Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

Spirit Halloween

BLOCK 701 LOT 7 QUALIFICATION CODE ________ ADDRESS (SITE) 744 Rt 70 PERMIT NO. 20-1838

CONSTRUCTION PERMIT APPLICATION

C-20-002025

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~660 Rt 70~~ 744 Route 70 (Former Payless) St. #4
2. Name of Owner in Fee: Urban Edge Properties % Anthony Salgado
   Tel. (201) 364-5338 e-mail ASalgado@Uedge.com
   Address 210 Rt. 4 East (street) Paramus (municipality) NJ 07652 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Spirit Halloween Tel. 732 915 8568
   Address 6826 Black Horse Pike e-mail paul.favaloro@spirithalloween.com
   Egg Harbor Twp NJ 08234

   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______

   Home Improvement Contractor Registration No. or Exemption Reason ______

   Federal Emp. ID No. 75-3052377 FAX: ______
5. Architect or Engineer Arc Vision Contact Autumn Brightwell
   Address 1950 Craig Rd. Suite 300 e-mail abrightwell@arcv.com
   Tel. (702) 507-1101 FAX: ______
6. Responsible Person in Charge once Work has Begun Paul Favaloro
   Tel. 732 915 8568 FAX: ______

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 150		
2.	Electrical	150 ✓		
3.	Plumbing			
4.	Fire Protection	100 ✓		
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$ 8		
8.	Subtotal	$ 8 –		
9.	State Permit Surcharge Fee			
10.	Subtotal	2 $ 75		
11.	Cert. of Occupancy	100		
12.	Other			
13.	TOTAL	$ 583		

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. Max. Live Load ______
7. Max. Occupancy Load 86
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ______ sq. ft.
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK Tenant fit up

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building		MFF	7/6/2020		08/03/20	KER			
☒ Electrical					8-10-2020	VM			
☐ Plumbing									
☐ Fire Protection					7/16/20	KO			
☐ Elevator		Eng	Exempt		7/23/2020	ECE			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

COMMERCIAL

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present Select Group
4. No. of dwelling units: Total Units Income-restricted
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Mercantile
2. Use Group, Proposed: Select Group M
3. Change in Use Group, Indicate Present Select Group

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present ______ Proposed ______

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/24/2020
Control Number C-20-002025
Permit Number 20-1838
Permit Issue Date 08/11/2020
Certificate Number 20-1838

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 STE 4 SPIRIT OF HALLOWEEN Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone: (201) 364-5338

Contractor SPIRIT HALLOWEEN

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 609 6453300 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 86

Description of Work/Use: TENANT FIT UP - - SPIRIT HALLOWEEN

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 10/23/2020
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 10/23/2020
Conditions to be met:

Need Final Building Inspection

Construction Official

Date Printed: 09/24/2020

Fee: $0.00
Check Number:
Collected By:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/15/2020
Control Number C-20-002025
Permit Number 20-1838
Permit Issue Date 08/11/2020
Certificate Number 20-1838

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 STE 4 SPIRIT OF HALLOWEEN Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone: (201) 364-5338

Contractor SPIRIT HALLOWEEN

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 609 6453300 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 86

Description of Work/Use: TENANT FIT UP - - SPIRIT HALLOWEEN

Certificate Comments:

☑ **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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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

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☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $100.00
Check Number: 145
Collected By: Kimberly Wilson

Date Printed: 10/15/2020

U.C.C. F260 (rev. 08/05)

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☑
OK PER ENGINEERING			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/11/20
Control #
Date Issued
Permit # 20-1838

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

Block 701 Lot 7 Qualification Code

Work Site Location 944 Route 70 Ste 4 (FORMER PAYLESS) Spirit of Halloween

Owner in Fee: URBAN EDGE PROPERTIES % ANTHONY SALGADO

Tel. (201) 364-5338 e-mail Asalgado@Uedge.com

Address 210 RT. 4 EAST PARAMUS NJ 07652
street municipality zip code

Contractor SPIRIT HALLOWEEN Tel. (732) 915 8568

Address 6826 BLACK HORSE PIKE e-mail paul.favaloro@spirithalloween.com
EGG HARBOR TWP NJ 08234

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

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

Federal Emp. ID No. 75 3052377 FAX: ( ) ______

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
COMMERCIAL
TENANT FIT UP
REMOVE EXISTING CASHWRAP
INSTALL RACKING (TEMPORARY)
~~INSTALL SIGN (STOREFRONT)~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[✓] All 08/03/20 KAM
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 08/03/20
Approved by: KAM

SUBCODE APPROVAL for CERTIFICATE
[✓] TCO [ ] CCO [ ] CA
Date: 09/22/20
Approved by: KAK

INSPECTIONS 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)			9.22.20	JK
Other				
Final	* 09/21/20	T 9.22.20	9.22.20	JK
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ______ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ______
[ ] Demolition

FEE (Office Use Only)
$
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,000
2. Rehabilitation $ 1,500
3. Total (1+ 2) $ 2,500

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/28/11/20
Control #
Date Issued
Permit # 20-1838

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

Block 701 Lot Qual 7 Qualification Code

Work Site Location 944 RT. 38 Ste 4 BRICK (FORMER PAYLESS)

Owner in Fee: URBAN EDGE PROPERTIES C/O ANTHONY SALADO

Tel. (201) 369 5338 e-mail A.SALADO@UEDGE.COM

Address 210 RT. 4 EAST PARAMUS NJ 07652
street municipality zip code

Contractor: MID ATLANTIC CONTRACTORS Tel. (917) 699-7195

Address 11 TAYLOR RD MARLBORO NJ 07746 e-mail mid-atlantic@optonline.net

Contractor License No. 16061 Exp. Date 3/21

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

Federal Emp. ID No. 208255949 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 8-10-2020 Approved by: VM

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8-10-2020

Approved by: VM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 8-27-2020

Approved by: VM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-27-2020 VM	
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 sign/Contractor sign and seal here: Ralph Campisi

Print name here: RALPH CAMPISI

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL TWO 120V COLD PLATE REMOVE POWER TO EXISITING CASH WRAP

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		120V CORD DROPS	
		TOTAL NUMBERS	$
		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 Heater/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	

COMMERCIAL

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

6292 sq ft
"M"
6/30/20 $660 cash

Date Received 8/11/20
Control #
Date Issued
Permit # 20-1838

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

Block 701 Lot 7 Qualification Code

Work Site Location 864 Rt. 70 Unit 7 (Former Payless)
774

Owner in Fee: Urban Edge Properties c/o Anthony Salgado

Tel. (201) 364 5338 e-mail ASalgado@uedge.com

Address 210 Rt. 4 East Paramus NJ 07652
street municipality zipcode

Contractor: Spirit Halloween Tel. (732) 915-8568

Address 6826 Blackhorse Pike e-mail paul.favaloro@spirithalloween.com
Egg Harbor Twp NJ 08234

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 75-3052377 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 0

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:

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 sign/Contractor sign and seal here:

Print name here: Paul Favaloro

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

DESCRIPTION OF WORK: Tenant Fit Up
Water Supply Source
Method of Alarm/Suppression System Supervision

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

deemark Mikes
COMMERCIAL
Plan Review

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 7-28-20 Approved by: RD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-29-2020
Approved by: RD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9/28/20
Approved by: RD AFP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO 60			9/28/20	RD
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Matthew Fagen

From: Bev O'Neill <boneill@brickmua.com>
Sent: Thursday, September 24, 2020 9:14 AM
To: Matthew Fagen
Subject: 744 ROUTE 70

Hi Matt, it is ok to issue CO for the Halloween store. Thanks, Bev

Beverly O'Neill
Customer Accounts Supervisor
Brick Twp. Municipal Utilities Authority
1551 Hwy. 88 West
Brick, NJ 08724-2399
732-458-7000 ext. 4254
Fax 732-458-5378
boneill@brickmua.com

APPLICATION FOR CERTIFICATE

Date Received 07/07/2020
Date Permit Issued 08/11/2020
Control # C-20-002025
Permit # 20-1838
Date Issued

IDENTIFICATION

Block 701 Lot 7 Qualifier

Work Site Location 744 ROUTE 70 STE 4 SPIRIT OF HALLOWEEN
Brick Township, NJ

Owner in Fee BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone (201) 364-5338

Contractor SPIRIT HALLOWEEN
Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone 609 6453300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous M Current

FINAL COST OF CONSTRUCTION: $ 4010
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - SPIRIT HALLOWEEN

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	**comment**	☐	☐
TCO 30 Days			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☐	☑
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 9/22/2020 MFF OK per MUA on 9/24/2020 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☐	☐

This checklist has been given to: (edit)

CONSTRUCTION PERMIT

Date Issued 8/11/20
Control # C-20-002025
Permit # 20-1838

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 STE 4 SPIRIT OF HALLOWEEN
Brick Township, NJ
Owner in Fee BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: (201) 364-5338

Contractor SPIRIT HALLOWEEN
Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234
Telephone: 609 6453300 / (917) 709-4418
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - SPIRIT HALLOWEEN

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	$100.00
Other	$0
Total	$508
Check No.	1145
Cash	$0
Credit	$0
Collected By	

+75
583

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $4,010

D. Marmora Jr. 8/11/20
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

08/11/20 11:58:41 00155M3570
BUILDING $150.00
ELECTRIC $150.00
$100.00
$8.00
C/O $100.00
$375.00

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

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

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

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

- [x] A complete copy of released plans must be kept on the job site.

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

Business/Place Detail Report

660 Route 70 Vacant

Print Date/Time: 07/08/2020 15:29
Login ID: pmatula

Brick Township Fire Department
FDID: 15120

Business
Pre-Plan Number: 14174

Phone:
Address: 660 RT 70
BRICK TOWNSHIP, NJ 08723
Block/Grid Area: 701/7,8,15,16
Active: Yes
Dog on Premises: No **Seasonal:** No
District: Fire District 1 **Zone:**
Update Date/Time: 11/22/2019 9:27 AM

Floorplan Number:
Established:
Business Class: **Sub Class:**
Lease Space: **Description:**
Property Use: Mercantile, business, other

Spirit Halloween

Paul Favalon

732-915-8568

Sept Spirit

old Payless

Business/Place Detail Report

660 Route 70 Vacant

Print Date/Time: 07/08/2020 15:29
Login ID: pmatula

Brick Township Fire Department
FDID: 15120

Nearest Hydrant

1019	**FDID:**	15120	**Address:**	1019 RT 70	
	Venue:	BRICK TWP	**Side of Street:**	South	**Distance From Street:**
	Outlets:	Three	**Location Details:**	NY & Co Rear Lot	

Factors

#	Group	Code	Type	Description
1	BFS	Use Group	M	
2	BFS	Use Type	10	

Inspection History

Date/Time	Location	Number	Type	Status	Violations
11/20/2019	660 RT 70 BRICK TOWNSHIP	24745	ANNUAL	Passed	
	660 RT 70 BRICK TOWNSHIP	24746	ANNUAL	Scheduled	

Registry Infomation

Mailing Info

Name:	Urban Edge Properties
Attention:	
Address:	210 RT 4
City:	Paramus
State:	NJ
Zip:	07652

Numbers

Federal Employer No.:	
State License No.:	
State ID Expire:	
City Registration No.:	1-1132
City License No.:	
Miscellaneous No.:	3840

Sections With No Data

Contacts
Hazardous Materials
Fire Alarms
Automatic Extinguishment Systems
Available Resources
Permit History
Prior Addresses
Hours of Operation

Pre-Fire Survey

1. Occ. Name: **Payless**

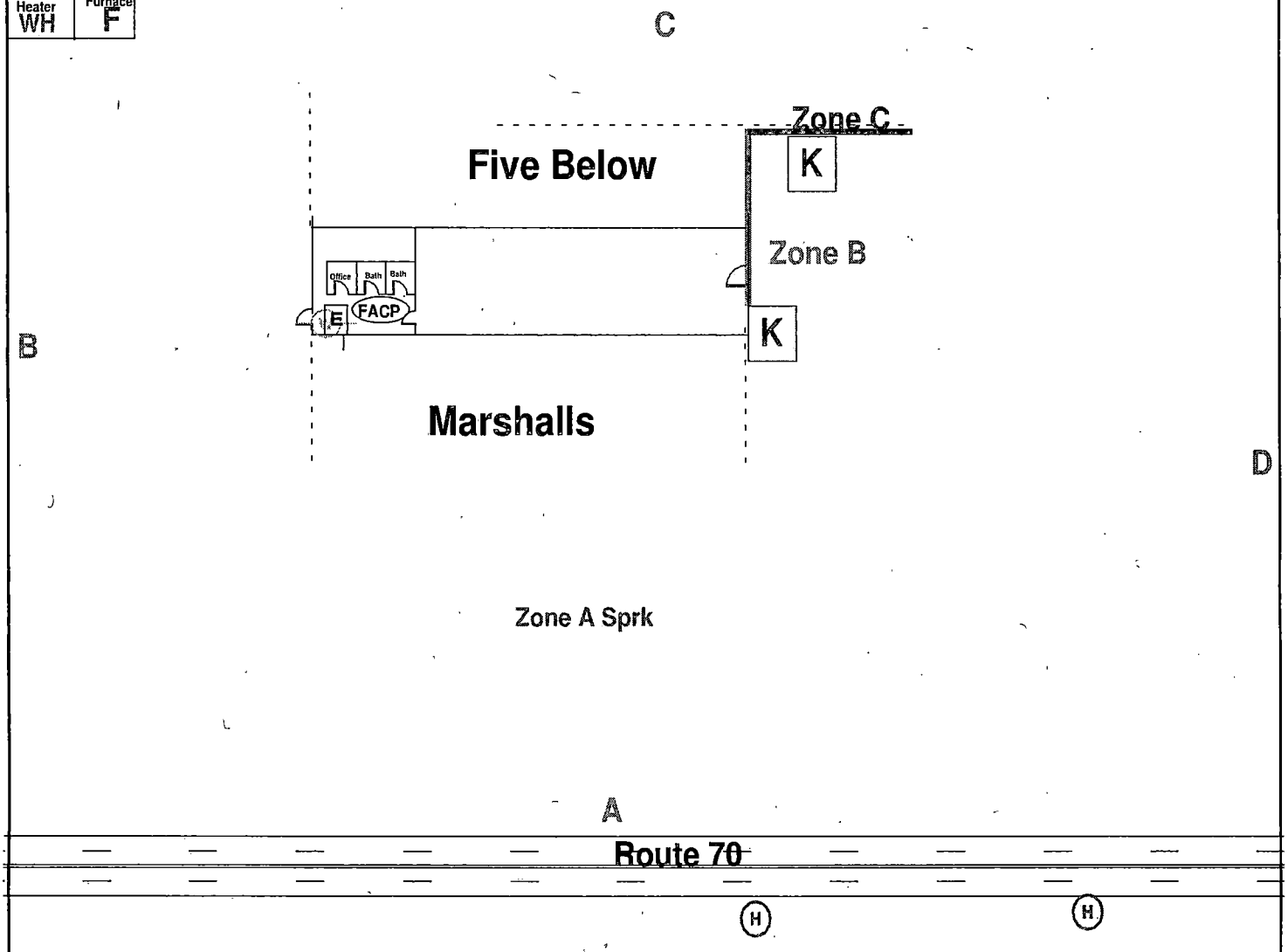
2. Address: **660 Route 70 West**

3. Occ Type: **Mercantile**

4. Cross St: **Chambers Bridge Road** 8. Map # X

Attic Access A	Fire Alarm Panel FAP	Lock Box K	Main & Sub Electric Panel E	Gas Shut Off G	Division ◇	Stairs	Fire Hydrant H	Fire Extinguisher FE	Electric E	FDC	Annunciator Panel AP	Emergency Exit Door	Water Shut Off W	Riser	Elevator ELV

Water Heater WH | Furnace F



10. Sprinkler: FDC Location **Rear of Old Navy and Five Below**	11. Haz Materials **None**
12. Standpipe: FDC Location **None**	13. Best Access **Division A**

14. Bldg Ht. **1** Stories **25'** Ft. | 15. Bldg Area **155'** Ft. × **60'** Ft.

16. Roof Construction Light Heavy Truss **X** Unprotected Steel _____

Heavy Truss _____ Heavy Timber _____ Protected Steel _____ Concrete _____

GENERAL SECURITY

INSPECTION AND TESTING FORM

DATE: 11/25/2019

TIME: 10:25

SERVICE ORGANIZATION

Name: General Security, Inc.

Address: 100 fairchild ave plainview ny 11803

Representative: Chris Voight

License No.: 12000262513

Telephone: 516-997-6464

PROPERTY NAME (USER)

Name: Urban edge Kirklands – Five Below

Address: 640 rt 70 west brick, nj

Owner Contact:

Telephone:

MONITORING ENTITY

Contact: United Central Station

Telephone: 800-645-6520

Monitoring Account Ref. No.: 3800-3522

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☒ Semiannually
- ☐ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Ademco

Model No.: Vista 32 fb

Circuit Styles: B

Number of Circuits: 6

Software Rev.: N/a

Last Date System Had Any Service Performed: N/a

Last Date that Any Software or Configuration Was Revised: N/a

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Manual Fire Alarm Boxes
		Ion Detectors
1	B	Photo Detectors
		Duct Detectors
		Heat Detectors
2	B	Waterflow Switches
3	B	Supervisory Switches
		Other (Specify):

Alarm verification feature is Disabled____ Enabled____

GENERAL SECURITY

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 110, Amps 20

Overcurrent Protection: Type _____, Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

b. Secondary (Standby): 2 Storage Battery: Amp-Hr. Rating 12/7

Calculated capacity to operate system, in hours: 24 60 _____

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

N/a Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

GENERAL SECURITY

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐	United	10:25
Building Occupants	☒	☐		10:25
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ (Notified) of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☒	☒	
Interface Eq.	☐	☐	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	
SECONDARY POWER			
TYPE	**Visible**	**Functional**	**Comments**
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☐	☐	
Visual	☐	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
	Wf	☒	☒			☒	☐
	Gv	☒	☒			☒	☐
	Sd	☒	☒			☒	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

GENERAL SECURITY

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐		
Monitoring Agency	☒	☐	United	
Building Occupants	☒	☐		
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 11/25/19 Time: 12:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Chris Voight Date: 11/25/19 Time: 12:00

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

FIRE SPRINKLER INSPECTION REPORT
SHEET 1 OF 2

Automatic Protection Systems, Inc.

Complete Design & Sales • Service & Installation

368 Broad Street • Keyport, NJ 07735
Tel. 732-739-9320 • Fax 732-739-0367

NJFPEC #00510

Inspection Report No. .....

Conferred With .....

Inspection Contract No. .....

Bureau File No. .....

REPORT TO Urban Edge BUILDING OR LOCATION Bldg 5 Below

STREET 210 Rt 34 S INSPECTOR T Fauber

CITY & STATE Paramus NJ DATE 9/9/19

	Yes	N.A.▲	No*
1. GENERAL			
a. Is the building occupied according to information furnished by owner or owner's representative?	✓		
b. Is occupancy same as previous inspection according to information furnished by owner or owner's representative?	✓		
c. Are all systems in service?	✓		
d. Are all fire protection systems same as last inspection according to information furnished by owner or owner's representative?	✓		
e. Is building completely sprinklered?	✓		
f. Are all new additions and building changes properly protected according to information furnished by owner or owner's representative?		✓	
g. Is all stock or storage properly below sprinkler piping?	✓		
h. Was property free of fire since last inspection according to information furnished by owner or owner's representative? (Explain any fire on separate sheet)	✓		
i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?	✓		
2. CONTROL VALVES			
a. Are all sprinkler system main control valves open?	✓		
b. Are all other valves in proper position?	✓		
c. Are all control valves in good condition and sealed or supervised?	✓		
3. WATER SUPPLIES			
a. Was a water flow test made and results satisfactory?	✓		
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		✓	
b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?	✓		
5. WET SYSTEMS			
a. Have anti-freeze systems been tested and left in satisfactory condition?		✓	
b. Are alarm valves, water-flow indicators and retards in satisfactory condition?	✓		
6. DRY SYSTEMS			
a. Is dry valve in service and in good condition?		✓	
b. Is air pressure and priming water level normal?		✓	
c. Is air compressor in good condition?		✓	
d. Were low points drained during inspection?		✓	
e. Have dry valves been trip tested satisfactorily as required?		✓	
f. Are dry valves adequately protected from freezing?		✓	
g. Are valve house and heater condition satisfactory?		✓	

DRY SYSTEM TRIP TEST

Valve tripped _____ sec
_____psi Air
_____psi Water

Water to Insp test _____sec
_____psi Air
_____psi Water

* EXPLAIN "NO" ANSWERS IN ITEM #15 ▲ NOT APPLICABLE

FIRE SPRINKLER INSPECTION REPORT
SHEET 2 OF 2

	Yes	N.A.▲	No*
7. ALARMS			
a. Are water motor and gong test satisfactory?		✓	
b. Is electric alarm test satisfactory?	✓		
c. Is supervisory alarm services test satisfactory?	✓		
8. SPRINKLERS - PIPING			
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?	✓		
b. Are all sprinklers less than 50 years old?	✓		
c. Are extra sprinklers readily available?	✓		
d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory?	✓		
e. Have sprinklers been checked for proper temperature rating?	✓		

9. Wet Systems: No? 1 Make and Model? 6" Viking Model H
10. Dry Systems: No? Make and Model?
11. Backflow Preventer: No? Make/Model/Size
12. Special Systems ☐ Preaction ☐ Limited Area ☐ Antifreeze ☐ Deluge

13. CONTROL VALVES	No?	Type?	Open Yes	Open No	Secured Yes	Secured No	Closed Yes	Closed No	Signs Yes	Signs No	Condition
Pump Control Valves											
Sectional Control Valves											
System Control Valves	1	6" wall post	✓		✓		✓		✓		Good

14. WATER-FLOW TEST

Water Pressure? CITY 70 PSI
Water-flow Test? (If none made, why?)

Main Drain	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Inspectors Test	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
	2"	70	60	70					

15. Explanation of any "No" answers.

Buck 5 Below

Date 9/9/19 Signature

Antifreeze Results

DUPLICATE TO: Worden Edge
STREET 210 Rt 49 CITY & STATE Pennsville N.J.

*Explain "No" answers in #15

AUTOMATIC PROTECTION SYSTEMS, INC.

GENERAL SECURITY

INSPECTION AND TESTING FORM

DATE: 11/25/2019
TIME: 10:25

SERVICE ORGANIZATION
Name: General Security, Inc.
Address: 100 fairchild ave plainview ny 11803
Representative: Chris Voight
License No.: 12000262513
Telephone: 516-997-6464

PROPERTY NAME (USER)
Name: Urban edge
Address: 640 rt 70 west brick , nj
Owner Contact:
Telephone:

MONITORING ENTITY
Contact: United Central Station
Telephone: 800-645-6620
Monitoring Account Ref. No.: 3800-3522

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Polarity
- ☐ RF
- ☐ Other (Specify)

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☒ Semiannually
- ☐ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Ademco
Model No.: Vista 32 fb
Circuit Styles: B
Number of Circuits: 6
Software Rev.: N/a
Last Date System Had Any Service Performed: N/a
Last Date that Any Software or Configuration Was Revised: N/a

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Manual Fire Alarm Boxes
		Ion Detectors
1	6	Photo Detectors
		Duct Detectors
2	8	Heat Detectors
3	8	Waterflow Switches
		Supervisory Switches
		Other (Specify)

Alarm verification feature is Disabled ____ Enabled ____

GENERAL SECURITY

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐	United	10:25
Building Occupants	☒	☐		10:25
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ (Notified) of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☒	☒	
Interface Eq.	☐	☐	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	
SECONDARY POWER			
TYPE	**Visible**	**Functional**	**Comments**
Battery Condition	☒	☒	
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS	☐	☐	
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☐	☐	
Visual	☐	☐	
Speakers	☐	☐	
Voice Clarity	☐	☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
	WI	☒	☒			☒	☐
	Sv	☒	☒			☒	☐
	Sd	☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

GENERAL SECURITY

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp
		Site Water Temp
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-5) of signaling line circuits connected to system:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 110 , Amps 20

Overcurrent Protection: Type _____ , Amps _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

b. Secondary (Standby): 2 Storage Battery: Amp-Hr. Rating 12/7

Calculated capacity to operate system, in hours: 24 80

_____ Engine-driven generator dedicated to fire alarm system

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

N/A Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

GENERAL SECURITY

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐	Owner	
Monitoring Agency	☒	☐		
Building Occupants	☒	☐		
Other (Specify)	☒	☐		

The following did not operate correctly: _____

System restored to normal operation: Date 11/25/19 Time 12:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: Chris Voight Date 11/25/19 Time 12:00

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

JULIAN

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 20-00591
DATE ISSUED 9/11/20

BLOCK: 201 LOT: 7 QUALIFIER: _____ SITE ADDRESS: 660 RT. 70 (FORMER PAYLESS)

IDENTIFICATION:

1. NAME OF OWNER IN FEE: URBAN EDGE PROPERTIES C/O ANTHONY SALGADO
   COMPLETE ADDRESS: 210 RT. 4 EAST
   PARAMUS NJ 07652
   PHONE # 201 364 5338 EMAIL: ASALGADO@UEDGE.COM

2. NAME OF APPLICANT: PAUL FAVALORO SPIRIT HALLOWEEN
   APPLICANT ADDRESS: 84 HOMESTEAD DR
   MARLBORO NJ 07746
   PHONE # 732 915 8568 EMAIL: paul.favaloro@spirithalloween.com

3. RESPONSIBLE PERSON FOR WORK: PAUL FAVALORO
   PHONE # 732 915 8568 FAX # _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: PAYLESS
PROPOSED USE: SPIRIT HALLOWEEN

BOARD APPROVAL: ____ PB ____ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: TENANT FIT-UP SPIRIT HALLOWEEN

ZONING REVIEW:
DATE REVIEWED: 9-21-20 DATE DENIED: _____ DATE APPROVED: 9-21-20 INITIALS: G

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 8/11/20
Application Number: ZA-20-00840
Application Date: 7/21/2020
Project Number:
Permit Number: ~~20-00891~~
Fee: $75.00

Zoning Permit

Worksite **744 ROUTE 70**
Location: **Brick Township, NJ 08723**

Owner: **BRICKTOWN VF LLC**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **SPIRIT HALLOWEEN**
Address: **6826 BLACK HORSE PIKE**
Egg Harbor, NJ 08234

Block: **701** Lot: **7** Qualifier: _____ Zone: _____

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store (Spirit Halloween)**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Payless Shoes to Spirit Halloween.

Additional Zoning Permit is required for additional work.

Application Approved Date: 7/21/2020

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

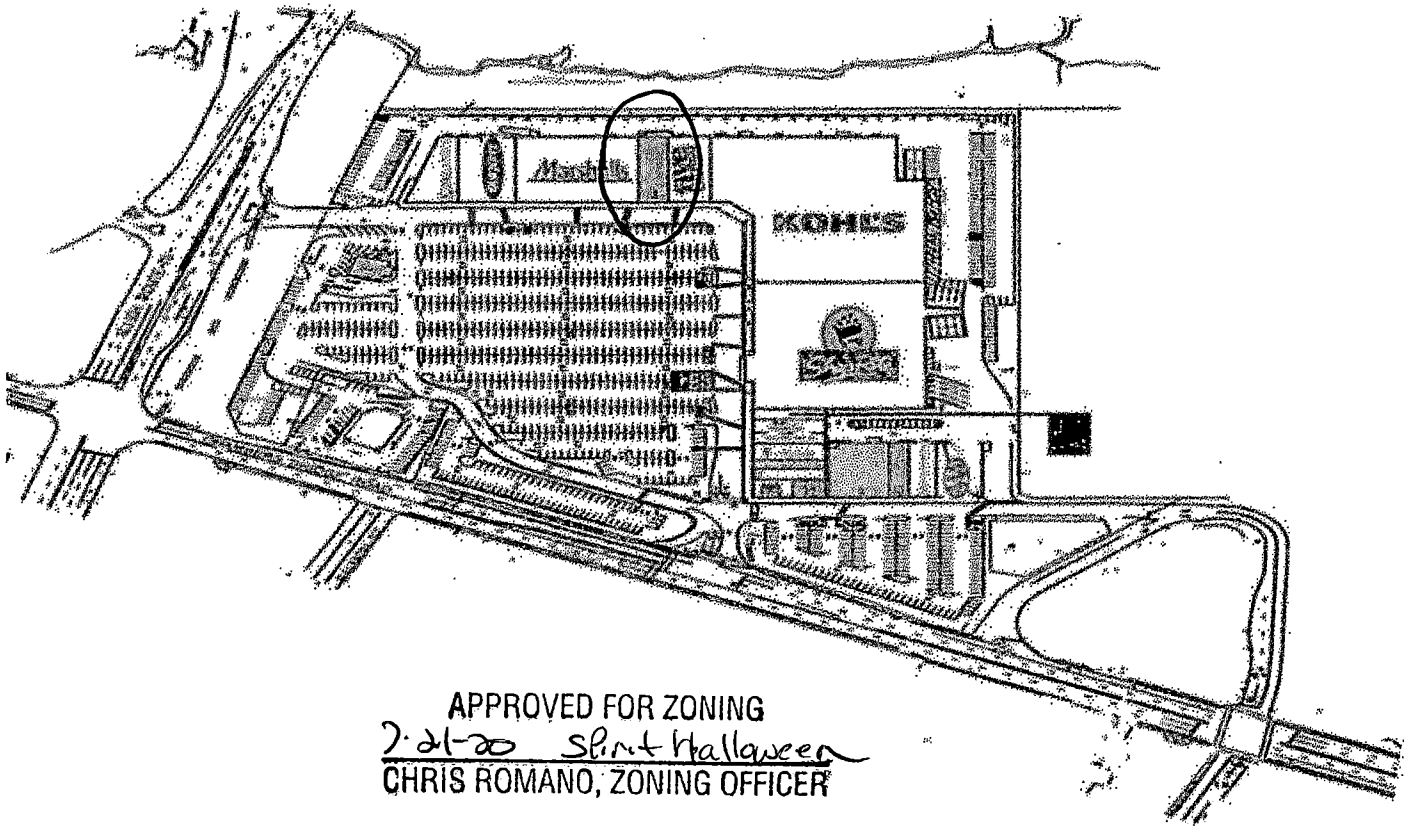
Christopher J. Romano, Zoning Officer

7/21/2020
Date

Brick Commons

644 ROUTE 70 & CHAMBERS RD, Brick, NJ 08723

URBAN EDGE PROPERTIES



APPROVED FOR ZONING
2-21-20 Slint Halloween
CHRIS ROMANO, ZONING OFFICER

Retail Spaces (SF)

1	ShopRite	75,144
2	Kohl's	87,667
3	Five Below	9,300
4	Available	6,591
5	Marshalls	26,648
7	Old Navy	12,463
8	Kirkland's	8,095
9	Jersey Shore Beauty Academy	10,846
10	Available	3,502
12	Bath & Body Works	2,569
13	Massage Envy	3,288
14	Doctors' Office Urgent Care	2,581
15	T-Mobile	4,098
16	Beauty / Barber Store & Salon	2,055
17	Nail Perfection	2,569
18	Manhattan Bagel	2,616
19	Available	1,802
20	Available	2,764
22	AAA	8,455
23	Orangetheory Fitness	5,073

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 91.01 LOT: 7.01 ADDRESS: 660 RT. 70 (FORMER PAYLESS)

IDENTIFICATION:

1. WORK SITE ADDRESS: 660 RT. 70 (FORMER PAYLESS)
2. NAME OF OWNER IN FEE: URBAN EDGE PROPERTIES C/O ANTHONY SALGADO
   ADDRESS: 210 RT. 4 EAST PHONE #: (201) 364-5338
   PARAMUS NJ 07652 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: SPIRIT HALLOWEEN
   ADDRESS: 6826 BLACK HORSE PIKE PHONE #: (732) 915 8568
   EGG HARBOR TWP NJ 08234 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: ARC VISION INC
   ADDRESS: 8991 W. FLAMINGO RD STE. 100B LAS VEGAS NV 89147 PHONE: # (702) 507 1101
5. RESPONSIBLE PERSON FOR WORK: PAUL FAVALORO
   ADDRESS: 84 HOMESTEAD CIR MARLBORO NJ 07746
   PHONE #: (732) 915 8568 FAX #: (__) _____ E-MAIL: paul.favaloro@spirithalloween.com

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ _____
OTHER _____ :	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

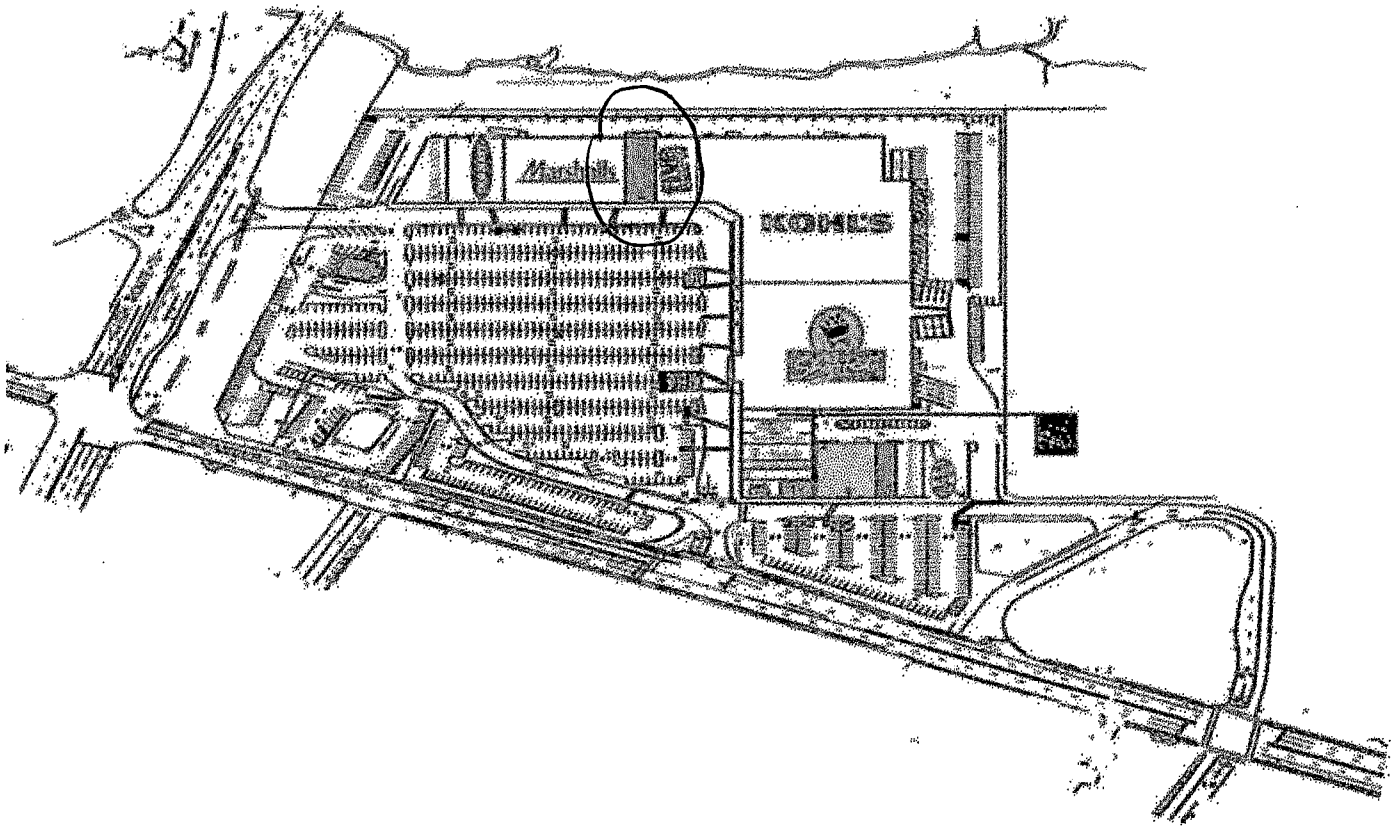
ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Brick Commons

344 ROUTE 70 & CHAMBERS RD Brick, NJ 08723

URBANEDGE PROPERTIES



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Brick Commons

644 ROUTE 70 & CHAMBERS RD, Brick, NJ 08723

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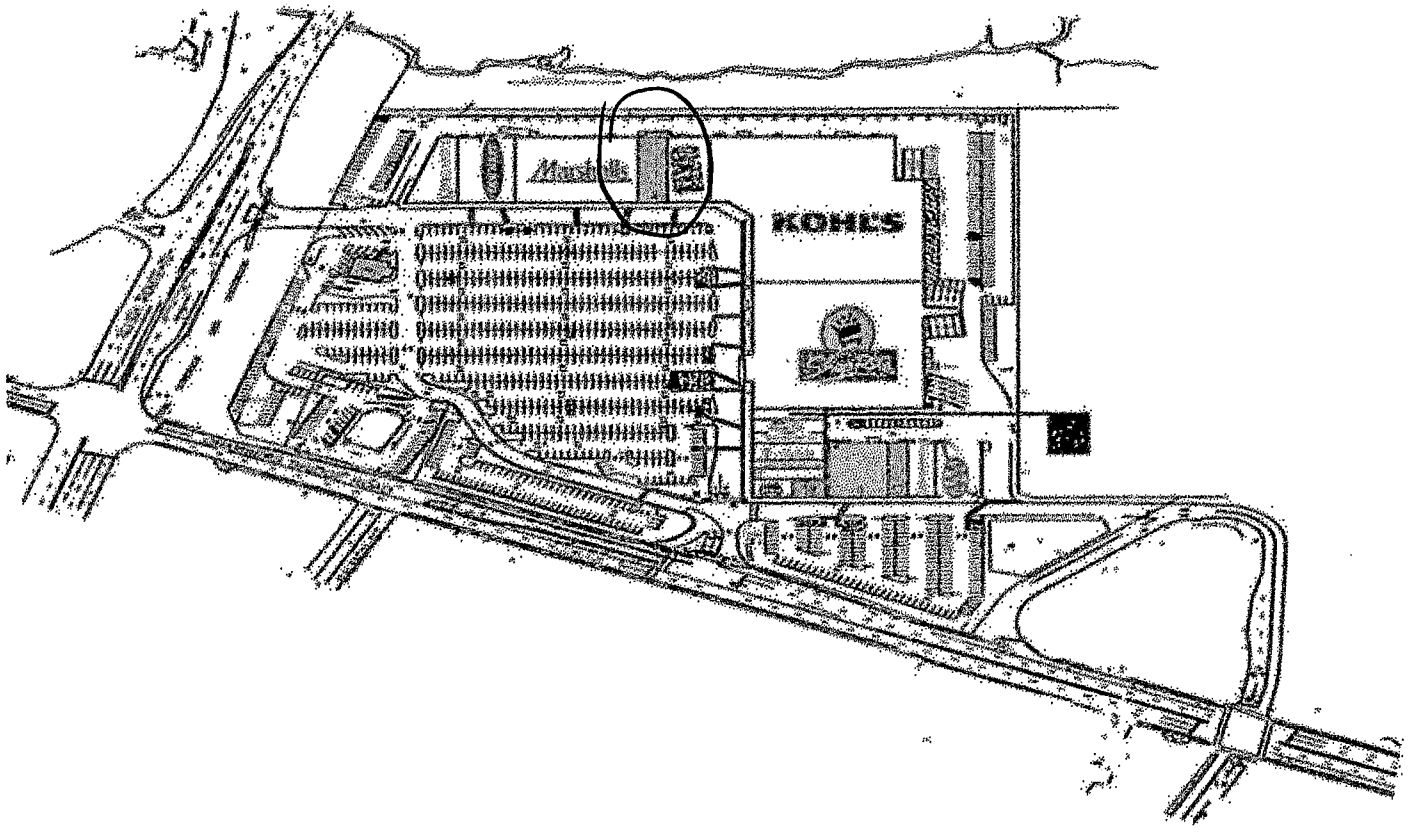

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GENERAL SECURITY

INSPECTION AND TESTING FORM

DATE: 11/25/2019

TIME: 10:25

SERVICE ORGANIZATION

Name: General Security, Inc.

Address: 100 fairchild ave plainview ny 11803

Representative: Chris Voight

License No.: 12000262513

Telephone: 516-997-6464

PROPERTY NAME (USER)

Name: Urban edge

Address: 640 rt 70 west brick , nj

Owner Contact:

Telephone:

MONITORING ENTITY

Contact: United Central Station

Telephone: 800-645-6520

Monitoring Account Ref. No.: 3800-3522

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☒ Semiannually
- ☐ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Ademco

Model No.: Vista 32 fb

Circuit Styles: B

Number of Circuits: 6

Software Rev.: N/a

Last Date System Had Any Service Performed: N/a

Last Date that Any Software or Configuration Was Revised: N/a

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Manual Fire Alarm Boxes
		Ion Detectors
1	B	Photo Detectors
		Duct Detectors
		Heat Detectors
2	B	Waterflow Switches
3	B	Supervisory Switches
		Other (Specify):

Alarm verification feature is Disabled____ Enabled____

GENERAL SECURITY

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐	United	10:25
Building Occupants	☒	☐		10:25
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ (Notified) of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☒	☒	
Interface Eq.	☐	☐	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

Audible	☐	☐	
Visual	☐	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
	Wf	☒	☒			☒	☐
	Gv	☒	☒			☒	☐
	Sd	☒	☒			☒	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

GENERAL SECURITY

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐		
Monitoring Agency	☒	☐	United	
Building Occupants	☒	☐		
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 11/25/19 Time: 12:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Chris Voight Date: 11/25/19 Time: 12:00

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 660 Rt. 70 (Former Payless)

BLOCK: 41 **LOT:** 701

CONTRACTOR: Waste Monagement Of NJ

CONTRACTOR'S ADDRESS: 415 Day Hill Rd. Windsor CT 06095

Type of Construction(minor, new home): No Construction Install Temporary Fixtures Only

Type of Debris (shingles, siding, wood, etc.): Mixed Trash & Corrugated Cardboard

Party responsible for removal: Paul Favaloro 732-915-8568

Dumpster Size: Trash 8 YD	Cardboard 8 YD
Destination of Debris: Ocean City Landfill	Northern Ocean Cty Recycling

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

7/6/20
Date

Paul Favaloro
Print Name