BLOCK 701 LOT 7. QUALIFICATION CODE _____ ADDRESS (SITE) 744 Rt 70 PERMIT NO. 11-0062

CONSTRUCTION PERMIT APPLICATION

C-10-004589

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

I. IDENTIFICATION

1. Propsed Work Site at: 744 650 ROUTE 70 BRICKTOWN, NJ 08723
2. Name of Owner in Fee: VORNADO REALTY TRUST Tel. (201) 587-1000
   Address 210 RT. 4 EAST (street) PARAMUS (municipality) NJ 07652 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: NATIONAL MAINTENANCE & BUILDOUT Tel. (215) 442-5380
   Address 48A VINCENT CIRCLE IVYLAND, PA 18974
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 300020638 FAX: ( ) _____
5. Architect or Engineer FREDERICK TAYLOR ASSOC. Tel. (914) 289-0011
   Address 527 N. BROADWAY WHITE PLAINS, NY 10603 Contact MIKE GILROY
6. Responsible Person in Charge once Work has Begun BILL HOREY
   Tel. (215) 266-8036 FAX: (215) 442-5679

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	105 ✓		
2. Electrical		40 ✓		
3. Plumbing				
4. Fire Protection		70 ✓		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		9		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other		224		
13. TOTAL	$			

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	18 ft.	
3. Area — Largest Floor	27,500 sq. ft.	
4. New Building Area	N/A sq. ft.	
5. Volume of New Structure	N/A cu. ft.	
6. Construction Classification	RETAIL	
7. Total Land Area Disturbed	N/A sq. ft.	
8. Flood Hazard Zone	N/A	
9. Base Flood Elevation	N/A ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load	NO CHANGE	
12. Max. Occupancy Load	NO CHANGE	

OPTIONAL (for office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work	2000.00	OK	12/15/10		12-22-10	JL			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	500.00				12/21/10	BB			
6. ☐ Plumbing									
7. ☑ Electrical	1,000.00				12/30/10	SD			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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: RETAIL
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

15373

U.C.C. F100-1 (rev. 12/03)

CALLED 01-04-11

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name NATIONAL MAINTENANCE + BUILDOUT CO.
Address 48A VINCENT CIRCLE
IVYLAND PA 18974
Telephone (215) 442-5380
Signature William Mooney

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/16/2011
Control Number C-10-004589
Permit Number 11-0062
Permit Issue Date 01/11/2011
Certificate Number 11-0062

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 744 ROUTE 70 Marshall's Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor National Maintenance & Buildout

Address 48A Vincent Circle Ivyland PA 18974

Telephone: (215) 442-5380 Fax: (215) 442-5679

License Number or Builders Registration Number: Federal Emp. Number: 300020638

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Construct systems room as per plan for computer goes

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:
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: $0.00
Check Number:
Collected By:

Date Printed: 02/16/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 1/11/11
Control # C-10-004589
Permit # 11-0062

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Marshall's Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: National Maintenance & Buildout
Address: 48A Vincent Circle Ivyland PA 18974
Telephone: (215) 442-5380
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 300020638

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:
ALTERATION - -COMMERCIAL Construct systems room as per plan for computer goes

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

Estimated Cost of Work $5,000

Construction Official

1-4-11
Date

PAYMENTS (Office Use Only)

Building	$105
Electrical	$40
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$229
Check No.	22145
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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.

01/11/11 2:00PM 00155843117
XX01 SERV.001
BUILDING $105.00
ELECTRIC $40.00
$75.00
$9.00
CHECK $229.00

- [ ] 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.

BUILDING SUBCODE
TECHNICAL SECTION

Bill Morey (215) 266-8036

Date Received 1/11/11
Control #
Date Issued
Permit # 11-0062

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 744 650 ROUTE 70
BRICKTOWN, NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel. (201) 587-1000 e-mail PNATALE@VNO.COM

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

Contractor: NATIONAL MAINTENANCE & BUILDOUT Tel. (215) 442-5380

Address 48A VINCENT CIRCLE IVYLAND, PA 18974 e-mail

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

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

Federal Emp. ID No. 300020638 FAX: (215) 442-5679

JOB SUMMARY (Office Use Only)

COMMERCIAL

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All 12-22-10 JM
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12-22-10
Approved by: MA JM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO [X] CA
Date: 2/10/11
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	*1/21/11 IW	*1/28/11 IW	2/4/11 IW	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-8-11 IW	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present RETAIL Proposed
No. of Stories 1
Height of Structure 18 ft.
Area — Largest Floor 27,500 sq. ft.
New Bldg. Area/All Floors N/A sq. ft.
Volume of New Structure N/A cu. ft.
Max. Live Load N/A
Max. Occupancy Load N/A

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3500.00

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.

William Morey
Signature

D. TECHNICAL SITE DATA MARshalls.

DESCRIPTION OF WORK

CONSTRUCT SYSTEMS ROOM
AS PER PLAN
WHERE COMPUTER GOES.
*Work done Prior to Permit
Address as Necessary

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
- [X] Other REMODEL
- [ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110HB3
(rev. 07/03)

1 White = Inspector Copy 2 Canary = Office Copy
3 Tag = Office / Other

1/21/11 w/ – Frame Rej –

1) Remove exterior plywood skin for Frame insp –

2) Elect approval Req'd –

~~1/26/11 w/~~

1/28/11 w/ Frame Rej –

1) Same as 1/21

1/21

ELECTRICAL SUBCODE
TECHNICAL SECTION

MARSHALLS

Date Received / Control # 1/11/11

Date Issued / Permit # 11-0062

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 744 ~~650~~ Route 70
Bricktown NJ 08723

Owner in Fee: Vornado Realty Trust

Tel. (201) 587-1000 e-mail PNatale@VNO.com

Address 201 Rt 4. East Paramus NJ 08723
street municipality zip code

Contractor: Centurion Electric Inc. Tel. (201) 935-1200

Address 110 Hackensack St., East Rutherford, NJ 07073 e-mail centurionelectric@verizon.net

Contractor License No. 14195A Exp. Date 2012

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

Federal Emp. ID No. 223690893 FAX: (201) 935-1800

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed

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

Building Occupied as Retail Store Utility Co.

Est. Cost of Elec. Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/30/10
Approved by: D

SUBCODE APPROVAL
[ ] ICC [ ] ICCO [ ] CA
Date: 2-8-11
Approved by: JTS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	1-21-11	1-28-11	2-3-11	DD
Barrier-Free	1-21-11 DD	1-28-11 DD NR		
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. John J. Centurion, President

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 3 Receptacles, 1 Light fixture & exaust fan

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
3		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		exaust fan	
		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	

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

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 744 RT 70 PERMIT # 11-0062

ISSUED TO PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES BLOCK LOT

NOTICE DELIVERED TO

Upon inspection, violations of the Sec. were in evidence.

The following orders are hereby issued for their correction:

DEVICE BOXS NOT GROUNDED

T-STAT MISSING KO SEALS & BUSHING IN BACK OF STAT

POWER NOT LABLED

ISO RECEPTICALS HAVE NO ISOLATED GROUNDS

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 1-21-11 BY Doug
INSPECTOR

White - Original Yellow - Field Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

MARshall's

Date Received 1/11/11
Control #
Date Issued
Permit # 11-0062

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

Block 701 Lot 1 Qualification Code

Work Site Location: 744 650 ROUTE 70
BRICKTOWN NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel. (201) 587-1000 e-mail PNATALE@VNO.COM

Address 210 RT. 4 EAST PARAMUS, NJ 07652

Contractor: Priority One Mechanical Inc. Tel. (267) 812-5390

Address 612 State Rd e-mail
Croydon PA 19021

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01301

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 154234

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 86-1132084 FAX: (267) 812-5599

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 500.00

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

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Elec Room

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of existing wet sprinkler heads.

Water Supply Source City

Method of Alarm/Suppression System Supervision Central Station

	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)	1	
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		75
Other		
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:
[ ] Fire Protection Plans Approved
Date: 1/31/11 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 12-31-10
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-21-11
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			1/27/11	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/27/11	
Other				

Dates (Month/Day)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/10/10
Control #
Date Issued
Permit # 11-0062

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

Block 701 Lot 1 Qualification Code

Work Site Location 744 ~~650~~ ROUTE 70
BRICKTOWN, NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel. (201) 587-1000 e-mail PNATALE@VNO.COM

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

Contractor: NATIONAL MAINTENANCE & BUILDOUT Tel. (215) 442-5380

Address 48A VINCENT CIRCLE TUYLAND, PA 18974 e-mail

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

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

Federal Emp. ID No. 300020638 FAX: (215) 442-5679

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
- [ ] No Plans Required
- [✓] All 11-12-10
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12-22-10
Approved by: [illegible]

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

INSPECTIONS — Dates (Month/Day)

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

B. BUILDING CHARACTERISTICS

Use Group Present RETAIL Proposed
No. of Stories 1
Height of Structure 18 ft.
Area — Largest Floor 87,500 sq. ft.
New Bldg. Area/All Floors N/A sq. ft.
Volume of New Structure N/A cu. ft.
Max. Live Load N/A
Max. Occupancy Load N/A

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 35000.00

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.

William Morey
Signature

D. TECHNICAL SITE DATA MARSHALLS.

DESCRIPTION OF WORK

CONSTRUCT SYSTEMS ROOM
AS PER PLAN
WITH COMPUTER JOIS.

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 REMODEL
- [ ] Demolition

FEE (Office Use Only)

$

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

U.C.C. F110HB3
(rev. 07/03)

1 White = Inspector Copy 2 Canary = Office Copy
3 Tag = Office / Other

ELECTRICAL SUBCODE
TECHNICAL SECTION

MARSHALLS

Date Received 1/11/11
Control #

Date Issued
Permit # 11-0062

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

Block 701 Lot 1 Qualification Code

Work Site Location 744 ~~650~~ ROUTE 70
BRICKTOWN NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel. (201) 587-1000 e-mail PNATALE@VNO.COM

Address 201 RT 4. EAST PARAMUS NJ 08723
street municipality zip code

Contractor: Centurion Electric Inc. Tel. (201) 935-1200

Address 110 Hackensack St., East Rutherford, NJ 07073 e-mail centurionelectric@verizon.net

Contractor License No. 14195A Exp. Date 2012

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

Federal Emp. ID No. 223690893 FAX: (201) 935-1800

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed

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

Building Occupied as RETAIL STORE Utility Co.

Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 1/20/11
Approved by: D

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 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. John J. Centurion, President
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL 3 RECEPTICLES, 1 LIGHT FIXTURE + EXAUST FAN

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
3		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		EXAUST FAN	
		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	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

DMARshalls

Date Received / Control # 1/11/11

Date Issued / Permit # 11-0062

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

Block 701 Lot 1 Qualification Code

Work Site Location 744 ~~630~~ ROUTE 70 BRICKTOWN NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel. (201) 587-1000 e-mail PNATALE@VNO.COM

Address 201 RT 4. EAST (street) PARAMUS (municipality) NJ 07023 (zip code)

Contractor: Centurion Electric Inc. Tel. (201) 935-1200

Address 110 Hackensack St., East Rutherford, NJ 07073 e-mail centurionelectric@verizon.net

Contractor License No. 14195A Exp. Date 2012

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

Federal Emp. ID No. 223690893 FAX: (201) 935-1800

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed

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

Building Occupied as RETAIL STORE Utility Co.

Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 1/14/11

Approved by: M

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 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. John J. Centurion, President

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 3 Receptacles, 1x2,94T fixture + exaust fan

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
3		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		EXAUST FAN	
		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	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

MARshall's

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 701 Lot 1 Qualification Code

Work Site Location: 14 650 ROUTE 70
BRICKTOWN NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel: 201 587-1000 e-mail PNATALE@VNO.COM

Address 210 RT. 4 EAST PARAMUS, NJ 07652

Contractor: Priority One Mechanical Inc. Tel: (267) 812-3390

Address 612 State Rd e-mail
Croydon PA 19021

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01301

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 15423 COMMERCIAL

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 86-1132084 FAX: (267) 812-5599

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 $ 500.00

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

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Elec Room

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of existing wet sprinkler heads.

Water Supply Source City

Method of Alarm/Suppression System Supervision Central Station

	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)	1	
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		75
Other		
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:
[ ] Fire Protection Plans Approved
Date: 12/14 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 12-31-13
Approved by: KEN

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location: 650 ROUTE 70 BRICKTOWN NJ 08723

Owner in Fee: VORNADO REALTY TRUST

Tel: 201 587-1000 e-mail PNATALE@VNO.COM

Address 210 RT. 4 EAST PARAMUS, NJ 07652

Contractor: Priority One Mechanical Inc. Tel: (267) 812-3390

Address 612 State Rd e-mail _____

Croydon PA 19021

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01301

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 154234 COMMERCIAL

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 86-1132084 FAX: (267) 812-5599

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 $ 500.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New or [X] Existing
Location of Panel: Elec Room

Fire Suppression/Standpipe System:
[ ] New or [X] Existing
Location of Main Control Valve: Riser Room

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocation of existing wet sprinkler heads.

Water Supply Source City

Method of Alarm/Suppression System Supervision Central Station

	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)	1	
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		25
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

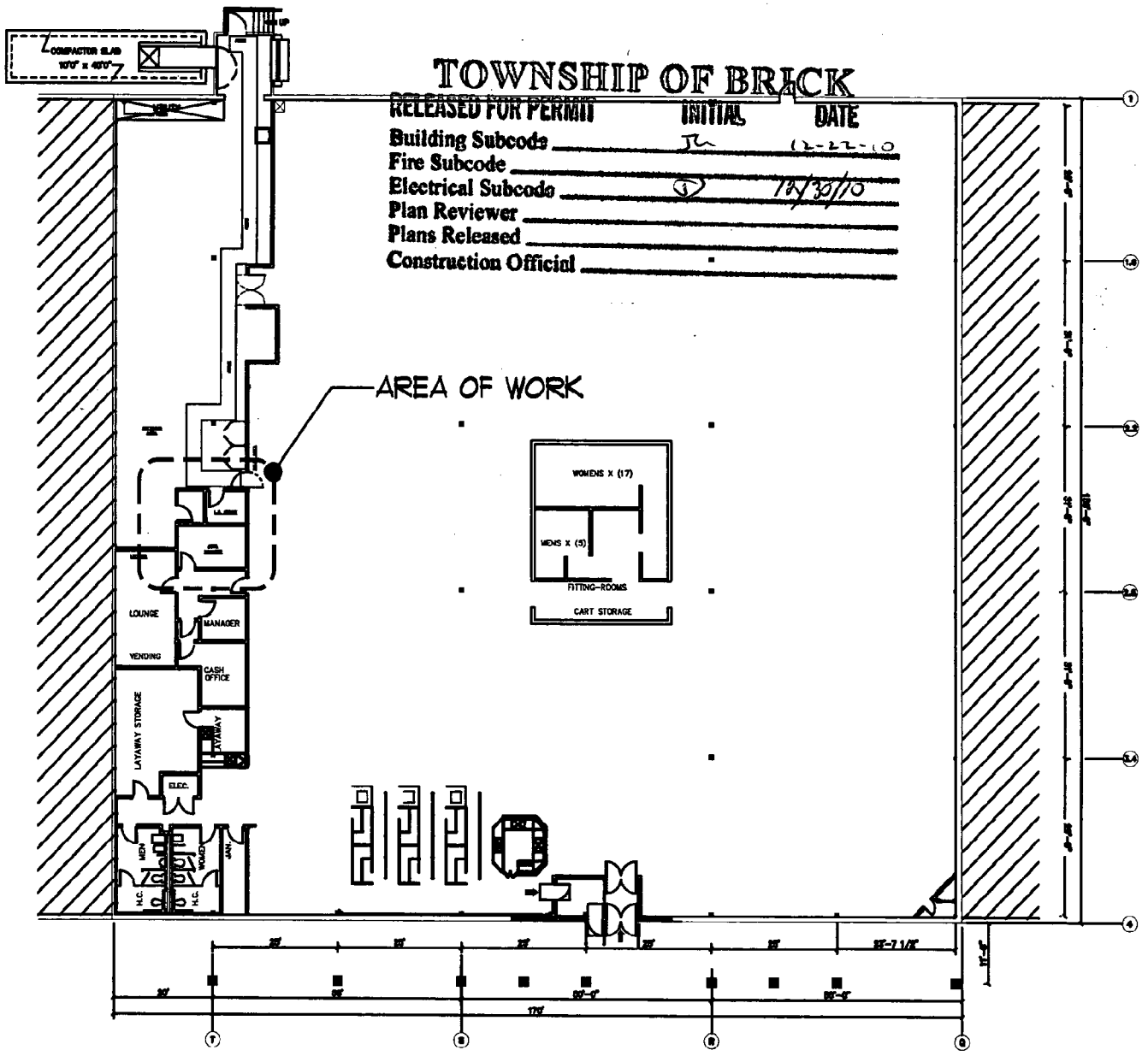
JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date 8/3/10 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev

SUBCODE APPROVAL for PERMIT
Date: 12-31-10
Approved by: [signature]

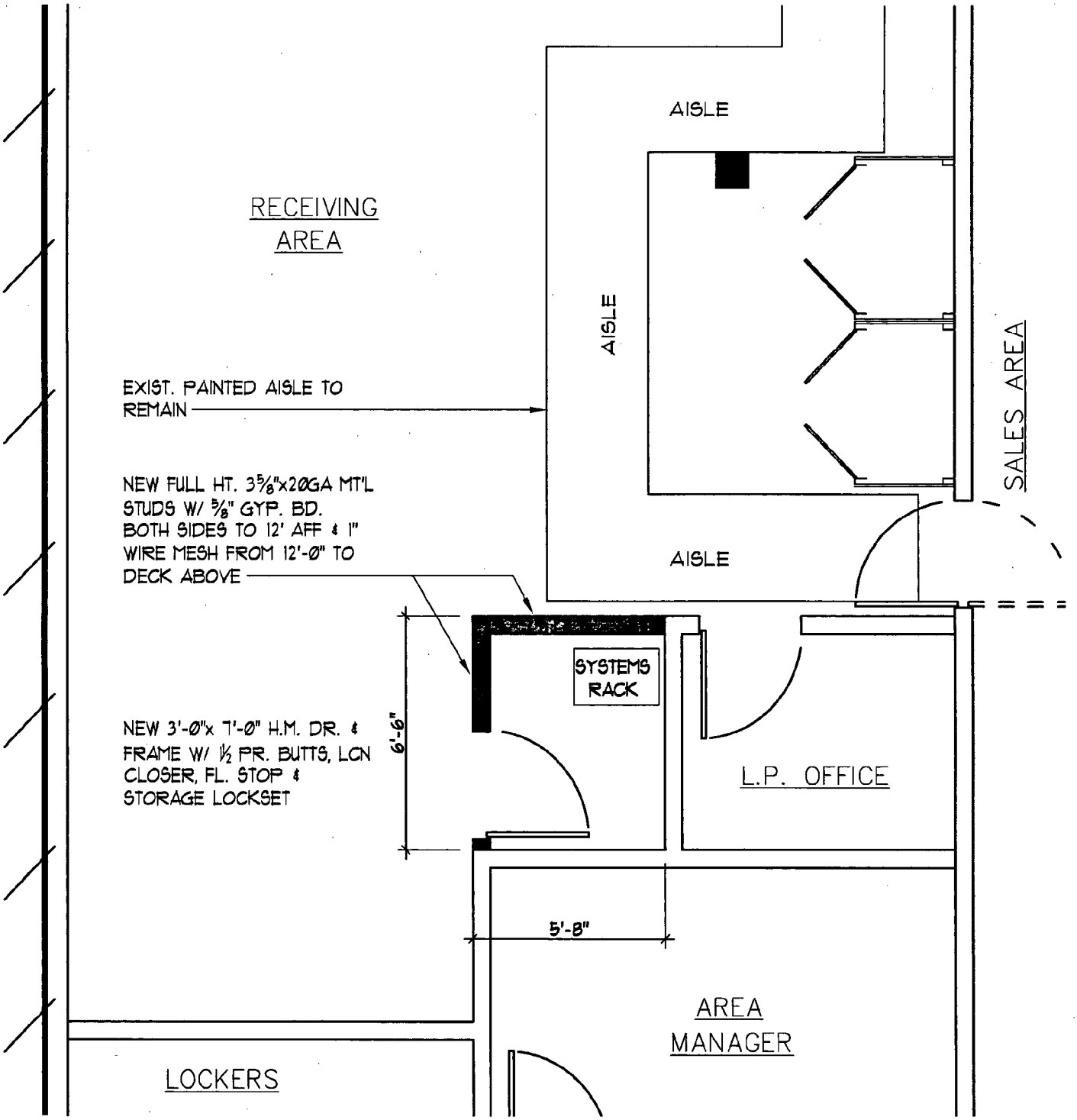
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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



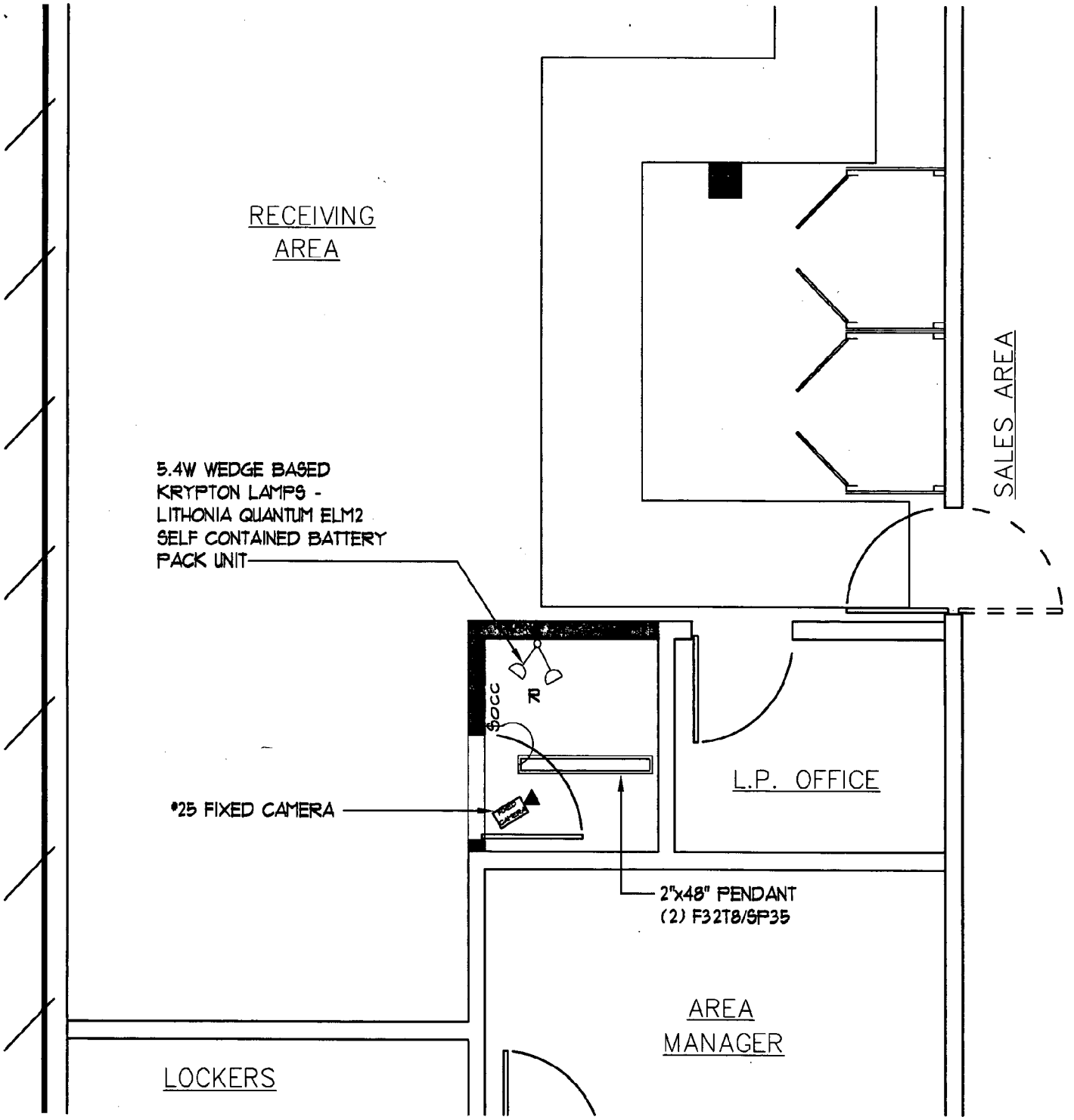
DEC 09 2010

PROJECT: MARSHALLS - BRICKTOWN, NJ	KEY PLAN	
Frederick Taylor Associates Architects, P.C. 572 North Broadway White Plains, NY 10603 tel 914 289 0011 fax 914 289 0022	SCALE: NOT TO SCALE	PROJECT NO.
	DATE: 12-9-10	
Taylor Associates Architects	DRAWN BY: FTA	DWG No. A-1



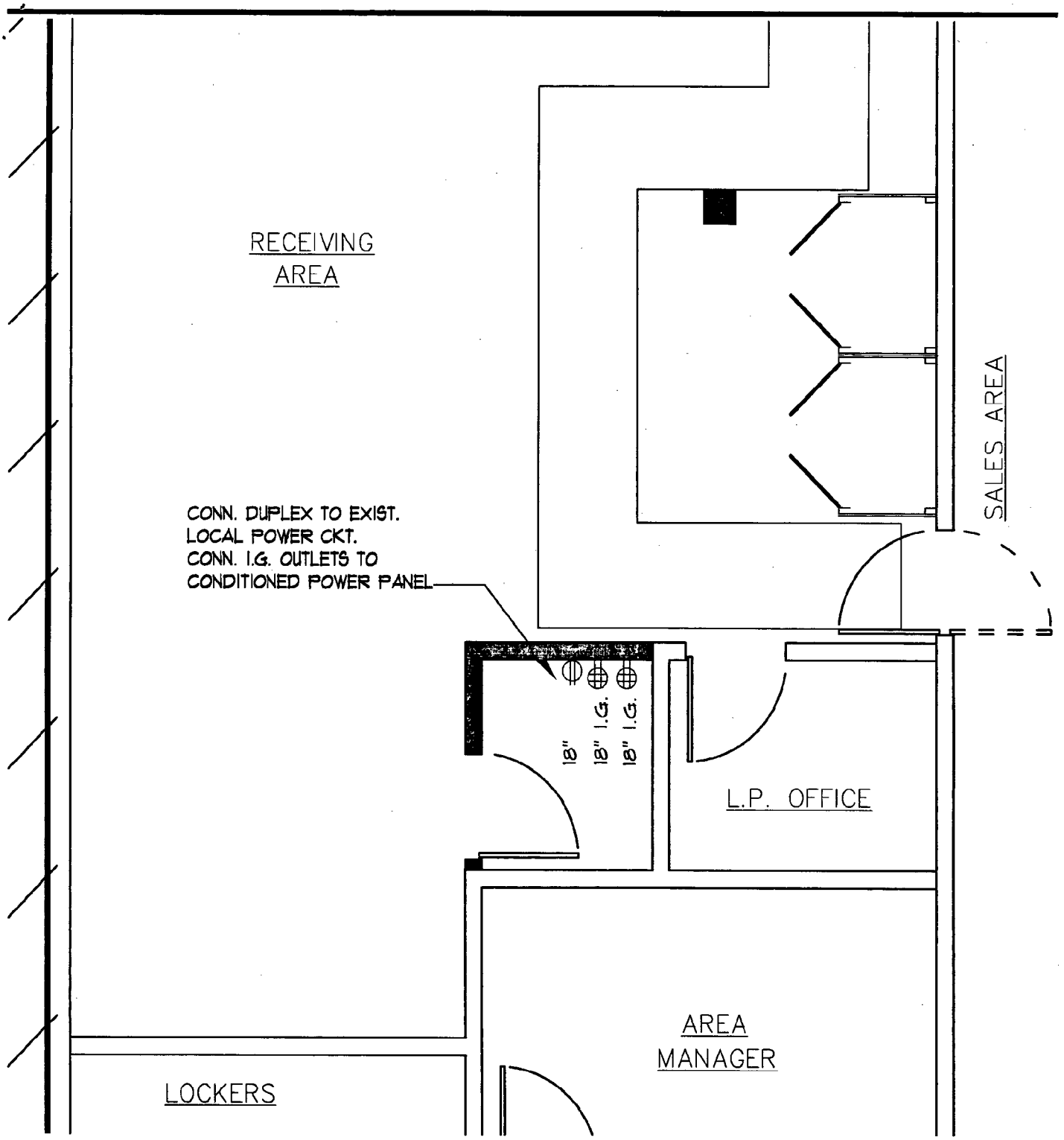
DEC 09 2010

PROJECT: MARSHALLS - BRICKTOWN, NJ	PART PLAN @ NEW COMPUTER SYSTEMS RM. CONSTRUCTION	
Frederick Taylor Associates Architects, P.C. 572 North Broadway White Plains, NY 10603 tel 914 289 0011 fax 914 289 0022	SCALE: 1/8" = 1'-0"	PROJECT NO.
Taylor Associates Architects	DATE: 12-9-10	
	DRAWN BY: FTA	DWG No. A-2



DEC 09 2010

PROJECT: MARSHALLS - BRICKTOWN, NJ	PART PLAN @ NEW COMPUTER SYSTEMS RM. LIGHTING	
Frederick Taylor Associates Architects, P.C. 572 North Broadway White Plains, NY 10603 tel 914 289 0011 fax 914 289 0022	SCALE: 1/8" = 1'-0"	PROJECT NO.
Taylor Associates Architects	DATE: 12-9-10	
	DRAWN BY: FTA	DWG No. A-3



DEC 09 2010

PROJECT: MARSHALLS - BRICKTOWN, NJ	PART PLAN @ NEW COMPUTER SYSTEMS RM. POWER	
Frederick Taylor Associates Architects, P.C. 572 North Broadway White Plains, NY 10603 tel 914 289 0011 fax 914 289 0022 Taylor Associates Architects	SCALE: 1/8" = 1'-0"	PROJECT NO.
	DATE: 12-9-10	
	DRAWN BY: FTA	DWG No. A-4