factor = 5.84
D011	19.45	1.049	1E	2.0	1.000	12.065		K Factor = 5.60
to		120		0.0	2.000	-1.299		
35	19.45	0.1233		0.0	3.000	0.370		Vel = 7.22
	0.0							
	19.45					11.136		K Factor = 5.83
D012	19.72	1.049	1E	2.0	1.000	12.405		K Factor = 5.60
to		120		0.0	2.000	-1.299		
30	19.72	0.1267		0.0	3.000	0.380		Vel = 7.32
	0.0							
	19.72					11.486		K Factor = 5.82
D013	19.81	1.049	1E	2.0	1.000	12.514		K Factor = 5.60
to		120		0.0	2.000	-1.299		
42	19.81	0.1277		0.0	3.000	0.383		Vel = 7.35
	0.0							
	19.81					11.598		K Factor = 5.82
D014	19.59	1.049	1E	2.0	1.000	12.239		K Factor = 5.60
to		120		0.0	2.000	-1.299		
39	19.59	0.1253		0.0	3.000	0.376		Vel = 7.27
	0.0							
	19.59					11.316		K Factor = 5.82
D015	19.97	1.049	1E	2.0	1.000	12.713		K Factor = 5.60
to		120		0.0	2.000	-1.299		
36	19.97	0.1297		0.0	3.000	0.389		Vel = 7.41
	0.0							
	19.97					11.803		K Factor = 5.81
D016	19.73	1.049	1E	2.0	1.000	12.416		K Factor = 5.60
to		120		0.0	2.000	-1.299		
33	19.73	0.1270		0.0	3.000	0.381		Vel = 7.32
	0.0							
	19.73					11.498		K Factor = 5.82
44	19.52	1.049	1T	5.0	0.450	11.223		
to		120		0.0	5.000	0.0		
28	19.52	0.1244		0.0	5.450	0.678		Vel = 7.25
	0.0							
	19.52					11.901		K Factor = 5.66
42	19.81	1.049	1T	5.0	0.450	11.598		
to		120		0.0	5.000	0.0		
43	19.81	0.1279		0.0	5.450	0.697		Vel = 7.35
43	0.0	1.682	1T	9.9	4.910	12.295		
to		120		0.0	9.900	0.0		
29	19.81	0.0128		0.0	14.810	0.190		Vel = 2.86
	0.0							
	19.81					12.485		K Factor = 5.61
41	19.31	1.049	1T	5.0	3.290	10.957		
to		120		0.0	5.000	0.0		
24	19.31	0.1220		0.0	8.290	1.011		Vel = 7.17

Final Calculations - Standard

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

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Date 060707

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes *******
	0.0							
	19.31					11.968		K Factor = 5.58
39	19.59	1.049	1T	5.0	3.290	11.316		
to		120		0.0	5.000	0.0		
40	19.59	0.1252		0.0	8.290	1.038		Vel = 7.27
40	0.0	1.682	1T	9.9	4.910	12.354		
to		120		0.0	9.900	0.0		
25	19.59	0.0126		0.0	14.810	0.186		Vel = 2.83
	0.0							
	19.59					12.540		K Factor = 5.53
38	19.20	1.049	1T	5.0	5.660	10.818		
to		120		0.0	5.000	0.0		
20	19.2	0.1206		0.0	10.660	1.286		Vel = 7.13
	0.0							
	19.20					12.104		K Factor = 5.52
36	19.97	1.049		0.0	4.160	11.803		
to		120		0.0	0.0	0.0		
37	19.97	0.1296		0.0	4.160	0.539		Vel = 7.41
37	0.0	1.682	2T	19.799	6.410	12.342		
to		120		0.0	19.799	0.0		
21	19.97	0.0130		0.0	26.209	0.342		Vel = 2.88
	0.0							
	19.97					12.684		K Factor = 5.61
35	19.45	1.049	1T	5.0	4.000	11.136		
to		120		0.0	5.000	0.0		
16	19.45	0.1237		0.0	9.000	1.113		Vel = 7.22
	0.0							
	19.45					12.249		K Factor = 5.56
33	19.73	1.049	1T	5.0	4.000	11.498		
to		120		0.0	5.000	0.0		
34	19.73	0.1269		0.0	9.000	1.142		Vel = 7.32
34	0.0	1.682	1T	9.9	4.910	12.640		
to		120		0.0	9.900	0.0		
17	19.73	0.0128		0.0	14.810	0.189		Vel = 2.85
	0.0							
	19.73					12.829		K Factor = 5.51
32	19.46	1.049	1T	5.0	1.080	11.150		
to		120		0.0	5.000	0.0		
3	19.46	0.1237		0.0	6.080	0.752		Vel = 7.22
	0.0							
	19.46					11.902		K Factor = 5.64
30	19.72	1.049	1T	5.0	1.370	11.486		
to		120		0.0	5.000	0.0		
31	19.72	0.1268		0.0	6.370	0.808		Vel = 7.32
31	0.0	1.682	1T	9.9	4.910	12.294		
to		120		0.0	9.900	0.0		
4	19.72	0.0127		0.0	14.810	0.188		Vel = 2.85

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	19.72					12.482		K Factor = 5.58
26	19.45	1.049	1T	5.0	0.450	11.129		
to		120		0.0	5.000	0.0		
27	19.45	0.1235		0.0	5.450	0.673		Vel = 7.22
27	0.0	1.682		0.0	8.000	11.802		
to		120		0.0	0.0	0.0		
28	19.45	0.0124		0.0	8.000	0.099		Vel = 2.81
28	19.51	1.682	1T	9.9	3.120	11.901		
to		120		0.0	9.900	0.0		
29	38.96	0.0449		0.0	13.020	0.584		Vel = 5.63
29	19.82	1.682	1T	9.9	1.000	12.485		
to		120		0.0	9.900	0.0		
6	58.78	0.0960		0.0	10.900	1.046		Vel = 8.49
	0.0							
	58.78					13.531		K Factor = 15.98
22	19.24	1.049	1T	5.0	3.290	10.867		
to		120		0.0	5.000	0.0		
23	19.24	0.1211		0.0	8.290	1.004		Vel = 7.14
23	0.0	1.682		0.0	8.000	11.871		
to		120		0.0	0.0	0.0		
24	19.24	0.0121		0.0	8.000	0.097		Vel = 2.78
24	19.31	1.682	1T	9.9	3.120	11.968		
to		120		0.0	9.900	0.0		
25	38.55	0.0439		0.0	13.020	0.572		Vel = 5.57
25	19.59	1.682	1T	9.9	1.000	12.540		
to		120		0.0	9.900	0.0		
7	58.14	0.0940		0.0	10.900	1.025		Vel = 8.39
	0.0							
	58.14					13.565		K Factor = 15.79
18	19.61	1.049		0.0	4.160	11.338		
to		120		0.0	0.0	0.0		
19	19.61	0.1255		0.0	4.160	0.522		Vel = 7.28
19	0.0	1.682	1T	9.9	9.500	11.860		
to		120		0.0	9.900	0.0		
20	19.61	0.0126		0.0	19.400	0.244		Vel = 2.83
20	19.20	1.682	1T	9.9	3.120	12.104		
to		120		0.0	9.900	0.0		
21	38.81	0.0445		0.0	13.020	0.580		Vel = 5.60
21	19.97	1.682	1T	9.9	1.000	12.684		
to		120		0.0	9.900	0.0		
8	58.78	0.0959		0.0	10.900	1.045		Vel = 8.49
	0.0							
	58.78					13.729		K Factor = 15.86
14	19.38	1.049	1T	5.0	4.000	11.046		
to		120		0.0	5.000	0.0		
15	19.38	0.1227		0.0	9.000	1.104		Vel = 7.19

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
15	0.0	1.682		0.0	8.000	12.150		
to		120		0.0	0.0	0.0		
16	19.38	0.0124		0.0	8.000	0.099		Vel = 2.80
16	19.45	1.682	1T	9.9	3.120	12.249		
to		120		0.0	9.900	0.0		
17	38.83	0.0445		0.0	13.020	0.580		Vel = 5.61
17	19.73	1.682	1T	9.9	1.000	12.829		
to		120		0.0	9.900	0.0		
9	58.56	0.0953		0.0	10.900	1.039		Vel = 8.46
	0.0							
	58.56					13.868		K Factor = 15.73
13	21.25	1.682	2T	19.799	9.160	13.543		
to		120		0.0	19.799	0.0		
10	21.25	0.0146		0.0	28.959	0.423		Vel = 3.07
	0.0							
	21.25					13.966		K Factor = 5.69
1	19.36	1.049	1T	5.0	1.370	11.023		
to		120		0.0	5.000	0.0		
2	19.36	0.1226		0.0	6.370	0.781		Vel = 7.19
2	0.0	1.682		0.0	8.000	11.804		
to		120		0.0	0.0	0.0		
3	19.36	0.0122		0.0	8.000	0.098		Vel = 2.80
3	19.46	1.682	1T	9.9	3.120	11.902		
to		120		0.0	9.900	0.0		
4	38.82	0.0445		0.0	13.020	0.580		Vel = 5.61
4	19.73	1.682	1T	9.9	1.000	12.482		
to		120		0.0	9.900	0.0		
5	58.55	0.0952		0.0	10.900	1.038		Vel = 8.45
5	0.0	4.26		0.0	10.160	13.520		
to		120		0.0	0.0	0.0		
6	58.55	0.0011		0.0	10.160	0.011		Vel = 1.32
6	58.77	4.26		0.0	9.160	13.531		
to		120		0.0	0.0	0.0		
7	117.32	0.0037		0.0	9.160	0.034		Vel = 2.64
7	58.14	4.26		0.0	20.910	13.565		
to		120		0.0	0.0	0.0		
8	175.46	0.0078		0.0	20.910	0.164		Vel = 3.95
8	58.78	4.26		0.0	10.330	13.729		
to		120		0.0	0.0	0.0		
9	234.24	0.0135		0.0	10.330	0.139		Vel = 5.27
9	58.56	4.26		0.0	4.870	13.868		
to		120		0.0	0.0	0.0		
10	292.8	0.0201		0.0	4.870	0.098		Vel = 6.59
10	21.26	4.26	1E	13.167	11.200	13.966		
to		120		0.0	13.167	0.0		
11	314.06	0.0231		0.0	24.367	0.562		Vel = 7.07
11	0.0	6.357	7E	123.219	76.290	14.528		
to		120	1T	37.72	202.431	9.157		* Fixed loss = 3.093
12	314.06	0.0033	2G	7.544	278.721	0.915		Vel = 3.17

EAST COAST FIRE PROTECTION
YANKEE CANDLE SHOPS AT NB

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
			1A	33.948				
			1Zab	0.0				
12	0.0	8.27	1E	28.468	54.500	24.600		
to		140		0.0	28.468	0.0		
TEST	314.06	0.0007		0.0	82.968	0.057		Vel = 1.88
	250.00							Qa = 250.00
	564.06					24.657		K Factor = 113.59

TOWNSHIP OF NORTH BRUNSWICK

DEVELOPMENT REVIEW REPORT

DATE: JUNE 5, 2007

FROM: MICHAEL PROIETTI

TO: TOM PAUN

APPLICANT: YANKEE CANDLE – SHOPPES AT NORTH BRUNSWICK

ADDRESS: 540 SHOPPES BOULEVARD

TELEPHONE: 610-827-1113

PROJECT: TENANT FIT OUT ZONE: G-0

LOCATION: Space No. 07 BLOCK: 143 LOT: 25.01

ZONING CONTROL NUMBER: 19992243 / BUILDING CONTROL NUMBER: 22990

DOCUMENTS AND PLANS REVIEWED: Applications, "Yankee Candle Exterior Mall Conversion 5.0, Store #456, The Shoppes @ North Brunswick Rt. 1 - Rt. 130, Space #07, North Brunswick, Tenant Improvements by design forum architects, dated 05/14/07.

DETERMINATION:

APPROVED
ZONING OFFICE
JUN 11 2007
TOWNSHIP OF
NORTH BRUNSWICK

ZONING OFFICER

TENANT PROJECT CONTACT SHEET

National Services Group , Inc.
626 C Admiral Drive , PmbSuite 120 Annapolis MD 21401 Fax 410 544 1692
National Account Manager : Lauren Chase Tel : 410 544 1700

NSG Project # 20071348

PROJECT

Contact	YCC # 456
Tenant :	Yankee Candle
Address:	540 Shoppes Blvd
Address / Space #	
City Zip:	North Brunswick, NJ 08902
Country	
Tel	
Type Const :	>
Lot Blck Parcel #	Blk 143 Lot 25
Previous Tenant :	Address verified By LL 05 29 2007
Store Type :	Inline
Square Footage	1803
Est Const. Cost :	$165,000.00
Work Description :	>Interior Remodel
Contact YCC PM	Dave Conway

MALL / SC

Contact	Mall Manager
Corporation:	Shoppes at North Brunswick
Address:	650 Shoppes Blvd
Address:	
City Zip:	North Brunswick, NJ 08902
Country:	
Tel	732.223.0257(614 437 8100)
Fax	
Email :	
www:	http://www.stanbery.com/index.asp?retail.develo
Mall / Strip / etc :	www.
Mall Sq/ Ft	http://www.icsc.org/cgi/dmmsearch?MALLSTATE=M
Lot, Blk , Parcel #	http://sdatcert3.resiusa.org/rp_rewrite/
Prop Tax ID #	http://terraserver.microsoft.com/

TENANT OWNER

Contact	Jeff Lubarsky, Lynn Pellan
Corporation:	Yankee Candle Company
Address:	Retail Development
Address:	16 Yankee Candle Way
City Zip:	South Deerfield, MA 01373
Country:	
Tel	413-665-8306 ext 4011
Fax	413-665-8569
Email :	jlubars@yankeecandle.com
www:	www.yankeecandle.com
Admist Assistant:	Lynn Pellan

TENANT GC

Contact	Eric Miller
Corporation:	Rebcor, Inc.
Address:	1081 Yellow Springs Road
Address:	
City Zip:	Chester Springs, PA 19425
Country:	
Telephone:	610-827-1113
Facsimile:	610-827-1136
Email:	
WWW - Link :	

23 260 5805

ARCHITECT

Contact	Glen Middleton , Att Scott Smith
Corp :	Design Forum
Address:	7575 Paragon Road
Address / Space #	
City Zip:	Dayton, OH 45459
Country:	
Tel	937-439-4400
Fax	937 439 4340
Email:	
www:	www.designforum.com

MEP

Contact	Vernie
Corporation:	Henderson Engineers
Address:	8325 Lenexa Drive
Address:	Suite 400
City Zip:	Lenexa, KS 66214
Country:	
Tel	913-307-5342 , 5300
Fax	913-307-5342
Email:	
WWW - Link :	www.hei-kc.com

BUILDING - LOCAL

Contact	Plan Check
Corp :	North Brunswick
Address:	Building Department
Address / Space #	710 Hermann Road
City Zip:	North Brunswick, NJ 08902
Country:	
Tel	(732) 247-0922
Fax	(732) 247-0922
Email:	8:00 - 4:00
WWW - Link :	http://www.northbrunswickonline.com/
WWW - Link :	www.

FIRE

Contact	Plan Check
Department:	North Brunswick
Address:	Building Department
Address:	710 Hermann Road
City Zip:	North Brunswick, NJ 08902
Country:	
Tel	(732) 247-0922
Fax	(732) 247-0922
Email:	
WWW - Link :	http://www.northbrunswickonline.com/
WWW - Link :	www.

COUNTY

Contact	County Contact
Corp :	City
Address:	
Address / Space #	
City Zip:	
Country:	
Tel	Tel
Fax	
Email:	
WWW - Link :	www.
WWW - Link :	www.

STATE

Contact	State Contact
Corp :	City
Address:	
Address / Space #	
City Zip:	
Country:	
Tel	Tel
Fax	
Email:	
WWW - Link :	www.
WWW - Link :	www.