✓ BLOCK 701 LOT 78, 15, 16 ADDRESS (SITE) Caldor Center Bracktown Mall PERMIT NO. 1821-91

RECEIVED
SEP 5 1991
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work-site at: Fashion Bug Store 9/28/91
2. Name of Owner in Fee: Charming Shoppes Inc. Tel. (215) 245-9100
   Address 450 Winks Lane (street) Bensalem (municipality) PA. 19020 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Byrne Construction Tel. (215) 245-8584
   Address Neshaminy Pl. II - 102 Bensalem, PA. 19020
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. 200-48-4701
5. Architect or Engineer J. Wolf Assoc. Tel. (313) 352-6363
   Address 26300 Telegraph Rd. Southfield, Mi 48034
6. Responsible Person In Charge of Work Bob Byrne Tel. (215) 638-1450

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 173.00		
2. Electrical			
3. Plumbing			
4. Fire Protection	110 —		
5. Other			
6. Subtotal	$ 283 —		
7. Less 20% for State Plan Review	5 —		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20 —		
12. Other			
13. TOTAL	$ 308 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	22,500.—
6. ~~☐ Fire Protection~~	600.—
7. ☐ Plumbing	
8. ☑ Electrical	5200.—
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	✓28,300.—

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			9/19/91	ag	11-8-91		JC
9-20-91		9-30-91	9/30/91	JC	4/6/92		JC

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS BR 10312163

20K

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	JC	9/10/91	alt.						
☐			Comm.						
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 10-1-91
Control #
Permit # 1821-91

IDENTIFICATION Block 701 Lot 7, 8, 15 + 16

Work Site Location Fashion Bug
Chambersbridge & Pt Rd
Owner in Fee
Address 450 Winks Lane
Bensalem Pa 19020
Tele. ( )

Contractor
Address
Bensalem, Pa 19020
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm alter

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

Estimated Cost of Work $28,300

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	173	
Plumbing		
Electrical		
Fire Protection	110	
Other	P/R	
Other		
DCA Training Fee		
Cert. of Occ.	APP	
Other		
Total	308	
Check No.	# 6736	
Cash		
Collected By:		

Register imprint:
0005
1821**
0.00
701 #
LOT 0.00
7-8-15-16 #
BUILDING 173.00
FIRE 110.00
PLAN RVW 5.00
C/O 20.00
TOTAL 308.00
CHECK 308.00
CHANGE 0.00
09/30/91 NO. 5 0014A005 15:59

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-1-91
Control #
Permit # 1821-91

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

Block 701 Lot 7,8,15,16
Work Site Location FASHION BUG - BRICKTOWN MALL
RTE 70 & CHAMBERSBRIDGE RD.
Owner in Fee CHARMING SHOPPES, INC.
Address 450 WINKS LANE
BENSALEM, PA. 19020
Tele. (215) 245-9100
Contractor BYRONE CONSTRUCTION
Address NESHAMINY PLAZA II - 102
BENSALEM, PA. 19020
Tele. (215) 245-8584
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2507798 or Social Security No.

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
REMODEL - INTERIOR RENOVATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All	9/9/91	RG	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			10/8/91	JV
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 11/8/91			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor 7838 Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other ____
- [✓] Demolition
- [ ] Miscellaneous
  - [ ] Fence ____ Height
  - [ ] Sign ____ Sq. Ft.
  - [ ] Pool
  - [ ] Elevator
  - [ ] Asbestos Abatement
  - [ ] Other ____

(Office Use Only)
FEE $ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-1-91
Control #
Permit # 1821-91

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

Block 701 Lot 7,8,15,16
Work Site Location FASHION BUG - BRICKTOWN MALL
RTE 70 - CHAMBERSBRIDGE RD.
Owner in Fee CHARMING SHOPPES, INC.
Address 450 WINKS LANE
BENSALEM, PA. 19020
Tele. (215) 425-9100
Contractor BYRONE CONSTRUCTION
Address NESHAMINY PLAZA II - 102
BENSALEM, PA. 19020
Tele. (215) 245-8584
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2507798 or Social Security N

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
REMODEL - INTERIOR RENOVATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/19/91	RF
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor 7838 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-1-91
Control #
Permit # 1821-91

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, 8, 15, 16
Work Site Location FASHION BUG - BRICKTOWN MALL
RTE. 70 & CHAMBERSBRIDGE RD.
Owner In Fee CHARMING SHOPPES, INC.
Address 450 WINKS LANE
BENSALEM, PA. 19020
Tele. (215) 245-9100
Contractor BYRUNE CONSTRUCTION
Address NESHAMINY PL. II-102
BENSALEM, PA. 19020
Tele. (215) 245-8584
Lic. No.
Federal Emp. No. 23-2507798 or Social Security No.
201 587 1000-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: 2 inside ones 2,000
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 9/30/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 11/6/91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Sprinkler	11-8-91	12-5-91	11/6/91	
Other Final	12/5/91		11/6/91	
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.

(over)

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source	EXIST.
Method of Valve Supervision	
Local Alarm Supervision	
Central Supervision	
Proprietary Supervision	

Flammable Liquid Storage Tanks	( ) Capacity	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	Fuel	
L.P.G. Storage Tanks	( ) Capacity	Fuel	
L.N.G. Storage Tanks	( ) Capacity	Fuel	

Exit Lites Batteries

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		20
Emergency Lites w/ batt		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	2	50
OTHER Alarm & Sprinkler		40
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$ 170

U.C.C. Form F-140A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-1-91
Control #
Permit # 1821-91

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, 8, 15 16
Work Site Location FASHION BUG - BRICKTOWN MALL
RTE. 70 & CHAMBERSBRIDGE RD.
Owner In Fee CHARMING SHOPPES, INC.
Address 450 WINKS LANE
BENSALEM, PA. 19020
Tele. (215) 245-9100
Contractor BYRNE CONSTRUCTION
Address NESHAMINY PL. II-102
BENSALEM, PA. 19020
Tele. (215) 245-8584
Lic. No.
Federal Emp. No. 23-2507798 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source Exist.
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		20
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	2	50
OTHER		40
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	110

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

A & B FIXTURE MANUFACTURING
NESHAMINY PLAZA II
RTES. 13 & 132 — SUITE 102
BENSALEM, PA 19020
(215) 638-1450
FAX: (215) 638-7479

FAX TRANSMITTAL

TO: Brick Twsp. Permit Dept.

ATTN: MR. Mike Clayton

FROM: Bob Byrne

NO. OF PAGES: (INCL. COVER SHEET) 4

RE: Per your Request for Bldg. Permit for:

Fashion Bug Store
Bricktown Mall

(1) Letter w/ Architectural Seal
(1) Flame Spread Sht. on Hardboard Panels for Walls
(1) Flame Spread Sht. for Carpet

JWA

September 26, 1991

Fire Marshall
Bricktown, New Jersey

RE: Fashion Bug
Bricktown Mall
Bricktown, New Jersey

Dear Sir:

This letter acknowledges your review for the above captioned shop. Listed below are your comments, and they are to be considered as part of the Construction Documents:

1. All exit signs will have a battery backup.

2. The HVAC system will contain a smoke detector for system shutdown.

3. Interior wall panels will be Class III or better.

4. Fire extinguishers will be mounted at each exit, and will meet ABC requirements.

Thank you for your cooperation.

Sincerely,

Joseph G. Wolf, AIA
Certificate NCARB

JGW/kw

j. wolf associates / architects inc.
28300 telegraph road • southfield, michigan 48034
(313)352-6363

ABITIBI-PRICE

ABITIBI-PRICE CORPORATION, Building Products Group
3250 W. Big Beaver Rd., Troy, Michigan 48084, (313) 649-3300

December 7, 1978

CERTIFICATION

This is to certify that the ABITIBI S2S Premium Hardboard products listed below were tested for flamespread in accordance with ASTM E84-77 test method and the Hardboard Voluntary Product Standard PS 58-73*. The flamespread testing was conducted by a qualified independent research institute and the test results are as follows:

Test Specimen	Flamespread Rate
ABITIBI S2S Premium Hardboard	
1/8" Standard	165
1/8" Tempered	181
1/4" Standard	164
1/4" Tempered	182

This material, therefore, meets the requirements of a Class III material according to most national building codes.

In order to ensure that our materials are identical to the test specimen with respect to base material, coatings, and manufacturing procedures used, process variables are tested on an hourly basis to maintain a control over all factors affecting product uniformity.

J. V. Olsen
Vice President
Planning and Development
Building Products Division

W. G. Coggan
Manager - Development
Building Products Division

*U.S. Department of Commerce
National Bureau of Standards

NOV 2 1 1984

THE COLUMBUS SHOW CASE CO.

Independent Textile Testing Service, Inc.

P.O. Box 1948 / 1603 Murray Avenue
Dalton, Georgia 30722-1948 / Phone 404-278-3013

REPORT

CUSTOMER: Goodlin Carpet Mills August 6, 1990

SUBJECT: Specimens of the submitted sample were prepared and tested in accordance with ASTM E-648 and/or Federal Test Method 372, NFPA 253.

FLOORING RADIANT PANEL TEST

SAMPLE DESCRIPTION:

Style: SC 1102 Sonata
Color: Grey
Roll: 61602-E
Secondary Backing: Woven Synthetic

TEST ASSEMBLY

Mounted on Sterling Board

TEST RESULTS:	Specimen #1	Specimen #2	Specimen #3
Critical Radiant Flux:	.63 watts/cm²	.48 watts/cm²	.56 watts/cm²
Total Burn Length:	32.0 cm.	40.0 cm.	35.0 cm.
Flame Front Out:	94.0 minutes	110.0 minutes	77.0 minutes

AVERAGE CRITICAL RADIANT FLUX: .56 watts/cm²

Estimated Standard Deviation: .07 watts/cm²

Coefficient of Variation: 13%

NVLAP

AUTHORIZED SIGNATURE

I-718

No. Stories 1
Ht. Structure
Sq. Feet 7800

PLAN REVIEW RECORD
BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # 9-91
Date 9-26-91

JURISDICTION BRICK TWP, OCEAN CTY
(City, County, Township, etc.)

BUILDING LOCATION BRICK BLVD
(Street address)

Job Name FASHION BUG

New Building ☐ Addition ☐ Alteration ☒ Other ☒ TEN FIT

Construction Classification ___ Use Group M Block 701 Lot 7[illegible]

CORRECTION LIST

No.	DESCRIPTION	Page	Re-viewed By	Code Sect.	C
1	EXIT SIGN - BATT BACK UP				
2	IF HVAC OVER 2000 - SYSTEM CONTROL				
3	INTERIOR FINISH WALL CLASS III				26
4	INTERIOR CARPET - DOC FF-1				
5	FIRE EXTING. 5 CB ABC BOTH EXIT				
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments: BOB BYRNE 215-638-1450

ARCHITECT J WOLF 313-352-6363

Fashion Blvd

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Buller, Council President
Charles E. Anderson
Patrick L. Bonazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Div
C
(201

CHECK LIST

RE: Block 701 Lot 78 Address

Please be advised that your application for a constructi
for the subject property has beenrejected due to deficie
the following areas:

Administrative ____________________

Zoning ____________________

Engineering ____________________

Building ____________________

Plumbing ____________________

Electric ____________________

9-20 Fire ____________________

(1) Rating of wall panels.
(2) Fire system control
(3) Carport rating
(4) ... Exit
(5) Bottom bath ... Exit

See attached review check list(s) for details as to the
your submission has been rejected. Please revise your ap
accordingly and resubmit to this office.

There is a 20 working day time limit for review of all d
submitted with a construction permit application. This
ceases in the event of a rejection of any type, and star
again when the rejection(s) have been corrected and the
resubmitted.

Arthur J. Cier
Construction C

Date ____________

September 26, 1991

Fire Marshall
Bricktown, New Jersey

RE: Fashion Bug
Bricktown Mall
Bricktown, New Jersey

Dear Sir:

This letter acknowledges your review for the above captioned shop. Listed below are your comments, and they are to be considered as part of the Construction Documents:

1. All exit signs will have a battery backup.

2. The HVAC system will contain a smoke detector for system shutdown.

3. Interior wall panels will be Class III or better.

4. Fire extinguishers will be mounted at each exit, and will meet ABC requirements.

Thank you for your cooperation.

Sincerely,

Joseph G. Wolf, AIA
Certificate NCARB

JGW/kw

j. wolf associates/architects inc.
26300 telegraph road • southfield, michigan 48034
(313)352-6363

Independent Textile Testing Service, Inc.

P.O. Box 1948 / 1503 Murray Avenue
Dalton, Georgia 30722-1948 / Phone 404-278-3013

REPORT

Goodlin Carpet Mills August 6, 1990

Specimens of the submitted sample were prepared and tested in accordance with ASTM E-648 and/or Federal Test Method 372, FPA 253.

FLOORING RADIANT PANEL TEST

IPTION:

1102 Sonata
ey
602-E
Backing: Woven Synthetic

Sterling Board

	Specimen #1		Specimen #2		Specimen #3	
liant Flux:	.63	watts/cm²	.48	watts/cm²	.56	watts/cm²
ngth:	32.0	cm.	40.0	cm.	35.0	cm.
)ut:	94.0	minutes	110.0	minutes	77.0	minutes

ICAL RADIANT FLUX: .56 watts/cm²

ndard Deviation: .07 watts/cm²

f Variation: 13%

NVLAP

ED SIGNATURE

BI-PRICE

PRICE CORPORATION, Building Products Group
Big Beaver Rd., Troy, Michigan 48084, (313) 649-3300

December 7, 1978

CERTIFICATION

o certify that the ABITIBI S2S Premium Hardboard products
low were tested for flamespread in accordance with
77 test method and the Hardboard Voluntary Product Standard
. The flamespread testing was conducted by a qualified
it research institute and the test results are as follows:

men	Flamespread Rate
S2S Premium Hardboard	
tandard	165
empered	131
tandard	164
empered	182

rial, therefore, meets the requirements of a Class III
according to most national building codes.

to ensure that our materials are identical to the test
with respect to base material, coatings, and manufacturing
; used, process variables are tested on an hourly basis
n a control over all factors affecting product uniformity.

ne

n
dent
nd Development
roducts Division

rtment of Commerce
ureau of Standards

W. G. Coggan
Manager - Development
Building Products Division

NOV 2 1 1984

THE COLUMBUS SHOW CASE CO.