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

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

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

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

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

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 671 LOT 101 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 21-2791

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C21-00[illegible]7/17

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 CHAMBERS BRIDGE RD #25B
2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
   Tel. 6108965870 e-mail NCAIN@FEDERALREALTY.COM
   Address 909 ROSE AVE #200 (street) BETHESDA (municipality) MD 20852 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: NNI CONSTRUCTION Tel. 9548707792
   Address 2005 CYPRESS CREEK RD #102 e-mail BMILLER@NNICONSTRUCTION.COM
   FT LAUDERDALE FL 33309
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason N/A
   Federal Emp. ID No. 465117932 FAX: _____
5. Architect or Engineer R. GARY GLUECK Contact CASEY KUFFNER
   Address 3797 LOOP RD NASHVILLE, NC e-mail casey@idesign drafting.com
   Tel. 502.572.0712 FAX: _____
6. Responsible Person in Charge once Work has Begun RACHEL L BIELERT
   Tel. 954.350.0422 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1632 ✓	N/A	
2. Electrical	1050 ✓	150 ✓	
3. Plumbing	400 ✓	100 ✓	
4. Fire Protection	125 ✓	N/A	175 ✓
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	457		9
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other	275		
13. TOTAL	$ 9077	404	184

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 18-21 ft.
3. Area — Largest Floor 1917 sq. ft.
4. New Building Area — sq. ft.
5. Volume of New Structure 4473 cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load 27
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 — Interior 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 Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	$ 152000	MH	7/1/21		9/24/21	VCK			
☑ Electrical	$ 35000				8-27-21	VM			
☑ Plumbing	$ 31000			8-10-21			10-16-21		
☑ Fire Protection	$ 10850				9/22/21	VM			
☐ Elevator	-0-	Exempt	Exempt		7/26/21	ECC			
TOTAL COST	$ 228,850 -$0								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☒ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☑ Fire Alarm

Buff City Signs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/24/2022
Control Number C-21-002717
Permit Number 21-2791
Permit Issue Date 10/25/2021
Certificate Number 21-2791

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

Owner Address: 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852

Telephone: (610) 896-5870

Contractor NNI CONSTRUCTION

Address 2005 CYPRESS CREEK RD #102 FT. LAUDERDALE FL 33309

Telephone: (954) 870-7792 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

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

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - - BUFF CITY SOAP

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

Date Printed: 01/24/2022

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

Fee: $150.00
Check Number: 1028
Collected By: Nichol Ponsi

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(f)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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Brian Miller

Address 2005 W Cypress Creek Rd, #102
Ft Lauderdale, FL 33309

Telephone 954 870 7792 x 119

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

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

Prior Approvals

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

This checklist has been given to: (edit)

Buff City Soap

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/25/21

Date Issued / Permit # 21-2791

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

Block 671 Lot 101 Qualification Code

Work Site Location 56 CHAMBERS BRIDGE RD #25B
BRICK NJ 08723

Owner in Fee: FEDERAL REALTY TRUST

Tel. 610 896 5870 e-mail NCAING@FEDERALREALTY.COM

Address 909 ROSE AVE #200 BETHESDA MD 20852
street municipality zip code

Contractor: NNI CONSTRUCTION Tel. 954-870-7792

Address 2005 W CYPRESS CREEK RD #102 e-mail VINCE
FT LAUDERDALE FL 33309 305-968-0020

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

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 46 5117932 FAX:

JOB SUMMARY (Office Use Only)

SLAB PARTIAL FRONT AREA ONLY 11/18/21 MEK

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	09/24/21	MEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 09/24/21
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 01/07/22
Approved by: MEK

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab - Rear + Ramp Areas			12/03/21	MEK
Frame			12/16/21	MEK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above Ceiling			12/23/21	MEK
Final			01/07/22	MEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 2B Proposed 2B

No. of Stories 1

Height of Structure 18-21 ft.

Area — Largest Floor 1917 sq. ft.

New Bldg. Area/All Floors — sq. ft.

Volume of New Structure 4473 cu. ft.

Max. Live Load

Max. Occupancy Load 27

Constr. Class Present MERC Proposed MERC.

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 158,000
3. Total (1+ 2) $ 0

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.

Sign here:

Print name here: Brian Miller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR RENOVATION: REMOVAL OF EXISTING FINISHES, CONSTRUCTION OF NEW INTERIOR WALLS, FINISHES + INSTALLATION OF RETAIL FIXTURES

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 11/09)
Internet version

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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 1/6/22

NAME Federal Realty Invest.Trust

ADDRESS PO Box 182601 Columbus OH 43218-2601

PROPERTY LOCATION 60 Brick Plaza #12

Account No 3592814-33 Block 671 Lot 1.01

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

Buff City Soap

202 779 5546
350-488-656

O.H.
150
3ϕ

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/25/21
Control #
Date Issued
Permit # 21-02791

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

Block 671 Lot 101 Qualification Code

Work Site Location 56 Chambers Bridge Road #258
Brick Township, N.J. 08723

Owner in Fee: Federal Realty Trust

Tel. 6108965870 e-mail ncaincfederalrealty.com

Address 909 Rose Avenue #202 Bethesda, MD 20852
(street / municipality / zip code)

Contractor: ADC Communications & Electrical, Inc. Tel. 2014404199
(street / municipality / zip code)

Address 497 Washington Avenue e-mail dapriceno@adcec.com
Hackensack, N.J. 07601

Contractor License No. 17747A Exp. Date 3/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 471481085 FAX: 2014404511

B. ELECTRICAL CHARACTERISTICS

Use Group Present 2B Proposed 20

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

Building Occupied as Merchantile Utility Co.

Est. Cost of Elec. Work $ 35,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 12-2-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12-2-21
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-22
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough			12-6-21	
Barrier-Free				
Trench			11/9/21	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-4-22 1-7-22 12/23/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			12-22-21	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

1-11-22 NO ACCESS TO ROOF
1-14-22 FAIL (FINAL) FINAL FAIL
1-18-22 FAIL
UNIT ON ROOF NOT LABELED

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Brad Kleinman

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Retail Electrical fit out

QTY.	SIZE	ITEMS	FEE (Office Use Only)
96		Lighting Fixtures	
45		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
7		Emergency & Exit Lights	
14		Communications Points	
8		Alarm Devices/F.A.C. Panel	
9		CCTV + speakers	
172		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	20A	KW Elec. Water Heater	
1	20A	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	20A	HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service 150A	
		AMP Subpanels	
		AMP Motor Control Center	
2	20A	KW Elec. Sign/Outline Light	
1	200	Disco + Meter	

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

U.C.C. F120 (rev. 01/21)
Internet version

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

Buff City Soap

PLUMBING 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 671 Lot 101 Qualification Code

Work Site Location 56 CHAMBERS BRIDGE RD #256 BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 610 896 5370 e-mail NCAIN@FEDERALREALTY.COM

Address 909 ROSE AVE #200 BETHESDA MD 20852
street municipality zip code

Contractor: AES HVAC INC. Tel. 201-667-2665

Address 176 E 7TH ST - 4TH FLOOR PATERSON NJ 07524 e-mail aeshvacinc@gmail.com

Contractor License No. NJ HVAC 19HC00890100 Exp. Date 6/30/2022

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 463896205 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present 2B Proposed 2B

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 22,500 (HVAC)

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] 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
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: AES HVAC INC C/O: Jerzy Vega

Print name here:

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

FEE (Office Use Only)

$

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

U.C.C. F130 (rev. 10/17)

ELECTRICAL SUBCODE
TECHNICAL SECTION

4/20/21 MC

Date Received 10/25/21
Control #
Date Issued
Permit # 21-2791 EA

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

Block 67.11 Lot 1.01 Qualification Code

Work Site Location Buff City Soap 56 Chambers Bridge
60 Brick Plaza, Suite25b, Brick, NJ 08723

Owner in Fee: Federal Reality

Tel. e-mail

Address 50 E. Wynnewood (street) Wynnewood, PA (municipality) (zip code)

Contractor: ELECTRONIC SECURITY SOLUTIONS Tel. (215) 277-5248

Address 5115 Campus Drive e-mail jeffmitchell@essfiresys.com
Plymouth Meeting, PA 19462

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 25-189772 FAX: (215) 277-5263

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 9,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 10-27-21 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] LCCO [X] CA
Date: 12-20-21
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	12-17-21		12-20-21	MC
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Tom Capie

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fire Alarm Fitout

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
15		Alarm Devices/F.A.C. Panel	
15		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	$

U.C.C. F120 (rev. 11/09)
Internet version

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

Buff City Soaps

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/16/21
Control # 2972
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 671 Lot 1.01 Qualification Code

Work Site Location 58 CHAMBERS BRIDGE ROAD #25B BRICK, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (484) 419-1208 e-mail NCAIN@FEDERALREALTY.COM

Address 909 ROSE AVENUE #200 BETHESDA, MD 20852
street municipality zip code

Contractor: Coviello Electric Service Tel. (201) 843-6566

Address PO Box 546 e-mail joecovelec@optonline.net
Saddle Brook, NJ 07663

Contractor License No. 9101 Exp. Date 2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223224481 FAX: (201) 843-0828

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date 10/20/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/20/21
Approved by:
Acting

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-22
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-19-22	M
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Joseph Coviello

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SIGN

COMMERCIAL

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

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

U.C.C. F120 (rev. 11/09)
Internet version

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

Buff City Soap

PLUMBING SUBCODE TECHNICAL SECTION

(By mee MOM's)

Date Received / Control #: 10/25/21

Date Issued / Permit #: 21-2791

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

Block 671 Lot 101 Qualification Code

Work Site Location 56 CHAMBERSBRIDGE RD #25B BRICK NJ 08723

Owner in Fee: FEDERAL REALTY TRUST

Tel. 410 8965870 e-mail NCAIN@FEDERALREALTY.COM

Address 909 ROSE AVE #200 BETHESDA MD 20852
(street / municipality / zip code)

Contractor: Wickesheim and Sons, Inc. Tel. 201 343-4157

Address 92 Fairmount Ave e-mail info@wickersheimplumbing.com
Hackensack NJ 07601

Contractor License No. 10277 Exp. Date 06/23

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 01-0666052 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present 26 Proposed 26

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size ~~2~~ 3/4" T Public Water X Private Well

Est. Cost of Plumbing Work $ 31,000 *

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 10-16-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-16-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 1-18-2022

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab		11-9-21	11-15-21	
Rough Partial Bathroom			12-8-21	
Water Washer			12-22-21	
Sewer			12-22-21	
~~Fixture~~ Rough Back Room			1-4-21	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar York			12-22-21	
TCO 90 days			1-7-22	
Final 1-4-22			1-14-22	
1-11-22				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Scott Wickersheim

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MAKE SAFE DEMO; INSTALL OF NEW BATHROOM, MISC SINKS & DISHWASHER, WASH'G MACHINE, DRINK'G FOUNTAIN

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
4	Sink	
1	Dishwasher	
2	Drinking Fountain	
1	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	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
	Other	

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

U.C.C. F130 (rev. 10/17) 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

CHANGE OF HVAC CONTRACTOR

C-21-002717 +A

Date Received Control # 10/25/21

Date Issued Permit # 21-2791 +A

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

Block 671 Lot 4000 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd #25B Bluff City Soap

Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

Tel. (610) 896-5870 e-mail ncainq@federaltrust.com

Address 909 Rose Ave #200 Bethesda, MD 20852
(street / municipality / zip code)

Contractor: Schaibles Mechanical Tel. (908) 537-6770

Address 241 Van Syckles Rd e-mail bill@schaiblesmechanical.c

Hampton, NJ 08827

Contractor License No. 19HC00646500 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 263810898 FAX: (908) 537-7032

B. PLUMBING CHARACTERISTICS

Use Group Present 2B Proposed 2B

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 22,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: William Fraser

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 RTU

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 10/26/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-26-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-18-2022
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				
Final	1-4-22 1-11-22	1-7-22	1-14-22	GCP

QTY.	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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other AC	

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

1-4-22 KD
Not Ready
1-7-22 KD
No Access on roof (SNOW)
1-11-22 GRP

MUSE 1485 + 432 Storage M178sqft

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY CONSTRUCTION CODE

Date Received 10/25/21
Control #

Date Issued
Permit # 21-2791

(NW)

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

Block 671 Lot 101 Qualification Code

Work Site Location 70 Chambers Bridge Rd #25B
Brick NJ

Owner in Fee: Federal Realty Investment Trust

Tel. (610) 896-5870 e-mail [illegible]@FederalRealty.com

Address 909 Rose Ave #200 Bethesda MD 20852
street municipality zip code

Contractor: Schaible's Plumbing & Heating, Inc. Tel. (908) 537-6770

Address 241 Van Syckles Rd, Hampton, NJ 08827 e-mail

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): 13VH00930400

Federal Emp. ID No. 22-2594485 FAX: (908) 537-7032

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [X] New OR [ ] Existing [ ] HVAC

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Location: roof

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved 10-5-21

Date: 9-2-21

Approved by: KCR

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 1-20-22

Approved by: KC

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			1-19-22	DM
Other RTU			12/29/21	KC

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: RTU Change of Contractor

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		
Fired Appliances [X] Gas or [ ] Oil	1	RTU
Fireplace Venting/Metal Chimney		
Other		

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

Build City Cap

U.C.C. F140 (rev. 12/05) Internet version

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

11/20/21 rm

Date Received / Control # 10/25/21

Date Issued / Permit # 21-2911 FA

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

Block 6071 Lot 1.01 Qualification Code

Work Site Location Buff City Soap
60 Brick Plaza, Suite25b, Brick, NJ 08723

Owner in Fee: Federal Reality

Tel. e-mail

Address 50 E. Wynnewood ave. Wynnewood, PA
(street) (municipality)

Contractor: Electronic Security Solutions Tel. (215) 277-5248
(zip code)

Address 5115 Campus Drive e-mail tcapie@essfiresys.com

Plymouth Meeting, PA 19462

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01299

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

Fire Alarm Contractor No. 34BF000377 Exp. Date 01/31/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 25-189772 FAX: (215) 277-5263

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present 11B Proposed 11B

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 $ 9,900

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

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

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:
[X] Fire Protection Plans Approved
Date: 11/20/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-30-21
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			11/22	

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/Contractor sign here:

Print name here: Tom Capie

[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)	7	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	6	
Other Devices bps/ann	2	
TOTAL	15	
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 $

e-mail to Kenneth Strehle & Daniel Burd

Contact Person

U.C.C. F140 (rev. 02/11) Internet version

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/25/21
Control #
Date Issued
Permit # 21-2791 +B

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

Block 671 Lot 1.01 Qualification Code

Work Site Location Bath City Soap
56 Chamberbridge Rd. Brook

Owner in Fee: Federal Realty

Tel. e-mail

Address PO 92129 S. Lake TX 76092
street municipality zip code

Contractor: Premier Fire Systems Tel. 8484485512

Address 2 Ilene Ct. e-mail

Hillsborough, NJ 08844

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00647

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

Fire Alarm Contractor No. Exp. Date 10/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223828273 FAX: 7322621780

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 $ 4,750

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[X] New OR [ ] Existing

Location of Main Control Valve: Rear of Space

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/Contractor sign here: [signature]

Print name here: Mike Kelly

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source New Install
Method of Alarm/Suppression System Supervision Existing

	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	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	22	
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: ____ Approved by: [initials]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9-7-21
Approved by: [initials]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-22
Approved by: [initials]

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			12/29/21	[initials]
Other				

MFF 7/15/21

U.C.C. F140 (rev. 02/11) Internet version

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. RUB & VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Jerzy A. Vega
176 E 7th Street
Paterson NJ 07524

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/19/2020 TO 06/30/2022
VALID

19HC00890100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

"M" use

Buff City Soap

2 occupants 5/10/21

1485 + 432 storage = 1917 sf

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 671 Lot 101 Qualification Code

Work Site Location 56 CHAMBERSBRIDGE RD #25B BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 610 896-5870 e-mail NCAINC@FEDERALREALTY.COM

Address 909 ROSE AVE #200 BETHESDA MD 20852
(street / municipality / zip code)

Contractor: AES HVAC INC. Tel. 201-667-2665

Address 176 E 7TH ST - 4TH FLOOR PATERSON NJ 07524 e-mail aeshvacinc@gmail.com

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

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

Fire Alarm Contractor No. NJ HVAC 19HC00890100 Exp. Date 6/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 463896205 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present 2B Proposed 2B

Constr. Class: Present MERC. Proposed MERC.

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

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

Location:

Total Cost of Fire Protection Work $ 22,500 (HVAC)

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

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

Fire Suppression/Standpipe System:
[ ] New OR [X] 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/Contractor sign here: AES HVAC INC C/O: Jerzy Vega

Print name here:

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

DESCRIPTION OF WORK:
Add Cont

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	0	
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	1	RTU
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: 5/12/21 Approved by: NK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-12-21
Approved by: NK

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				

U.C.C. F140 (rev. 02/11) Internet version

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 671 **LOT** 101 **ADDRESS** 56 CHAMBERS BRIDGE RD #25B

IDENTIFICATION:

1. WORK SITE ADDRESS 56 CHAMBERS BRIDGE RD #25B
2. APPLICANT _____
3. NAME OF OWNER IN FEE FEDERAL REALTY INVESTMENT TRUST
   ADDRESS 909 ROSE AVE #200, BETHESDA MD 20852
   PHONE 6108965870 EMAIL NCAIN@FEDERALREALTY.COM
4. PRINCIPAL CONTRACTOR NNI CONSTRUCTION
   ADDRESS 2005 W CYPRESS CREEK RD #102, FT LAUD., FL 33309
   PHONE 9548707792 EMAIL BMILLER@NNICONSTRUCTION.COM
5. ARCHITECT OR ENGINEER R. GARY GLUEK
   ADDRESS 3797 LOOP RD NASHVILLE, NC
   PHONE 502.572.0712 EMAIL CASEY@IDESIGNDRAFTING.COM
6. RESPONSIBLE PERSON FOR WORK RACHEL BIELERT
   ADDRESS 9 GRAND AVE STE 2D TOMS RIVER NJ 08753
   PHONE 9543500482 EMAIL RACHELBIELERT@PLANETFITNESSMIAMI.COM

FEE SUMMARY:

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

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION TENANT IMPROVEMENT INTERIOR

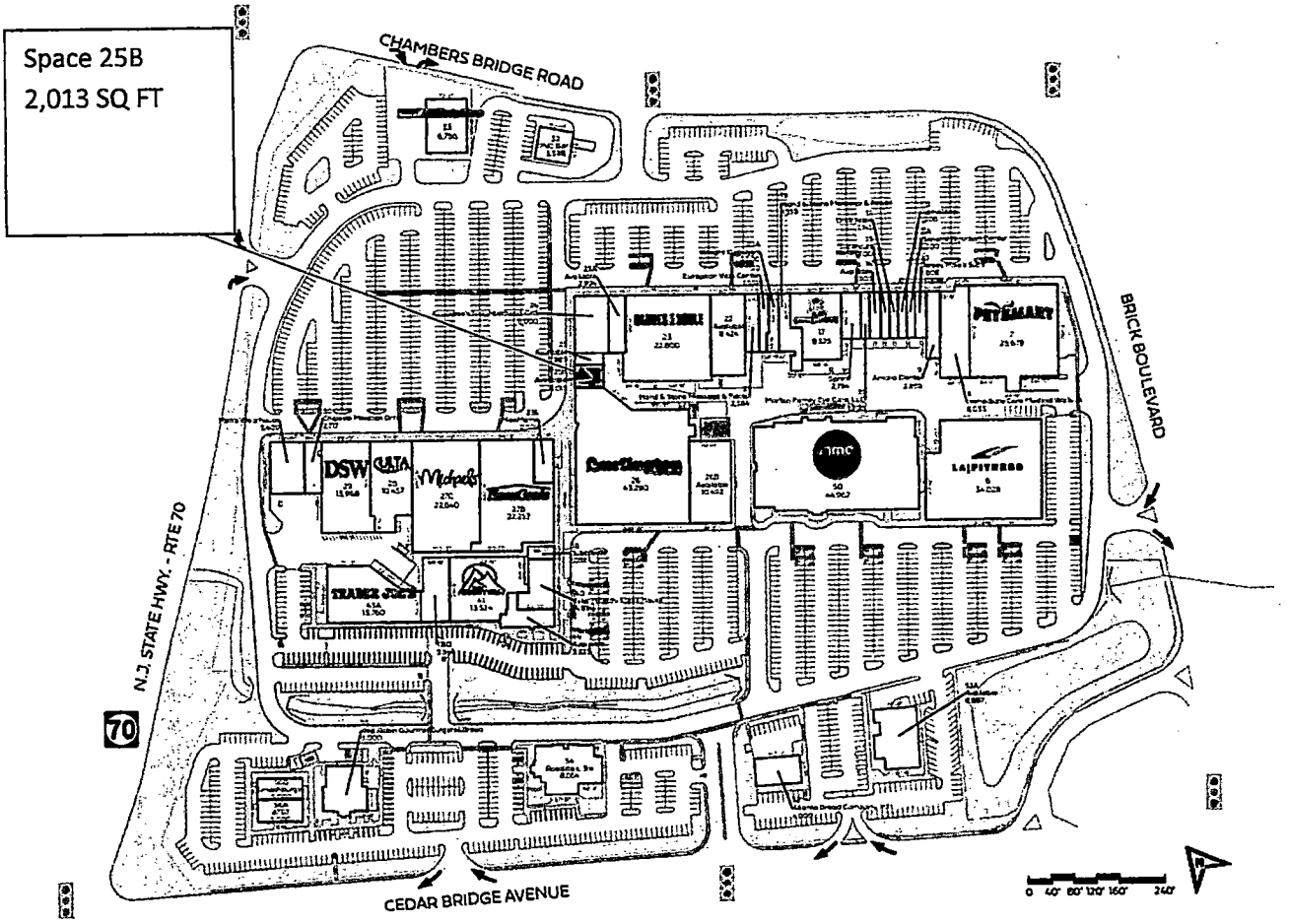
ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

SITE PLAN

Brick Plaza

Buff City Soap



APPROVED FOR ZONING
7-21-21 Tenant Fit-up
CHRIS ROMANO, ZONING OFFICER

Geoff Protz
Director of Construction
NNI Construction
40 Tarbell Avenue
Bedford, OH 44146
440-708-6514

idesign LLC
Casey Kuffner
14909 Bircham Road
Louisville, KY 40245
502-572-0712

December 9, 2021

Re: Buff City Soap, Brick Plaza, 56 Chambers Bridge Road, #25B, Brick, NJ 08723

Dear Mr. Protz,

This letter is to acknowledge the use of hat channel along the existing CMU walls without insulation is acceptable with this office. Construction along any existing exterior CMU wall should have a water-based epoxy applied prior to the installation of gyp board. Please refer to PT5 on the Material Finish Schedule on sheet A1.2 of the construction drawings.

Please feel free to call with any further questions.

Sincerely,

Casey Kuffner
Assoc. AIA

7:54 Received Email 12/10/21 Hard copy to Follow

QPCTMR 09/13

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
[X]	[ ]	[ ]	[ ]
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C. 7:10-10.2(f)) and be exhibited upon request.

Date of test 1/8/22

To: Brick Building Dept

From: (Name of Permit Holder)
Buff City Soap
56 Chambers Brdg, Rt 88
Brick NJ 08723

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve
Manufacturer: Cyleffi [X] RPZ [ ] DCVA
Model Number: 574 series DN Size: 1" in.
Serial Number: _____

Location of Valve
rear wall of store

Comments and Notations: _____

Test Kit Serial # _____ Calibration Date _____	PRESSURE TEST 75psi REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed [X] Failed [ ]	Closed Tight [X] at 7.2 psid Leaked [ ]	Closed Tight [X] at 6 psid Leaked [ ]	Opened at 2 psid Did Not Open [ ]	OK [ ] Failed [ ]	OK [ ] Failed [ ]
	No. 2 Shut-off Valve Closed Tight [ ] Leaked [ ] By-pass Used [ ]				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight [ ] _____ psid	Closed Tight [ ] _____ psid	Opened at _____ psid	OK [ ]	OK [ ]

The Results Shown Above are Certified to be True
Certified Testers Name: Scott Wickersham
Certified Testers Signature: [signature]
Certifying Authority: State of NJ
Cert. ID #: BF-2019 448 Exp. Date: 09/06/22
Tester Phone No: 201-343-4157

Witnesses to test and inspection
Name: James D. Cole Title: _____
Representing: Wickersham
Name: _____ Title: _____
Representing: _____

T-Two 5

SYSTEM RECORD OF COMPLETION

This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: 1/3/22 Supplemental Pages Attached: 9

1. PROPERTY INFORMATION

Name of property: Brick Shopping Center ~ Spaces 19 to 27

Address: 56 Chambers Bridge Road, Brick, NJ 08723

Description of property: Retail

Name of property representative: Judy Maurer

Address: 50 East Wynnewood Road, Suite 200, Wynnewood, PA 19096

Phone: 484-419-1200 Fax: _____ E-mail: jmaurer@federalrealty.com

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: Electronic Security Solutions / a Division of Sciens Building Solutions, LLC

Address: 5115 Campus Drive, Plymouth Meeting, PA 19462

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@sciensbuildingsolutions.com

Service organization: Electronic Security Solutions / a Division of Sciens Building Solutions, LLC

Address: 5115 Campus Drive, Plymouth Meeting, PA 19462

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@sciensbuildingsolutions.com

Testing organization: Electronic Security Solutions / a Division of Sciens Building Solutions, LLC

Address: 5115 Campus Drive, Plymouth Meeting, PA 19462

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@sciensbuildingsolutions.com

Effective date for test and inspection contract: 4/9/18

Monitoring organization: Rapid Response Monitoring

Address: 400 West Division Street, Syracuse, NY 13204

Phone: 800-932-3822 Fax: _____ E-mail: _____

Account number: Z931094 Phone line 1: _____ Phone line 2: _____

Means of transmission: DACT

Entity to which alarms are retransmitted: Brick Tonwship Dispatch Phone: 732-262-1100

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: On File

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☒ New system ☐ Modification to existing system Permit number: _____

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Edwards Model number: IO1000

4.2 Software and Firmware

Firmware revision number: 4.3

4.3 Alarm Verification

☐ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: 1 Alarm verification set for 30 seconds

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: 4

Overcurrent protection: Type: Breaker Amps: 20

Branch circuit disconnecting means location: Panel CR Number: #7

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid Battery

Location, if remote from the plant: Inside FACP

Calculated capacity of secondary power to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

5.2 Control Unit

☒ This system does not have power extender panels

☐ Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line		X	B	0
Device Power				
Initiating Device		X	B	0
Notification Appliance		X	B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
LCD w/ Controls	Main Entrance

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	6	Addressable	Alarm	N/A
Smoke Detectors	1	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	2	Addressable	Supervisory	Photoelectric
Heat Detectors		Addressable	Alarm	Rate of Rise/Fixed Temp
Gas Detectors	4	Addressable	Supervisory	Carbon Monoxide
Waterflow Switches	3	Addressable	Alarm	N/A
Tamper Switches	5	Addressable	Supervisory	N/A

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	4	Strobe
Combination Audible and Visible	12	Horn/Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	2
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	
Elevator Flashing Hat	

11. INTERCONNECTED SYSTEMS

☒ This system does not have interconnected systems.

☐ Interconnected systems are listed on supplementary sheet _____ .

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: ESS / sciens Digitally signed by Thomas Capie SET, CFPS Printed name: Thomas Capie Date: 01/03/22

Organization: ESS / a Division of Sciens LLC Title: District Operations Manager Phone: 215-277-5248

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: ESS / sciens Digitally signed by Thomas Capie SET, CFPS Printed name: Thomas Capie Date: 01/03/22

Organization: ESS / a Division of Sciens LLC Title: District Operations Manager Phone: 215-277-5248

12.3 Acceptance Test

Date and time of acceptance test: _____

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

2022 Fire Alarm Test Report

For

Federal Realty

Brick Shopping Center ~ Spaces 19 To 27

56 Chambers Bridge Road
Brick NJ, 08723

INSPECTION DATE:
1/3/2022

INSPECTED BY:
Steve Nice

Electronic Security Solutions / a Division of Sciens Building Solutions, LLC
5115 Campus Drive
Plymouth Meeting, PA 19462
Telephone 215-277-5248
Fax 215-277-5263

tcapie@sciensbuildingsolutions.com

Electronic Security Solutions / a Division of Sciens Building Solutions, LLC
5115 Campus Drive
Plymouyth Meeting, PA 19462

FIRE ALARM TEST REPORT

Inspection Date: 1/3/2022
Inspected By: Steve Nice

Federal Realty
Brick Shopping Center ~ Spaces 19 To 27
56 Chambers Bridge Road
Brick ,NJ 08723
Phone: 215-852-6405
Email: kdolan@metrovation.com

DEVICE KEY

SD-Smoke Detector, **HD**-Heat Detector, **MS**-Manual Pull Station, **DSD**-Duct Detector, **CO**-Carbon Monoxide, **BD**-Beam Detector, **TS**-Tamper Switch, **WF**-Waterflow, **PS**-Pressure Switch, **LA**-Low Air, **PR**-Pump Run, **PPWR**-Pump Power, **PT**-Pump Trouble, **PNA**-Pump Not In Auto, **PAA**-Pre Action Alarm, **PAT**-Pre Action Trouble, **PAS**-Pre Action Supervisory, **SD/CO**-Smoke/CO, **HD/CO**-Heat/CO, **PER**-Primary Elevator Recall, **AER**-Alternate Elevator Recall **DH**-Door Holder, **AHU**-HVAC Shutdown, **DAMP**-Damper, **FPJ**-Fire Phone Jack, **ECW**-Elevator Cab Warning, **ST**=Shunt Trip **PWR**-Power Supply, **FACP**-Main Fire Panel, **ANN**-Anunciator, **NAC**-NAC Panel, **MISC**-Miscellaneous

DEVICE	FLOOR	LOCATION	PASS	ADDRESS	NOTES
SD	1	Above FACP Barnes & Noble	PASS	1	
CO	1	Space 19 Hand & Stone	PASS	2	
TS	1	Barnes & Noble Left Backflow	PASS	126	
TS	1	Barnes & Noble Right Backflow	PASS	127	
WF	1	Solid Wood Cabinets	PASS	128	
TS	1	Solid Wood Cabinets	PASS	129	
WF	1	Space 19 Hand & Stone	PASS	130	
TS	1	Space 19 Hand & Stone	PASS	131	
MISC	1	Space 19 Hand & Stone Trip To CO Detector	PASS	132	
MISC	1	Space 19 Hand & Stone Trip To CO Detector	PASS	133	
MISC	1	Space 19 Hand & Stone Power For CO Detector	PASS	134	
MS	1	Space 19 Hand & Stone Front Entrance	PASS	135	
MS	1	Space 19 Hand & Stone Rear Exit	PASS	136	
DSD	1	Space 19 Hand & Stone	PASS	137	
ANN	1	Space 19 Hand & Stone Front Entrance	PASS	1	
NAC	1	Barnes & Noble Sprinkler Room	PASS		
CO	1	Space 25 Cellutopia	PASS	3	
MS	1	Space 25 Cellutopia Front Entrance	PASS	138	
MISC	1	Space 25 Cellutopia Trip To CO Detector	PASS	139	
MISC	1	Space 25 Cellutopia Trip To CO Detector	PASS	140	
MISC	1	Space 25 Cellutopia Power Power For Co Det.	PASS	141	
ANN	1	Space 25 Cellutopia Front Entrance	PASS	2	
MS	1	Space 19 Hand and Stone Mezz Pull station	PASS	142	
CO	1	Space 27 Buff City Showroom	PASS	4	
CO	1	Space 27 Buff City Rear Storage	PASS	5	
DSD	1	Space 27 Buff City	PASS	6	
MS	1	Space 27 Buff City Front Entrance	PASS	143	
MS	1	Space 27 Buff City Rear Exit	PASS	144	
WF	1	Space 27 Buff City By Bathroom	PASS	145	
TS	1	Space 27 Buff City By Bathroom	PASS	146	
ANN	1	Space 27 Buff City Front Entrance	PASS	3	

31	TOTAL DEVICES	31	0	[illegible]
1	TOTAL SMOKE DETECTORS	1	0	100.00%
6	TOTAL MANUAL PULL STATIONS	6	0	100.00%
2	TOTAL DUCT SMOKE DETECTORS	2	0	100.00%
0	TOTAL HEAT DETECTORS	0	0	NA
3	TOTAL WATERFLOWS	3	0	100.00%
5	TOTAL TAMPER VALVES	5	0	100.00%
0	TOTAL PRESSURE SWITCHES	0	0	NA
0	TOTAL LOW AIR	0	0	NA
0	TOTAL PRE ACTION ALARMS	0	0	NA
0	TOTAL PRE ACTION TROUBLES	0	0	NA
0	TOTAL PRE ACTION SUPERVISORIES	0	0	NA
0	TOTAL FIRE PUMP POWER	0	0	NA
0	TOTAL FIRE PUMP RUN	0	0	NA
0	TOTAL FIRE PUMP TROUBLE	0	0	NA
0	TOTAL FIRE PUMP NOT IN AUTO	0	0	NA
0	TOTAL SMOKE/CO DETECTORS	0	0	NA
0	TOTAL HEAT/CO DETECTORS	0	0	NA
0	TOTAL PRIMARY ELEVATOR RECALL	0	0	NA
0	TOTAL ALTERNATE ELEVATOR RECALL	0	0	NA
0	TOTAL ELEVATOR CAB WARNING	0	0	NA
0	TOTAL SHUNT TRIP BREAKER	0	0	NA
0	TOTAL DOOR HOLDER	0	0	NA
0	TOTAL HVAC SHUTDOWN	0	0	NA
0	TOTAL DAMPER CONTROLS	0	0	NA
0	TOTAL FIRE PHONE JACKS	0	0	NA
0	TOTAL PRINTER	0	0	NA
0	TOTAL POWER SUPPLY	0	0	NA
0	TOTAL FACP	0	0	NA
3	TOTAL ANNUNCIATOR	3	0	100.00%
1	TOTAL NAC PANEL	1	0	100.00%
6	TOTAL MISCELLANEOUS	6	0	100.00%
4	TOTAL CARBON MONOXIDE DETECTORS	4	0	100.00%

VESS Electronic Security Solutions

NO. 1

FIRE ALARM TESTING RECORDS

TESTING DATES

INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE
1	04/25/14	6	04/08/19						
2	05/04/15	7	06/17/20						
3	05/31/16	8	09/30/20						
4	05/19/17	9	01/19/21						
5	05/15/18	10	01/03/22						

BATTERY TESTING RECORDS

LOCATION	SIZE / TYPE	DATE TESTED	CHARGER VOLTAGE	STATIC VOLTAGE	AMP HOUR	CONNECTION CHECK	DATE INSTALLED
FACP right	12VDC 12Ah	01/03/22	27.1	13.2	10	GOOD	09/30/20
FACP left	12VDC 12Ah	01/03/22	27.1	13.2	10	GOOD	09/30/20
BPS Right	12VDC 7Ah	01/03/22	26.9	12.4	6	GOOD	09/30/20
BPS Left	12VDC 7Ah	01/03/22	26.9	12.4	6	GOOD	09/30/20

COMMUNICATOR TESTING RECORDS

	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL
TWO SEPARATE AND FUNCTIONS MEANS OF REPORTING				X		ALARM REPORTING WITH PRIMARY DISCONNECTED				X	
PRIMARY METHOD REPORTING	X		2ND METHOD REPORTING			X					

FAILURES, RECOMMENDATIONS/CONCERNS & NOTES ENCOUNTERED DURING TESTING	
	FAILURES:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
	RECOMMENDATIONS/CONCERNS:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

VERIFICATION OF SYSTEM TEST

The fire life safety system has been placed in operation and as the owner's representative, I have been instructed in the operation of the system.

Date _____ Name _____ Title _____

The undersigned ESS representative certifies that the fire alarm has been tested in accordance with NFPA 72 (2013 Edition) and local fire codes.

Date 1/3/22 ESS Steve Nice

Electronic Security Solutions

INSPECTION AND TESTING FORM

DATE: 1/3/2022

TIME: 14:00

Service Organization

NAME: Electronic Security Solutions

ADDRESS: 5115 Campus Drive
Plymouth Meeting, PA 19462

REPRESENTATIVE: Steve Nice

LICENSE NO: P01299

TELEPHONE: 215-277-5248

Property Name (User)

NAME: Brick Shopping Center ~ Spaces 19 To 27

ADDRESS: 56 Chambers Bridge Road
Brick , NJ 08723

OWNER CONTACT: Kerry Dolan

TELEPHONE: 215-852-6405

MONITORING AGENCY

CONTACT: Rapid Response

TELEPHONE: 800-932-3822

MONITORING ACCOUNT REF NO: Z931094

APPROVING AGENCY

CONTACT: Brick Township Fire Marshal

TELEPHONE: 732-458-3100

TYPE TRANSMISSION

	- Mc Cullogh
	- Multiplex
X	- Digital
	- Reverse Priority
	- RF
	- Other (Specify)

SERVICE

	- Weekly
	- Monthly
	- Quarterly
	- Semi Annually
X	- Annually
	- Other (Specify)

PANEL MANUFACTURER: Edwards

MODEL NO: IO1000

CIRCUIT CLASS: B

OF CIRCUITS: 3

SOFTWARE REV: 4.3

LAST DATE THAT SYSTEM HAD ANY SERVICE PERFORMED: On File

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: On File

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT CLASS	
6	B	MANUAL STATIONS
1	B	PHOTO DETECTORS
4	B	CO DETECTORS
2	B	DUCT DETECTORS
0		HEAT DETECTORS
3	B	WATERFLOW SWITCHES
5	B	SUPERVISORY SWITCHES
		OTHER (SPECIFY)

NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT CLASS	
		SPEAKER/STROBES
12	B	HORN/STROBES
		CHIMES
4	B	STROBES
		SPEAKERS
		OTHER (SPECIFY):

NOTIFICATION APPLIANCE CIRCUITS: 8

ARE ALL CIRCUITS SUPERVISED: [X] YES [ ] NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT CLASS	
N/A		BUILDING TEMPERATURE
N/A		SITE WATER TEMPERATURE
N/A		SITE WATER LEVEL
N/A		FIRE PUMP POWER
N/A		FIRE PUMP RUNNING
N/A		FIRE PUMP AUTO
N/A		FIRE PUMP OR FIRE PUMP CONTROLLER IN TROUBLE
N/A		FIRE PUMP PHASE REVERSAL
N/A		GENERATOR IN AUTO
N/A		GENERATOR OR CONTROLLER TROUBLE
N/A		SWITCH TRANSFER
N/A		GENERATOR RUNNING
N/A		OTHER (SPECIFY):

SIGNALING LINE CIRCUITS

Quantity and class (see NFPA 72, Table 3-6.1) fo signaling line circuits connected to system:

QUANTITY: 1 CLASS: B

POWER SUPPLIES

a.Primary(Main) Nominal Voltage 120, Amps 8

Overcurrent Protection: Type Breaker, Amps 20

Location (Panel Number): Federal Rear Electric Room Panel CR

Disconnecting Means Location: #7

b. Secondary (Standby):

12VDC x 2 Storage Battery Amp Hour Rating 7

Calculated capacity to operate system, in hours: 24

N/A Engine driven generator dedicated to the fire alarm system

Location of Fuel Storage N/A

TYPE BATTERY

[ ] Dry Cell
[ ] Nickel Cadmium
[X] Sealed Lead-Acid
[ ] Other (Specify)

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

N/A Emergency system describe in NFPA 70, Article 700

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

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

VESS Electronic Security Solutions

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	X			
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	X	X	
LAMPS/LED	X	X	
FUSES	X		
PRIMARY POWER SUPPLY	X	X	
TROUBLE SIGNALS	X	X	
DISCONNECT SWITCHES	X	X	
GROUND FAULT MONITORING	X	X	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	X		
LOAD VOLTAGE		X	
DISCHARGE TEST		X	
CHARGER TEST		X	
TRANSIENT SUPPRESSORS	X		
REMOTE ANNUNCIATORS	X	X	

NOTIFICATION APPLIANCES

AUDIBLE	X	X	
VISUAL	X	X	
SPEAKERS			N/A
VOICE CLARITY			N/A

COMMENTS: _____

EMERGENCY COMMUNICTATION EQUIP	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET			N/A
PHONE JACKS			N/A
OFF-HOOK INDICATOR			N/A
AMPLIFIER(S)			N/A
TONE GENERATOR(S)			N/A
CALL IN SIGNAL			N/A
SYSTEM PERFORMANCE			N/A

INTERFACE EQUIPMENT		VISUAL	DEVICE OPERATION	SIMULATED OPERATION
(SPECIFY)	Duct Detector	X		X
(SPECIFY)				
(SPECIFY)				
(SPECIFY)				
SPECIAL HAZARD SYSTEMS				
(SPECIFY)				
(SPECIFY)				

(SPECIFY) _____

SPECIAL PROCEDURES: _____

COMMENTS: _____

ON/OFF PREMISIS MONITORING	YES	NO	COMMENTS
ALARM SIGNAL	X		
ALARM RESTORAL	X		
TROUBLE SIGNAL	X		
TROUBLE RESTORAL	X		
SUPERVISORY SIGNAL	X		
SUPERVISORY RESTORAL	X		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	COMENTS
BUILDING MANAGEMENT	X		
MONITORING AGENCY	X		
BUILDING OCCUPANTS	X		
OTHER (SPECIFY)			

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RETURNED TO NORMAL OPERATION **DATE:** 1/3/2022 **TIME:** _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA72 STANDARDS

NAME OF INSPECTOR: Steve Nice

DATE: 1/3/2022

SIGNATURE: _____

NAME OF OWNER REPRESENTATIVE: Kerry Dolan

DATE: 1/3/2022

SIGNATURE: _____

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR A BOVEGROUND PIPING

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 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 contractor. It is understood 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.

PROPERTY NAME: Dirt City Soap - Brick Plaza — Date: 12/29/21

PROPERTY ADDRESS: 57 Chambers Bridge Rd. Brick, NJ

ACCEPTED BY APPROVING AUTHORITY('S) NAMES

ADDRESS

PLANS

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 THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS — ☐ YES ☑ NO
2. CARE AND MAINTENANCE INSTRUCTIONS — ☐ YES ☑ NO
3. NFPA 25 — ☐ YES ☑ NO

LOCATION OF SYSTEM

SUPPLIES BUILDING: Separated Space Fed from Barnes + Noble Riser

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	GL5601	2021	1/2	1	155
Globe	GL8118	2021	3/4	21	155

PIPE AND FITTINGS

Type of Pipe: Schd. 40 (Lightwall)

Type of Fittings: (Cast iron 125#) and (Grooved)

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THRU TEST CONNECTION MIN.	MAXIMUM TIME TO OPERATE THRU TEST CONNECTION SEC.
Vein	Potter	VSF4	0	42

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NO.	Q.O.D. MAKE	Q.O.D. MODEL	Q.O.D. SERIAL NO.

DRY PIPE OPERATING TEST

N/A

	TIME TO TRIP THRU TEST CONNECTION* MIN.	TIME TO TRIP THRU TEST CONNECTION* SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN.	TIME WATER REACHED TEST OUTLET* SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO
Without Q.O.D.								☐	☐
With Q.O.D.								☐	☐

IF NO, EXPLAIN:

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION OPENED.

(OVER)

DELUGE & PREACTION VALVES

N/A

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM?		DOES EACH CIRCUIT OPERATE VALVE RELEASE?		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.
		☐	☐	☐	☐		

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON:

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☐ YES ☐ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS?
☑ YES ☐ NO

DRAIN TEST READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: 75 PSI | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE 65 PSI

UNDERGROUND MAIN AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING

VERIFIED BY COPY OF THE U FORM NO. 85B ☐ YES ☐ NO

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☐ YES ☐ NO

OTHER EXPLAIN

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS:	NUMBER REMOVED
Zero		

WELDING

WELDED PIPING ☒ YES ☐ NO

IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? ☒ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? ☒ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? ☒ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☒ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAME PLATE PROVIDED ☒ YES ☐ NO | IF NO, EXPLAIN:

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 12/29/21

SIGNATURES

NAME OF SPRINKLER CONTRACTOR: Premier Fire Systems.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	P.M	12/29/21
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
	Supervisor	12/29/21

ADDITIONAL EXPLANATION AND NOTES

(BACK)

APPLICATION FOR CERTIFICATE

Date Received 07/15/2021
Date Permit Issued 10/25/2021
Control # C-21-002717
Permit # 21-2791
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

Work Site Location 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST %
909 ROSE AVE SUITE 200 NORTH BETHESDA
MD 20852

Telephone (610) 896-5870

Contractor NNI CONSTRUCTION
Address 2005 CYPRESS CREEK RD #102 FT. LAUDERDALE FL
33309

Telephone (954) 870-7792

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

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

USE GROUP B Previous M Current

FINAL COST OF CONSTRUCTION: $ 240500
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - BUFF CITY SOAP

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

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

APPLICATION FOR CERTIFICATE

Date Received 07/15/2021
Date Permit Issued 10/25/2021
Control # C-21-002717
Permit # 21-2791
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

Work Site Location 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST % 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852

Telephone (610) 896-5870

Contractor NNI CONSTRUCTION
Address 2005 CYPRESS CREEK RD #102 FT. LAUDERDALE FL 33309
Telephone (954) 870-7792
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

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

USE GROUP B Previous M Current

FINAL COST OF CONSTRUCTION: $ 240500
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

Minor deviations: Additional lighting installed in the main sales area and relocation of the washer/dryer. No major adjustments to layout of walls or egress paths.

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

Requesting TCO for staff/employees to stock the store the week of 01/03. No access to public until store open in late January.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - BUFF CITY SOAP

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

SIGNED: _____
Owner/Agent

- [x] OWNER
- [ ] AGENT

CONSTRUCTION PERMIT

Date Issued 10/30/07
Control # C-21-002717
Permit # 07-0179

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852

Telephone: (610) 896-5870

Contractor: NNI CONSTRUCTION

Address: 2005 CYPRESS CREEK RD #102 FT. LAUDERDALE FL 33309

Telephone: (954) 870-7792

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

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 - BUFF CITY SOAP

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 $240,500

Construction Official

10/30/07
Date

U.C.C. F170
equiv (rev 1/04)

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

PAYMENTS (Office Use Only)

Building	$6,320
Electrical	$1,050
Plumbing	$900
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$457
CO Fee	$150.00
Other	$0
Total	$9,002
Check No.	1058
Cash	$0
Credit	$0
Collected By	

+15
4077

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.

[x] Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 10/25/21
Control # C-21-002717+B
Permit # +B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852
Telephone: (610) 896-5870

Contractor: NNI CONSTRUCTION
Address: 2005 CYPRESS CREEK RD #102 FT. LAUDERDALE FL 33309
Telephone: (954) 870-7792
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
TENANT FIT UP - BUFF CITY SOAP...UPDATE +B - SPRINKLERS

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

Estimated Cost of Work $4,750

D. Lawrence 10/19/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$175
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$0
Total	$184
Check No.	1034
Cash	$0
Credit	$0
Collected By	

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

REQUIRED INSPECTIONS

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

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

☑ 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 10/25/24
Control # C-21-002717+A
Permit # +A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852
Telephone: (610) 896-5870
Contractor: NNI CONSTRUCTION
Address: 2005 CYPRESS CREEK RD #102 FT. LAUDERDALE FL 33309
Telephone: (954) 870-7792
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
TENANT FIT UP - BUFF CITY SOAP ...UPDATE +A - ALARMS

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 $19,800

Construction Official
Date 10/29/24

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$150
Plumbing	$100
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	
Other	$0
Total	$404
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 2021058
DATE ISSUED _____

BLOCK: 671 LOT: 101 QUALIFIER: _____ SITE ADDRESS: 56 CHAMBERSBRIDGE RD #25B

IDENTIFICATION:

1. NAME OF OWNER IN FEE: FEDERAL REALTY INVESTMENT TRUST
   COMPLETE ADDRESS: 909 ROSE AVE #200
   N BETHESDA MD 20852
   PHONE # 610 896 5870 EMAIL: NCAIN@FEDERALREALTY.COM
2. NAME OF APPLICANT: RACHEL BIELERT FOR BCS BRICK LLC
   APPLICANT ADDRESS: 9 GRAND AVE STE 2D (DBA BUFFCITY SOAP)
   TOMS RIVER NJ 08753
   PHONE # 954.350.0422 EMAIL: RACHEL.BIELERT@PLANETFITNESS MIAMI.COM
3. RESPONSIBLE PERSON FOR WORK: RACHEL L BIELERT
   PHONE# 954.350.0422 FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: VACANT PHONE RETAIL
PROPOSED USE: RETAIL SALES OF HAND CRAFTED SOAPS/BATH PRODUCTS
BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: TENANT IMPROVEMENT FOR RETAIL HAND CRAFTED SOAPS & BATH PRODUCTS

ZONING REVIEW:
DATE REVIEWED: 2-21-21 DATE DENIED: _____ DATE APPROVED: 2-21-21 INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) 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

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

Date Issued:
Application Number: ZA-21-01144
Application Date: 7/19/2021
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Brick Township, NJ 08723

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **909 ROSE AVE SUITE 200**
NORTH BETHESDA, MD 20852

Applicant: **BCS Brick LLC**
Address: **9 Grand Avenue**
Toms River, NJ 08753

Block: **671** Lot: **1.01** Qualifier: Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store Buff City Soap**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. "Buff City Soap"

Additional Zoning permit is required for additional work or signage.

Application Approved Date: 7/21/2021

Upon review it was determined that the Zoning Permit:

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

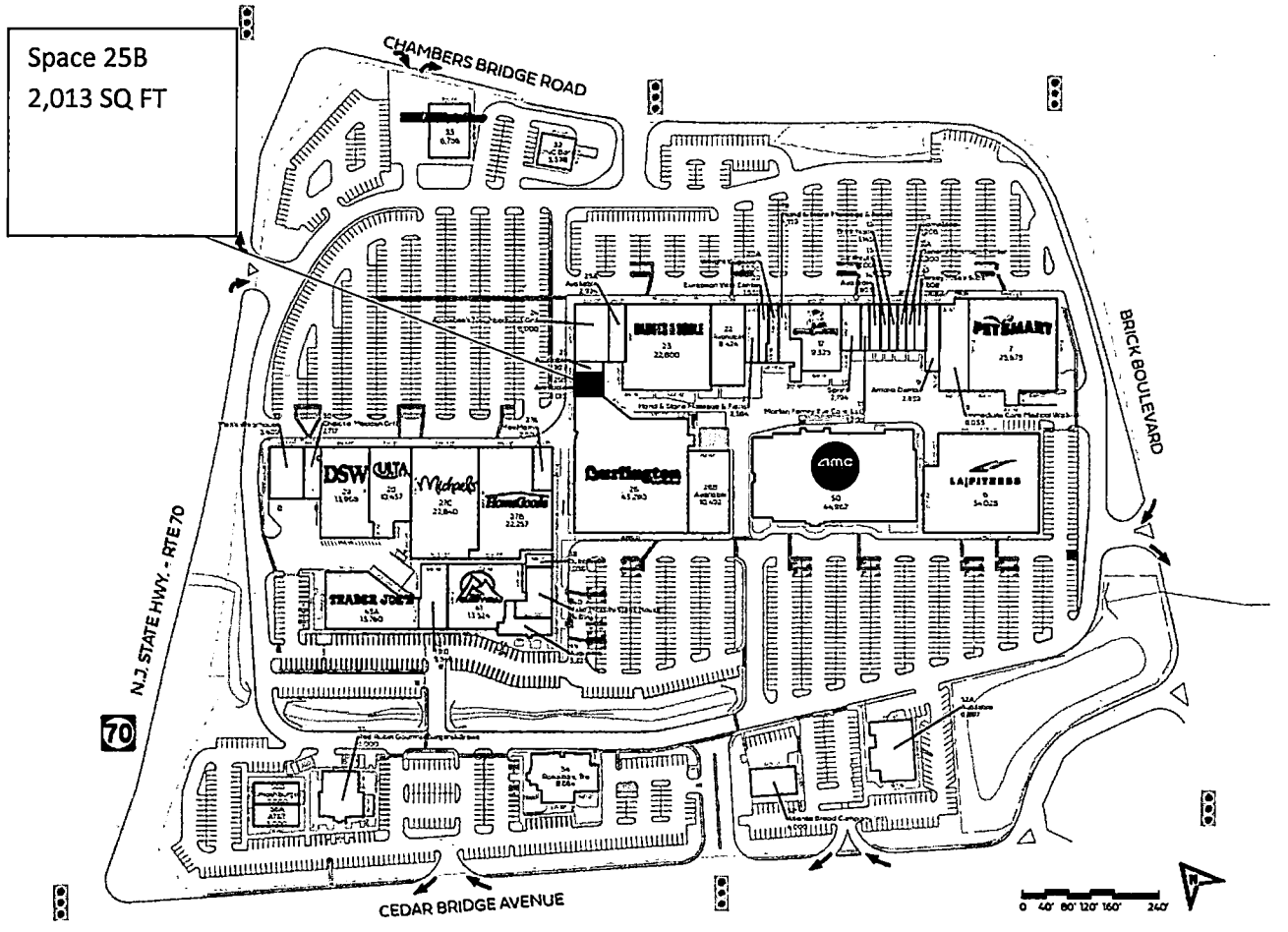
Christopher J. Romano, Zoning Officer

7/21/2021
Date

SITE PLAN

Brick Plaza

Buff City Soap



APPROVED FOR ZONING
2-21-21 Tenant Fit-up
CHRIS ROMANO, ZONING OFFICER

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

PREMIER FIRE SYSTEMS

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

P00647	05/13/2019 to 10/31/2022	
Permit ID	Date Issued	Lapse Date

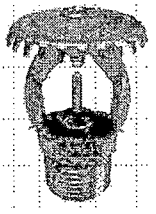
Sheila Y. Oliver
Commissioner

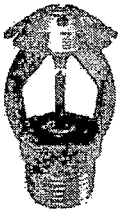
QUICK RESPONSE AUTOMATIC SPRINKLERS GL SERIES UPRIGHT • PENDENT VERTICAL SIDEWALL HORIZONTAL SIDEWALL CONVENTIONAL (OLD STYLE)

DESCRIPTION AND OPERATION

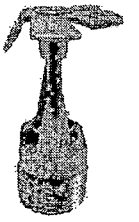
The Globe Quick Response GL Series Sprinklers are a low profile yet durable design which utilizes a 3mm frangible glass ampule as the thermosensitive element. This provides sprinkler operation approximately six times faster than ordinary sprinklers. While the Quick Response Sprinkler provides an aesthetically pleasing appearance, it can be installed wherever standard spray sprinklers are specified when allowed by the applicable standards. It offers the additional feature of greatly increased safety to life and is available in various styles, orifices, temperature ratings and finishes to meet many varying design requirements. Quick Response Sprinklers should be used advisedly and under the direction of approving authorities having jurisdiction.

The heart of Globe's GL Series sprinkler proven actuating assembly is a hermetically sealed frangible glass ampule that contains a precisely measured amount of fluid. When heat is absorbed, the liquid within the bulb expands increasing the internal pressure. At the prescribed temperature the internal pressure within the ampule exceeds the strength of the glass causing the glass to shatter. This results in water discharge which is distributed in an approved pattern depending upon the deflector style used.

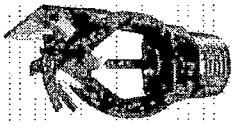


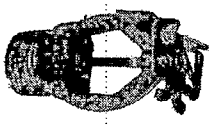


QUICK RESPONSE
UPRIGHT CONVENTIONAL



QUICK RESPONSE
PENDENT VERTICAL SIDEWALL





QUICK RESPONSE
HORIZONTAL SIDEWALL LPC/CE HORIZONTAL SIDEWALL

TECHNICAL DATA

- See reverse side for Approvals and Specifications.
- Temperature Ratings - 135°F (57°C), 155°F (68°C), 175°F (79°C), 200°F (93°C), 286°F (141°C)
- Water Working Pressure Rating - 175 psi (12 Bars)
- Factory tested hydrostatically to 500 psi (34 Bars)
- Maximum low temperature glass bulb rating is -67°F (-55°C)
- Frame - bronze • Deflector - brass • Screw - brass
- Lodgement Wire - stainless steel •
- Bulb seat - copper • Spring - nickel alloy • Seal - teflon
- Bulb - glass with alcohol based solution, 3mm size

•SPRINKLER TEMPERATURE RATING/CLASSIFICATION and COLOR CODING

CLASSIFICATION	AVAILABLE SPRINKLER TEMPERATURES		BULB COLOR	N.F.P.A. MAXIMUM CEILING TEMPERATURE	
ORDINARY	135°F/155°F	57°C/68°C	ORANGE/RED	100°F	38°C
INTERMEDIATE	175°F/200°F	79°C/93°C	YELLOW/GREEN	150°F	66°C
HIGH	286°F	141°C	BLUE	225°F	107°C

QUICK RESPONSE
AUTOMATIC SPRINKLERS
GL SERIES
UPRIGHT • PENDENT • VERTICAL SIDEWALL
HORIZONTAL SIDEWALL • CONVENTIONAL (OLD STYLE)

SPECIFICATIONS

NOMINAL "K" FACTOR	THREAD SIZE	LENGTH[1]	FINISHES
2.8 (39 metric)	1/2" NPT	2 1/4" (5.7cm)	Factory Bronze Chrome White Polyester [3] Black Polyester [2,3]
4.2 (59 metric)	1/2" NPT	2 1/4" (5.7cm)	
5.6 (80 metric)	1/2" NPT	2 1/4" (5.7cm)	
7.8 (111 metric)	1/2" NPT	2 1/4" (5.7cm)	
8.1 (116 metric)	3/4" NPT	2 7/16" (6.2cm)	

METRIC CONVERSIONS ARE APPROXIMATE.
[1] HORIZONTAL SIDEWALL IS 2 9/16".
[2] FINISHES AVAILABLE ON SPECIAL ORDER.
[3] AVAILABLE AS cULus LISTED CORROSION RESISTANT WHEN SPECIFIED ON ORDER.

APPROVALS

STYLE	SIN MODEL	K FACTOR	HAZARD[1]	135°F 57°C	155°F 68°C	175°F 79°C	200°F 93°C	286°F 141°C	cULus	FM	LPC	CE	NYC - DOB MEA 101-92-E
UPRIGHT	GL2815	2.8	LH	X	X	X	X	X	X	—	—	—	X
	GL4215	4.2	LH	X	X	X	X	X	X	—	—	—	X
	GL5615	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
	GL8115	7.8*	LH/OH	X	X	X	X	X	X	—	—	—	X
	GL8118	8.1	LH/OH	X	X	X	X	X	X	X	X	X	X
PENDENT	GL2801	2.8	LH	X	X	X	X	X	X	—	—	—	X
	GL4201	4.2	LH	X	X	X	X	X	X	—	—	—	X
	GL5601	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
	GL8101	7.8*	LH/OH	X	X	X	X	X	X	X	—	—	X
	GL8106	8.1	LH/OH	X	X	X	X	X	X	X	X	X	X
VERTICAL SIDEWALL†	GL5632	5.6	LH	X	X	X	X	X	X	X	—	—	—
	GL8133	8.1	LH	X	X	X	X	X	X	—	—	—	—
HORIZONTAL SIDEWALL	GL2826 §	2.8	LH	X	X	X	X	X	X	—	—	—	X
	GL4226 §	4.2	LH	X	X	X	X	X	X	—	—	—	X
	GL5626 §	5.6	LH/OH	X	X	X	X	X	X	X	—	—	X
	GL5627¤	5.6	LH/OH	X	X	X	X	X	—	—	X	X	—
	GL8127 §	8.1	LH/OH	X	X	X	X	X	X	—	—	—	—
CONVENTIONAL (OLD STYLE)	GL5624	5.6	LH/OH	X	X	X	X	X	—	—	X	X	—
	GL8125	8.1	LH/OH	X	X	X	X	X	—	—	X	X	—

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OH: ORDINARY HAZARD
LH: LIGHT HAZARD
*1/2" NPT

ORDERING INFORMATION

SPECIFY

- Quantity • Model Number • Style
- Orifice • Thread Sizes • Temperature
- Finishes desired
- Quantity - Wrenches - P/N 325390 (1/2"); P/N 312366 (L.O.)

GLOBE FIRE SPRINKLER CORPORATION

JUNE 2012

GLOBE® PRODUCT WARRANTY

Globe agrees to repair or replace any of its own manufactured products found to be defective in material or workmanship for a period of one year from date of shipment.

For specific details of our warranty please refer to Price List Terms and Conditions of Sale (Our Price List).

4077 AIRPARK DRIVE, STANDISH, MICHIGAN 48658
989-846-4583 FAX 989-846-9231
1-800-248-0278 www.globesprinkler.com

PRINTED U.S.A. BULLETIN GL5615, REV. #9

QUICK RESPONSE AUTOMATIC SPRINKLERS GL SERIES UPRIGHT • PENDENT VERTICAL SIDEWALL HORIZONTAL SIDEWALL CONVENTIONAL (OLD STYLE)

DESCRIPTION AND OPERATION

The Globe Quick Response GL Series Sprinklers are a low profile yet durable design which utilizes a 3mm frangible glass ampule as the thermosensitive element. This provides sprinkler operation approximately six times faster than ordinary sprinklers. While the Quick Response Sprinkler provides an aesthetically pleasing appearance, it can be installed wherever standard spray sprinklers are specified when allowed by the applicable standards. It offers the additional feature of greatly increased safety to life and is available in various styles, orifices, temperature ratings and finishes to meet many varying design requirements. Quick Response Sprinklers should be used advisedly and under the direction of approving authorities having jurisdiction.

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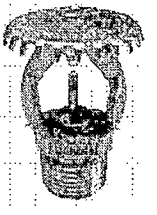

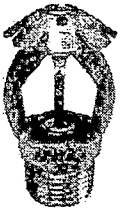

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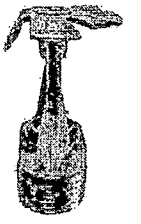

QUICK RESPONSE
PENDENT VERTICAL SIDEWALL

QUICK RESPONSE
HORIZONTAL SIDEWALL LPC/CE HORIZONTAL SIDEWALL

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	GL8115	7.8*	LH/OH	X	X	X	X	X	X	—	—	—	X
	GL8118	8.1	LH/OH	X	X	X	X	X	X	X	X	X	X
PENDENT	GL2801	2.8	LH	X	X	X	X	X	X	—	—	—	X
	GL4201	4.2	LH	X	X	X	X	X	X	—	—	—	X
	GL5601	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
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	GL4226 §	4.2	LH	X	X	X	X	X	X	—	—	—	X
	GL5626 §	5.6	LH/OH	X	X	X	X	X	X	X	—	—	X
	GL5627¤	5.6	LH/OH	X	X	X	X	X	—	—	X	X	—
	GL8127 §	8.1	LH/OH	X	X	X	X	X	X	—	—	—	—
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GLOBE FIRE SPRINKLER CORPORATION

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JUNE 2012 PRINTED U.S.A. BULLETIN GL5615, REV. #9

HYDRAULIC CALCULATIONS

for:
Proposed Tenant Fit-up for:

Buff City Soap

Located at:
Brick Plaza
60 Brick Plaza - Suite 25B
Brick, New Jersey 08723

DESIGN DATA: CALCULATION #1
Area Calculated: Most Demanding Uprights
System 1 - Wet - Uprights
Hazard: OHG2 - Mercantile
Density: 0.20 gpm/ft
Minimum Pressure Per Head: 7 psi
Area: 1080 Sq. Ft. (QR Reduction)
No. Sprinklers Calculated: 11
Area Per Sprinkler: 130 Sq. Ft. Max.
Hose Demand: 250.000 gpm
Total Water Required: 549.195 gpm
Total Pressure Required: 49.372 psi
Safety Margin: 23.19 psi

JOB: # 379

Installing Contractor:
Premier Fire Systems
License # P00647
2 Ilene Court #21
Hillsborough, N.J. 08844
TEL: (908) 874-4414

No.	Revision/Issue	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		

FIRE SPRINKLER DESIGN BY:
Tsunami Fire Suppression, L.L.C.

A new wave in fire protection.
3770 N.C. State Highway 134, Asheboro, North Carolina 27205
TEL: (732) 597-6357/E-MAIL: Trevor@TsunamiFireSprinkler.com
Trevor A. Silvera, CET
NICET LIC. #128017
Automatic Sprinkler System Layout, Level III
Inspection & Testing of Water Based, Level III

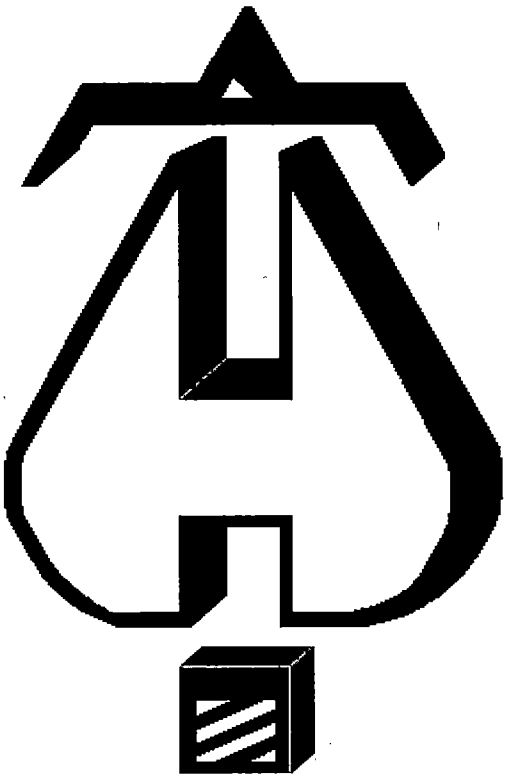
CARL A. MOENKE, P.E.
PROFESSIONAL ENGINEER

811 Royal Lane
TOMS RIVER, N.J. 08753
(732) 240 - 5630

N.J. LICENSE NUMBER 39052
FLA. LICENSE NUMBER 42005
FAX: (732) 240 - 3463

Signature

7-12-21
Date:



. . . Fire Protection by Computer Design

Premier Fire Systems
2 Ilene Court #21
Hillsborough, NJ 08844
(908) 874-4414

Job Name	:	Buff City Soap
Building	:	SPK100
Location	:	Brick Plaza, 60 Brick Plaza, Suite 25B, Brick, NJ 08723
System	:	1
Contract	:	379
Data File	:	379 BCS Submittal 07-07-2021 AREA 1.wxf379 BCS Submittal 07-

HYDRAULIC CALCULATIONS
for

Project name: Buff City Soap
Location: Brick Plaza, 60 Brick Plaza, Suite 25B, Brick, NJ 08723
Drawing no: SPK100
Date: 07-07-2021

Design

Remote area number: 1
Remote area location: Most Demanding/Remote Sales Floor
Occupancy classification: OHG2 - Mercantile
Density: 0.20 - Gpm/SqFt
Area of application: 1080 QR Red - SqFt
Coverage per sprinkler: 100 - SqFt
Type of sprinklers calculated: Globe GL 8.0K Uprights SIN#GL8118
No. of sprinklers calculated: 11
In-rack demand: N/A - GPM
Hose streams: 250 - GPM
Total water required (including hose streams): 549.195 - GPM @ 49.372 - Psi
Type of system: Additions to Existing Wet Tree System
Volume of dry or preaction system: N/A - Gal

Water supply information

Date: 05-06-2014
Location: Hydrant on Property
Source: MAC Sprinkler

Name of contractor: Premier Fire Systems
Address: 2 Ilene Court #21 / / Hillsborough, NJ 08844
Phone number: (908) 874-4414
Name of designer: Tsunami FireSuppression
Authority having jurisdiction: Local Fire Marshall
Notes: (Include peaking information or gridded systems here.) Saftey Factor: 23.19 psi

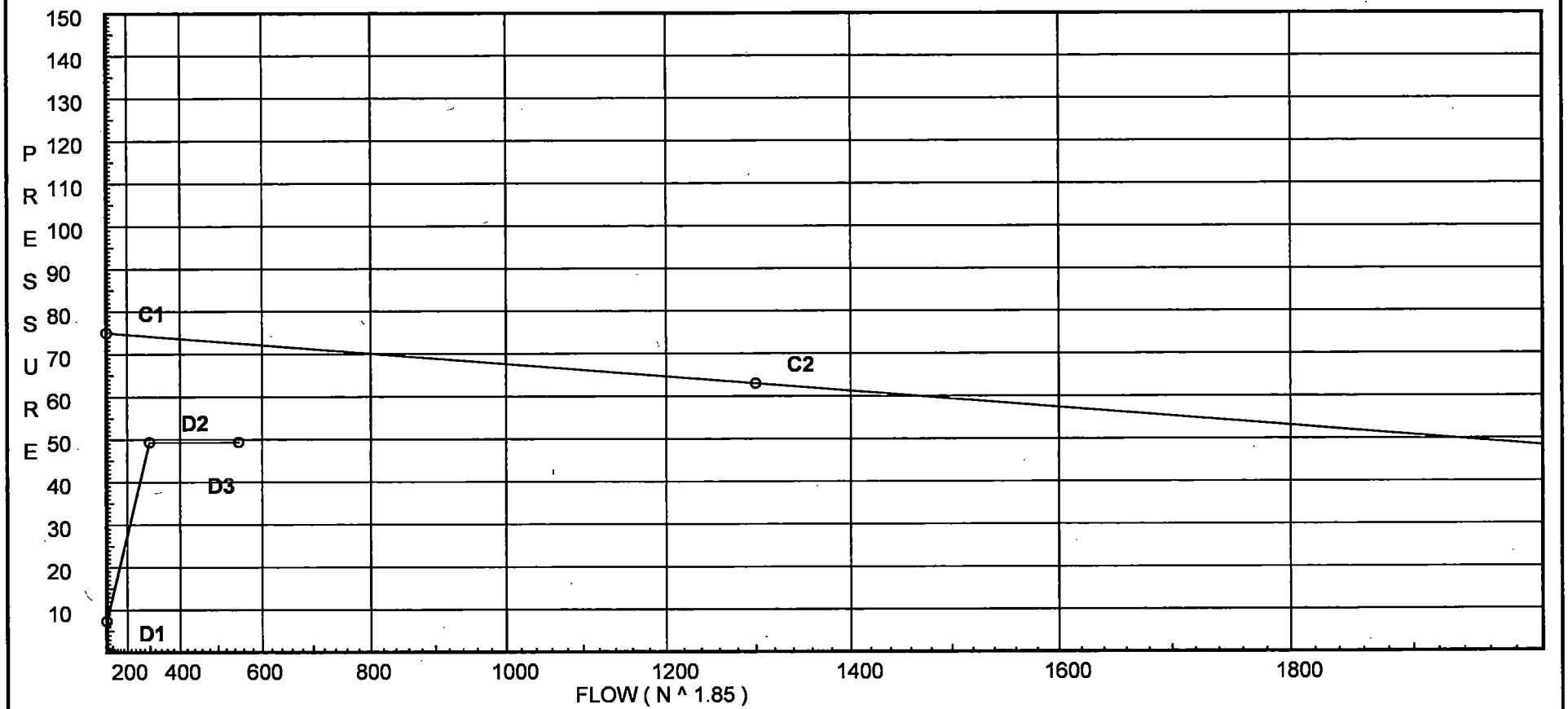
Water Supply Curve C

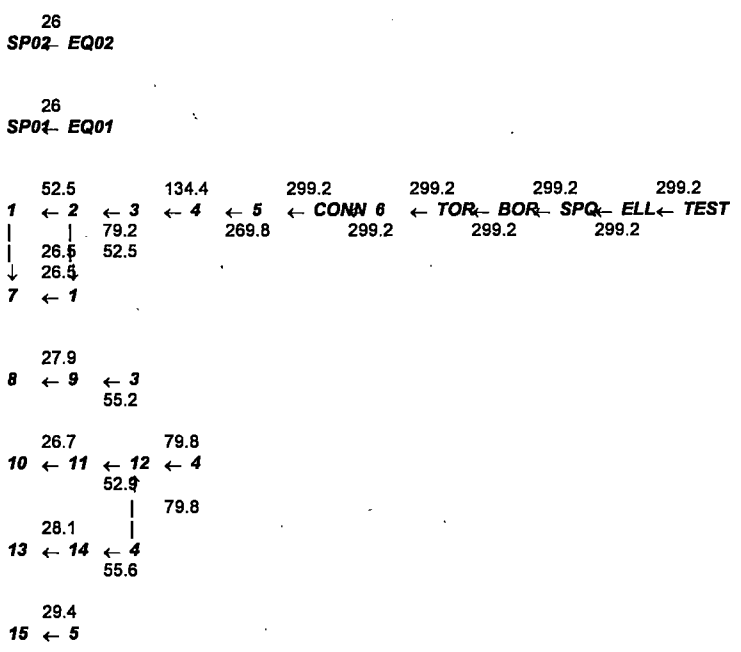
Premier Fire Systems
Buff City Soap

City Water Supply:
- C1 - Static Pressure : 75
- C2 - Residual Pressure: 63
- C2 - Residual Flow : 1300

Demand:

D1 - Elevation	: 7.363
D2 - System Flow	: 299.195
D2 - System Pressure	: 49.372
Hose (Demand)	: 250
D3 - System Demand	: 549.195
Safety Margin	: 23.191

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26
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8 ← 9 ← 3
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26.7
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52.9
79.8
28.1
13 ← 14 ← 4
55.6
29.4
15 ← 5

Fittings Used Summary

Fitting Legend

Abbrev.	Name	½	¾	1	1¼	1½	2	2½	3	3½	4	5	6	8	10	12	14	16	18	20	24
B	NFPA 13 Butterfly Valve	0	0	0	0	0	6	7	10	0	12	9	10	12	19	21	0	0	0	0	0
E	NFPA 13 90' Standard Elbow	1	2	2	3	4	5	6	7	8	10	12	14	18	22	27	35	40	45	50	61
Fsp	Flow Switch Potter VSR	Fitting generates a Fixed Loss Based on Flow																			
G	NFPA 13 Gate Valve	0	0	0	0	0	1	1	1	1	2	2	3	4	5	6	7	8	10	11	13
S	NFPA 13 Swing Check	0	0	5	7	9	11	14	16	19	22	27	32	45	55	65					
T	NFPA 13 90' Flow thru Tee	3	4	5	6	8	10	12	15	17	20	25	30	35	50	60	71	81	91	101	121
Ziw	Wilkins 375AST RPZ Stainless	Fitting generates a Fixed Loss Based on Flow																			

Units Summary

Diameter Units	Inches
Length Units	Feet
Flow Units	US Gallons per Minute
Pressure Units	Pounds per Square Inch

Note: Fitting Legend provides equivalent pipe lengths for fittings types of various diameters. Equivalent lengths shown are standard for actual diameters of Sched 40 pipe and CFactors of 120 except as noted with *. The fittings marked with a * show equivalent lengths values supplied by manufacturers based on specific pipe diameters and CFactors and they require no adjustment. All values for fittings not marked with a * will be adjusted in the calculation for CFactors of other than 120 and diameters other than Sched 40 per NFPA.

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
SP02	17.5	8	10.56	na	26.0	0.2	130	7.0
EQ02	17.0		12.05	na				
SP01	17.5	8	10.56	na	26.0	0.2	130	7.0
EQ01	17.0		11.41	na				
1	17.0	K = K @ EQ02	12.05	na	26.0			
2	17.0	K = K @ EQ02	12.66	na	26.66			
3	17.0		14.66	na				
4	17.0		14.88	na				
5	17.0		15.69	na				
CONN	11.5		21.54	na				
6	11.5		29.46	na				
TOR	11.5		30.8	na				
BOR	2.0		39.05	na				
SPQ	2.0		48.37	na				
ELL	-5.0		51.42	na				
TEST	0.0		49.37	na	250.0			
7	17.0	K = K @ EQ01	11.87	na	26.52			
8	17.0	K = K @ EQ01	13.13	na	27.89			
9	17.0	K = K @ EQ02	13.32	na	27.34			
10	17.0	K = K @ EQ01	12.06	na	26.72			
11	17.0	K = K @ EQ02	12.23	na	26.2			
12	17.0	K = K @ EQ02	12.86	na	26.86			
13	17.0	K = K @ EQ01	13.33	na	28.1			
14	17.0	K = K @ EQ02	13.52	na	27.55			
15	17.0	K = K @ EQ02	15.37	na	29.37			

The maximum velocity is 11.52 and it occurs in the pipe between nodes 12 and 4

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
SP02	26.00	1.049	1T	5.0	1.000	10.562		K Factor = 8.00
to		120.0		0.0	5.000	0.217		
EQ02	26.0	0.2115		0.0	6.000	1.269		Vel = 9.65
	0.0							
	26.00					12.048		K Factor = 7.49
SP01	26.00	1.049	1E	2.0	1.000	10.562		K Factor = 8.00
to		120.0		0.0	2.000	0.217		
EQ01	26.0	0.2113		0.0	3.000	0.634		Vel = 9.65
	0.0							
	26.00					11.413		K Factor = 7.70
1	52.52	1.682		0.0	7.920	12.048		K Factor @ node EQ02
to		120.0		0.0	0.0	0.0		
2	52.52	0.0778		0.0	7.920	0.616		Vel = 7.58
2	26.66	1.682	1T	9.9	2.110	12.664		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
3	79.18	0.1665		0.0	12.010	2.000		Vel = 11.43
3	55.22	3.26		0.0	12.540	14.664		
to		120.0		0.0	0.0	0.0		
4	134.4	0.0176		0.0	12.540	0.221		Vel = 5.17
4	135.43	3.26		0.0	12.540	14.885		
to		120.0		0.0	0.0	0.0		
5	269.83	0.0641		0.0	12.540	0.804		Vel = 10.37
5	29.37	3.26	1T	20.159	15.160	15.689		
to		120.0	1E	9.408	29.567	2.382		
CONN	299.2	0.0776		0.0	44.727	3.470		Vel = 11.50
CONN	0.0	3.26	1B	13.44	50.000	21.541		
to		120.0	1Fsp	0.0	13.440	3.000		* * Fixed Loss = 3
6	299.2	0.0776		0.0	63.440	4.922		Vel = 11.50
6	0.0	4.26	1E	13.167	50.000	29.463		
to		120.0		0.0	13.167	0.0		
TOR	299.2	0.0211		0.0	63.167	1.332		Vel = 6.73
TOR	0.0	4.26	1B	15.8	9.500	30.795		
to		120.0	1Fsp	0.0	44.768	7.114		* * Fixed Loss = 3
BOR	299.2	0.0211	1S	28.968	54.268	1.145		Vel = 6.73
BOR	0.0	4.26	2E	26.334	5.000	39.054		
to		120.0	2B	31.601	57.935	7.990		* * Fixed Loss = 7.99
SPQ	299.2	0.0211	1Ziw	0.0	62.935	1.326		Vel = 6.73
SPQ	0.0	8.27	1E	28.468	7.000	48.370		
to		140.0		0.0	28.468	3.032		
ELL	299.2	0.0006		0.0	35.468	0.022		Vel = 1.79
ELL	0.0	8.27	4E	113.872	5.000	51.424		
to		140.0	1G	6.326	175.552	-2.166		
TEST	299.2	0.0006	1T	55.354	180.552	0.114		Vel = 1.79
	250.00							Qa = 250.00
	549.20					49.372		K Factor = 78.16
7	26.52	1.682		0.0	7.920	11.873		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
1	26.52	0.0221		0.0	7.920	0.175		Vel = 3.83

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
	0.0							
	26.52					12.048		K Factor = 7.64
8	27.89	1.682		0.0	7.920	13.130		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
9	27.89	0.0242		0.0	7.920	0.192		Vel = 4.03
9	27.34	1.682	1T	9.9	5.800	13.322		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
3	55.23	0.0855		0.0	15.700	1.342		Vel = 7.97
	0.0							
	55.23					14.664		K Factor = 14.42
10	26.72	1.682		0.0	7.920	12.055		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
11	26.72	0.0223		0.0	7.920	0.177		Vel = 3.86
11	26.20	1.682		0.0	7.920	12.232		K Factor @ node EQ02
to		120.0		0.0	0.0	0.0		
12	52.92	0.0790		0.0	7.920	0.626		Vel = 7.64
12	26.86	1.682	1T	9.9	2.110	12.858		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
4	79.78	0.1688		0.0	12.010	2.027		Vel = 11.52
	0.0							
	79.78					14.885		K Factor = 20.68
13	28.10	1.682		0.0	7.920	13.330		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
14	28.1	0.0245		0.0	7.920	0.194		Vel = 4.06
14	27.55	1.682	1T	9.9	5.800	13.524		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
4	55.65	0.0867		0.0	15.700	1.361		Vel = 8.04
	0.0							
	55.65					14.885		K Factor = 14.42
15	29.37	1.682	1T	9.9	2.110	15.370		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
5	29.37	0.0266		0.0	12.010	0.319		Vel = 4.24
	0.0							
	29.37					15.689		K Factor = 7.41

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER **Federal Reality Trust** DATE **8/10/21**

PROPERTY ADDRESS **56 Cedar Bridge Rd. Unit #25B** BLOCK **671** LOT **101**

ZONING **Buff City Soap** USE GROUP **M**

CONTRACTOR **Wickesheim and Sons** LICENSE # REGISTRATION **10277**

WATER MAIN SIZE **1"** WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	1	( )	2.5	( )	
4. LAVATORY	1	( )	1	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1 Mop and 3 service	( )	12	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER	1	( )	1.5	( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN	2	( )	1	( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
TOTALS			22		

GALLONS PER MINUTE 15.2

SIZE of SERVICE 1"

DATE: 8/10/21 APPROVED BY: _____

* * * Communication Result Report (Oct. 16. 2021 2:09PM) * * *

1)
2)

Date/Time: Oct. 16. 2021 2:08PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0709	Memory TX	BTMUA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Federal Reality Trust DATE 8/10/21

PROPERTY ADDRESS 56 Cedar Bridge Rd. Unit #25B BLOCK 671 LOT 101

ZONING Buff City Soap USE GROUP M

CONTRACTOR Wickesheim and Sons LICENSE # REGISTRATION 10277

WATER MAIN SIZE 1" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(dfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	1	( )	2.5	( )	
4. LAVATORY	1	( )	1	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1 Mop and 3 service	( )	12	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER	1	( )	1.5	( )	
11. WASHING MACHINE	1	( )	4	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN	2	( )	1	( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		22		

GALLONS PER MINUTE 15.2

SIZE of SERVICE 1"

DATE: 8/10/21 APPROVED BY:

FEDERAL 1962

TOWNSHIP OF BRICK

LANDLORD LETTER OF APPROVAL

June 15, 2021

Township of Brick

401 Chambersbridge Road

Brick, NJ 08723

ATTN: Zoning / Building Department

Re: **Buff City Soap – Space #25B**

Brick Plaza

To Whom It May Concern:

Please be advised that Buff City Soap has permission from Federal Realty Investment Trust to apply for all permits required for Buff City Soap at Brick Plaza, space #25B.

Should you have any questions, please feel free to contact me at 484-419-1208.

Sincerely,

Neil P. Cain

Sr. Project Manager

COMcheck Software Version 4.1.5.1

Interior Lighting Compliance Certificate

Project Information

Energy Code:	90.1 (2016) Standard
Project Title:	BUFF CITY SOAP
Project Type:	New Construction

Construction Site:
BRICK PLAZA
56 CHAMBERS BRIDGE ROAD, #25B
BRICK, NJ 08723

Owner/Agent:
BUFF CITY SOAP
BRICK, NJ 08723

Designer/Contractor:
ERIC ENGELL
EMR ENGINEERING AND DESIGN
4236 HIGHWAY 3630
ANNVILLE, KY 40402
606-364-2886
robert@emrengineers.com

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B X C)
1-Retail	2100	1.06	2226
		Total Allowed Watts =	2226

Proposed Interior Lighting Power

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
1-Retail				
Track lighting 1: Wattage based on current limiting device capacity	0	0	1200	1200
LED 4: PENDANT: LED MR 2W:	1	15	2	30
LED 5: 4' STRIP: LED A Lamp 25W:	1	7	25	175
LED 6: 4' STRIP: LED Other Fixture Unit 40W:	1	10	40	400
LED 7: 2 X 4: LED Panel 44W:	1	1	44	44
			Total Proposed Watts =	1849

Interior Lighting PASSES: Design 17% better than code

Interior Lighting Compliance Statement

Compliance Statement: The proposed interior lighting design represented in this document is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed interior lighting systems have been designed to meet the 90.1 (2016) Standard requirements in COM*check* Version 4.1.5.1 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

ERIC ENGELL - PE — Name - Title

EEM — Signature

06-30-2021 — Date

FILE COPY

COM*check* Software Version 4.1.5.1

Mechanical Compliance Certificate

Project Information

Energy Code:	90.1 (2016) Standard
Project Title:	BUFF CITY SOAP
Location:	Lakewood, New Jersey
Climate Zone:	4a
Project Type:	New Construction

Construction Site:
BRICK PLAZA
56 CHAMBERS BRIDGE ROAD, #25B
BRICK, NJ 08723

Owner/Agent:
BUFF CITY SOAP
BRICK, NJ 08723

Designer/Contractor:
ERIC ENGELL
EMR ENGINEERING AND DESIGN
4236 HIGHWAY 3630
ANNVILLE, KY 40402
606-364-2886
robert@emrengineers.com

Mechanical Systems List

Quantity	System Type & Description
1	RTU-1 (Single Zone): Heating: 1 each - Other, Gas, Capacity = 72 kBtu/h No minimum efficiency requirement applies Cooling: 1 each - Single Package DX Unit, Capacity = 73 kBtu/h, Air-Cooled Condenser, Air Economizer Proposed Efficiency = 12.00 EER, Required Efficiency: 11.00 EER + 12.7 IEER Fan System: None

Mechanical 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 (2016) Standard requirements in COM*check* Version 4.1.5.1 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

ERIC ENGELL - PE	EEM	06-30-2021
Name - Title	Signature	Date

COM*check* Software Version 4.1.5.1

Inspection Checklist

Energy Code: 90.1 (2016) Standard

Requirements: 100.0% were addressed directly in the COM*check* software

Text in the "Comments/Assumptions" column is provided by the user in the COMcheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

Section # & Req.ID	Plan Review	Complies?	Comments/Assumptions
4.2.2, 6.4.4.2.1, 6.7.2 [PR2][1]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the mechanical systems and equipment and document where exceptions to the standard are claimed. Load calculations per acceptable engineering standards and handbooks.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
4.2.2, 8.4.1.1, 8.4.1.2, 8.7 [PR6][2]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the electrical systems and equipment and document where exceptions are claimed. Feeder connectors sized in accordance with approved plans and branch circuits sized for maximum drop of 3%.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
4.2.2, 9.4.3, 9.7 [PR4][1]	Plans, specifications, and/or calculations provide all information with which compliance can be determined for the interior lighting and electrical systems and equipment and document where exceptions to the standard are claimed. Information provided should include interior lighting power calculations, wattage of bulbs and ballasts, transformers and control devices.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.7.2.4 [PR5][1]	Detailed instructions for HVAC systems commissioning included on the plans or specifications for projects >=50,000 ft2.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

ction # & Req.ID	Footing / Foundation Inspection	Complies?	Comments/Assumptions
6.4.3.7 [FO9][3]	Freeze protection and snow/ice melting system sensors for future connection to controls.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

ion # & Req.ID	Mechanical Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
6.4.1.4, 6.4.1.5 [ME1][2]	HVAC equipment efficiency verified. Non-NAECA HVAC equipment labeled as meeting 90.1.	Efficiency:____	Efficiency:____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Mechanical Systems list for values.*
6.4.3.4.1 [ME3][3]	Stair and elevator shaft vents have motorized dampers that automatically close.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.4.3.4.2, 6.4.3.4.3 [ME4][3]	Outdoor air and exhaust systems have motorized dampers that automatically shut when not in use and meet maximum leakage rates. Check gravity dampers where allowed.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Gravity dampers acceptable in buildings 3 stories.
6.4.3.4.5 [ME39][3]	Enclosed parking garage ventilation has automatic contaminant detection and capacity to stage or modulate fans to 50% or less of design capacity.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.4.3.4.4 [ME5][3]	Ventilation fans >0.75 hp have automatic controls to shut off fan when not required.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.8 [ME6][1]	Demand control ventilation provided for spaces >500 ft2 and >25 people/1000 ft2 occupant density and served by systems with air side economizer, auto modulating outside air damper control, or design airflow >3,000 cfm.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.5.3.2.1 [ME40][2]	DX cooling systems >= 75 kBtu/h (>= 65 kBtu/h effective 1/2016) and chilled-water and evaporative cooling fan motor hp >= ¼ designed to vary supply fan airflow as a function of load and comply with operational requirements.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply. *See the Mechanical Systems list for values.*
6.4.4.1.1 [ME7][3]	Insulation exposed to weather protected from damage. Insulation outside of the conditioned space and associated with cooling systems is vapor retardant.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.4.1.2 [ME8][2]	HVAC ducts and plenums insulated per Table 6.8.2. Where ducts or plenums are installed in or under a slab, verification may need to occur during Foundation Inspection.	R-____	R-____	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.4.1.3 [ME9][2]	HVAC piping insulation thickness. Where piping is installed in or under a slab, verification may need to occur during Foundation Inspection.	____ in.	____ in.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

Section # & Req.ID	Mechanical Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
6.4.4.1.4 [ME41][3]	Thermally ineffective panel surfaces of sensible heating panels have insulation >= R-3.5.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.4.4.2.1 [ME10][2]	Ducts and plenums having pressure class ratings are Seal Class A construction.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.8.1-15, 6.8.1-16 [ME110][2]	Electrically operated DX-DOAS units meet requirements per Tables 6.8.1-15 or 6.8.1-16.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.4.4.2.2 [ME11][3]	Ductwork operating >3 in. water column requires air leakage testing.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.2.3 [ME19][3]	Dehumidification controls provided to prevent reheating, recooling, mixing of hot and cold airstreams or concurrent heating and cooling of the same airstream.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.5.2.4.1 [ME68][3]	Humidifiers with airstream mounted preheating jackets have preheat auto-shutoff value set to activate when humidification is not required.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.2.4.2 [ME69][3]	Humidification system dispersion tube hot surfaces in the airstreams of ducts or air-handling units insulated >= R-0.5.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.2.5 [ME70][3]	Preheat coils controlled to stop heat output whenever mechanical cooling, including economizer operation, is active.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.5.2.6 [ME106][3]	Units that provide ventilation air to multiple zones and operate in conjunction with zone heating and cooling systems are prevented from using heating or heat recovery to warm supply air above 60°F when representative building loads or outdoor air temperature indicate that most zones demand cooling.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.3.3 [ME42][3]	Multiple zone VAV systems with DDC of individual zone boxes have static pressure setpoint reset controls.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply. *See the Mechanical Systems list for values.*
6.5.4.2 [ME25][3]	HVAC pumping systems with >= 3 control values designed for variable fluid flow (see section details).			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

ion # & Req.ID	Mechanical Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
6.5.6.1 [ME56][1]	Exhaust air energy recovery on systems meeting Tables 6.5.6.1-1, and 6.5.6.1-2.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.7.2.1 [ME32][2]	Kitchen hoods >5,000 cfm have make up air >=50% of exhaust air volume.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.7.2.4 [ME49][3]	Approved field test used to evaluate design air flow rates and demonstrate proper capture and containment of kitchen exhaust systems.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.8.1 [ME34][2]	Unenclosed spaces that are heated use only radiant heat.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.9 [ME35][1]	Hot gas bypass limited to: <=240 kBtu/h – 15% >240 kBtu/h – 10%			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.9 [ME63][2]	Heating for vestibules and air curtains with integral heating include automatic controls that shut off the heating system when outdoor air temperatures > 45F. Vestibule heating and cooling systems controlled by a thermostat in the vestibule with heating setpoint <= 60F and cooling setpoint >= 80F.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.5.10 [ME73][3]	Doors separating conditioned space from the outdoors have controls that disable/reset heating and cooling system when open.			☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Building entrances have automatic closing devices.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

tion # & Req.ID	Rough-In Electrical Inspection	Complies?	Comments/Assumptions
8.4.2 [EL10][2]	At least 50% of all 125 volt 15- and 20-Amp receptacles are controlled by an automatic control device.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
8.4.3 [EL11][2]	New buildings have electrical energy use measurement devices installed. Where tenant spaces exist, each tenant is monitored separately. In buildings with a digital control system the energy use is transmitted to to control system and displayed graphically.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
9.4.1.1 [EL1][2]	Automatic control requirements prescribed in Table 9.6.1, for the appropriate space type, are installed. Mandatory lighting controls (labeled as 'REQ') and optional choice controls (labeled as 'ADD1' and 'ADD2') are implemented.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1 [EL2][2]	Independent lighting controls installed per approved lighting plans and all manual controls readily accessible and visible to occupants.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.4.1.1f [EL13][1]	Daylight areas under skylights and roof monitors that have more than 150 W combined input power for general lighting are controlled by photocontrols.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
9.4.1.3 [EL4][1]	Separate lighting control devices for specific uses installed per approved lighting plans.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
9.6.2 [EL8][1]	Additional interior lighting power allowed for special functions per the approved lighting plans and is automatically controlled and separated from general lighting.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
10.4.1 [EL9][2]	Electric motors meet requirements where applicable.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

ion # & Req.ID	Final Inspection	Complies?	Comments/Assumptions
6.4.3.1.2 [FI3][3]	Thermostatic controls have a 5 °F deadband.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.2 [FI20][3]	Temperature controls have setpoint overlap restrictions.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.3.1 [FI21][3]	HVAC systems equipped with at least one automatic shutdown control.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.3.2 [FI22][3]	Setback controls allow automatic restart and temporary operation as required for maintenance.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.12 [FI200][3]	Air economizer has a fault detection and diagnostics (FDD) system (see details for configuration and operational requirements).	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.4.3.6 [FI6][3]	When humidification and dehumidification are provided to a zone, simultaneous operation is prohibited. Humidity control prohibits the use of fossil fuel or electricity to produce RH > 30% in the warmest zone humidified and RH < 60% in the coldest zone dehumidified.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.7.2.1 [FI7][3]	Furnished HVAC as-built drawings submitted within 90 days of system acceptance.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.7.2.2 [FI8][3]	Furnished O&M manuals for HVAC systems within 90 days of system acceptance.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
6.7.2.3 [FI9][1]	An air and/or hydronic system balancing report is provided for HVAC systems serving zones >5,000 ft2 of conditioned area.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
6.7.2.4 [FI10][1]	HVAC control systems have been tested to ensure proper operation, calibration and adjustment of controls.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
8.7.1 [FI16][3]	Furnished as-built drawings for electric power systems within 30 days of system acceptance.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.
8.7.2 [FI17][3]	Furnished O&M instructions for systems and equipment to the building owner or designated representative.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	Requirement will be met.

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

ion # & Req.ID	Final Inspection	Complies?	Comments/Assumptions
9.2.2.3 [FI18][1]	Interior installed lamp and fixture lighting power is consistent with what is shown on the approved lighting plans, demonstrating proposed watts are less than or equal to allowed watts.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	*See the Interior Lighting fixture schedule for values.*
9.4.4 [FI20][1]	At least 75% of all permanently installed lighting fixtures in dwelling units have >= 55 lm/W efficacy or a >= 45 lm/W total luminaire efficacy.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.
10.4.3 [FI24][2]	Elevators are designed with the proper lighting, ventilation power, and standby mode.	☐Complies ☐Does Not ☐Not Observable ☐Not Applicable	**Exception:** Requirement does not apply.

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)

AES HVAC

September 10, 2021

Attn: Nicole Ponsi
Brick Township Municipal Department
nponsi@twp.brick.nj.us
cc: aeshvac.office@gmail.com

Rachael
954 350
0422

re: Buff City Soap
Block: 671 / Lot: 101
56 Chambersbridge Rd # 25B
Brick, NJ 08723

Good afternoon Ms. Ponsi,

We would like to request the removal of our Company's involvement and Master HVAC License # from this project. Unfortunately, we were told that we were not the awarded HVAC Contractor and we are no longer required on this job. We do not know who the awarded HVAC Contractor is at this time but I'm certain the GC would know.

Thank you for your time and assistance.

Should you have any questions; kindly reach out to me at your convenience.
Have a great weekend.

Sincerely,

Jerzy Vega
Project Manager
Desk: 973-405-6171

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, August 10, 2021

To: NNI CONSTRUCTION
2005 CYPRESS CREEK RD #102
FT. LAUDERDALE, FL 33309

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-21-002717
Last Submit Date: Friday, July 30, 2021

Dear NNI CONSTRUCTION,

The following comments were made during the Plan Review process:
The plan shows one water main. The application say two 3/4" mains are to be used to provide the required GPM of flow. Please provide documentation of approval from the water provider, the BTMUA, that they will allow two mains and two meters for this space. If you are granted the permission to use two meters please adjust the architectural plans to show the two sources of water for the distribution system.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 9/1/21