BLOCK 143 LOT 25.01 QUALIFICATION CODE _____ ADDRESS (SITE) Rt 1 Route 130 Yankee Candle PERMIT NO. 07 1242

Yankee Candle 540 Shoppes Blvd

2615

CONSTRUCTION PERMIT APPLICATION sign

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

I. IDENTIFICATION

1. Proposed Work Site at Rt. 1 Route 130 Space #07
2. Name of Owner in Fee: Brunswick Circle Developers LLC
   Tel. ( ) _____ e-mail _____
   Address 820 Morris Turnpike (street) Short Hills (municipality) 07078 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Lowmarc Signs Tel. (908) 575-4000
   Address 14 E. Main St Somerville NJ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3021673 FAX: (908) 575-4010
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun L Gliozzi
   Tel. (908) 575-4000 FAX: (908) 575-4010

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	44		
2. Electrical		78		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal ADMIN	$	12		
7. Less 20% for State Plan Review				
8. Subtotal	$	4		
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	138		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area – Largest Floor 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	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work Sign Install	2000				9/18/07	TP			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					9-19-7	NP			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2000								

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:
2. Use Group:
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

LDS NOB-B 10702398

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.

(X) Check if contractor.

Agent Name Loumare Signs

Address 14 E. Main St.
Somerville NJ 08876

Telephone (908) 575-4006

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.									
☐									
☐									

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. _____	_____	_____	_____	_____

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

CERTIFICATE

Date Issued: 06/23/2009
Control #: 23675
Permit #: 20071242

IDENTIFICATION

Block: 143 Lot : 25.01 *Qualification Code:*

Work Site Location: US ROUTES 1 & 130

NORTH BRUNSWICK

Owner in Fee: BRUNSWICK CIRCLE DEVELOPERS LLC

Address: 820 MORRIS TURNPIKE

SHORT HILLS NJ 07078

Telephone:

Agent/Contractor: LOUMARC SIGNS

Address: 14 E MAIN STREET

SOMERVILLE NJ 08876

Telephone: 908 575-4000

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3021673

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: U

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:
SIGN - YANKEE CANDLE

Update Desc. of Wk/Use:

[ ] **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.

[X] **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, 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 $0.00

Paid[X]Check No 18231

Collected by: DB

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Control Number: 23675
Application Date: 09/14/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25.01 Qualification Code:
Work Site Location: US ROUTES 1 & 130 NORTH BRUNSWICK

Owner In Fee: BRUNSWICK CIRCLE DEVELOPERS LLC
Address: 820 MORRIS TURNPIKE
SHORT HILLS NJ 07078

Telephone: () -

Use Group(s): U

Contractor: LOUMARC SIGNS
Address: 14 E MAIN STREET
SOMERVILLE NJ 08876

Telephone: (908) - 575-4000

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

Federal Emp. No.: 22-3021673

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

SIGN - YANKEE CANDLE

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:

09/14/07

Note:

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

Control Number: 23675
Application Date: 09/12/2007

CONSTRUCTION PERMIT

IDENTIFICATION: 07 12 42

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25.01 Qualification Code:

Work Site Location: US ROUTES 1 & 130 NORTH BRUNSWICK
540 Shoppes Blvd.

Owner In Fee: BRUNSWICK CIRCLE DEVELOPERS LLC
Address: 820 MORRIS TURNPIKE
SHORT HILLS NJ 07078

Telephone: () -

Use Group(s): U

Contractor: LOUMARC SIGNS
Address: 14 E MAIN STREET
SOMERVILLE NJ 08876

Telephone: (908) - 575-4000

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

Federal Emp. No.: 22-3021673

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

SIGN - YANKEE CANDLE

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.

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:

THOMAS PAUN
Construction Official

Date

Note:

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

Control Number: 23675
Application Date: 09/14/2007

CONSTRUCTION PERMIT

IDENTIFICATION 071242

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25.01 Qualification Code:
Work Site Location: US ROUTES 1 & 130 NORTH BRUNSWICK

Owner In Fee: BRUNSWICK CIRCLE DEVELOPERS LLC
Address: 820 MORRIS TURNPIKE
SHORT HILLS NJ 07078

Telephone: () -

Use Group(s): U

Contractor: LOUMARC SIGNS
Address: 14 E MAIN STREET
SOMERVILLE NJ 08876

Telephone: (908) - 575-4000

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

Federal Emp. No.: 22-3021673

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

SIGN - YANKEE CANDLE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,500.00
Cost of Demolition:	0.00
Total Cost:	$2,500.00

PAYMENTS (Office Use Only)	
Building	$44.00
Electrical	$90.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$138.00**
All Fees Waived:	No

Amount to be Paid: **$138.00**

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

9/26/07
Date

Note:

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

Permit Number: 20071242
Permit Date: 10/10/2007
Update Number:
Control Number: 23675
Application Date: 09/14/2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 143 Lot: 25.01 Qualification Code:
Work Site Location: US ROUTES 1 & 130 NORTH BRUNSWICK

Owner In Fee: BRUNSWICK CIRCLE DEVELOPERS LLC
Address: 820 MORRIS TURNPIKE
SHORT HILLS NJ 07078

Telephone: () -

Use Group(s): U

Contractor: LOUMARC SIGNS
Address: 14 E MAIN STREET
SOMERVILLE NJ 08876

Telephone: (908) - 575-4000

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

Federal Emp. No.: 22-3021673

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

SIGN - YANKEE CANDLE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,500.00
Cost of Demolition:	0.00
Total Cost:	$2,500.00

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

10.10.07
Date

PAYMENTS (Office Use Only)	
Building	$44.00
Electrical	$90.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$138.00**
All Fees Waived:	No

Amount to be Paid:	**$138.00**
Check Number:	18231
Check amount:	$138.00

Collected by:	DB
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$138.00
Total CC Amount:	
Grand Total:	$138.00

Note:

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

Control Number: 23829
Application Date: 10/10/2007

CONSTRUCTION PERMIT UPDATE

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 :

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

DESCRIPTION OF WORK:

YANKEE CANDLE -FIRE ALARM - 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.

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:

THOMAS PAUN
Construction Official

Date

Note:

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

Control Number: 23829
Application Date: 10/10/2007

CONSTRUCTION PERMIT UPDATE

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 :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

YANKEE CANDLE -FIRE ALARM - SHOPPES AT NORTH BRUNSWICK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	16,000.00
Cost of Demolition:	0.00
Total Cost:	$16,000.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$43.00
Plumbing	
Fire Protection	$92.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$22.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$157.00**
All Fees Waived:	No

Amount to be Paid: **$157.00**

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

10/15/07
Date

Note:

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

Permit Number: 20070725
Permit Date: 10/19/2007
Update Number: 2
Control Number: 23829
Application Date: 10/10/2007

CONSTRUCTION PERMIT UPDATE

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 :

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

DESCRIPTION OF WORK:

YANKEE CANDLE -FIRE ALARM - SHOPPES AT NORTH BRUNSWICK

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	16,000.00
Cost of Demolition:	0.00
Total Cost:	$16,000.00

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

10/19/07
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$43.00
Plumbing	
Fire Protection	$92.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$22.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$157.00**
All Fees Waived:	No

Amount to be Paid:	**$157.00**
Check Number:	45890
Check amount:	$157.00

Collected by:	mw
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$157.00
Total CC Amount:	
Grand Total:	$157.00

Note:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 143 Lot 25.01 Qualification Code

Work Site Location Shoppes At No Brunswick
Rt 1 / at 130 Yankee Candle

Owner in Fee: Brunswick Circle Developer LLC

Tel. ( ) e-mail

Address 820 Morris Turnpike Short Hills NJ 07078
street municipality zip code

Contractor: Loumarc Signs Tel. (908) 575-4000

Address 14 E. Main St. Somerville NJ e-mail

Contractor License No. or Builder Registration No. Exp. Date

Federal Employee No. 223021673 FAX: (908) 575-4010

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other SIGN	9/18/07	TT

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 Bldg. $ 2,000
2. Rehabilitation $
3. Total (1+ 2) $ 2,000

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
Install 20"H x 237"W
Channel letters to building.
Install 18"H x 35"W
blade sign to building
See drawings

TYPE OF WORK: (2 Signs)
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 37 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

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

U.C.C. F110
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 09/14/2007
Control #: 23675

Date Issued: 10/10/2007
Permit #: 20071242

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

Block: 143 Lot: 25.01 Qualification Code:
Work Site Location: US ROUTES 1 & 130

Owner Details

Name: BRUNSWICK CIRCLE DEVELOPERS L
Address: 820 MORRIS TURNPIKE

SHORT HILLS NJ 07078

Telephone: -

Contractor Details

Contractor: LOUMARC SIGNS
Address: 14 E MAIN STREET
SOMERVILLE NJ 08876
Telephone: (908) 575-4000
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No: 223021673

B. BUILDING CHARACTERISTICS

Use Group	Present: U	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	2,000.00
3. Demolition	0.00
4. Total (1+2+3)	$2,000.00

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

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
SIGN - YANKEE CANDLE

TYPE OF WORK:

[ ] New Building		
[ ] Addition		
[X] Rehabilitation		
[ ] Roofing		
[ ] Siding		
[ ] Fence_____ Height (exceeds 6')		
[X] Pylon Sign 37 Sq. Ft.		$44.40
[ ] Ground or Wall Sign Sq. Ft.		
[ ] Pool		
[ ] Asbestos Abatement		
[ ] Lead Haz. Abatement		
[ ] Other 1		
[ ] Other 2		
[ ] Other 3		
[ ] Demolition		

FEE (Office Use Only)

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$3.00
Total Fee	$47.00

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

TOWNSHIP OF NORTH BRUNSWICK

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 09/14/2007
Control #: 23675

Date Issued: 10/10/2007
Permit #: 20071242

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

Block: 143 Lot: 25.01 Qualification Code:
Work Site Location: US ROUTES 1 & 130

Owner Details

Name: BRUNSWICK CIRCLE DEVELOPERS L
Address: 820 MORRIS TURNPIKE

SHORT HILLS NJ 07078

Telephone: -

Contractor Details

Contractor: LOUMARC SIGNS
Address: 14 E MAIN STREET
SOMERVILLE NJ 08876
Telephone: (908) 575-4000
Fax:
Lic No. or Bldrs Reg. No.:
Federal Emp. No: 223021673

B. BUILDING CHARACTERISTICS

Use Group	Present: U	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	2,000.00
Volume of New Structure	Cu. Ft.	3. Demolition	0.00
Total Land Area Disturbed	Sq. Ft.	4. Total (1+2+3)	$2,000.00

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
SIGN - YANKEE CANDLE

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[X] Pylon Sign 37 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)

$44.40

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$3.00
Total Fee	$47.00

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

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

4W

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 25.01 Qualification Code _____

Work Site Location Shoppes at No. Brunswick
Rt 1/Rt 130

Owner in Fee: Brunswick Circle Builders LLC

Tel. (_____) _____ e-mail _____

Address 820 Morris Turnpike (street) Short Hills (municipality) 07078 (zip code)

Contractor: Electrical Mechanical Sav. Tel. (908) 903-9677

Address 12 Crosswood Way e-mail NA
Warren NJ. 07059

Contractor License No. 13867 Exp. Date 2009

Federal Emp. ID No. 140-62-5960 FAX: 908 903-0027

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Electrical Work $ #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: 9/19/07 NF
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
10		Switches	30
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
1		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1		KW Oven/Surface Unit	
1		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	3	KW Transformer/Generator	10
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	.5	KW Elec. Sign/Outline Light	30
		_____	40
		_____	82

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

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

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

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:

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.

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: _____

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.

_____
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	$11.00
TOTAL FEE	$54.00

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

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/10/2007 Date Issued 10/19/2007
Control # 23829 Permit # 20070725 -2

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:	JP SCAGLIONE/MERCHANT ELECTRIC INC.
Address:	250 EAST BROAD STREET	Address:	230 MARKET ST.
	COLUMBUS OH		ELMWOOD PARK NJ 07407
Telephone:	(614) - 437-8124	Telephone:	(201) 794-2229
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.: 222915182

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: $8,000.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work: 8,000.00

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:
YANKEE CANDLE -FIRE ALARM - 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: alarms		$92.00
TOTAL		$92.00
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
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	$11.00
TOTAL FEE	$103.00

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/10/2007 Date Issued 10/19/2007
Control # 23829 Permit # 20070725 -2

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:	JP SCAGLIONE/MERCHANT ELECTRIC INC.
Address:	250 EAST BROAD STREET	Address:	230 MARKET ST.
	COLUMBUS OH		ELMWOOD PARK NJ 07407
Telephone:	(614) - 437-8124	Telephone:	(201) 794-2229
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.: 222915182

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: $8,000.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work: 8,000.00

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:
YANKEE CANDLE -FIRE ALARM - 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: alarms		$92.00
TOTAL		$92.00
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
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	$11.00
TOTAL FEE	$103.00

TOWNSHIP OF NORTH BRUNSWICK

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/10/2007 Date Issued 10/19/2007
Control # 23829 Permit # 20070725 -2

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:	JP SCAGLIONE/MERCHANT ELECTRIC INC.
Address:	250 EAST BROAD STREET	Address:	230 MARKET ST.
	COLUMBUS OH		ELMWOOD PARK NJ 07407
Telephone:	(614) - 437-8124	Telephone:	(201) 794-2229
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.: 222915182

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: $8,000.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work: 8,000.00

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

[X] CO [ ] CCO [ ] CA

Date: 10·26·07

Approved by: MD

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			10-26-07	MD
Other (ABOVE CEILING			10-22-07	MD

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:
YANKEE CANDLE -FIRE ALARM - 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: alarms		$92.00
TOTAL		$92.00
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
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	$11.00
TOTAL FEE	$103.00

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

[X] CO [ ] CCO [ ] CA

Date: 10.26.07

Approved by: MD

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			10.26.07	MD
Other (HYDRO)			10.10.07	MD

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

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: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-22-7
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9-12-7	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-22-7	
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.

DUCTED CEILING

_____
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	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab			8-7-7	M
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.

NKRJ C of C Rec'd

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

YANKEE CANDLE

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

23829

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ✓ UPDATE, ___ PROTOTYPE, or ___ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # 20070725

SITE / OWNER DATA:

BLOCK 143 LOT 25 WORKSITE ADDRESS 540 SHOPPES BLVD

Owner in Fee STANBERRY DEVELOPMENT LLC

Address 250 EAST BROAD ST. City COLUMBUS State OH Zip Code _____

Phone 614-437-8134

N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
Control # _____
Issued _____
Permit # _____

BUILDING SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

BUILDING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
New Bldg.: # of Stories _____ Height _____Ft.
Area: Largest Floor _____Sq. Ft. / All Floors _____Sq. Ft.
Volume _____Cu. Ft. / Total Land Disturbed _____Sq. Ft.

TECHNICAL SITE DATA:

Description:

TYPE OF WORK:

[ ] New Building [ ] Addition
[ ] Alteration:
[ ] Roofing [ ] Pool
[ ] Siding [ ] Asbestos Abatement
[ ] Fence, Height ____ [ ] Lead Hazard Abatement
[ ] Sign, Sq. Ft. _____ [ ] Other _____
[ ] Demolition

RECEIVED
OCT - 5 2007
NORTH BRUNSWICK TWP. CONSTRUCTION OFFICE

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW : [ ] No Plans Required

[ ] All [ ] Footing [ ] Foundation [ ] Frame [ ] Other _____

SIGNATURE _____ DATE _____

PLUMBING SUBCODE

Contractor _____
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
Building Sewer Size _____ [ ] Public Sewer [ ] Private Septic
Water Service Size _____ [ ] Public Water [ ] Private Well

TECHNICAL SITE DATA:

QTY.	FIXTURE/EQUIPMENT	QTY.	FIXTURE/EQUIPMENT
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Backflow Preventer
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	Other _____
____	Water Heater	____	Other _____
____	Fuel Oil Piping	____	Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ _____

SIGNATURE _____

[ ] Licensed Plumber (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[ ] No Plans Required [ ] Plans Approved

SIGNATURE _____ DATE _____

FIRE SUBCODE

Contractor SAME
Address _____
City _____ State ____ Zip Code _____
Phone _____
License # _____ Expires _____
Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
CONST. CLASS: Present ____ Proposed ____
Heating System: [ ] New [ ] Existing [ ] HVAC: Location _____
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Fire Alarm System: [ ] New [ ] Existing: Panel Location _____
Fire Supression/Standpipe System: [ ] New [ ] Existing
Main Control Valve Location _____
Method of Supervision _____
Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS	CAPACITY	FUEL
[ ] Flammable Liquid		
[ ] Combustible Liquid		
[ ] LPG		
[ ] LNG		

QTY.	
	ALARM SYSTEMS: [ ] 110 v Interconnected [ ] System
3	Alarm Devices (i.e. smoke, heat, pulls, water/flow)
~~4~~	Supervisory Devices (i.e. tampers, low/high air)
5	Signaling Devices (i.e. horns/strobes, bells)
2	Other Devices DUCT DETECTOR
____	TOTAL
	SUPPRESSION SYSTEMS: [ ] Fire Pump [ ] GPM Type
____	Dry Pipe/Alarm Valves
____	Pre-Action Valves
____	Sprinkler Heads (dry and wet)
____	Standpipes
	PRE-ENGINEERED SYSTEMS:
____	Wet Chemical
____	Dry Chemical
____	CO2 Suppression
____	Foam Suppression
____	Halon Suppression
____	Other _____
____	Kitchen Hood Exhaust System
____	Smoke Control System
____	[ ] Gas or [ ] Oil Fired Appliances
____	Other _____

92

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 2,000

SIGNATURE _____ [ ] Agent [ ] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [X] Plans Approved

SIGNATURE MD DATE 10.11.07

92 + 11 - 103

ELECTRICAL SUBCODE

Contractor JP Scaglione / Merchant
Address 230 Market St
City Elmwood Pk State NJ Zip Code 0746
Phone 201-794-2229
License # 9294 Expires _____
Federal Employment # 22-2915182

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ____ Proposed ____
[ ] Pole Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____

TECHNICAL SITE DATA:

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

36
10
46

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total $ 8,000

SIGNATURE _____
[X] Licensed Electrician (Affix Seal) [ ] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :
[ ] No Plans Required [X] Plans Approved

SIGNATURE _____ DATE 10/11/7

37 + 6 + 11 - 54

JON S. CORZINE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark, NJ 07102

STUART RABNER
Attorney General

STEPHEN B. NOLAN
Acting Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410

May 30, 2007

TO WHOM IT MAY CONCERN

071242

Our records indicate that the holder of License and Business Permit No.13867 has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

David E. Sautner
Electrical Mechanical Services Inc.
12 Crosswood Way
Warren, NJ 07059

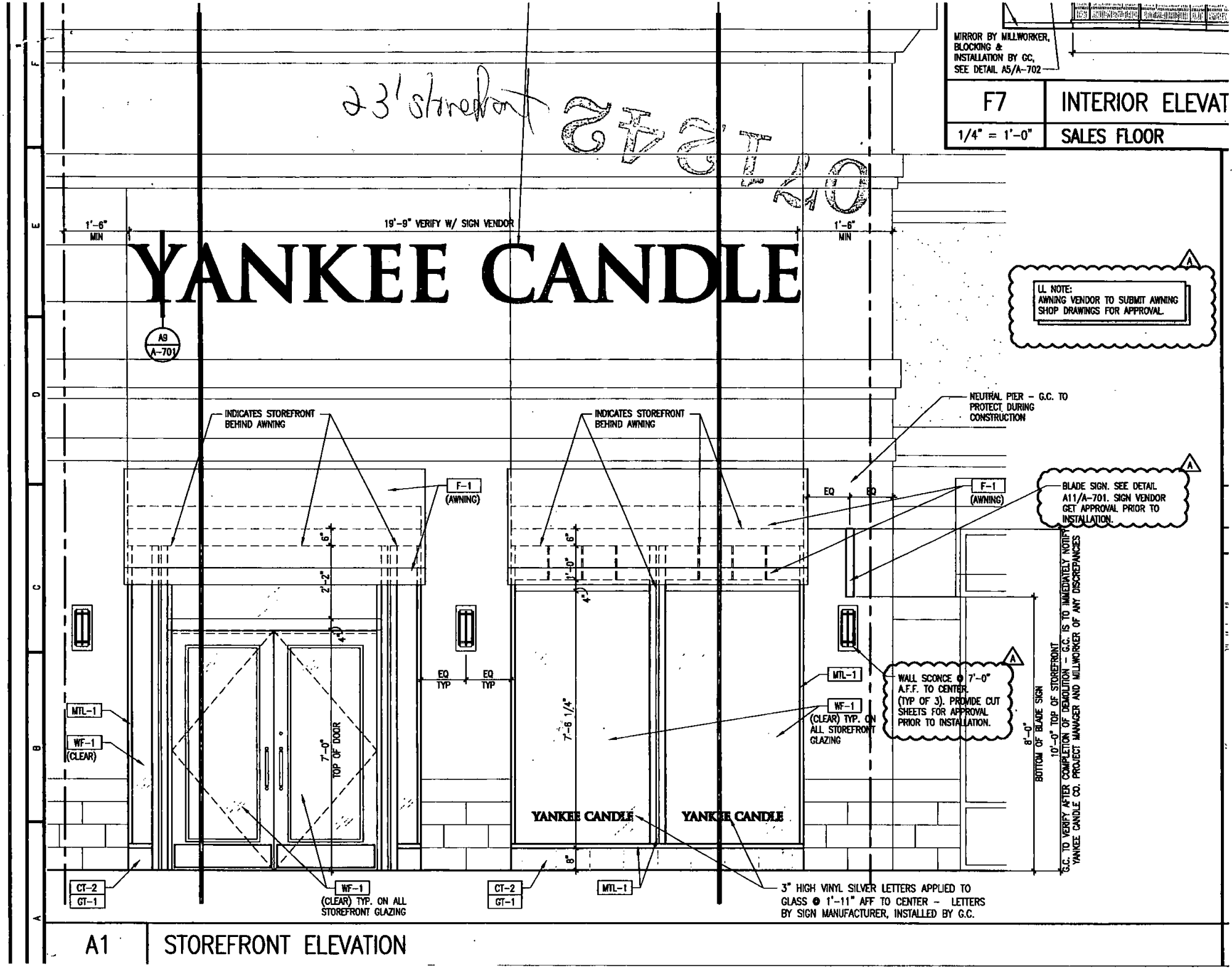
This letter will be rendered invalid 140 days after the date of its issuance.

Sincerely,

Barbara A. Cook

Barbara A. Cook
Executive Director

BAC:es


MIRROR BY MILLWORKER, BLOCKING & INSTALLATION BY GC, SEE DETAIL A5/A-702
F7
INTERIOR ELEVAT
1/4" = 1'-0"
SALES FLOOR
23' storefront
1'-6" MIN
19'-9" VERIFY W/ SIGN VENDOR
1'-6" MIN
YANKEE CANDLE
A9 A-701
LL NOTE: AWNING VENDOR TO SUBMIT AWNING SHOP DRAWINGS FOR APPROVAL.
INDICATES STOREFRONT BEHIND AWNING
INDICATES STOREFRONT BEHIND AWNING
NEUTRAL PIER - G.C. TO PROTECT DURING CONSTRUCTION
F-1 (AWNING)
F-1 (AWNING)
EQ
EQ
BLADE SIGN. SEE DETAIL A11/A-701. SIGN VENDOR GET APPROVAL PRIOR TO INSTALLATION.
6"
2'-2"
4"
6"
1'-0"
4"
EQ TYP
EQ TYP
MTL-1
WF-1 (CLEAR)
WF-1 (CLEAR) TYP. ON ALL STOREFRONT GLAZING
WALL SCONCE @ 7'-0" A.F.F. TO CENTER. (TYP OF 3). PROVIDE CUT SHEETS FOR APPROVAL PRIOR TO INSTALLATION.
7'-0" TOP OF DOOR
7'-6 1/4"
8'-0" BOTTOM OF BLADE SIGN
10'-0" TOP OF STOREFRONT
G.C. TO VERIFY AFTER COMPLETION OF DEMOLITION - G.C. IS TO IMMEDIATELY NOTIFY YANKEE CANDLE CO. PROJECT MANAGER AND MILLWORKER OF ANY DISCREPANCIES
YANKEE CANDLE
YANKEE CANDLE
8"
CT-2
GT-1
WF-1 (CLEAR) TYP. ON ALL STOREFRONT GLAZING
CT-2
GT-1
MTL-1
3" HIGH VINYL SILVER LETTERS APPLIED TO GLASS @ 1'-11" AFF TO CENTER - LETTERS BY SIGN MANUFACTURER, INSTALLED BY G.C.
A1
STOREFRONT ELEVATION

NORTH BRUNSWICK TOWNSHIP
CONSTRUCTION DIVISION
PLAN REVIEW

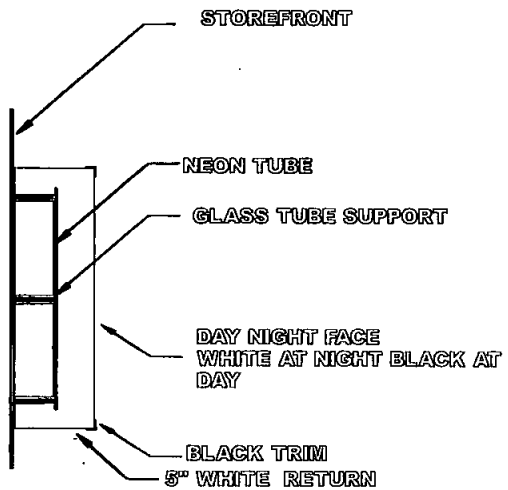
9/18/07
BUILDING SUB-CODE Thomas Pavia

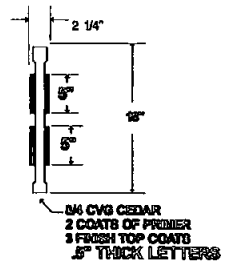
PLUMBING SUB-CODE

ELECTRICAL SUB-CODE NF 9/18/07

FIRE SUB-CODE

CONSTRUCTION OFFICIAL Thomas Pavia
9/18/07

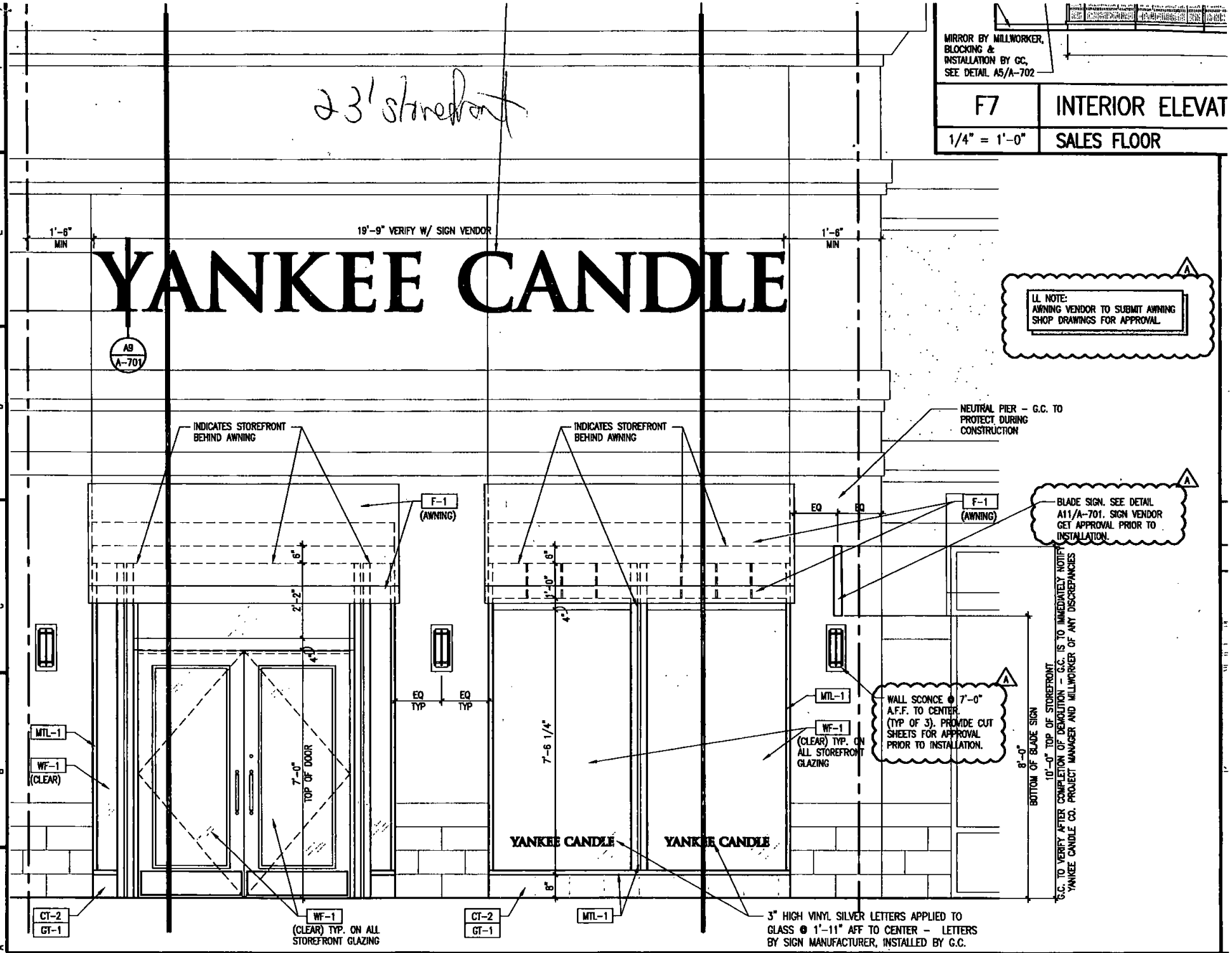




19'9"

1' 8"

YANKEE CANDLE


23' storefront
MIRROR BY MILLWORKER, BLOCKING & INSTALLATION BY GC, SEE DETAIL A5/A-702
F7
INTERIOR ELEVAT
1/4" = 1'-0"
SALES FLOOR
1'-6" MIN
19'-9" VERIFY W/ SIGN VENDOR
1'-6" MIN
YANKEE CANDLE
A9 A-701
LL NOTE: AWNING VENDOR TO SUBMIT AWNING SHOP DRAWINGS FOR APPROVAL
INDICATES STOREFRONT BEHIND AWNING
INDICATES STOREFRONT BEHIND AWNING
NEUTRAL PIER - G.C. TO PROTECT DURING CONSTRUCTION
F-1 (AWNING)
F-1 (AWNING)
EQ
EQ
BLADE SIGN. SEE DETAIL A11/A-701. SIGN VENDOR GET APPROVAL PRIOR TO INSTALLATION.
6"
2'-2"
4"
6"
1'-0"
4"
EQ TYP
EQ TYP
MTL-1
WF-1 (CLEAR)
WF-1 (CLEAR) TYP. ON ALL STOREFRONT GLAZING
WALL SCONCE @ 7'-0" A.F.F. TO CENTER. (TYP OF 3). PROVIDE CUT SHEETS FOR APPROVAL PRIOR TO INSTALLATION.
7'-0" TOP OF DOOR
7'-6 1/4"
8'-0" BOTTOM OF BLADE SIGN
10'-0" TOP OF STOREFRONT
G.C. TO VERIFY AFTER COMPLETION OF DEMOLITION - G.C. IS TO IMMEDIATELY NOTIFY YANKEE CANDLE CO. PROJECT MANAGER AND MILLWORKER OF ANY DISCREPANCIES
YANKEE CANDLE
YANKEE CANDLE
8"
CT-2 GT-1
CT-2 GT-1
MTL-1
3" HIGH VINYL SILVER LETTERS APPLIED TO GLASS @ 1'-11" AFF TO CENTER - LETTERS BY SIGN MANUFACTURER, INSTALLED BY G.C.
A1
STOREFRONT ELEVATION

NORTH BRUNSWICK TOWNSHIP
CONSTRUCTION DIVISION
PLAN REVIEW

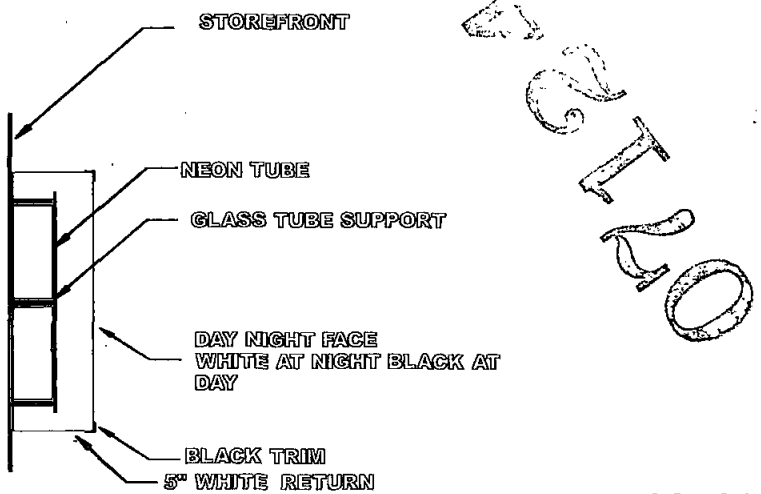
9/18/07
BUILDING SUB-CODE Thomas Paern

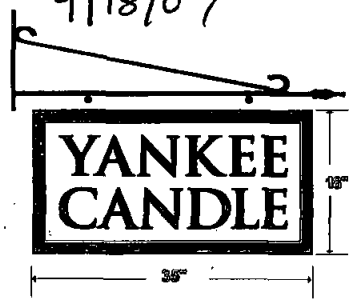
PLUMBING SUB-CODE

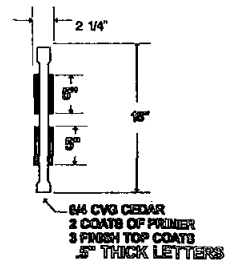
ELECTRICAL SUB-CODE KF 9/19/7

FIRE SUB-CODE

CONSTRUCTION OFFICIAL Thomas Paern
9/18/07







TOWNSHIP OF NORTH BRUNSWICK

DEVELOPMENT REVIEW REPORT

DATE: SEPTEMBER 12, 2007

FROM: MICHAEL PROIETTI

071242

TO: TOM PAUN

APPLICANT: YANKEE CANDLE – SHOPPES AT NORTH BRUNSWICK

ADDRESS: 540 SHOPPES BOULEVARD

TELEPHONE: 908-575-4000

PROJECT: SIGN ZONE: O-R

LOCATION: Front Facade & Blade Signs BLOCK: 143 LOT: 25.01

ZONING CONTROL NUMBER: 19992450 / BUILDING CONTROL NUMBER: 23675

DOCUMENTS AND PLANS REVIEWED: Application, Sign Plans

DETERMINATION:

APPROVED
ZONING OFFICE
SEP 14 2007
TOWNSHIP OF
NORTH BRUNSWICK

M. Proietti

ZONING OFFICER