BLOCK 701 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 744 Route 70 PERMIT NO. 10-1059 +C

CONSTRUCTION PERMIT APPLICATION C/O 001034

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

I. IDENTIFICATION

1. Proposed Work Site at: Five Below - Shoprite of Brick - Space #3
   1646 State Rd. 70, Brick NJ 08723
2. Name of Owner in Fee: BRICKTOWN VF LLC c/o Vornado Realty
   Tel. (201) 587-1000 e-mail N/A
   Address 210 Route 4 East Paramus, NJ 07652
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: CCM, Inc. Tel. (610) 352-2300
   Address 1740 S. State Rd. e-mail dsp@ccmincorporated.net
   Upper Darby, PA 19082
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-2010220 FAX: (610) 352-3315
5. Architect or Engineer Sargenti Architects Contact Desiree Warren
   Address 461 From Road, Paramus, NJ 07652 e-mail dwarren@sargarch.com
   Tel. (973) 253-9393 FAX: (973) 253-9390
6. Responsible Person in Charge once Work has Begun Dan Sutcliffe
   Tel. (610) 352-2300 FAX: (610) 352-3315

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	2160		
2. Electrical		93 ✓		
3. Plumbing		170		
4. Fire Protection		100	135	15
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$	177 3 27	14	1
9. State Permit Surcharge Fee				
10. Subtotal + $50.	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	2732	144	80

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	19 ft.	
3. Area — Largest Floor	9,220 sq. ft.	
4. New Building Area	9,220 sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
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

☐ Minor Work — Tenant Fit Up ☐ 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)

	Est. Cost	Plans Rec'd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
✓ Building	104,000.00	KM	4/9/10	4/23/10 KM			4/30/10		KM
✓ Electrical	16,000.00				4/27/10	ST	6-1-10		ST
✓ Plumbing	1,500.00				4.22.10	JV	6-17-10		JV
✓ Fire Protection	8,500.00				4-23-10	DR			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present IIB
Proposed IIB

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

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.ix:

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 Ro Smith Date 4/6/10

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

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

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

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

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

(✓ Check if contractor.

Agent Name CCM, Inc.
Address 1740 S. State Road
Upper Darby, PA 19082
Telephone (610) 352-2300
Signature Ro Smith

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
4/15/20	Engineering N/A for Tenant Fit-up	MPE

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Permit Number 10-1059
Permit Issue Date 05/10/2010
Certificate Number 10-1059

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 744 ROUTE 70 SPACE #3 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 CCM, INC

Address 1740 S STATE ROAD UPPER DARBY PA 19082

Telephone: (610) 352-2300 Fax: (610) 352-3315

License Number or Builders Registration Number: Federal Emp. Number: 20-2010220

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: TENANT FIT UP

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: 06/25/2010 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/17/2010
Control Number C-10-001034
Permit Number 10-1059
Permit Issue Date 05/10/2010
Certificate Number 10-1059

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 744 ROUTE 70 SPACE #3 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 CCM, INC

Address 1740 S STATE ROAD UPPER DARBY PA 19082

Telephone: (610) 352-2300 Fax: (610) 352-3315

License Number or Builders Registration Number: Federal Emp. Number: 20-2010220

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: TENANT FIT UP

Certificate Comments: 4 DAY T.C.O.to OPEN STORE

☐ **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: 06/28/2010
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 06/28/2010
Conditions to be met:

Fire Subcode to sign tech

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/24/2010

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

PERMIT UPDATE

Date Update Issued 6/16/15
Control # C-10-001999
Permit # 10-1059+E

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE) Fire Alarm

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices 27PM 00155887B	$0 ##07
Other ##TOTAL	$0.00 40.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $250

Construction Official Date 6-15-10

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.

☐ 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.

##07 SERV.007
#1059
ELECTRIC $40.00
C-HGR $0.00
CHANGE $40.00
$0.00

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:

☑ 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".

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued
Control # C-10-001857
Permit # 10-1059+D

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)

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 $750

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	
Cash	$41
Credit	$0
Collected By	Kim Bogan

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.

☐ 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.

XX01 SERV: 001
#1059
ELECTRICAL $40.00
DCA $1.00
XXTOTAL $41.00
$41.00
$0.00
04/08/10 3:46PM 001558#8576 XX01
$41.00

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:

☐ 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".

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 2/5/10
Control # C-10-002081
Permit # 10-1059+F

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
GAS PIPING

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 $3,600

Construction Official

2-21-10
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$111
Check No.	
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.

2/10 3:32PM 0013588876U6
#X07 SERV.007
#1059
PLUMBING $40.00
FIRE $65.00
DCA $6.00
1.00

☐ 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:

☑ 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".

☐ A complete copy of released plans must be kept on the job site.

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

Called 5/28/10

+B

PERMIT UPDATE

Date Update Issued
Control # C-10-001649
Permit # 10-1059+B

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
FIRE ALTERATIONS

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 $4,000

Construction Official 5-27-10 Date

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$82
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

05/04/10 2:52PM 0015581851 006

FIRE $75.00
DCA $7.00
$82.00

☐ 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:

☐ 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".

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 5/10/10
Control # C-10-001034+A-C
Permit # 10-1059

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
FIRE ALTERATIONS SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$144
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $8,500

Construction Official — Date 4-30-10

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.

☐ 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.

001 SERV.001
FIRE $130.00
DCA $14.00
CHECK $144.00

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

☐ 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".

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued Dec 10 / 10
Control # C-10-001774
Permit # 10-1059+C

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
COMMUNICATION POINTS

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 $2,000

Construction Official

Date 12-1-10

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$43
Check No.	
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.

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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.

06/01/10 12:14PM 0015598B383
ERV.006
ELECTRIC $40.00
CHECK $3.00
$43.00

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:

☑ 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".

☑ A complete copy of released plans must be kept on the job site.

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

Cell #

SNAPP SECURITY SYSTEMS

"Security in a Snapp"

Burglar Alarms • Fire Alarms • C.C.T.V.
Repair & Installation

19 Spindler Terrace
Saddle Brook, NJ 07663

201-796-5494
PHILIP MARX

www.snappsecuritysystems.com

6/23

Permit Update

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/21/10

Date Issued / Permit # 10-1059 TF

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 Five Below, Shoprite of Brick-Space #3
666 State Rd 70, Brick, NJ 08723

Owner in Fee Bricktown VF LLC C/O Vornado Realty

Address 210 Route 4 East, Paramyus, NJ 07652

Tel (201) 587-1000

Contractor LED Electrical & Mechanical Contractors, LLC

Address 517 Clements Bridge Rd, Barrington, NJ 08007

Tel (856) 672-0707 FAX (856) 672-0505

Contractor License No. HIC# 13VH01086500

Federal Emp. No. 01-0639159

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 6-17-10

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 6-24-10

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			06-23-10 PM	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL			06-23-10 PM	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
150LF	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/10/10
Control #
Date Issued
Permit # 10-1059

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 Five Below - Shoprite of Brick - Space #3
#7944 6666 State Rd. 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC C/O Tornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: Robert Griggs P+H, LLC Tel. (908) 874-3482

Address 6 Tally Ho Trail, Hillsborough, NJ 08844
street municipality e-mail zip code

Contractor License No. 11621 Exp. Date

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

Federal Emp. ID No. 56-2565953 FAX: (908) 874-4533

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 4-22-10
Approved by: BJ

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 6-24-10
Approved by: BJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			05.18.10	PA
Rough			05.18.10	PA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	CC 6.11.10	06.11.10	06.23.10	PA
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO CO DMS MNA			CC 6.11.10	PA
			06.23.10	PA

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.

Robert L. Griggs, Jr.
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit Out

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink (Mop)	
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other AC	
	Other	

UPDATE 1-GAS PIPING & UNIT HEATER

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

06.09.10 AM

(1) NEED APPROVED P.E. DRAWINGS OK — 06.23.10PM
FOR GAS PIPING TO INSIDE

(2) TEST GAS OK

06.11.10PM

SAME
06.21.10 PM
RECOMMEND TCO 60 DAYS

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/10/10

Date Issued / Permit # 10-1059

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 ~~Five Below~~ - Shoprite of Brick - Space #3
Route 70 State Rd. 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East, Paramus, NJ 07652
street municipality zip code

Contractor: CCM, Inc. Tel. (610) 352-2300

Address 1740 S. State Rd. e-mail ds@ccmincorporated.net
Upper Darby, PA 19082

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

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

Federal Emp. ID No. 20-2010220 FAX: (610) 352-3315

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit-Out

8

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	4/30/10	KA

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

SUBCODE APPROVAL for PERMIT
Date: 6-25-10
Approved by: KA

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5/19/10	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ OC			5/26/10	KA
Mechanical			*6/10/10	MV
TCO				
Other				
Final			6/23/10	MV
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
[X] Other Alteration
[ ] Demolition

FEE (Office Use Only)
$ 104,000.00

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 1
Height of Structure 19 ft.
Area — Largest Floor 9,220 sq. ft.
New Bldg. Area/All Floors 9,220 sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved N/A HUD N/A

Est. Cost of Bldg. Work:
1. New Bldg. $ N/A
2. Rehabilitation $ 104,000.00
3. Total (1+ 2) $ 104,000.00

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

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

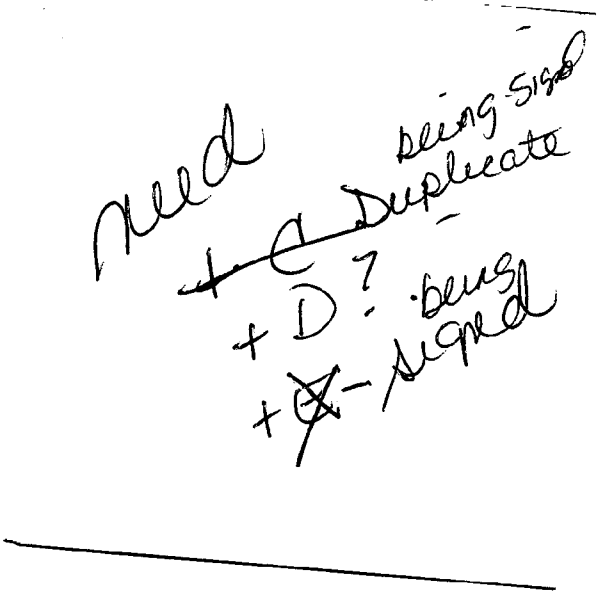
5/26/10 IW – Partial open corl App –

1) Not Tenant Separation Walls (Many Penetrations)

~~6~~/10/10 MC Rec TCO

1) . R.T.U. Not Hung Properly

2) Misc Finishes


Need
being Signed
+ C Duplicate
+ D ?
being
signed

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/10/10

Date Issued / Permit # 10-1059

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 Five Below - Spaprite of Brick - Space #3-7
646 State Rd. 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: JP Scaglione Merchant Electric Tel. (201) 794-2229

Address 230 Maker St Elmwood Park, NJ 07407 e-mail

Contractor License No. 9294 Exp. Date 3/2011

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

Federal Emp. ID No. 22291582 FAX: (201) 794-9011

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 16,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 4-27-10
Approved by: SF

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-10-10
Approved by: SF

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	WALL	ONLY	5-24-10	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-8-10	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Retail fit-out

QTY	SIZE	ITEMS
94		Lighting Fixtures
45		Receptacles
12		Switches
		Detectors
		Light Poles
2		Motors—Fract. HP
22		Emergency & Exit Lights
12		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1	1.5	KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
2	4.5	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 CONTRACTORS
2		AMP Motor Control Center
1		KW Elec. Sign/Outline Light

FEE (Office Use Only)

$ COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/28/2010
Date Issued 6-1-10
Control # C-10-001774
Permit # 10-1059+C

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: R & R Voice Data

Address 234 W. Broad Street Hatfield PA 19440

Tel. (215) 565-0213 Fax.

Lic No.

Federal Employee No. 23-3069946

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plan Required — Date 6/11/10 Initial GS.

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 6-17-10
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6-8-10	DD
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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
18		Communication Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$40
State Permit Surcharge Fee	$3
TOTAL FEE	$43

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

Tait-Cell # 201-264-8422 updated

ELECTRICAL SUBCODE
TECHNICAL SECTION

10-1059E Date Received / Control # 6/16/10 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 101 Lot 7 Qualification Code

Work Site Location 744 Route 70 Space #3 Brick Township NJ

Owner in Fee Brick Town VF LLC c/o Vornado Realty

Address 2000

Tel ( )

Contractor J.P. Scaglione/Merchant Electric

Address 230 Market St
Elmwood Pk, NJ 07407

Tel (201) 794-2229 FAX (201) 794-9011

Contractor License No. 9294

Federal Emp. No. 22-2915142

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250,00

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 and perform the work listed on this application.

J.P. Scaglione

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required — Date 6-15-10 Initial SF

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6-17-10

Approved by: SF

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-17	OO
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

6/23

Permit update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 6/21/10

Date Issued
Permit # 10-1059 + F

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 Five Below, Shoprite of Brick-Space #3
666 State Rd 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC C/O Vornnado Realty

Tel. (201) 587-1000 e-mail

Address 210 Route 4 East, Paramus, NJ 07652
street municipality zip code

Contractor: LED Electrical & Mechanical Tel. (856) 672-0707

Address 517 Clements Bridge Rd Barrington, NJ 08007
e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1516100

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

Fire Alarm Contractor No. 1516100 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01086500

Federal Emp. ID No. 01-0639159 FAX: (856) 672-0505

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 $ _____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 6-8-10 Approved by: DLB
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/23/10
Approved by: KMR
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/23/10
Approved by: KMR

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	6/23/10		6/24/10	RSD
Other				

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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:

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 [X] Gas [ ] Oil [ ] Solid	X 1	65
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/10/10
Control #
Date Issued
Permit # 10-1059

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 FIVE BELOW - ShopRite of Brick - SPACE #3
666 STATE RD. 70, BRICK, NJ 08723
Owner in Fee: BRICKTOWN VF LLC C/O Vornado REALTY
Tel. (201) 587-1000 e-mail N/A
Address 210 Route 4 East Paramus, NJ 07652
(street) (municipality) (zip code)
Contractor: Commercial Construction MANAGEMENT Tel. (610) 352-2300
Address 1740 S. STATE RD. e-mail N/A
UPPER DARBY, PA 19082
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. ____ 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 $ 100

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 [signature]
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: HVAC

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	2	100
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[✓] Fire Protection Plans Approved
Date: 4/23/10 Approved by: AG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-23-10
Approved by: OB 1880
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-28-10
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	6-9-10	6/14/10, 6/16/10	6/28/10	[initials]
Other		6/28/10		[initials]

(Dates (Month/Day))

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/10/10
Control # 10-1059
Date Issued
Permit # C10-060134 FA
Update

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 Five Below - Shoprite of Brick - Space #3
666 State Rd. 70, Brick NJ 08723
Owner in Fee: Bricktown VF LLC c/o Vornado Realty
Tel. (201) 587-1000 e-mail N/A
Address 210 Route 4 East Paramus, NJ 07652
Contractor: Tri-State Fire Protection Inc. Tel. (856) 589-9370
Address 445 Delsea Drive e-mail nbjr@tsfpi.net
Sewell NJ 08080
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00402
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153333
Fire Alarm Contractor No. N/A Exp. Date 10/2012
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
Federal Emp. ID No. 22-2240992 FAX: (856) 589-9352

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 $ 8500—

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: Sprinkler room

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Fire Protection Plans Approved
Date: 4/30/10 Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-03-10
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-25-10
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	6/23/10		6/30/10	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Matthew B Schlegle
Print name here: Matthew B Schlegle
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	83	1350
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIVE BELOW

Date Received 10/1059 HB
Control #
Date Issued 06/04/10
Permit # C10-001649

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 Route 70 Brick NJ 08723

Owner in Fee: Brick Town VF LLC/Co Vornado

Tel. ( ) e-mail

Address 210 Route 4 East Paramus NJ 07652
street municipality zip code

Contractor: Snapp Security Systems Tel. (201) 796-5494

Address 19 Spindle Tree e-mail Snappsecurity@hotmail.com
Saddle Brook, NJ 07663

Fire Protection Equipment, NJ Div of Fire Safety Permit No. call 201-264-8422

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

Fire Alarm Contractor No. 34FA00110400 Exp. Date 8/31/10

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

Federal Emp. ID No. 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 $ 4,000 —

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 5/25/10 Approved by: OK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/25/10
Approved by: KCB

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	6/22/10		6/28/10	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		75
Signaling Devices (i.e., horn/strobes, bells)	8	
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		

COMMERCIAL

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

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

6/16 Not ready

Alarm contractor not on site

Sprinkler heads covered.

6-11-10 need update 1 gas appliance.
(hanging unit rear stock room)

- hanging unit not hooked up.

6/16 fire ext to be mounted.

- need ~~[redacted]~~ sprinkler reports

6/16 reprogram duct det. to supervisory.

6/16-10 hanging HVAC not hooked up

- need update 1 gas appliance
- need sprinkler report

6/25/10 O/C

TRI-STATE FIRE PROTECTION

445 DELSEA DRIVE – SEWELL, NJ 08080
856-589-9370 (P) 856-589-9352 (F)

June 16th, 2010

Commercial Construction Management
1740 S. State Road
Upper Darby, PA 19082

Attention: Steve Williams
Re: Five Below – 666 State Road 70, Brick NJ

To Whom It May Concern:

Please accept this letter as official certification that Tri-State Fire Protection Inc. was contracted to replace pendent fire sprinkler heads with upright fire sprinkler heads to accommodate new tenant layout. All work was performed according to NFPA #13 and applicable codes. The work performed did not violate the integrity of the existing system and upon completion all equipment was left in normal operating condition.

In closing, Tri-State Fire Protection assumes full responsibility only for the fire sprinkler work performed as a result of the new tenant layout. We trust this letter satisfies your concerns. If you have any questions feel free to contact our office. Thank you for your cooperation in this matter.

Sincerely,

Matthew B. Schlagle
Tri-State Fire Protection Inc.

COMMERCIAL CONSTRUCTION MANAGEMENT, INC.
1740 S. State Road
Upper Darby, PA 19082
Office(610)352-2300 Fax(610)352-3315
www.ccmincorporated.net

FAX TRANSMITTAL

TO:	Mary Jane	FROM:	Dan Sutcliffe
COMPANY NAME:		PAGES INCLUDING COVER:	2
PHONE:		DATE:	6/22/10
FAX:	732-262-2941	SUBJECT:	5 Below Brick
COMMENTS:	610-352-2300 office 610-608-7757 cell		

6/23/10

HVAC good

Only need Sprinkler cert - attached
letter is NOT acceptable
NFPA 13 report needed

TOWNSHIP OF BRICK

Ronald Piszar
Fire Inspector

Phone 732-262-4624
Fax 732-262-8954
www.twp.brick.nj.us

401 Chambers Bridge Road • Brick, N.J. 08723

SNAPP SECURITY SYSTEMS
"Security in a Snapp"

Burglar Alarms • Fire Alarms • C.C.T.V.
Repair & Installation

19 Spindler Terrace
Saddle Brook, NJ 07663

201-796-5494
PHILIP MARX

www.snappsecuritysystems.com

72-97

INSPECTION AND TESTING FORM

DATE: 6/11/10

TIME: 10:00 A.M.

SERVICE ORGANIZATION
NAME: Snapp Security Systems
ADDRESS: 19 Spindle Tree Saddle
REPRESENTATIVE: Philip Mark Brock
LICENSE NO: 34EA00160400
TELEPHONE: 201-796-5494

PROPERTY NAME (USER)
NAME: S Belon
ADDRESS: 744 Route 70 #3
OWNER CONTACT: CCM Inc
TELEPHONE: ______

MONITORING ENTITY
CONTACT: CMC
TELEPHONE: 1-800-624-3068
MONITORING ACCOUNT REF. NO: RMBA 4061

APPROVING AGENCY
CONTACT: ______
TELEPHONE: ______

TYPE TRANSMISSION
[ ]-McCulloh
[ ]-Multiplex
[ ]-Digital
[ ]-Reverse Priority
[ ]-RF
[ ]-Other (Specify)

SERVICE
[ ]- Weekly
[ ]-Monthly
[ ]-Quarterly
[ ]-Semiannually
[ ]-Annually
[ ]-Other (Specify)

PANEL MANUFACTURER: Firelite
MODEL NO: MS-5UD
CIRCUIT STYLES: Class B
NO. OF CIRCUITS: 5
SOFTWARE REV: E

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: ______

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: ______

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
2	Class B	MANUAL STATIONS
		ION DETECTORS
2	Class B	PHOTO DETECTORS
2	Class B	DUCT DETECTORS
		HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY): Duct Detectors

Figure 7-5.2.2 Inspection and Testing Form.

72-98

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		BELLS
		HORNS
4	Class B	CHIMES
		STROBES
2	Class B	SPEAKERS
		OTHER (SPECIFY): Horn/Strobes

NO. OF ALARM INDICATING CIRCUITS: _____

ARE CIRCUITS SUPERVISED? [ ] YES [ ] NO

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	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 2 Style(s) Class B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 110 V, Amps 20
Overcurrent Protection: Type Fuse Power, Amps _____
Location (Panel Number): _____
Disconnecting Means Location: Panel C

b. Secondary (Standby):
2 12 VDC Storage Battery: Amp-Hr. Rating 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
[X] 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
_____ Legally required standby described in NFPA 70, Article 701
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirement of Article 700 or 701.

Figure 7-5.2.2 Inspection and Testing Form *(continued)*.

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PRIOR ANY TESTING

NOTIFICATION ARE MADE	YES	NO	WHO	TIME
MONITORING ENTITY	[X]	[ ]	Snapp	10:00 Am
BUILDING OCCUPANTS	[X]	[ ]		
BUILDING MANAGEMENT	[X]	[ ]		
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	[X]	[X]	
INTERFACE EQ	[ ]	[ ]	
LAMPS/LEDS	[X]	[X]	
FUSES	[X]	[X]	
PRIMARY POWER SUPPLY	[X]	[X]	
TROUBLE SIGNALS	[X]	[X]	
DISCONNECT SWITCHES	[X]	[X]	
GROUND FAULT MONITORING	[ ]	[ ]	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	[X]		
LOAD VOLTAGE		[X]	24 x 4
DISCHARGE		[X]	
CHARGE TEST		[X]	
SPECIFIC GRAVITY		[X]	
TRANSIENT SUPPRESSORS	[ ]		
REMOTE ANNUNCIATORS	[ ]	[ ]	
NOTIFICATION APPLIANCES			
AUDIBLE	[ ]	[ ]	
VISUAL	[ ]	[ ]	
SPEAKERS	[ ]	[ ]	
VOICE CLARITY	[ ]	[ ]	
	[ ]		

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

QUANTITY	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
2	Pull Stations	[X]	[X]			[X]	[ ]
2	Duct Det.	[X]	[X]			[X]	[ ]
2	Smoke Det	[X]	[X]			[X]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]
		[ ]	[ ]			[ ]	[ ]

COMMENTS:

Figure 7-5.2.2 Inspection and Testing Form (*continued*).

72-100

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	[ ]	[ ]	
PHONE JACKS	[ ]	[ ]	
OFF-HOOK INDICATOR	[ ]	[ ]	
AMPLIFIER(S)	[ ]	[ ]	
TONE GENERATOR(S)	[ ]	[ ]	
CALL-IN SIGNAL	[ ]	[ ]	
SYSTEM PERFORMANCE	[ ]	[ ]	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)_____	[ ]	[ ]	[ ]
(SPECIFY)_____	[ ]	[ ]	[ ]
(SPECIFY)_____	[ ]	[ ]	[ ]
SPECIAL HAZARD SYSTEMS			
(SPECIFY)_____	[ ]	[ ]	[ ]
(SPECIFY)_____	[ ]	[ ]	[ ]
(SPECIFY)_____	[ ]	[ ]	[ ]

SPECIAL PROCEDURES: _____

COMMENTS: _____

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	[X]	[ ]	9:15 A.m.	
ALARM RESTORL	[X]	[ ]		
TROUBLE SIGNAL	[X]	[ ]		
SUPERVISORY SIGNAL	[X]	[ ]		
SUPERVISORY RESTORAL	[X]	[ ]	9:25 A.m.	

NOTIFICATIONS THAT TESTING IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	[X]	[ ]		
MONITORING AGENCY	[X]	[ ]		
BUILDING OCCUPANTS	[ ]	[ ]		
OTHER (SPECIFY)	[ ]	[ ]		

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RESTORED TO NORMAL OPERATION: DATE 6/11/10 TIME 10:00 A.M.

THIS TEST WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS:

NAME OF INSPECTOR: Phillip Marx DATE: 6/11/10 TIME: 10:00 A.m.
SIGNATURE: _____
NAME OF OWNER OR REPRESENTATIVE: _____
DATE: _____ TIME: _____
SIGNATURE: _____

Figure 7-5.2.2 Inspection and Testing Form (*continued*).

FAX

TRI-STATE FIRE PROTECTION, INC
445 DELSEA DRIVE
SEWELL, NJ 08080
(P) 856-589-9370 X 101 (F) 856-589-9352

To:	Dan Sutcliff	Fax:	(610) 352-3315
From:	Kim Clemny	Date:	6-24-10
Re:	Five Below Test Paperwork		
Pages:			

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

TRI-STATE FIRE PROTECTION
445 DELSEA DRIVE – SEWELL, NJ 08080
856-589-9370 (P) 856-589-9352 (F)

Automatic Sprinkler Systems

Contractor's Material and Test Certificate for Aboveground Piping

Date: 6-16-10 **Property Name:** FIVE BELOW-SHOPRITE BRICK
Property Address: 666 STATE RD #70 Space #3 BRICK N.J.

Procedure
Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and the system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractors. It is understood that the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Plans
Accepted by [approving authority's name(s)] LOCAL FIRE SUB-CODE OFFICIAL
Address BRICK, NJ.

Installation conforms to accepted plans? ■ Yes ■ No
Equipment used is approved? ■ Yes ■ No
If no, explain deviations.

Instructions
Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ■ Yes ■ No
If no, explain.

Have copies of appropriate instructions and care and maintenance charts and NFPA 13 been left on premises? ■ Yes ■ No
If no, explain.

Location of System
Supplies building(s) EXISTING

Sprinklers

Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
TYCO	TY-FRB	2010	½	83	155°

Pipe and Fittings
Pipe conforms to NFPA #13 standard. ■ Yes ■ No
Fittings conform to " " standard. ■ Yes ■ No
If no, explain.

SA
SARGENTI ARCHITECTS
461 FROM ROAD
SECOND FLOOR
PARAMUS, NJ 07652
973.253.9393 T
973.253.9390 F
WWW.SARGARCH.COM

TRANSMITTAL

06/07/10

ATTN: Chris
CCM Construction
666 Route 70
Brick, NJ 08723

PHONE:
856.223.8999

RE:
Five Below – Brick, NJ- Rev. 7

Document	amount	date
A1.0 – Finish Plan (S/S) – 30 x 42	3 COPY(s)	06.07.10
A1.1 – Fixture Plan (S/S) – 30 x 42	3 COPY(s)	06.07.10
A4.1 – Restroom Details (S/S) – 30 x 42	3 COPY(s)	06.07.10

VIA: *FEDEX/ Priority Overnight*

SENT BY : Lisa Ross

Phil - Cell # 201-264-8427 update

ELECTRICAL SUBCODE
TECHNICAL SECTION

10-1059-E

Date Received
Control #

Date Issued 6/16/10
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 7 Qualification Code

Work Site Location 744 Route 70 Space #3 Brick Township NJ

Owner in Fee Brick Town VF LLC c/o Vornado Realty

Address PO Box

Tel ( )

Contractor J.P. Scaglione/Merchant Electric

Address 230 Market St
Elmwood Pk, NJ 07407

Tel (201) 794-2229 FAX (201) 794-9011

Contractor License No. 9294

Federal Emp. No. 22-2915182

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[/] No Plans Required	6-15-10	

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Phil - Cell # 201-264-8427 update

ELECTRICAL SUBCODE
TECHNICAL SECTION

10-10591E Date Received
Control #
Date Issued 6/16/10
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 7 Qualification Code

Work Site Location 744 Route 70 Space #3 Brick Township NJ

Owner in Fee Brick Twn VE LLC % Vornado Realty

Address

Tel ( )

Contractor J.P. Scaglione/Merchant Electric

Address 230 Market St
Elmwood Pk, NJ 07407

Tel (201) 794-2229 FAX (201) 794-9011

Contractor License No. 9241

Federal Emp. No. 22-2915482

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250,00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	6-15-10	

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06/17/2010
Control # C-10-002081
Date Issued 6/21/10
Permit # 10-1059+F

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: LED Electrical & Mechanical Contractors

Address 517 Clements Bridge Road Barrington NJ 08007

Tel. (856) 672-0707 Fax. (856) 672-0505

Contractor License No.

Federal Employee No. 01-0639159

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

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

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$6
TOTAL FEE	$46

U.C.C F130 (rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06/17/2010
Control # C-10-002081
Date Issued 6/21/10
Permit # 10-1059+F 6/21/10

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: LED Electrical & Mechanical Contractors

Address 517 Clements Bridge Road Barrington NJ 08007

Tel. (856) 672-0707 Fax. (856) 672-0505

Contractor License No.

Federal Employee No. 01-0639159

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

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

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$6
TOTAL FEE	$46

U.C.C F130 (rev. 12/07)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06/17/2010
Control # C-10-002081
Date Issued
Permit # 10-1059+F/

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: LED Electrical & Mechanical Contractors

Address 517 Clements Bridge Road Barrington NJ 08007

Tel. (856) 672-0707 Fax. (856) 672-0505

Contractor License No.

Federal Employee No. 01-0639159

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

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

Administrative Surcharge	
Minimum Fee	$40
State Permit Surcharge Fee	$6
TOTAL FEE	$46

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 6/21/10
Permit # 1C 105% +F

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 Five Below, Shoprite of Brick-Space #3
666 State Rd 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC C/O Vornnado Realty

Tel. (201) 587-1000 e-mail

Address 210 Route 4 East, Paramus, NJ 07652
street municipality zip code

Contractor: LED Electrical & Mechanical Tel. (856) 6720707

Address 517 Clements Bridge Rd Barrington, NJ 08007
e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1516100

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

Fire Alarm Contractor No. 1516100 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01086500

Federal Emp. ID No. 01-0639159 FAX: (856) 672-0505

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 $ _____

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 tagent for) 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:

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 [X] Gas [ ] Oil [ ] Solid	X 1	6F
Fireplace Venting/Metal Chimney		
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: 6-Rev Approved by: DB
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/21/10
Control #
Date Issued
Permit # F 105 2 + F

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 Five Below, Shoprite of Brick-Space #3
666 State Rd 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC C/O Vornnado Realty

Tel. (201) 587-1000 e-mail

Address 210 Route 4 East, Paramus, NJ 07652
street municipality zip code

Contractor: LED Electrical & Mechanical Tel. (856) 6720707

Address 517 Clements Bridge Rd Barrington, NJ 08007
e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1516100

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

Fire Alarm Contractor No. 1516100 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01086500

Federal Emp. ID No. 01-0639159 FAX: (856) 672-0505

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 $ _____

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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	X1	65
Fireplace Venting/Metal Chimney		
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: 6-[illegible] Approved by: [illegible]

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-21-10

Approved by: [illegible]

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 _____				

JABIEL SOTO

State of New Jersey

FIRE ALARM
LICENSE
34FA00068700
EXPIRES: 8/31/2010
DOB: 3/12/1961

JABIEL SOTO

State of New Jersey

BURGLAR ALARM
LICENSE
34BA00082900
EXPIRES: 8/31/2010
DOB: 3/12/1961

UNIVERSAL ATLANTIC SYSTEMS, INC.

Intrusion Alarm Work Order

700 Abbott Drive * Broomall, PA 19008 * Phone (800) 421-6661 * Fax (610) 328-2000

Name: Five Below	**Date:** 6/1/2010	**Acct # 33-7115**
Address: 666 Route 70	**Phone:** TBD	**Type: L**
City: Brick	**State:** NJ	**Zip:** 08723
Contact: PM – Kevin Canterman (609) 743-8165 **GC – Craig Timm (678) 591-0469**	**Store #** 319	**UAS PM: KT** **UAS Install Coordinator:**

Scope of Work

- Tech must be prepared for cabling to be run on roof bar joists @ 13'4" AFF.
- Tech must apply for any necessary Low Voltage Electrical Permits. Receipts to be submitted to UAS for reimbursement.
- Tech to contact UAS Installation Coordinator immediately upon arrival to location in order to review system specs, receive assigned system programmer, and established zone legend.
- Please be certain to place UAS stickers on corners of rear windows and doors only. FIVE BELOW WILL NOT ALLOW STICKERS ON ANY FRONT DOORS OR WINDOWS!
- Train available personnel on use of system.

I. Install Intrusion Alarm System as specified below.

- **PROGRAMMING NOTES: Download must be completed with UAS Data Entry Department by 8pm EST unless otherwise arranged in advance. All zones must be tested.**
- Wall mount **Vista 21iP Honeywell Control Panel** in the Stock Room near the other utilities. **The control panel is to be configured for reporting via POTS line only.**
  - ° Install (1) one **4219 Honeywell 8 Zone Expander** inside the control panel. Address to #07;DIP switches 2,3,4 =Off; DIP switch 5=ON
  - ° Install (1) one **IM-1270 Ultratech panel battery** inside control panel
  - ° Install (1) one **GI-TSC20 GRI Tamper Switch/Bracket** inside control panel
  - ° Install (1) one **IM-RJ31XSET Ultratech jack and cord** inside control panel; home run phone line directly back to the Dmark.
- Mount **6160 Honeywell Keypad** on available wall space near front door. Address keypad to #16. Attempt to mount in the vicinity of the fire extinguisher. Attach UAS keypad emblems.
- Install three (3) **7939 Honeywell Door Contacts** (color corresponding with door frame) on Front Double Entry / Exit Doors, one (1) Rear (interior) Sales Floor Door.
- Install two (2) **958 Honeywell Door Contacts** one (1) on the Rear Exit Doors .
- Install three (3) **CK-DT7435 Dual Tech Motion Detectors**. Adjust sensitivity down to minimize false alarms, yet maintain adequate coverage. **IMPORTANT**: Review GC drawings for planned banners, beverage

MOBILE-ONE SECURITY, INC.

UNIVERSAL ATLANTIC SYSTEMS, INC.

PARTS LIST

700 Abbott Drive * Broomall, PA 19008 * Phone (800) 421-6661 * Fax (610) 328-2000

Name: Five Below		**Date:** 6/1/2010	**Acct # 33-7115**
Address: 666 Route 70		**Phone:** TBD	
City: Brick		**State:** NJ	**Zip:** 08723
Navision #:	INST002249	**Installer:**	
PO#:		**Install Date:**	

PARTS BELOW ARE TO BE SHIPPED FROM ADI:

Qty	ADI Part Number	OEM Part Number	Manufacturer	Description
1	V21iP-60KT	V21iP-60KT	Honeywell	Control Panel and Keypad
1	4219	4219	Honeywell	8 Zone Expander
1	IM-1270	1270	Ultratech	12volt/7amp Panel Battery
1	GI-TSC20	TSC-20	GRI	Tamper Switch/Bracket
1	IM-RJ31XSET	RJ31XSET	Ultratech	RJ Jack and Cord
1	747	747	Honeywell	Siren
3	7939WG-GY	7939WG-GY	Honeywell	Door Contacts – Grey
3	7939WG-BR	7939WG-BR	Honeywell	Door Contacts – Brown
3	CK-DT7435	0-000-059-01	Honeywell	35ft Motion Detector
2	269R	269R	Honeywell	Hold Up Button
2	958	958	Honeywell	Heavy Duty Door Contact
4	WG-11035501	11035501	Genesis	22/4 Burg Wire 500ft

ZONE LEGEND NAME: Five Below #319

Page 1 LOCATION: Brick, NJ

	Ph #1 ( ) Ph #2 ( )			Acct # 33-7115					
ZONE	LOCATION	*Sims*	Vista	Part	Bell	Serial Number	Loop	Rf	Sm
1	Front Double Doors	BUR	1			Enable Chime Feature			
2	Front Cash Wrap Area Motion	BUR	4						
3	Rear Exit Area Motion	BUR	4						
4	Stockroom Motion	BUR	4						
5	Rear Sales Floor Door - Interior	BUR	3			Enable Chime Feature			
6	Rear Exit Door	BUR	3			Enable Chime Feature			
7	Cash Wrap Holdup	HOL	6						
8	Manager's Office Holdup	HOL	6						
9	Panel Tamper	BUR	6						
10									
11									
12									
13									

Vista: 0=Not Used | 1=En\Ex1 | 2=En\Ex2 | 3=Per | 4=Int\Fol | 5=Day\Ngt | 6=24Sil | 7=24Aud | 8=24Aux
9=Fire | 10=Int\Dly | 16=Vfd\Fire | 17=Wflo | 18=FirSpv | 19=FirTbl Bells=1, 2 or 3 (1&2)

Sims: Fir | Flo | Spv |Trb | Bur | Hol | Mis |Tam |Tmp | Wtr | Co

coolers or other possible interference, before installing motion!

- Front entry / Cash Wrap Area
- Rear Exit Door Area
- Stockroom

- Install (2) **269R Honeywell HUBs.**
  - Mount (1) HUB on the under side of cash wrap counter, to be accessible by both cashiers.
  - Mount (1) HUB on underside of manager's office desk.
- Install the **Honeywell 747 Siren** next to/above security control panel.
- **Contact UAS Data Entry for panel programming / download; test and verify all zones with UAS Data Entry before leaving jobsite.**

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

FIVE BELOW

Date Received 10-1059 HB
Control #
Date Issued 06/04/10
Permit # C10-00164/9

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 Route 70 BRICK, NJ 08723

Owner in Fee: BRICK TOWN VE LLC/Co Vornado

Tel. ( ) e-mail

Address 210 Route 4 East Paramus NJ 07652
street municipality zip code

Contractor: Shadd Security Systems Tel. (201) 796-5494

Address 19 Spinning Fox e-mail Shadd Security @ Hotmail.com
Saddle Brook, NJ 07663

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 001-264-8422

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 001-264-8422

Fire Alarm Contractor No. 34FA00110400 Exp. Date 8/31/10

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

Federal Emp. ID No. 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 $ 4,000 —

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

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

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

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:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		75
Signaling Devices (i.e., horn/strobes, bells)	8	
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		

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: 5/25/10 Approved by: DK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-25-10
Approved by: KCR

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	1			
Smoke Control				
TCO	1			
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10-1059 +B
Control #
Date Issued 06/04/10
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 7 Qualification Code
Work Site Location 744 Route 70
Kelch, NJ 08753
Owner in Fee: Kelch Town VF LLC c/o Vornado
Tel. ( ) e-mail
Address 210 Route 4 East Paramus NJ 07652
street municipality zip code
Contractor: Sonco Security Systems Tel. (201) 796-5494
Address 19 Spring Valley e-mail Sonco Security@Yahoo.com
Saddle Brook, NJ 07663
Fire Protection Equipment, NJ Div of Fire Safety Permit No. 0001-664-5452
Fire Protection Equipment, NJ Div of Fire Safety Installer No. #01-
Fire Alarm Contractor No. 34 Pool 10400 Exp. Date 5/31/10
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 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 $ 4,000 —

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-25-10
Approved by: KCB
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	4	
Supervisory Devices (i.e., tampers, low/high air)		75
Signaling Devices (i.e., horn/strobes, bells)	5	
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		

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

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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 701 Lot 7 Qualification Code ____

Work Site Location Five Below - Shoprite of Brick - Space #3
666 State Rd. 70, Brick NJ 08723

Owner in Fee: Bricktown VF LLC c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652

Contractor: Tri-State Fire Protection Inc. Tel. (856) 589-9370
(street) (municipality) (zip code)

Address 445 Delsea Drive e-mail nbjr@tsfpi.net
Sewell NJ 08080

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00402

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153333

Fire Alarm Contractor No. N/A Exp. Date 10/2012

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

Federal Emp. ID No. 22-2240992 FAX: (856) 589-9352

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 $ 8500—

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[X] Fire Protection Plans Approved
Date: 4/23/10 Approved by: GB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/23/10
Approved by: GB MJO

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Matthew B Schlegle

Print name here: Matthew B Schlegle [✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	83	130
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other ____		

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/28/2010
Date Issued 6/18/10
Control # C-10-00774
Permit # 10-1059-E

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: R & R Voice Data

Address 234 W. Broad Street Hatfield PA 19440

Tel. (215) 565-0213 Fax.

Lic No.

Federal Employee No. 23-3069946

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required Date 6/1/10 Initial GS

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
18		Communication Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$40
State Permit Surcharge Fee	$3
TOTAL FEE	$43

U.C.C F120 (rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/28/2010
Date Issued [illegible]
Control # C-10-001774
Permit # 10-1059-C

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: R & R Voice Data

Address 234 W. Broad Street Hatfield PA 19440

Tel. (215) 565-0213 Fax.

Lic No.

Federal Employee No. 23-3069946

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required — Date 6/11/10 Initial [illegible]

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
18		Communication Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$40
State Permit Surcharge Fee	$3
TOTAL FEE	$43

U.C.C F120 (rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/28/2010
Date Issued
Control # C-10-001774
Permit # 10-1059-C

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 ROUTE 70 SPACE #3 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel.

Contractor: R & R Voice Data

Address 234 W. Broad Street Hatfield PA 19440

Tel. (215) 565-0213 Fax.

Lic No.

Federal Employee No. 23-3069946

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required — Date — Initial

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:
Approved by:

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

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		Detectors	
		Light Poles	
		Motors - Fract. HP	
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18		Communication Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	$35
		Pool Permit/with UW Lights	
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		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$40
State Permit Surcharge Fee	$3
TOTAL FEE	$43

U.C.C F120 (rev. 12/07)

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
744.ROUTE.70
Permit Number: 10-1059+B Control Number: C-10-001649
Last Submit Date: Thursday, May 20, 2010

Date: Friday, May 21, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Need specs. on alarm panel and devices being installed.

05-21-10
Returned
- see
enclosed
plans

05-21-10
Called contractor
Cell # 201-264-8432
left message
on machine

05-21-10
fax #
201-796-
5491

Sincerely,

Ron Piszar, Subcode Official

SYSTEM SENSOR
advanced fire. advanced solutions.

SEARCH IN Search All
FOR GO

Home
About Our Company
New Products
CO1224T Carbon Monoxide Detector
InnovairFlex Duct Smoke Detector
Advanced Multi-Criteria Fire Detector
SpectrAlert Advance Audible Visible Notification
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Archive
Press Room
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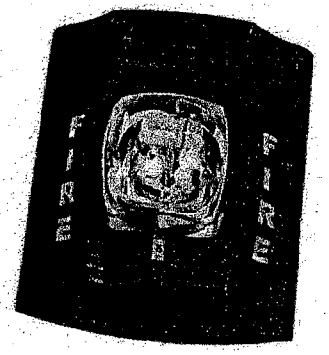
Conventional Detection | Audible/Visible Notification | HVAC Systems Monitoring | Sprinkler Systems Monitoring | Intelligent Detection

Audible/Visible Notification Product Line

Speakers • Speaker Strobes • Horns • Strobes • Horn Strobes • Mini-Horns • Chimes • Chime Strobes
Sync-Modules • ExitPoint • Accessories • Speaker Accessories • Mass Notification/General Evacuation

Audible/Visible Notification



Series: SpectrAlert Advance
Type: Horn Strobe
Model: P2R
Description: **The SpectrAlert Advance P2R is a red, two-wire horn strobe with selectable strobe settings of 15, 15/75, 30, 75, 95, 110 and 115 cd.**

Data Sheet
Installation Instructions
Brochure
CAD Drawing
Engineering Specs
Printer Friendly

MEA approved

Specifications: P2R

Color:	Red
Voltage:	Regulated 12DC/FWR or regulated 24DC/FWR
Candela:	Selectable strobe settings of 15, 15/75, 30, 75, 95, 110 and 115 cd
Operating Voltage Range:	8 to 17.5 V (12V nominal) or 16 to 33 V (24 nominal)
DC Max. Operating Current - Strobe:	(see Data Sheet for complete current draw information)
FWR Max. Operating Current - Strobe:	(see Data Sheet for complete current draw information)
Wiring Gauge:	12 to 18 AWG
Operating Temperature:	-40°F to 151°F (-40°C to 66°C)
Humidity Range:	10 to 93% non-condensing
Wall mount dimensions (including lens):	5.6"L x 4.7"W x 2.5"D (142 mm L x 119 mm W x 64 mm D)

MS-5UD/MS-10UD(E) Series

Five Zone Fire Alarm Control Panel
Ten Zone Fire Alarm Control Panel

FIRE-LITE ALARMS by Honeywell

Control/Communicators

General

The **MS-5UD-3** is a five-zone FACP (Fire Alarm Control Panel) and the **MS-10UD-7(E)** is a ten-zone FACP. These control panels provide reliable fire signaling protection for small to medium-sized commercial, industrial, and institutional buildings. Both panels include built-in communicators for Central Station Service and remote upload/download.

Each of these FACPs is compatible with System Sensor's microprocessor-based i^3 series detectors. These conventional smoke detectors can transmit a maintenance trouble signal to the FACP indicating the need for cleaning and a supervisory "freeze" signal when the ambient temperature falls below the detector rating. Additionally, both the MS-5UD-3 and MS-10UD-7 are compatible with conventional input devices such as two- and four-wire smoke detectors, pull stations, waterflow devices, tamper switches, and other normally-open contact devices. Refer to the *Fire-Lite Device Compatibility Document* for a complete listing of compatible devices.

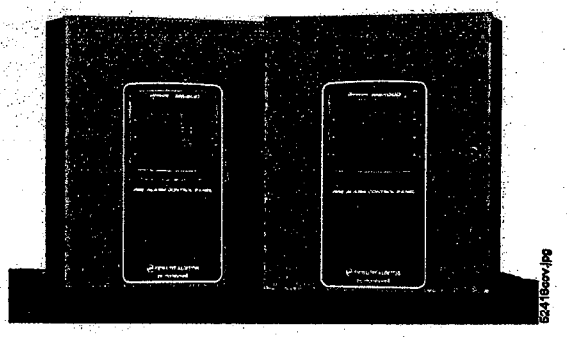
Outputs include four NACs (Notification Appliance Circuits), three programmable Form-C relays (factory programmed for Alarm, Trouble, and Supervisory) and 24 VDC special application resettable and nonresettable power outputs. The FACPs supervise all wiring, AC voltage, battery level and telephone line integrity.

Activation of a compatible smoke detector or any normally-open fire alarm initiating device will activate audible and visual signaling devices, illuminate an indicating LED, sound the piezo sounder at the FACP, activate the communicator and FACP alarm relay, and operate an optional module used to notify a remote station or initiate an auxiliary control function.

New options include a UL listed printer, PRN-6F and FireLite's ACT Internet Monitoring module. The FireWatch Series internet monitoring modules IPDACT-2 and IPDACT-2UD permit monitoring of alarm signals over the Internet saving the monthly cost of two telephone lines. Although not required, the secondary telephone line may be retained providing backup communication over the public switched telephone line.

***NOTE:** The MS-10UD-7E offers the same features as the MS-10UD-7 but allows connection to 240 VAC. Unless otherwise specified, the information in this data sheet applies to both the 120 VAC and the 240 VAC versions of these panels.*

***NOTE:** For ULC-listed models, see df-60440.*



Features

- Listed to UL Standard 864, 9th edition.
- Built-in DACT (Digital Alarm Communicator/Transmitter).
- Style B (Class B) IDC (Initiating Device Circuit)
  - MS-5UD-3 - five IDCs.
  - MS-10UD-7 - ten IDCs.
- Style Y (Class B) NAC (Notification Appliance Circuit) - special application power
  - MS-5UD-3 - four NACs.
  - MS-10UD-7 - four NACs.
- Notification Appliances may be programmed as
  - Silence Inhibit.
  - Auto-Silence.
  - Strobe Synchronization for System Sensor, Wheelock, Gentex, Faraday, or Amseco devices.
  - Selective Silence (horn-strobe mute).
  - Temporal or Steady Signal.
  - Silenceable or Nonsilenceable.
- Optional CAC-5X Style Z (Class A) Converter Module for NACs and IDCs (2 required for MS-10UD-7).
- Form-C Relays for Alarm, Trouble and Supervisory - Contact Ratings 2.0 A@ 30 VDC or 30 VAC (resistive).
- 3.0 A total system current for MS-5UD-3.
- 7.0 A total system current for MS-10UD-7.
- Optional Dress Panel DP-51050
- Optional Trim Ring TR-CE for semi-flush mounting.
- 24 volt operation.
- Low AC voltage sense.
- Alarm Verification.
- PAS (Positive Alarm Sequence).
- Automatic battery trickle charger.
- Up to eight ANN-BUS annunciators:
  - Optional 8 zone Relay Module ANN-RLY.
  - Optional LED Annunciator Module ANN-LED,
  - Optional Remote Annunciator ANN-80.
  - Optional Remote Printer Gateway ANN-S/PG.
  - Optional LED Annunciator Driver ANN-I/O.
- Optional 4XTMF module (conventional reverse polarity/city box transmitter).

PROGRAMMING AND SOFTWARE:

- Can be programmed at the panel with no special software or additional equipment.
- Programmable Make/Break Ratio.
- Upload/Download (local or remote) of program and data via integral DACT.

USER INTERFACE:

- Built-in DACT (Digital Alarm Communicator/Transmitter).
- Integral 80-character LCD display with backlighting and keypad.
- Real-time clock/calendar with automatic daylight savings adjustments.
- ANN-BUS for connection to remote annunciators.
- Audible or silent walk test capabilities.
- Piezo sounder for alarm, trouble, and supervisory.

Controls and Indicators

LED INDICATORS

- FIRE ALARM (red)
- SUPERVISORY (yellow)
- TROUBLE (yellow)
- AC POWER (green)
- ALARM SILENCED (yellow)

CONTROL BUTTONS

- ACKNOWLEDGE
- ALARM SILENCE
- SYSTEM RESET (lamp test)
- DRILL

Terminal Blocks

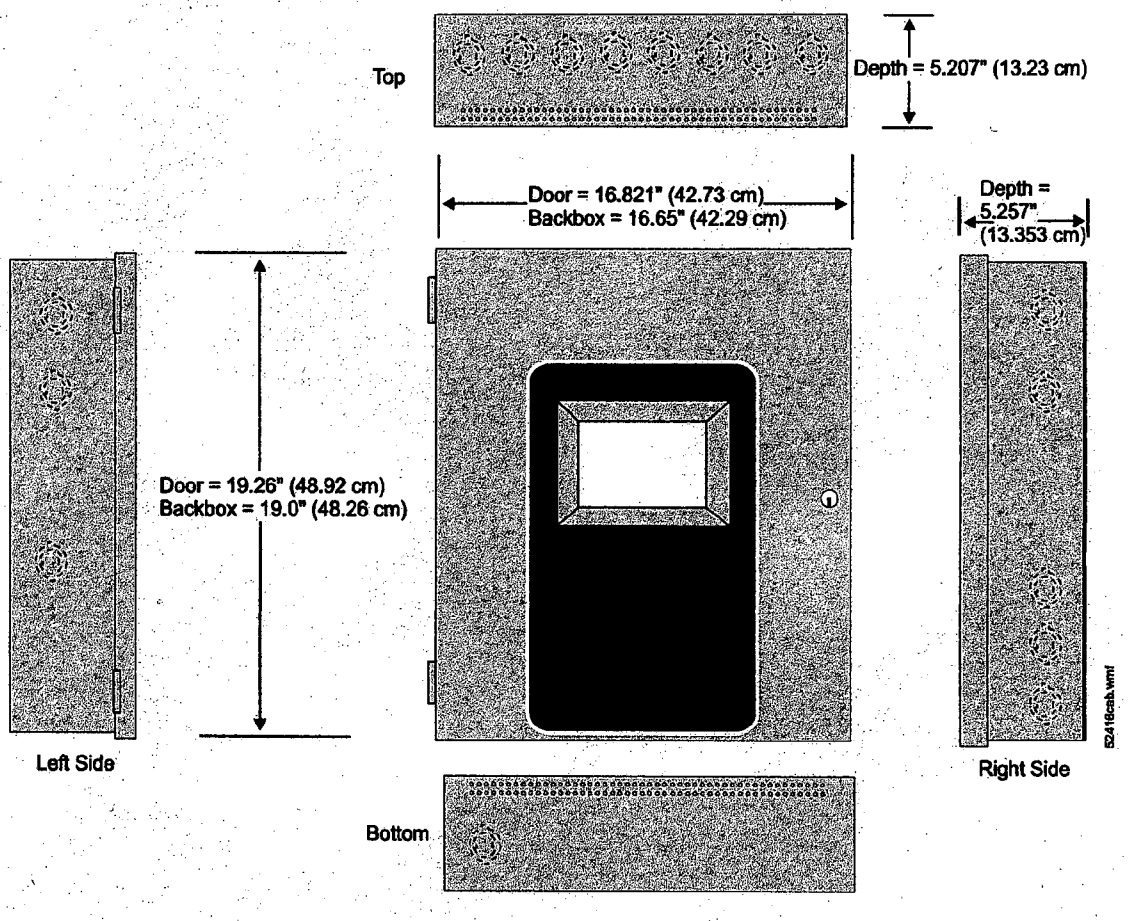
AC Power – TB1:

- MS-5UD-3 (FLPS-3 Power Supply): 120 VAC, 50/60 HZ, 1.00 A.
- MS-10UD-7 (FLPS-7 Power Supply): 120 VAC, 50/60 HZ, 3.80 A.
- MS-10UD-7E (FLPS-7 Power Supply): 240 VAC, 50 HZ, 2.20 A.

Wire size: minimum 14 AWG (2.00 mm²) with 600 V insulation. Supervised, nonpower-limited.

Battery (sealed lead acid only) – J12:

- Maximum Charging Circuit - Normal Flat Charge: 27.6 VDC @ 1.4 A. Supervised, nonpower-limited.
- Maximum Charger Capacity: 18 AH battery for MS-5UD-3, and 26 AH battery for MS-10UD-7(E). [Two 18 Ah batteries can be housed in the FACP cabinet. Larger batteries require separate battery box such as the BB-26 or BB-55.]
- Minimum Battery Size: 7 AH.



Cabinet Measurements

Initiating Device Circuits – TB4 (and TB 6 on MS-10UD-7 only):

- Alarm Zones 1 - 5 on TB 4 (MS-5UD-3 and MS-10UD-7).
- Alarm Zones 6 - 10 on TB6 (MS-10UD-7 only).
- Supervised and power-limited circuitry.
- Operation: All zones Style B (Class B).
- Normal Operating Voltage: Nominal 20 VDC.
- Alarm Current: 15 mA minimum.
- Short Circuit Current: 40 mA max.
- Maximum Loop Resistance: 100 ohms.
- End-of-Line Resistor: 4.7K ohm, 1/2 watt (P/N 71252 UL-listed).
- Standby Current: 2 mA.

Refer to the *Fire•Lite Device Compatibility Document* for listed compatible devices.

Notification Appliance Circuits – TB5 (and TB 7 on MS-10UD-7 only):

- Four NACs
- Operation: Style Y (Class B)
- Special Application power
- Supervised and power-limited circuitry
- Normal Operating Voltage: Nominal 24 VDC
- Maximum Signaling Current: 3.0 A for MS-5UD-3, 2.5 A maximum per NAC; 7.0 A for MS-10UD-7(E), 3.0 A maximum per NAC.
- End-of-Line Resistor: 4.7K ohm, 1/2 watt (Part #71252)
- Max. Wiring Voltage Drop: 2 VDC

Refer to the *Fire•Lite Device Compatibility Document* for compatible listed devices.

Form C Relays – TB8:

- *Relay 1* (factory default programmed as Alarm Relay)
- *Relay 2* (factory default programmed as fail-safe Trouble Relay)
- *Relay 3* (factory default programmed as Supervisory Relay)

Special Application Resettable Power – TB9:

- Jumper selectable by JP31 for resettable or nonresettable power.
- Operating voltage: 24 VDC nominal.
- Maximum available current: 500 mA - appropriate for powering four-wire smoke detectors.
- Power-limited circuit.

Refer to the *Fire•Lite Device Compatibility Document* for listed compatible devices.

Remote Sync Output - TB2: Remote power supply synchronization output, only required for the MS-5UD-3. 24 VDC nominal special application power. Maximum current is 40 mA. End-of-Line Resistor: 4.7K ohm. Supervised and power-limited circuit.

Product Line Information

MS-5UD-3: Five-zone, 24-volt Fire Alarm Control Panel (includes backbox, FLPS-3 power supply, technical manual, and a frame & post operating instruction sheet).

MS-10UD-7: Ten-zone, 24-volt Fire Alarm Control Panel (includes backbox, FLPS-7 power supply, technical manual, and a frame & post operating instruction sheet).

MS-10UD-7E: Same as above with 240 VAC FLPS-7.

IPDACT, IPDACT-2/2UD Internet Monitoring Module: Mounts in bottom of enclosure with optional mounting kit (PN IPBRKT). Connects to primary and secondary DACT telephone output ports for Internet communications over customer provided ethernet internet connection. Requires compatible Teldat Visoralarm Central Station Receiver. Can use DHCP or static IP. *(See data sheet df-52424 for more information.)*

IPBRKT: Mounting kit for IPDACT in common enclosure.

IPSPLT: Y Adaptor option to allow connection of both panel dialer outputs to one cable input to IPDACT (sold separately).

OPTIONAL MODULES

CAC-5X: Optional (Class A) Converter Module. Converts Style B (Class B) Initiating Device Circuits to Style D (Class A); and Style Y (Class B) Notification Appliance Circuits to Style Z (Class A). Connects to J2 on the MS-5UD-3 and MS-10UD-7(E) main circuit board and to J7 on the MS-10UD-7(E).

***NOTE:** Two Class A Converter Modules are required for the ten-zone panel.*

4XTMF: Transmitter module. Provides a supervised output for local energy municipal box transmitter and alarm and trouble reverse polarity. Includes a disable switch and disable trouble LED. A module jumper option allows the reverse polarity circuit to open with a system trouble condition if no alarm conditions exists. Mounts to the main circuit board connectors J4 and J5.

COMPATIBLE ANNUNCIATORS

ANN-80: Remote LCD Annunciator. Mimics the information displayed on the FACP's LCD. Red. (For white, order: **ANN-80-W.**)

ANN-LED: LED Annunciator with three LEDs for each zone: Alarm, Trouble, and Supervisory. Mounts in the DP-51050(B) dress panel. (For white, order: **ANN-80-W.**)

ANN-RLED: LED Annunciator with three alarm (red) indicators for up to 30 input zones or addressable points. (See DF-60241).

ANN-RLY: Relay module. Mounts inside the cabinet. Provides ten Form C relays.

ANN-S/PG: Serial/parallel printer gateway. Provides a connection for a serial or parallel printer.

ANN-I/O: Driver module. Provides connections to a user-supplied graphic annunciator.

ACCESSORIES

DP-51050: Optional dress panel. Restricts access to the system wiring while allowing access to the membrane switch panel.

BB-26: Battery backbox, holds up to two 25 AH batteries and CHG-75.

BB-55: Battery backbox, holds up to two 25 AH batteries.

TR-CE: Optional trim-ring for semi-flush mounted cabinets.

PRN-6F: UL listed printer.

SYSTEM SPECIFICATIONS

System Capacity

- Annunciators 8

Electrical Specifications

- **MS-5UD-3 (FLPS-3 Power Supply):** 120 VAC, 60 HZ, 1.0 A
- **MS-10UD-7 (FLPS-7 Power Supply):** 120 VAC, 60 HZ, 3.90 A
- **MS-10UD-7E (FLPS-7 Power Supply):** 240 VAC, 50 HZ, 2.20 A.
- **Wire size:** minimum 14 AWG (2.0 mm^2) with 600 V insulation, supervised, nonpower-limited

Cabinet Specifications

Door: 19.26" (48.92 cm.) high x 16.82" (42.73 cm.) wide x 0.72" (1.82 cm.) deep. **Backbox:** 19.00" (48.26 cm.) high x 16.65" (42.29 cm.) wide x 5.25" (13.34 cm.) deep. **Trim Ring (TR-CE):** 22.00" (55.88 cm.) high x 19.65" (49.91 cm.) wide.

Shipping Specifications

Dimensions:

- 20.00" (50.80 cm.) high
- 22.5" (57.15 cm.) wide
- 8.5" (21.59 cm.) deep.

Weight: 27 lb (12.20 kg)

Temperature and Humidity Ranges

This system meets NFPA requirements for operation at 0 – 49°C/32 – 120°F and at a relative humidity 93% ± 2% RH (noncondensing) at 32°C ± 2°C (90°F ± 3°F). However, the useful life of the system's standby batteries and the electronic components may be adversely affected by extreme temperature ranges and humidity. Therefore, it is recommended that this system and its peripherals be installed in an environment with a normal room temperature of 15 – 27°C/60 – 80°F.

Agency Listings and Approvals

The listings and approvals below apply to the basic MS-5UD-3 and MS-10UD-7 control panels. In some cases, certain modules or applications may not be listed by certain approval agencies, or listing may be in process. Consult factory for latest listing status.

- **UL Listed:** File S624
- **FM Approved**
- **CSFM:** 7165-0075:214
- **MEA:** MEA: 333-07-E

NOTE: For ULC-listed models, see df-60440.

NFPA Standards

The MS-5UD/MS-10UD(E) Series complies with the following NFPA 72 Fire Alarm Systems requirements:

- **LOCAL** (Automatic, Manual, Waterflow and Sprinkler Supervisory).
- **AUXILIARY** (Automatic, Manual and Waterflow) (requires 4XTMF).
- **REMOTE STATION** (Automatic, Manual and Waterflow) (Where a DACT is not accepted, the alarm, trouble and supervisory relays may be connected to UL 864 listed transmitters. For reverse polarity signaling of alarm and trouble, 4XTMF is required.)
- **PROPRIETARY** (Automatic, Manual and Waterflow).
- **CENTRAL STATION** (Automatic, Manual and Waterflow, and Sprinkler Supervised).
- **OT, PSDN** (Other Technologies, Packet-switched Data Network)

ISO 9001 CERTIFIED ENGINEERING & MANUFACTURING QUALITY SYSTEMS

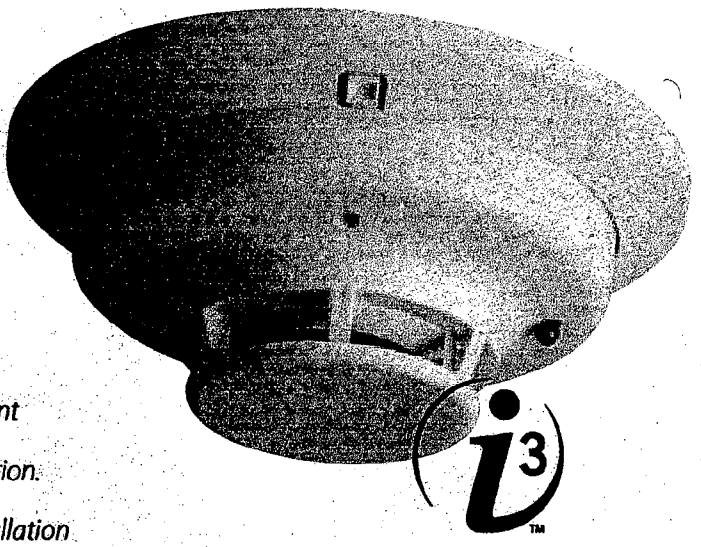
This document is not intended to be used for installation purposes.
We try to keep our product information up-to-date and accurate.
We cannot cover all specific applications or anticipate all requirements.
All specifications are subject to change without notice.

Made in the U.S.A.

For more information, contact Fire-Lite Alarms. Phone: (800) 627-3473, FAX: (877) 699-4105.
www.firelite.com

SYSTEM SENSOR®

Photoelectric Smoke Detectors



System Sensor i³™ series smoke detectors represent significant advancement in conventional detection. The i³ family is founded on three principles: installation ease, intelligence, and instant inspection.

Features

- Plug-in detector line, mounting base included
- Large wire entry port
- In-line terminals with SEMS screws
- Mounts to octagonal and single-gang back boxes, 4-square back boxes, or direct to ceiling
- Stop-Drop 'N Lock attachment to base
- Removable detector cover and chamber
- Built-in remote maintenance signaling
- Drift compensation and smoothing algorithms
- Simplified sensitivity measurement
- Wide-angle, dual-color LED indication
- Loop testing via EZ Walk feature
- Built-in test switch

Installation ease. The i³ line redefines installation ease with its plug-in design. This allows an installer to pre-wire bases (included with heads). The large wire entry port and in-line terminals provide ample room for neatly routing the wiring inside the base. The base accommodates a variety of back box mounting methods as well as direct mounting with drywall anchors. To complete the installation, i³ heads plug into the base with a simple Stop-Drop 'N Lock™ action.

Intelligence. i³ detectors offer a number of intelligent features to simplify testing and maintenance. Drift compensation and smoothing algorithms are standard with the i³ line to minimize nuisance alarms. 2-wire i³ detectors can generate a remote LED-indicated maintenance signal when connected to the 2W-MOD2 loop test/maintenance module or a panel equipped with the i³ protocol. The SENS-RDR, a wireless device, displays the sensitivityof i³ detectors in terms of percent-per-foot obscuration.

Instant Inspection. The i³ series provides wide-angle red and green LED indicators for instant inspection of the detector's condition: normal standby, out-of-sensitivity, alarm, or freeze trouble. When connected to the 2W-MOD2 loop test/maintenance module or a panel with the i³ protocol, the EZ Walk loop test feature is available on 2-wire i³ detectors. This feature verifies the initiating loop wiring by providing LED status indication at each detector.

Agency Listings

UL LISTED	FM APPROVED		MEA approved	MSFM approved	c ETL us
S911	3011446	7272-1653:152	290-01-E	2093	3180932

Smoke Detector Specifications

Architectural/Engineering Specifications

Smoke detector shall be a System Sensor i³ Series model number_____, listed to Underwriters Laboratories UL 268 for Fire Protection Signaling Systems. The detector shall be a photoelectric type (Model 2W-B, 4W-B) or a combination photoelectric/thermal (Model 2WT-B, 4WT-B) with thermal sensor rated at 135°F (57.2°C). The detector shall include a mounting base for mounting to 3½-inch and 4-inch octagonal, single-gang, and 4-inch square back boxes with a plaster ring, or direct mount to the ceiling using drywall anchors. Wiring connections shall be made by means of SEMS screws. The detector shall allow pre-wiring of the base and the head shall be a plug-in type. The detector shall have a nominal sensitivity of 2.5 percent-per-foot nominal as measured in the UL smoke box. The detector shall be capable of automatically adjusting its sensitivity by means of drift compensation and smoothing algorithms. The detector shall provide dual-color LED indication that blinks to indicate power up, normal standby, out of sensitivity, alarm, and freeze trouble (Model 2WT-B, 4WT-B) conditions. When used in conjunction with the 2W-MOD2 module, 2-wire models shall include a maintenance signal to indicate the need for maintenance at the alarm control panel and shall provide a loop testing capability to verify the circuit without testing each detector individually.

Electrical Specifications

Operating Voltage	Nominal: 12/24 V non-polarized Minimum: 8.5 V Maximum: 35 V
Maximum Ripple Voltage	30% peak to peak of applied voltage
Standby Current	2-wire: 50 µA maximum average; 4-wire: 50 µA maximum average
Maximum Alarm Current	2-wire: 130 mA limited by control panel; 4-wire: 20 mA @12 V, 23 mA @ 24 V
Peak Standby Current	2-wire: 100 µA; 4-wire: n/a
Alarm Contact Ratings	2-wire: n/a; 4-wire: 0.5 A @ 30 V AC/DC

Physical Specifications

Dimensions (including base)	5.3 inches (127 mm) diameter; 2.0 inches (51 mm) height
Weight	6.3 oz (178 g)
Operating Temperature Range	2W-B and 4W-B: 32°F to 120°F (0°C to 49°C); 2WT-B and 4WT-B: 32°F to 100°F (0°C to 37.8°C)
Operating Humidity Range	0 to 95% RH non-condensing
Thermal Sensor	135°F (57.2°C) fixed
Freeze Trouble	2WT-B and 4WT-B only: 41°F (5°C)
Sensitivity	2.5%/ft nominal
Input Terminals	14 to 22 AWG
Mounting	3½-inch octagonal back box 4-inch octagonal back box Single-gang back box 4-inch square back box with a plaster ring Direct mount to ceiling

LED Modes

LED Mode	Green LED	Red LED
Power up	Blink every 10 seconds	Blink every 10 seconds
Normal (standby)	Blink every 5 seconds	off
Out of sensitivity	off	Blink every 5 seconds
Freeze trouble	off	Blink every 10 seconds
Alarm	off	Solid

Power-Up Sequence for LED Indication

Condition	Duration
Initial LED status indication	80 seconds

Ordering Information

Model	Thermal	Wiring	Alarm Current
2W-B	No	2-wire	130 mA max. limited by control panel
2WT-B	Yes	2-wire	130 mA max. limited by control panel
4W-B	No	4-wire	20 mA @ 12 V, 23 mA @ 24 V
4WT-B	Yes	4-wire	20 mA @ 12 V, 23 mA @ 24 V

Accessories

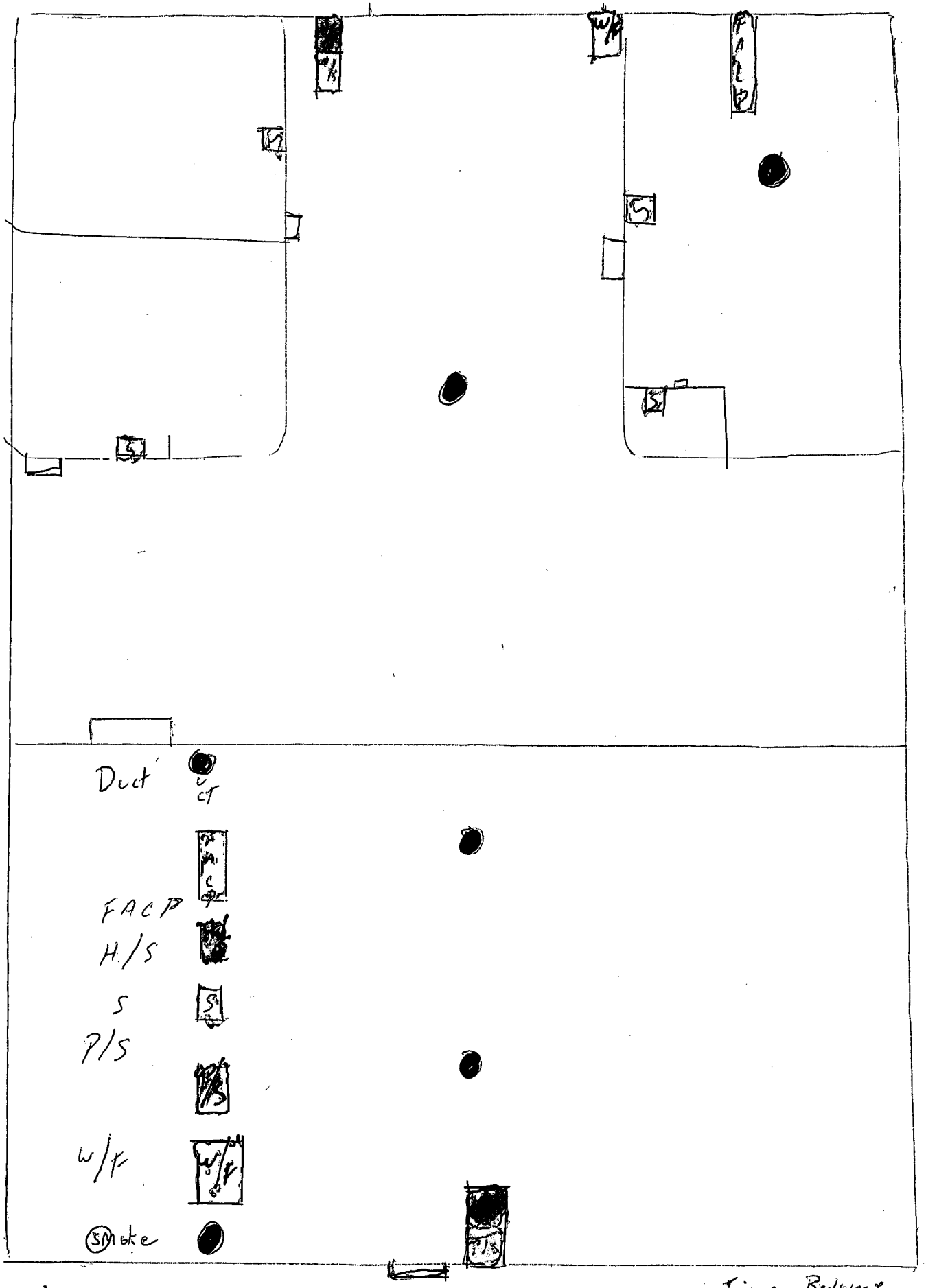
2W-MOD2	2-wire loop test / maintenance module	RT	Removal / replacement tool
SENS-RDR	Sensitivity reader	A77-AB2	Retrofit adapter bracket, 6.6 inch (16.76 cm) diameter

SYSTEM SENSOR®

3825 Ohio Avenue • St. Charles, IL 60174
Phone: 800-SENSOR2 • Fax: 630-377-6495

A05-0318-007 • 6/09 • #2169

Rear



Front

Five Below
666 RT 70
Brick, NJ

HTTP/1.1 200 OK Connection: close Date: Sun, 23 May 2010 23:03:28 GMT Server: Microsoft-IIS/6.0 X-Powered-By: ASP.NET Content-type: text/html Page-Completion-Status: Normal Page-Completion-Status: Normal

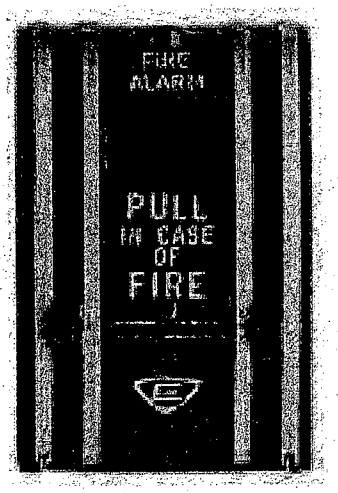
Quick Product Selector
-- select product --

Product Information
- Features
- Specifications
- Agency Approvals
- Documents
- Part Numbers

Menu Selections
- Fire Alarm Panels
- Initiating Devices
- Notification Appliances
- Accessories
- Links
- Stand Alone Detectors

Product Features

270 Series
Fire Alarm Pull StationBreak Glass Type



- Die cast metal construction
- Terminal strip wiring
- Break glass type
- Single action

The 270 Series fire alarm pull station is for fire alarm installations in schools, hospitals, factories, and industrial locations.

Available in both open and closed circuit designs and has a tamper proof reset function. The station's die cast body is painted red, with painted silver stripes. For replacement glass rods, order Catalog No. 270-GLR **(pkg. of 20)**.

The 270 Series mounts on a 4" (102mm) square box with single gang plaster cover. It may be surface mounted using the P-027193 cast back box or the P-039250 steel back box. For weatherproof mounting, order the Catalog No. STI-3150.

Related Products

- 278B-1110
  Fire Alarm StationDual Action
- FireShield Fire Alarm Brochure
  Item (#518-7459)
- STI-3150 Series
  Protective Pull Station EnclosureWeather Resistant

1740 South State Road
2nd Floor
Upper Darby, PA 19082
610-352-2300
610-352-3315 fax

COMMERCIAL CONSTRUCTION MANAGEMENT

Permit # 10-1059

FAX

To:	Phil Max @ Snapp Security Systems	From:	Stephen Williams
Fax:	201-796-5494	Pages:	7 including cover
Phone:	201-796-5494	Date:	5/17/10
Re:	Five Below – Shoprite of Brick Brick, NJ	cc:	678-591-0469 Craig

Attached is a copy of our contract with you for the Fire Alarm work at the Five Below store at the Shoprite of Brick in Brick, NJ.

We will be sending the entire contract to you in the mail today. Please sign it where indicated and return to our office. Please also send your Insurance certificate (naming Commercial Construction Management, Inc. as the certificate holder and additionally insuring Commercial Construction Management, Inc. in regards to work performed at the job site location), W9 form, NJ State business Registration Application (instructions included) and final waiver of lien to us ASAP.

Thank you.

Stephen Williams

Commercial Construction Mgmt., Inc.

CONTRACT No. 9

1740 S. State Road
Upper Darby, PA 19082
Phone: 610-352-2300

TO: Snapp Security Systems
19 Spindler Terrace
Saddle Brook, NJ 07663

DATE: 5/17/2010
PROJECT: Five Below-Shoprite Of Brick
JOB: 1016FB

ATTN: Phil Max

COMPLETED:

WORK AT

Five Below-Shoprite of Brick
606 State Road 70
Space #3
Brick, NJ 08723

BILL TO

Commercial Construction Mgmt., Inc.
1740 S. State Road
Upper Darby, PA 19082

TERMS:

SHIP VIA:

DESCRIPTION

ARTICLE 1 - NATURE OF RELATIONSHIP
1.01 Contract for Services:
Contractor desires to enter into this Contract with Subcontractor, providing, among other things, for Subcontractor's services to Contractor, upon the following terms and conditions.

1.02 Contract Documents
Fire Alarm work complete in strict accordance with the contract documents as follows: T-1.0, GN-1.0, GN-1.1, D-1.0, A-1.0, A-1.1, A-2.0, A-3.0, A-3.1, A-4.0, A-4.1, A-5.0, F-1.0, F-1.1, F-2.0, F-2.1, M1.0, M2.0, E1.0, E2.0, E3.0, E-4.0, P-1.0, S-1.0, S-2.0 & SP-1.0 dated 10/26/09, dated 2/26/10 Client Submittal, dated Revision 1 3/11/10 Client Comments, dated Revision 2 3/19/10 Client Changes, dated Revision 3 4/7/10 Zoning Board and dated Revision 4 4/26/10 Client Changes-MEP as prepared by Sargenti Architects.

1.04 Scope
Furnish all the materials and perform all the labor necessary for the fire alarm installation to include the following:
1-5 zone fire alarm control/communicator
2-12 VDC 7amp batteries
1-2 W system sensor smoke detectors
2-system sensor duct detectors with sampling tubes-tie in
2-tests/reset key switches
4-fire horn/strobes
4-fire strobes
All necessary wiring and hardware
Monitor, flow & tamper
Inspection & Testing
1 year warranty
Work includes tax and local permit & fees

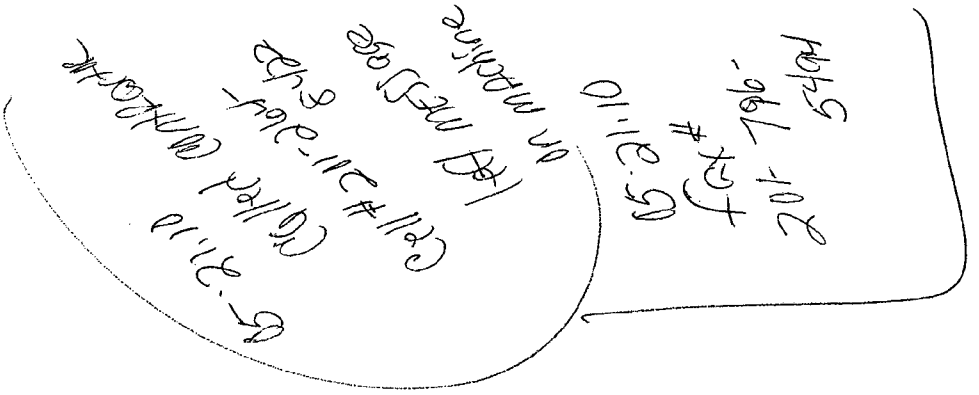
1.05 Duration of Contract
The term of this Contract shall commence on May 17, 2010 and shall terminate no later than June 4, 2010 unless it is terminated prior to that time as set forth hereinafter.

1.06 Payment Terms

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1901
DESTINATION ADDRESS	912017965494
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	05/21 08:12
USAGE T	01'07
PGS.	1
RESULT	OK



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Fire Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: 10-1059+B Control Number: C-10-001649
Last Submit Date: Thursday, May 20, 2010

Date: Friday, May 21, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

Need specs. on alarm panel and devices being installed.

Sincerely,

Ron Piszar, Subcode Official

Receipt

Payment Date 05/10/2010

Transaction # PMT-10-02066

Receipt #

Issued To Commercial Construction Management

Description Tenant Fit up Five Below

Date Printed 05/10/2010

Check Number 11428

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

05/10/10 11:44CHK 001559#7744
%%01 SERV.001
#02066
ZPA $50.00
CHECK $50.00

CONSTRUCTION PERMIT

Date Issued 5/10/10
Control # C-10-001034
Permit # 10-1059

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 SPACE #3 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: CCM, INC
Address: 1740 S STATE ROAD UPPER DARBY PA 19082
Telephone: (610) 352-2300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-2010220

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

PAYMENTS (Office Use Only)

Building	$2,160
Electrical	$95
Plumbing	$170
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$207
CO Fee	
Other	$0
Total	$2,732
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $121,600

Construction Official

Date 5/10/10

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.

- [ ] 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:

- [ ] 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".

- [ ] 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

Date Received / Control # 5/10/10

Date Issued / Permit # 10-1059

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 Five Below - Shoppite of Brick - Space #3
1010 State Rd. 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East, Paramus, NJ 07652
street municipality zip code

Contractor: ACM, Inc. Tel. (610) 352-2300

Address 1740 S. State Rd. e-mail dsf@acmincorporated.net
Upper Darby, PA 19082

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

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

Federal Emp. ID No. 20-2010220 FAX: (610) 352-3315

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit-Out

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	4/30/10	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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
- [X] Other Alteration
- [ ] 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 1
Height of Structure 19 ft.
Area — Largest Floor 9,220 sq. ft.
New Bldg. Area/All Floors 9,220 sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved N/A HUD N/A

Est. Cost of Bldg. Work:
1. New Bldg. $ N/A
2. Rehabilitation $ 104,000.00
3. Total (1+ 2) $ 104,000.00

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/10/10

Date Issued / Permit # 10-1059

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 Five Below - Shoppes of Brick - Space #3
1111a. Rte 88, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC. c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East, Paramus, NJ 07652
street municipality zip code

Contractor: CCMI, Inc. Tel. (610) 352-2300

Address 17 W. State Rd. e-mail chip@ccmiconstruction.net
Wilmington, DE 19802

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

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

Federal Emp. ID No. 20-2010220 FAX: (610) 352-3315

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit-Out

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	4/30/10	~~HVB~~

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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
- [X] Other Alteration
- [ ] 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 1
Height of Structure 19 ft.
Area — Largest Floor 9,220 sq. ft.
New Bldg. Area/All Floors 9,220 sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved N/A HUD N/A

Est. Cost of Bldg. Work:
1. New Bldg. $ N/A
2. Rehabilitation $ 104,000.00
3. Total (1+ 2) $ 104,000.00

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 / Control # 5/10/10

Date Issued / Permit # 10-1059

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 Five Below - Shoppes of Brick - Space #3
Lake Shore Rd. 70, Brick, NJ 08723

Owner in Fee: Bricktown VF LLC c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: JP Scaglione/Merchant Electric Tel. (201) 794-2229

Address 230 Maker ST Elmwood Park, NJ 07407

Contractor License No. 9294 Exp. Date 3/2011

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

Federal Emp. ID No. 222915182 FAX: (201) 794-9011

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 16,000 ∞

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved

Date: 4-27-10

Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Retail fit-out

QTY	SIZE	ITEMS	FEE (Office Use Only)
94		Lighting Fixtures	
45		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
22		Emergency & Exit Lights	
12		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	1.5	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	4.5	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	
3		AMP Motor Control Center CONTACTORS	
1		KW Elec. Sign/Outline Light	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/10/10
Control #
Date Issued
Permit # 10-1059

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 Five [illegible] [illegible]-Specific of Brick - Parc #3
1116 State Rd. 70 Brick, NJ 08723

Owner in Fee: Bricktown VF LLC c/o Vornado Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
(street) (municipality) (zip code)

Contractor: JP Scaglione | Merchant Electric Tel. (201) 794-2229

Address 230 Market St Elmwood Park, NJ 07407 e-mail

Contractor License No. 9294 Exp. Date 3/2011

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

Federal Emp. ID No. 222915182 FAX: (201) 794-9011

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 16,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required ______ ______

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 4-27-10

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

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

SCAGLIONE ELECTRIC 9294

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Retail fit-out

QTY.	SIZE	ITEMS	FEE (Office Use Only)
94		Lighting Fixtures	
45		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
22		Emergency & Exit Lights	
12		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	1.5	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	4.5	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	
2		AMP Motor Control Center (contactors)	
1		KW Elec. Sign/Outline Light	

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/10/10
Control #

Date Issued
Permit # 10-1059

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 FIVE BELOW - SHOPRITE of BRICK - SPACE #3
666 STATE RD. 70, BRICK, NJ 08723

Owner in Fee: Everytown VF LLC c/o Vornado REALTY

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: Commercial Construction Management Tel. (610) 352-2300

Address 1740 S. State RD. e-mail N/A
Upper Darby, PA 19082

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. 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 $ 100 -

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 6/23/10 Approved by: GL
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/10/10
Approved by: JC 1110

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: HVAC

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	2	100 -
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/10/10
Control #

Date Issued
Permit # 10-1059

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 [illegible] Rock-Shack #3

611 State Rd. Rock, NJ 8723

Owner in Fee: [illegible]

Tel. ( ) 497-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: [illegible] Tel. ( ) [illegible]

Address 1740 S. State Rd. e-mail N/A

Upper Darby, PA 19082

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. 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 $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC

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	2	70.-
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/10/10

Date Issued / Permit # 10-1059

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 Five Below - Shoprite of Brick - Space #3
Route State Rd. 70, Brick, NJ 08723

Owner in Fee: Brickton VF LLC C/O Jornada Realty

Tel. (201) 587-1000 e-mail N/A

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor: Robert Griggs P+H, LLC Tel. (908) 874-3482

Address 6 Tally Ho Trail, Hillsborough e-mail, NJ 08844

Contractor License No. 11621 Exp. Date

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

Federal Emp. ID No. 56-2565953 FAX: (908) 874 4533

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 4-22-10
Approved by: RO

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Robert L. Griggs Jr.
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit Out

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink (M.P.)	
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other AC	
	Other	

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/10/10
Control #
Date Issued
Permit # 10-1059

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 [illegible] #3
[illegible] NJ [illegible]

Owner in Fee: [illegible]

Tel. (201) [illegible] e-mail

Address [illegible] NJ [illegible]
street municipality zip code

Contractor: Robert Griggs P.H. LLC Tel. (908) 274 3482

Address 6 [illegible] e-mail NJ 08844

Contractor License No. 11671 Exp. Date

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

Federal Emp. ID No. 56-2565953 FAX: (908) 274 4533

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: [illegible]
Approved by: [illegible]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

ROBERT [illegible] RIGGS, JR. STATE OF NEW JERSEY LICENSED MASTER PLUMBER 11621

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible]

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink [illegible]	
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other AC	
	Other	

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

SA
SARGENTI ARCHITECTS
461 FROM ROAD
SECOND FLOOR
PARAMUS, NJ 07652
973.253.9393 T
973.253.9390 F
WWW.SARGARCH.COM

April 29, 2010

Brick Township
Building Subcode
401 Chambersbridge Rd
Brick, NJ 08723
Plan Review # **C-10-001034**
Attn: Ken Anderson
Subcode Official

RE: Five Below
Bricktown Plaza
666 Rt. 70

Mr. Ken Anderson,

This letter is in response to a comment from the Subcode Official Review dated 04.23.10 regarding the abandoned HVAC unit. This unit will be removed and disposed of according to code and the existing opening will be patched and repaired with materials to match adjacent.

If you need any further clarification, please feel free to contact me.

Sincerely,

Robert Sargenti, AIA

SA
SARGENTI ARCHITECTS
461 FROM ROAD
SECOND FLOOR
PARAMUS, NJ 07652
973.253.9393 T
973.253.9390 F
WWW.SARGARCH.COM

TRANSMITTAL

04/29/10

ATTN: Ken Anderson
Brick Township
401 Chambersbridge Rd.
Brick, NJ 08723

PHONE:
732.262.1027

RE:
Five Below – Brick, NJ- BD Re-Submittal

Document	amount	date
HVAC Letter (signed and sealed)	1 COPY(s)	04.29.10
Handrail Details	4 COPY(s)	04.29.10

VIA: *FEDEX/ Priority Overnight*

SENT BY : Desiree Warren

SA
SARGENTI ARCHITECTS

461 FROM ROAD
SECOND FLOOR
PARAMUS, NJ 07652
973.253.9393 T
973.253.9390 F
WWW.SARGARCH.COM

April 29, 2010

Brick Township
Building Subcode
401 Chambersbridge Rd
Brick, NJ 08723
Plan Review # **C-10-001034**
Attn: Ken Anderson
Subcode Official

RE: Five Below
Bricktown Plaza
666 Rt. 70

Mr. Ken Anderson,

This letter is in response to a comment from the Subcode Official Review dated 04.23.10 regarding the abandoned HVAC unit. This unit will be removed and disposed of according to code and the existing opening will be patched and repaired with materials to match adjacent.

If you need any further clarification, please feel free to contact me.

Sincerely,

Robert Sargenti, AIA

SA
SARGENTI ARCHITECTS
461 FROM ROAD
SECOND FLOOR
PARAMUS, NJ 07652
973.253.9393 T
973.253.9390 F
WWW.SARGARCH.COM

April 1, 2010

Brick Township
401 Chambersbridge Rd.
Brick, NJ 08723
(732) 262-1027

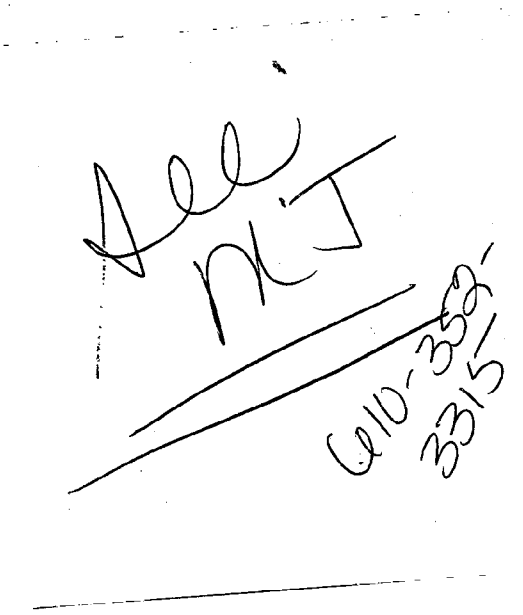
Subject: **Five Below**
Bricktown Paza
666 Route 70
Bricktown, NJ 08724

Please note that the above project is an interior fit out in an existing retail space with the addition of a new loading dock in the rear of the space. We understand that the loading dock will need zoning board approval and we are currently procceding with filing the application. We would like to submit the plans for the build out of the space in order to secure a building permit while we are in the process of the zoning application for the loading dock.
We understand that no construction for the loading dock can or will occur until we receive zoning board approval.

Sincerely,

Robert Sargenti RA

Cc: Kevin Canterman - Cantermen Construction Services, LLC
Walt Harkins – Five Below


Lee
NT
610-359-
3315

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-001034
Last Submit Date: Friday, April 23, 2010

Date: Friday, April 23, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

~~Obtain zoning review for loading dock alteration.~~ See letter in file ~~referenced~~

Remove and dispose of abandoned rooftop hvac.

~~Provde details for loading dock "removable handrail". Must conform with guardrail requirements of code. Adjacent to an exit.~~ See letter in file regarding loading dock.

0427.10
fax # 973-253-9390
to Architect

Sincerely,

K Anderson 4/23/10

Kenneth Anderson, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1606
DESTINATION ADDRESS	916103523315
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	04/28 13:29
USAGE T	00'24
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-001034
Last Submit Date: Friday, April 23, 2010

Date: Friday, April 23, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

~~Obtain zoning review for loading dock alteration~~. see letter in file ~~previously referenced~~

Remove and dispose of abandoned rooftop hvac.

~~Provde details for loading dock "removable handrail". Must conform with guardrail requirements of code. Adjacent to an exit.~~ see letter in file regarding loading dock.

04.27.10
fax #
973-
253-
9390
to Architect

Sincerely:

K Anderson 4/23/10

Kenneth Anderson, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1577
DESTINATION ADDRESS	919732539390
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	04/27 08:22
USAGE T	00'42
PGS.	1
RESULT	OK

04.27.10 # 732-973-9390 to Architect

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-001034
Last Submit Date: Friday, April 23, 2010

Date: Friday, April 23, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,

The following comments were made during the Plan Review process:

Obtain zoning review for loading dock alteration.

Remove and dispose of abandoned rooftop hvac.

Provde details for loading dock "removable handrail". Must conform with guardrail requirements of code. Adjacent to an exit.

Sincerely,

Kenneth Anderson 4/23/10

Kenneth Anderson, Subcode Official

RECEIVING CLERK [illegible]
DATE REC'D 4/19/10

ZONING PERMIT APPLICATION

PERMIT # ZP-10-00215
DATE ISSUED 5/10/10

BLOCK: 701 LOT: 7+9.03 QUALIFIER: — SITE ADDRESS: ~~Hwy~~ Five Below - Shoprite of Brick - Space # 3 ~~State Rd. 70, Brick, NJ 08723~~ 744 Route 70

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bricktown IF LLC c/o Vornado Realty
   COMPLETE ADDRESS: ~~220~~ Route 4 East
   Paramus, NJ 07652
   PHONE # 201-587-1000 EMAIL: N/A

2. NAME OF APPLICANT: CCM, Inc.
   APPLICANT ADDRESS: 1740 S. State Road
   Upper Darby, PA 19082
   PHONE # 610-352-2300 EMAIL: ds@ccmincorporated.net

3. RESPONSIBLE PERSON FOR WORK: Dan Sutcliffe
   PHONE# 610-352-2300 FAX# 610-352-3315

4. SIGNATURE OF APPLICANT: D Sutcliffe

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ —
OTHER: $ —
TOTAL: $ —

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Lane Bryant
PROPOSED USE Five Below

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

OFFICIAL COPY

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: — *ADDITION — *ALTERATION ✓ *PORCH — *DECK —

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

HEIGHT: 19 Ft (*APPLICABLE)

was Lane Bryant

OTHER Retail Store - Tenant Fit-Out
Five Below - Shoprite of Brick - Space #3

DESCRIPTION: 1466 State Rd. 70, Brick, NJ 08723

ZONING REVIEW:
DATE REVIEWED: 4-16-10 DATE DENIED: — DATE APPROVED: 4-16-10 INTLS: SKS

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

245 Attachment 5

Township of Brick

SCHEDULE OF AREA; YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

RECEIVED
APR 14 2010
SCZO

ZONING REVIEW:

DATE REVIEWED: 4-16-10 DATE DENIED: — DATE APPROVED: 4-16-10 INTLS: SCZO

DATE:	COMMENTS:	INITIALS:

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS WIRING EXEMPTION

Issued to: R & R Voice & Data, Inc.

753 Conshohocken Rd., Conshohocken, PA 19428
Address

Signature of Holder

Exemption No. 1260

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00244
Application Date: 04/14/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **744 (666) ROUTE 70**
Bricktown Plaza, Unit 3
Brick Township, NJ 08723

Block: **701**
Lot: **7 & 9.03**
Qualifier:
Zone: **B-3**

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

Applicant: **Dan Sutcliffe; CCM, Inc.**
Address: **1740 S.State Road**
Upper Darby, PA 19082

Application Approved Date: 04/16/2010

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

Use is: Retail Store --"five below" store (former "Lane Bryant" clothing store)
Nonconforming Use is:

Work Description:

Rehabilitation - Interior alterations for a tenant fit-up for a new business in Unit No. 3 to change from "Lane Bryant" clothing store to "five below" retail store.

An additional zoning permit is required for any sign or any other additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 04/19/2010 Date

Michael P. Fowler, Township Planner — 4/19/10 **Date**

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00206
Application Date: 04/12/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **744 (666) ROUTE 70**
Bricktown Plaza, Unit 3
Brick Township, NJ 08723

Block: **701**
Lot: **7 & 9.03**
Qualifier:
Zone: **B-3**

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

Applicant: **Maureen Swint; Anchor Sign Company**
Address: **2200 Discher Avenue**
Charleston, SC 29405

Application Approved Date: 04/12/2010

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

Use is: Retail Store --"five below" store. (former "Lane Bryant" store).
Nonconforming Use is:

Work Description:

Sign - Wall signs, (1) Channel letters, 33" x 19'7", "five below"; (2) Box sign, 18" x 18', "hot stuff. cool prices.".

The total sign area may not exceed 15% of the total facade area.

An additional zoning permit is required for alterations for a tenant fit-up, and for any other additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 04/14/2010 Date

Michael P. Fowler, Township Planner — **Date**

SA
SARGENTI ARCHITECTS
461 FROM ROAD
SECOND FLOOR
PARAMUS, NJ 07652
973.253.9393 T
973.253.9390 F
WWW.SARGARCH.COM

April 1, 2010

Brick Township
401 Chambersbridge Rd.
Brick, NJ 08723
(732) 262-1027

Subject: **Five Below**
Bricktown Paza
666 Route 70
Bricktown, NJ 08724

Please note that the above project is an interior fit out in an existing retail space with the addition of a new loading dock in the rear of the space. We understand that the loading dock will need zoning board approval and we are currently procceding with filing the application. We would like to submit the plans for the build out of the space in order to secure a building permit while we are in the process of the zoning application for the loading dock.
We understand that no construction for the loading dock can or will occur until we receive zoning board approval.

Sincerely,

Robert Sargenti RA

Cc: Kevin Canterman - Cantermen Construction Services, LLC
Walt Harkins – Five Below

COMcheck Software Version 3.7.0
Interior Lighting and Power Compliance Certificate

90.1 (2004) Standard

Section 1: Project Information

Project Type: **New Construction**
Project Title : Five Below

Construction Site:
Shoprite of Brick
666 State Rd. 70
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:
Don Penn Consulting Engineer
635 Westport Parkway
Grapevine, TX 76051

Section 2: General Information

Building Use Description by: **Activity Type**

Activity Type(s)	Floor Area
Retail:Sales Area	7700
Common Space Types:Office - Enclosed	82
Warehouse:Medium/Bulky Material Storage	920
Common Space Types:Restrooms	234
Common Space Types:Corridor/Transition	364

Section 3: Requirements Checklist

Interior Lighting:

☐ 1. Total proposed watts must be less than or equal to total allowed watts.

Allowed Watts	Proposed Watts	Complies
16401	16085	YES

☐ 2. Exit signs 5 Watts or less per sign.

Controls, Switching, and Wiring:

☐ 3. Independent manual or occupancy sensing controls for each space (remote switch with indicator allowed for safety or security).

☐ 4. Occupant sensing control in class rooms, conference/meeting rooms, and employee lunch and break rooms.
Exceptions:

Spaces with multi-scene control; shop classrooms, laboratory classrooms, and preschool through 12th grade classrooms.

☐ 5. Automatic shutoff control for lighting in >5000 sq.ft buildings by time-of-day device, occupant sensor, or other automatic control.
Exceptions:

24 hour operation lighting; patient care areas; where auto shutoff would endanger safety or security.

☐ 6. Master switch at entry to hotel/motel guest room.

☐ 7. Separate control device for display/accent lighting, case lighting, task lighting, nonvisual lighting, lighting for sale, and demonstration lighting.

☐ 8. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).
Exceptions:

Electronic high-frequency ballasts;

Luminaires not on same switch;

Recessed luminaires 10 ft. apart or surface/pendant not continuous;

Luminaires on emergency circuits.

Voltage Drop:

☐ 9. Feeder conductors have been designed for a maximum voltage drop of 2 percent.

☐ 10. Branch circuit conductors have been designed for a maximum voltage drop of 3 percent.

Section 4: Compliance Statement

Compliance Statement: The proposed lighting design represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting system has been designed to meet the 90.1 (2004) Standard requirements in COM*check* Version 3.7.0 and to comply with the mandatory requirements in the Requirements Checklist.

Don Penn, P.E.		MAR 11 2010
Name - Title	Signature	Date

Section 5: Post Construction Compliance Statement

Record Drawings and Operating and Maintenance Manuals:

☐ 1. Construction documents with record drawings and operating and maintenance manuals provided to the owner.

Lighting Designer or Contractor Name	Signature	Date

COMcheck Software Version 3.7.0
Interior Lighting Application Worksheet

90.1 (2004) Standard

Section 1: Allowed Lighting Power Calculation

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B x C)
Retail:Sales Area	7700	1.7	13090
Allowance: Retail Merchandise Highlighting / Fix. ID: A1	1250(a)	1.6	2000(b)
Common Space Types:Office - Enclosed	82	1.1	90
Warehouse:Medium/Bulky Material Storage	920	0.9	828
Common Space Types:Restrooms	234	0.9	211
Common Space Types:Corridor/Transition	364	0.5	182
		Total Allowed Watts =	16401

(a) Area claimed must not exceed the illuminated area permitted for this allowance type.
(b) Allowance is (B x C) or the actual wattage of the fixtures given in Section 2, whichever is less.

Section 2: Proposed Lighting Power Calculation

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Retail:Sales Area (7700 sq.ft.)				
Linear Fluorescent 2: A1: 8' Fluorescent / 96" T8 75W / Electronic	6	45	167	7515
Linear Fluorescent 3: A1: 8' Fluorescent / 96" T8 75W / Electronic	6	45	167	7515
Linear Fluorescent 4: A1.1: 4' Fluorescent / 48" T8 32W (Super T8) / Electronic	3	3	82	246
Common Space Types:Office - Enclosed (82 sq.ft.)				
Linear Fluorescent 1 copy 1: A: 4' Fluorescent / 48" T8 25W (Super T8) / Electronic	3	1	48	48
Warehouse:Medium/Bulky Material Storage (920 sq.ft.)				
Linear Fluorescent 5 copy 1: A2: 8' Fluorescent / 96" T8 75W / Electronic	4	4	95	380
Common Space Types:Restrooms (234 sq.ft.)				
Linear Fluorescent 1: A: 4' Fluorescent / 48" T8 25W (Super T8) / Electronic	3	2	48	96
Common Space Types:Corridor/Transition (364 sq.ft.)				
Linear Fluorescent 5: A2: 8' Fluorescent / 96" T8 75W / Electronic	4	3	95	285
			Total Proposed Watts =	16085

Section 3: Compliance Calculation

If the Total Allowed Watts minus the Total Proposed Watts is greater than or equal to zero, the building complies.

Total Allowed Watts = 16401
Total Proposed Watts = 16085
Project Compliance = 316

Interior Lighting PASSES: Design 2% better than code

COM*check* Software Version 3.7.0

Mechanical Compliance Certificate

90.1 (2004) Standard

Section 1: Project Information

Project Type: **New Construction**
Project Title : Five Below

Construction Site:
Shoprite of Brick
666 State Rd. 70
Brick, NJ 08723

Owner/Agent:

Designer/Contractor:
Don Penn Consulting Engineer
635 Westport Parkway
Grapevine, TX 76051

Section 2: General Information

Building Location (for weather data): **Point Pleasant Beach, New Jersey**
Climate Zone: **4a**

Section 3: Mechanical Systems List

Quantity	System Type & Description
2	HVAC System 1: Heating: Other, Gas, Capacity 240000 kBtu/h / Cooling: Rooftop Package Unit, Capacity 180000 kBtu/h, Efficiency: 9.70 EER, Air-Cooled Condenser / Single Zone
1	Storage Water Heater 1: Electric Storage Water Heater, Capacity: 6 gallons w/ Heat Trace Tape Installed

Section 4: Requirements Checklist

Requirements Specific To: HVAC System 1 :

☐ 1. Equipment minimum efficiency: Rooftop Package Unit: 9.0 EER (9.2 IPLV)

Requirements Specific To: Storage Water Heater 1 :

☐ 1. Hot water system sized per manufacturer's sizing guide
☐ 2. No efficiency requirements for water heater with storage capacity less than 20 gallons.
☐ 3. First 8 ft of outlet piping is insulated
☐ 4. All heat traced or externally heated piping insulated
☐ 5. Hot water storage temperature adjustable down to 120 degrees F or lower
☐ 6. Automatic time control of heat tapes and recirculating systems present
☐ 7. Heat traps provided on inlet and outlet of storage tanks

Generic Requirements: Must be met by all systems to which the requirement is applicable:

☐ 1. Load calculations per ASHRAE Fundamentals
☐ 2. Automatic Controls: Setback to 55 degrees F (heat) and 85 degrees F (cool); 7-day clock, 2-hour occupant override, 10-hour backup
- Exception: Continuously operating zones

☐ 3. Hot water pipe insulation: 1 in. for pipes <=1.5 in. and 2 in. for pipes >1.5 in. Chilled water/refrigerant/brine pipe insulation: 1 in. for pipes <=1.5 in. and 1.5 in. for pipes >1.5 in. Steam pipe insulation: 1.5 in. for pipes <=1.5 in. and 3 in. for pipes >1.5 in.
- Exception: Piping within HVAC equipment.
- Exception: Fluid temperatures between 60 and 105 degrees F.
- Exception: Fluid not heated or cooled.
- Exception: Runouts <4 ft in length.
- Exception: Pipe unions in heating systems.

- ☐ 4. Piping, insulated to 1/2 in. if nominal diameter of pipe is <1.5 in.; Larger pipe insulated to 1 in. thickness
- ☐ 5. Lavatory faucet outlet temperatures in public restrooms limited to 110 degrees F (43 degrees C)
- ☐ 6. Thermostatic controls have 5 degrees F deadband
  - Exception: Thermostats requiring manual changeover between heating and cooling
  - Exception: Special occupancy or special applications where wide temperature ranges are not acceptable and are approved by the authority having jurisdiction.
- ☐ 7. Where separate thermostats are used for heating and cooling, acceptable measures are used to prevent simultaneous heating and cooling
- ☐ 8. Stair and elevator shaft vents are equipped with motorized dampers
- ☐ 9. Acceptable measures used to prevent simultaneous humidification and dehumidification
  - Exception: Desiccant systems and systems for uses requiring specific humidity levels (approval required)
- ☐ 10. Automatic controls for freeze protection systems present
- ☐ 11. Automatic ventilation controls (e.g., CO2 controls) or exhaust air heat recovery present for high design occupancy areas (>100 person/1000 ft2) with >3,000 cfm outside air capacities
- ☐ 12. Duct, plenum, and piping insulation surfaces suitably protected from weather, moisture, or likely damage
- ☐ 13. Duct Sealing: a) Pressure sensitive tape is not used as the primary sealant, b) longitudinal and transverse seams for ducts in unconditioned spaces, c) longitudinal and transverse seams and duct wall penetrations for ducts outside the building, d) transverse seams on buried ducts
- ☐ 14. Motorized, automatic shutoff dampers required on exhaust and outdoor air supply openings
  - Exception: Gravity dampers acceptable in buildings <3 stories
  - Exception: Gravity dampers acceptable in systems with outside or exhaust air flow rates less than 300 cfm where dampers are interlocked with fan
- ☐ 15. R-6 for supply air ducts located outside the building, in ventilated attics and in unvented attic above insulated ceiling R-3.5 for supply air ducts in unvented attic with roof insulation, unconditioned and underground spaces R-3.5 for return air ducts located outside the building, in ventilated attics and in unvented attic above insulated ceiling
- ☐ 16. Humidistat controls prevent reheating, recooling, and mixing of mechanically heated air with mechanically cooled air
- ☐ 17. Exhaust air heat recovery included for systems 5,000 cfm or greater with more than 70% outside air fraction or specifically exempted
- ☐ 18. Kitchen hoods >5,000 cfm provided with 50% makeup air that is uncooled and heated to no more than 60 degrees F unless specifically exempted
- ☐ 19. Buildings with fume hood systems must have variable air volume hood design, exhaust heat recovery, or separate makeup air supply meeting the following: a) 75% make up air quantity, and /or b) within 2 degrees F of room temperature and/or c) no humidification d) no simultaneous heating and cooling

Section 5: Compliance Statement

Compliance Statement: The proposed mechanical design represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed mechanical systems have been designed to meet the 90.1 (2004) Standard requirements in COM*check* Version 3.7.0 and to comply with the mandatory requirements in the Requirements Checklist.

Don Penn, P.E.		MAR 11 2010
Name - Title	Signature	Date

Section 6: Post Construction Compliance Statement

- ☐ HVAC record drawings of the actual installation and performance data for each equipment provided to the owner within 90 days after system acceptance.
- ☐ HVAC O&M documents for all mechanical equipment and system provided to the owner within 90 days after system acceptance.
- ☐ Written HVAC balancing report provided to the owner.

The above post construction requirements have been completed.

Principal Mechanical Designer-Name	Signature	Date

COMcheck Software Version 3.7.0
Mechanical Requirements Description

90.1 (2004) Standard

The following list provides more detailed descriptions of the requirements in Section 4 of the Mechanical Compliance Certificate.

Requirements Specific To: HVAC System 1 :

1. The specified heating and/or cooling equipment is covered by ASHRAE 90.1-2004 Standard and must meet the following minimum efficiency: Rooftop Package Unit: 9.0 EER (9.2 IPLV)

Requirements Specific To: Storage Water Heater 1 :

1. Service water heating system design loads for the purpose of sizing systems and equipment must be determined in accordance with manufacturers' published sizing guidelines.
2. Service water heating equipment used solely for heating potable water, pool heaters, and hot water storage tanks must meet the following miniumum efficiency: No efficiency requirements for water heater with storage capacity less than 20 gallons.
3. Insulation must be provided for the first 8 ft of outlet piping for a constant temperature nonrecirculating storage system and for the inlet pipe between the storage tank and a heat trap in a storage system.
4. Insulation must be provided for pipes that are externally heated (such as heat trace or impedance heating).
5. Temperature controls must be provided that allow for storage temperature adjustment from 120 degrees F or lower to a maximum temperature compatible with the intended use except when the manufacturer's installation instructions specify a higher minimum thermostat setting to minimize condensation and resulting corrosion. Documentation of the installation instructions must be provided to be exempted from this requirement.
6. Systems designed to maintain usage temperatures in hot water pipes, such as recirculating hot water systems or heat trace, must be equipped with automatic time switches or other controls that can be set to switch off the temperature maintenance system during extended periods when hot water is not required.
7. Heat traps must be provided on inlet and outlet vertical pipe risers serving storage water heaters and storage tanks not having integral heat traps and serving a nonrecirculating system. Heat traps must be installed as close as practical to the storage tank. Acceptable heat traps are either a) a device specifically designed for the purpose or b) an arrangement of tubing that forms a loop of 360 degrees F, or c) piping that from the point of connection to the water heater (inlet or outlet) includes a length of piping directed downwards before connection to the vertical piping of the supply water or hot water distribution system.

Generic Requirements: Must be met by all systems to which the requirement is applicable:

1. Design heating and cooling loads for the building must be determined using procedures in the ASHRAE Handbook of Fundamentals or an approved equivalent calculation procedure.
2. The system or zone control must be a programmable thermostat or other automatic control meeting the following criteria: a) capable of setting back temperature to 55 degrees F during heating and setting up to 85 degrees F during cooling, b) capable of automatically setting back or shutting down systems during unoccupied hours using 7 different day schedules, c) have an accessible 2-hour occupant override, d) have a battery back-up capable of maintaining programmed settings for at least 10 hours without power.
   - Exception: A setback or shutoff control is not required on thermostats that control systems serving areas that operate continuously.
3. All pipes serving space-conditioning systems must be insulated as follows: Hot water piping for heating systems: 1 in. for pipes <=1 1/2-in. nominal diameter, 2 in. for pipes >1 1/2-in. nominal diameter. Chilled water, refrigerant, and brine piping systems: 1 in. insulation for pipes <=1 1/2-in. nominal diameter, 1 1/2 in. insulation for pipes >1 1/2-in. nominal diameter. Steam piping: 1 1/2 in. insulation for pipes <=1 1/2-in. nominal diameter, 3 in. insulation for pipes >1 1/2-in. nominal diameter.
   - Exception: Factory-installed piping within HVAC equipment.
   - Exception: Piping that conveys fluids having a design operating temperature range between 60 degrees F and 105 degrees F.
   - Exception: Piping that conveys fluids that have not been heated or cooled through the use of nonrenewable energy.
   - Exception: Runout piping not exceeding 4 ft in length between shutoff valve and coil and 1 in. in diameter between the control valve and HVAC coil.
   - Exception: Pipe unions in heating systems.
4. Service hot water piping, where required, must be insulated to 1/2 in. if pipe less than 1.5 in. nominal diameter. Larger pipe must be insulated to 1 in.. Pipe insulation will have a conductivity of less than 0.28 Btu.in/(h-ft2-degrees F).
5. Temperature controlling means must be provided to limit the maximum temperature of water delivered from lavatory faucets in public facility restrooms to 110 degrees F.
6. Thermostats controlling both heating and cooling must be capable of maintaining a 5 degrees F deadband (a range of temperature where no heating or cooling is provided).

- Exception: Deadband capability is not required if the thermostat does not have automatic changeover capability between heating and cooling.
- Exception: Special occupancy or special applications where wide temperature ranges are not acceptable and are approved by the authority having jurisdiction.

7. Where zone heating and cooling are controlled by separate zone thermostats, means (such as limit switches, mechanical stops, or, for DDC systems, software programming) must be provided to prevent simultaneous heating and cooling to the zone.
8. Stair and elevator shaft vents must be equipped with motorized dampers capable of being automatically closed during normal building operation and interlocked to open as required by fire and smoke detection systems. All gravity outdoor air supply and exhaust hoods, vents, and ventilators must be equipped with motorized dampers that will automatically shut when the spaces served are not in use.
   - Exception: Gravity (non-motorized) dampers are acceptable in buildings less than three stories in height above grade.
   - Exception: Ventilation systems serving unconditioned spaces.
9. Where a zone is served by a system(s) with both humidification and dehumidification capability, means (such as limit switches, mechanical stops, or software programming) must be provided to prevent simultaneous operation of humidification and dehumidification equipment.
   - Exception: Zones served by desiccant systems, used with direct evaporative cooling in series; Systems serving zones where specific humidity levels are required.
10. All freeze protection systems, including self-regulating heat tracing, must include automatic controls capable of shutting off the systems when outside air temperatures are above 40 degrees F or when the conditions of the protected fluid will prevent freezing. Snow- and ice-melting systems must include automatic controls capable of shutting off the systems when the pavement temperature is above 50 degrees F and no precipitation is falling, and an automatic or manual control that will allow shutoff when the outdoor temperature is above 40 degrees F.
11. Systems with design outside air capacities >3,000 cfm serving areas having an average design occupancy density exceeding 100 people per 1000 ft2 must include means to automatically reduce outside air intake below design rates when spaces are partially occupied. Ventilation controls must be in compliance with ASHRAE Standard 62 and local standards.
12. Duct and pipe insulation exposed to weather must be suitable for outdoor service; e.g., protected by aluminum, sheet metal, painted canvas, or plastic cover. Cellular foam insulation must be protected as above or painted with a coating that is water retardant and provides shielding from solar radiation that can cause degradation of the material. Insulation covering chilled water piping, refrigerant suction piping, or cooling ducts located outside the conditioned space must include a vapor retardant located outside the insulation (unless the insulation is inherently vapor retardant), all penetrations and joints of which must be sealed.
13. Duct Sealing Requirements: a) Pressure sensitive tape prohibited as the primary sealant, b) Longitudinal and transverse seams for ducts in unconditioned spaces, c) Longitudinal and transverse seams and duct wall penetrations for ducts outside the building, d) Transverse seams on buried ducts
14. Outdoor air supply and exhaust systems must have motorized dampers that automatically shut when the systems or spaces served are not in use. Dampers must be capable of automatically shutting off during preoccupancy building warm-up, cool-down, and setback, except when ventilation reduces energy costs (e.g., night purge) or when ventilation must be supplied to meet code requirements. Both outdoor air supply and exhaust air dampers must have a maximum leakage rate of 10(motorized)/20(non-motorized) cfm/ft2 at 1.0 in. w.g. when tested in accordance with AMCA Standard 500.
   - Exception: Gravity (non-motorized) dampers are acceptable in buildings less than three stories in height.
   - Exception: Systems with a design outside air intake or exhaust capacity of 300 cfm or less.
15. All supply and return ducts and plenum installed as part of an HVAC air distribution system must be thermally insulated: R-6 for supply air ducts located outside the building, in ventilated attics and in unvented attic above insulated ceiling, R-3.5 for supply air duct insulation in unvented attic with roof insulation, unconditioned and underground spaces, R-3.5 for return air ducts located outside the building, in ventilated attics and in unvented attic above insulated ceiling.
16. Where humidistatic controls are provided, such controls must prevent reheating, mixing of hot and cold air streams, or other means of simultaneous heating and cooling of the same air stream.
   - Exception: Capability to first reduce flow rate.
   - Exception: Cooling capacity <80 kBtu/h and capability to unload cooling equipment.
   - Exception: Cooling capacity <40 kBtu/h.
   - Exception: Rigid humidity requirements.
   - Exception: Site-recovered or site-solar energy sources or.
   - Exception: Use of a desiccant systems.
17. Individual fan systems with a design supply air capacity of 5000 cfm or greater and minimum outside air supply of 70% or greater of the supply air capacity must have an energy recovery system with at least a 50% effectiveness. If an air economizer is also required, heat recovery must be bypassed or controlled to permit air economizer operation.
   - Exception: Laboratory fume hood systems with a total exhaust rate of 15,000 cfm or less.
   - Exception: Systems serving spaces that are not cooled and heated to <60 degrees F.
   - Exception: Systems with more than 60% of the outdoor heating energy is provided from site-recovered or site solar energy.
   - Exception: Cooling systems in climates with a 1% cooling design wet-bulb temperature less than 64 degrees F.

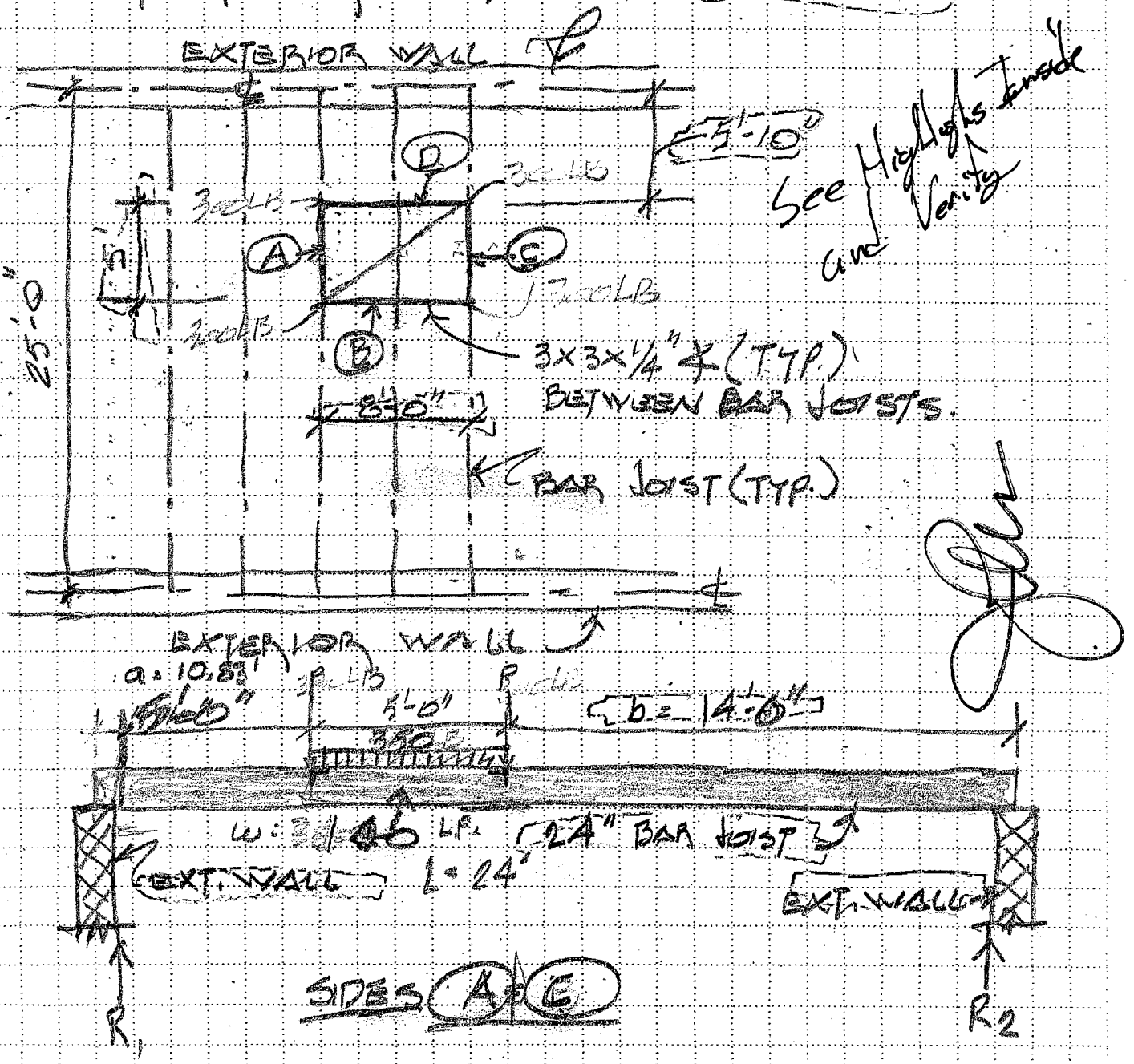
18. Individual kitchen exhaust hoods larger than 5000 cfm must be provided with make-up air sized for at least 50% of exhaust air volume that is uncooled and either unheated or heated to no more than 60 degrees F
    - Exception: Where hoods are used to exhaust ventilation air that would otherwise exfiltrate or be exhausted by other fan systems.
    - Exception: Certified grease extractor hoods that require a face velocity no >60 fpm.
19. Buildings with fume hood systems having a total exhaust rate >15,000 cfm must either have variable air volume hood design, exhaust air heat recovery, or separate make up air supply meeting the following makeup air requirements: a) at least 75% of exhaust flow rate, b) heated to no more than 2 degrees F below room setpoint temperature, c) cooled to no lower than 2 degrees F above room setpoint temperature, d) no humidification added, e) no simultaneous heating and cooling

K. L. GARRETT ASSOCIATES, LLC
1600 KINGS CIRCLE
MAPLE GLEN, PA 19002
215-628-8546
FAX 215-658-1384

JOB: CHEEBURGER CHEEBURGER
SHEET NO. 1 OF 3
CALCULATED BY: DATE: 3/7/10
CHECKED BY: DATE:
SCALE:

JOHN WALKER & ASSOCIATES: FURNISHED INFORMATION FOR CALCS.

- 7 TON HVAC UNIT — 1,000 LBS
- CORNER LOADING: 4 @ 300 LBS EA CORNER
- DIM. OF UNIT: 5'x8'
- EXISTING BAR JOISTS → 24" @ 4'-0" O.C.



K. L. GARRETT ASSOCIATES, LLC
1600 KINGS CIRCLE
MAPLE GLEN, PA 19002
215-628-8546
FAX 215-658-1384

JOB: CHEESBURGER CHEESBURGER
SHEET NO. 2 OF 3
CALCULATED BY: DATE:
CHECKED BY: DATE:
SCALE:

SIZE OF BAR JOIST FURNISHED BY JOHN WALKER ASSOC.

BAR JOIST 24K9 ; 24" CLEAR SPAN
36KSI STEEL

TOTAL SAFE UNIFORMLY DISTRIBUTED LOAD = 550 PLF
OF THE 24K9 BAR JOIST
EXIST PLF ON JOISTS = 160 PLF

L.L. + D.L. = 40 #/SF

$M = \frac{abP}{L} = \frac{10.83' \times 14.16' \times 350}{24} = 2236$ ft-lb
$2236 \times 12 = 26,832$ in-lb

$R_1 = \frac{aP}{L} = \frac{10.83 \times 350}{24} = 158$ $R_2 \frac{bP}{L} = \frac{14.16 \times 350}{24} = 207$

#/LT.FT.= SPACING OF JOISTS 48" O.C.
8 ft x 4 = 4 SQ.FT. x 40 PSF = 160 PLF = 3840 LBS

$24R_1 = \frac{(350 \times 14) + (160 \times 24 \times 12)}{24} = 2,124$ LB

TOTAL LOAD = 350 + (160 x 24) = 4,190 LB

$R_1 + R_2 = 4,190$

$2,124 + R_2 = 4,190$ $R_2 = 4,190 - 2,124 = 2,066$ LB

NOTE: CONTRACTOR SHALL VARIFY
BAR JOIST SIZE ; CENTER TO CENTER
SPACING AND LOCATION OF HVAC
UNIT.

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SHEET NO. 3 OF 3
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$V(a+R_1) = 2,124$

$V(x=10-) = 2,124 - (140 \times 10) = 724$ LB

$V(x=10+) = 2,124 - [(140 \times 10) + 350] = 374$ lb

$V(a+R_2) = -2,066$ LB

$M(x=10) = (2,124 \times 10) - (140 \times 10 \times 5) = 14,240$ ft-lb

$M(x=24) = (2,124 \times 24) - [(140 \times 24 \times 12) + (350 \times 14)] = 15756$ ft-lb
4520

$M(x=2) = (2,124 \times 2) - (140 \times 2 \times 1) = 4,108$ ft-lb
300

$3768 \times 12 = 47,616$ in-lb

3x3x1/4" L (L = 8'-0") (w = 500 LB)
(I = 1.24 in^4) (S = 0.577 in^3)

$M = \frac{wl}{8} = \frac{500 \times 8 \times 12}{8} = 6,000$ in-lb

$I = \frac{5}{384} \times \frac{wl^3}{E\Delta} = \frac{5}{384} \times \frac{500 \times (8 \times 12)^3}{29^6 \times 0.53} = 0.37$ in^4 ± 1.24 in^4 ok

$\frac{8 \times 12}{180} = 0.53$ $\frac{8 \times 12}{240}$ $\frac{8 \times 12}{360} = 0.27$

$f = \frac{M}{S} = \frac{6000}{0.577} = 10,399$ psi

$S = \frac{M}{f} = \frac{6,000}{10,399} = 0.577$ in^3

$D = \frac{5}{384} \times \frac{wl^3}{EI} = \frac{5}{384} \times \frac{500 \times (8 \times 12)^3}{29^6 \times 1.24} = 0.16 < 0.53$ ok