

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.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 671

LOT 1.01

QUALIFICATION CODE

ADDRESS (SITE)

56 CHAMBERS BRIDGE RD

PERMIT NO.

21-0640



CONSTRUCTION PERMIT APPLICATION

C21-000013

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

I. IDENTIFICATION

1. Proposed Work Site at: SPRINT (T-MOBILE)

2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. _____ e-mail _____

Address PO BOX 92129 (ALTUS GROUP) SOUTHLAKE, TX 76092

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: LENNOX NAS Tel. (603) 339-8529

Address 3511 NE 22ND AVE e-mail scott.ayers@lennoxnas.com

FT LAUDERDALE, FL 33308

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 760774239 FAX: _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Scott Ayers

Tel. 603.339.8529 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>180</u>		
2. Electrical	\$ <u>180</u>		
3. Plumbing	\$ <u>180</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$ <u>71</u>		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>382</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

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 _____

(office use only)

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☒ Plumbing
- ☒ Fire Protection
- ☐ Elevator

TOTAL COST \$3,500

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
100				1-29-21	SEP			
400				1-7-21	ML			
2,500				1-23-21	JAN			
500				1-26-21	SEP			

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: _____
2. Use Group, Proposed: Select Group Select Group
3. Change in Use Group, Indicate Present _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

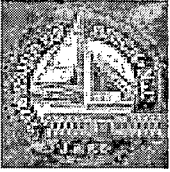
DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

JAN 05 2020



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/08/2021
Control Number C-21-000013
Permit Number 21-0640
Permit Issue Date 03/15/2021
Certificate Number 21-0640

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual:
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852
Telephone: _____
Contractor Lennox Nas
Address 3443 Haddernfield Rd Pennsauken NJ 08109
Telephone: (960) 883-1258 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

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

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: HVAC - - SPRINT ...INSTALL (1) R.T.U.

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:

Daniel Newman Jr

Construction Official

Date Printed: 04/08/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____

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 LENNOX NAS

Address 3511 NE 22ND AVE, FT LAUDERDALE FL 33308

Telephone (603) 339-8529

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.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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 SPRINT (T-MOBILE)
56 CHAMBERS BRIDGE RD, BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. _____ e-mail _____

Address PO BOX 92129 (ALTUS GROUP) SOUTHLAKE, TX 76092

Contractor: LENNOX NAS municipality _____ Tel. (603) 339-8529

Address 3511 NE 22ND AVE e-mail scott.ayers@lennoxnas.co

FT LAUDERDALE, FL 33308

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 _____

Federal Emp. ID No. 760774239 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☒ Replacement

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: Rooftop

Total Cost of Fire Protection Work \$ 500

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☒ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☒ Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: Scott Ayers

D. TECHNICAL SITE DATA ☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK: Disconnect/reconnect existing
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	<u>0</u>	
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		

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
☐ No Plans Required		Alarm System			
☐ Partial - Underslab Utilities Approved		Suppression Sys.			
Date: _____ Approved by: _____		Standpipe			
☒ Fire Protection Plans Approved		Fire Pump			
Date: <u>12-26-21</u> Approved by: <u>[Signature]</u>		Pre-Eng. System			
Joint Plan Review Required:		Mechanical			
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date: <u>1-23-22</u>		Flam/Combust Tanks			
Approved by: <u>[Signature]</u>		Fireplace Venting			
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA		Other			
Date: <u>3-23-24</u>					
Approved by: <u>[Signature]</u>					

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



PLUMBING SUBCODE TECHNICAL SECTION



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 SPRINT (T-MOBILE)

56 CHAMBERS BRIDGE RD, BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. _____ e-mail _____

Address PO BOX 92129 (ALTUS GROUP SOUTHLAKE, TX 76092

Contractor: LENNOX NAS Tel. (603) 339-8529

Address 3511 NE 22ND AVE e-mail scott.ayers@lennoxnas.co
FT LAUDERDALE, FL 33308

Contractor License No. 19HC00907100 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 760774239 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 2,500

JOB SUMMARY (Office Use Only)		INSPECTIONS				Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
☒ No Plans Required		Slab					
☐ Partial - Underslab Utilities Approved		Rough					
Date: <u>1-23-21</u> Approved by: <u>[Signature]</u>		Water					
☐ Plumbing Plans Approved		Sewer					
Date: _____ Approved by: _____		Fixtures					
Joint Plan Review Required:		Gas Equipment					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping					
SUBCODE APPROVAL for PERMIT		LPGas Tank					
Date: <u>1-23-21</u> Approved by: <u>[Signature]</u>		Fuel Oil Piping					
SUBCODE APPROVAL for CERTIFICATE		Solar					
☐ CO ☐ CCO ☒ CA		TCO					
Date: <u>3-30-21</u>		Final					<u>3-24-21 [Signature]</u>
Approved by: <u>[Signature]</u>							

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor _____

sign and seal here _____

Print name here: Scott Ayers

☒ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE ONE LIKE IN KIND ROOFTOP HVAC UNIT

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	\$ _____
_____	Other <u>RTU</u>	\$ _____

COMMERCIAL

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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 Sprint (T-Mobile)

56 Chambers Bridge Rd, Brick NJ 08723

Owner in Fee: Federal realty Investment Trust

Tel. _____ e-mail _____

Address PO Box 92129 (altus group) Southlake, TX 76092

Contractor: Facility Solutions Group Inc Tel. (732) 423-5633

Address 224 Washington St e-mail Kevin.grella@fsgi.com

Perth Amboy, New Jersey 08861

Contractor License No. 10671C Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 74-2942838 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 400

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
☒ No Plans Required	<u>1-7-20</u>	Type:	Failure	Failure	Approval	Initial	
☐ Partial - Underslab Utilities Approved		Rough					
Date:	Approved by:	Barrier-Free					
☐ Electric Plans Approved		Trench					
Date:	Approved by:	Temp. Serv.					
☐ Joint Plan Review Required		Constr. Serv.					
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		TCO					
SUBCODE APPROVAL for PERMIT		Other					
Date:	Approved by:	Service					
<u>1-7-21</u>	<u>[Signature]</u>	Final			<u>3/29/21</u>	<u>[Signature]</u>	
☐ SUBCODE APPROVAL for CERTIFICATE		Barrier-Free					
☐ CO ☐ CCO ☒ CA		Temp. Cut-in-Card Date Issued					
Date:	Approved by:	Final Cut-in-Card Date Issued					
<u>3-29-21</u>	<u>[Signature]</u>	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: [Signature]

Print name here: Stephen J Thorwegen Jr.

☒ Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Disconnect/Reconnect existng HVAC unit

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 UV 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 \$ _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

3-15-21

Date Issued
Permit #

21-0640

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 SPRINT (T-MOBILE)
56 CHAMBERS BRIDGE RD, BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. _____ e-mail _____

Address PO BOX 92129 (ALTUS GROUP SOUTHLAKE, TX 76092

Contractor: LENNOX NAS Tel. (603) 339-8529

Address 3511 NE 22ND AVE e-mail scott.ayers@lennoxnas.co

FT LAUDERDALE, FL 33308

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 760774239 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type	Failure	Approval	Initial
☐ No Plans Required			Footings			
☒ All	<u>1-27-21</u>	<u>NAK</u>	Footings Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT	<u>03/03/21</u>	<u>NAK</u>	Finishes -Base Layer			
Date			Finishes -Final			
Approved by			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date	<u>03/29/21</u>		Other			
Approved by			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____ 100

3. Total (1+ 2) \$ _____ 100

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: Scott Ayers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE ONE LIKE IN KIND ROOFTOP HVAC UNIT

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 02/3-5-21
Control # C-21-000013
Permit # 21-06-11

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor Lennox Nas
Address 3443 Haddernfield Rd Pennsauken NJ 08109
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %
909 ROSE AVE SUITE 200 NORTH BETHESDA Telephone: (960) 883-1258
MD 20852 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____
Telephone: _____

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:

HVAC - SPRINT ...INSTALL (1) R.T.U.

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 \$3,500

D. J. Newman
Construction Official

2/3/21
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	\$150
Electrical	\$150
Plumbing	\$150
Fire Protection	\$125
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$582
Check No.	<u>920837</u>
Cash	\$0
Credit	\$0
Collected By	<u>M. Fagan</u>

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.



Project Submittal

Project Name: Sprint 2823 - Brick Township, NJ-Revision
#2

Project Number: 57052

Project Altitude: 16

Project Location:

22 Brick Plaza

Brick Township, New Jersey US

Customer:

National Account: T Mobile

Date: 11/24/2020

Quote: 32261B

Roof Top Units: 1

Split Systems: 0

Table of Contents

Tag	Qty	Model	Description
7.5 Ton (CP057)	1	KGB092S4M	KGB092S4M-Y 7.5T CONF E=11.0
<u>Miscellaneous Items</u>			

TOWNSHIP OF BRICK

RELEASED FOR PERMIT INITIAL DATE

Building Subcode _____

Plumbing Subcode _____

Fire Subcode _____

Electrical Subcode _____

Plan Reviewer JEP 1-29-21

Plans Released _____

Construction Official _____

Existing unit 1066 135.

New unit 1009 135

FILE COPY



Project Submittal

Tag: 7.5 Ton (CP057)
Model: KGB092S4M - KGB092S4M-Y 7.5T CONF E=11.0

UNIT OVERVIEW								
Voltage	IEER EER	MCA/MOCP (amp)	Gross Cooling Ttl/Sens (MBH)	Net Cooling Ttl/Sens (MBH)	Supply Air Flow (cfm)	ESP/TSP (in.WC)	EAT DB/WB (°F)	LAT DB/WB (°F)
208V 3Ph 60Hz	13 11	42 / 50	89.9 / 64.7	86.0 / 60.9	3,000	0.50 / 0.84	80.0 / 67.0	59.5 / 57.2

COOLING			
Cooling Performance		Temperatures (DB/WB °F)	
Gross Cooling (Ttl/Sens)	89.9 / 64.7 MBH	Ambient	95.0
Net Cooling (Ttl/Sens)	86.0 / 60.9 MBH	Entering	80.0 67.0
Coil Moisture Removal	23.72 lb/hr	Leaving - (Coil)	59.5 57.2
System Moisture Removal	23.72 lb/hr	Leaving - (Unit)	60.8 57.7

ARI Performance		Compressors		Refrigerant		Condensate Drain	
ARI Cooling	87.8 / 86.0 MBH	Cooling Stages	2	Type	R-410A	Qty	1
ARI Power	7.8 kW	Compressor Qty	2	Charge	7 LBS. 6 OZ.	Size	1 in.
		Compressor RLA	26.2 amp			Pipe Thread	npt

HEATING						
Heating Performance		Temperatures (DB/WB °F)			Specifications	
Output (High/Low)	104.0 / 67.5 MBH	Ambient	0.0	0.0	Heat Stages	2
Input (High/Low)	130.0 / 84.5 MBH	Entering			Thermal Efficiency	80.0%
		Leaving	32.1		Gas Line Size	0.75 in.
		Heat Rise	32.1		Gas Pressure	7 in.WC

SUPPLY FAN					
Air Flow (cfm)		Supply Fan		Air Resistance (in.WC)	
Supply	3,000	Nominal Power	2.00 hp	Total	0.84
		Required Power	1.21 hp	Ext Supply	0.50
		Drive Type	M SAV Belt Drive		
		RPM Range	590 - 890 rpm		
		Required RPM	772 rpm		

AIR RESISTANCE - OPTIONS/ACCESSORIES (in.WC)							
Wet Coil	Humiditrol	Heat	Economizer	Filters	Diffuser	Exhaust	ERW
0.10	0.00	0.11	0.13	0.00		0.00	0.00

ELECTRICAL			
Voltage	208V / 3Ph / 60Hz	Compressor RLA	26.2 amp
MCA	42 amp	Cooling FLA Total	38.5 amp
MOCP	50 amp	Condenser FLA	4.8 amp
Condenser Power	0.74 kW	Supply Fan FLA	7.5 amp
Oper Range-Nom Volt	+/- 10%		

ADDITIONAL DATA			
Cabinet	101.25 in. x 60.12 in. x 46.88 in.	Downflow Supply	20.0 in. x 28.0 in.
Filters	(4) 29.0 in. x 25.0 in. x 2.0 in.	Downflow Return	24.0 in. x 27.0 in.
Total Weight	1,009 lb	Sound Rating	88 dBA



Project Submittal

Factory Installed Options

High Performance Economizer Upgrade Factory Installed
Single Sensible Economizer
Standard Cap, Std Packaging
Unit Orientation Downflow
MSAV Belt Drive
208/220/230/240V 3Phase
175 Amp Terminal Block Factory Installed
Supply Motor - 2.0 Hp Std- w/ MSAV
Supply Drive Kit 1 (590-890 RPM)
Barometric Relief Damper (Fac)
130K A.S. (Dual Stage)
Phase Monitor Factory Installed
Environ Coil System Factory Installed
2" MERV4 - Std. Filter Factory Installed

Field Installed Accessories

Catalog Number	Qty	Description
13T05	1	Combination Coil/Hail Guards Field Installed
74M70	1	15A GFCI Field Installed Field Wired
11K76	1	Supply OR Return Smoke Detector Field Installed

Product Features

Cabinet

Durable Outdoor Enamel Paint Finish
Totally Enclosed Outdoor Fan Motor
PVC Coated Fan Guard
Corrosion-Resistant Removable, Reversible Drain Pan
Isolated Compressor Compartment

Cooling System

Scroll Compressor
High Capacity Driers
Crankcase Heater
System can operate from 30°F to 125°F without any additional controls
Pre-charged Refrigeration System
Internal Pressure Relief Valve
Thermostat Control – 2 Stages of Cooling

Heating System

Redundant Automatic Gas Valve with Manual Shut-off
Electronic Flame Sensor
Direct Spark Ignition
Aluminized Steel Inshot Burners
AGA-CGA Certified
If configured for room sensor control, additional staging may be possible. Refer to performance tables within the EHB

Control System

Fan and Limit Controls
Overload Protection

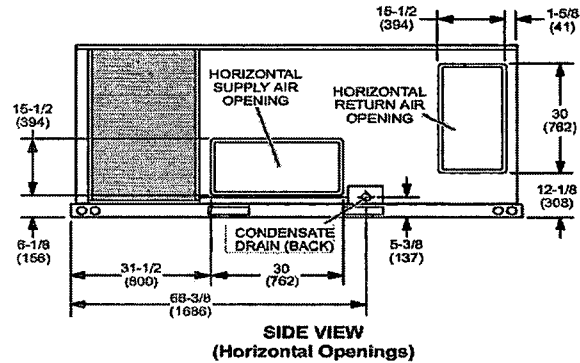
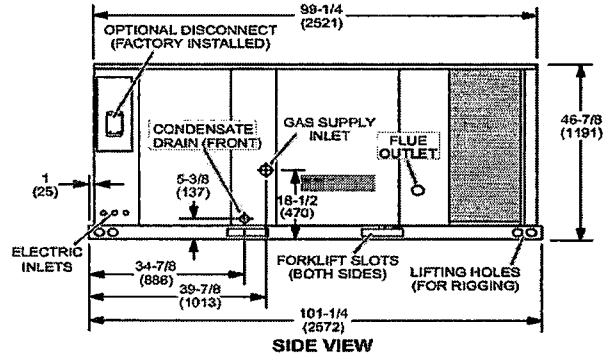
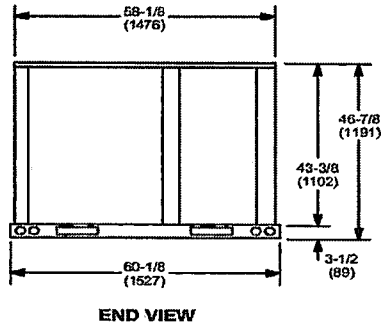
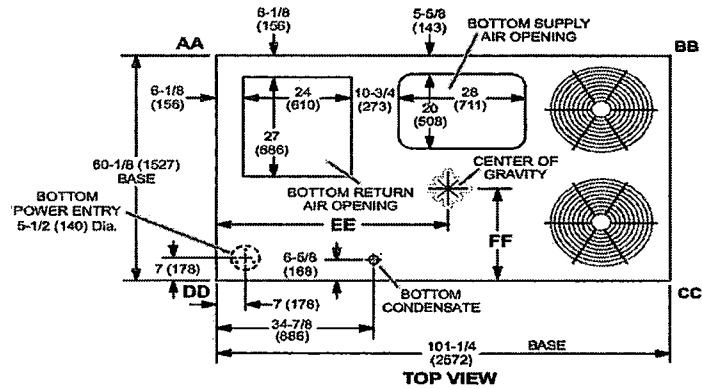
Warranty

Limited warranty on aluminized heat exchanger of 10 years
Limited warranty on compressor of 5 years
Limited warranty on Environ Coil System of 3 years
Limited warranty on High Performance Economizer of 5 years
Limited warranty on all other components of 1 year
See Limited Warranty Certificate included with unit for details



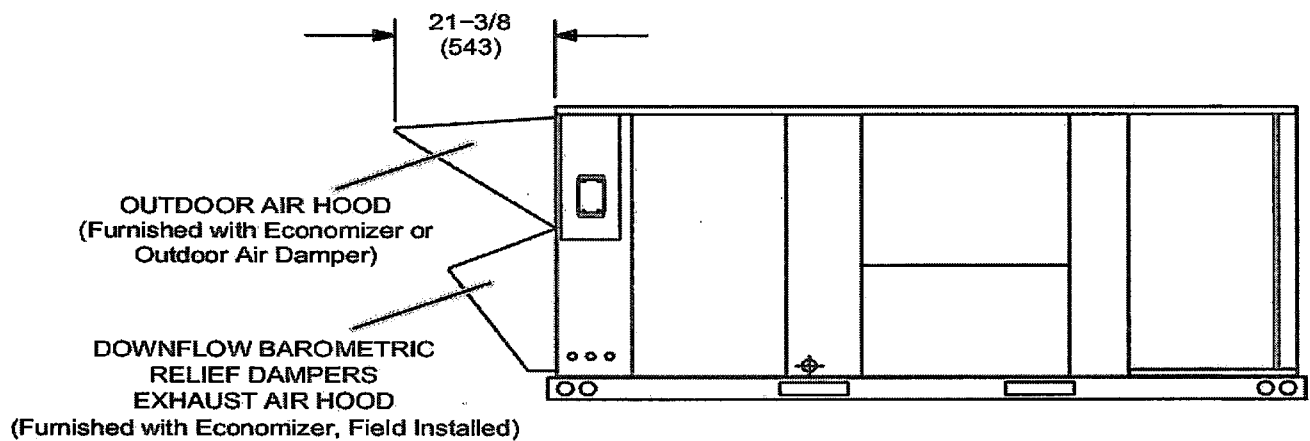
Project Submittal

Corner Weights (lb)								Center of Gravity (in.)			
AA		BB		CC		DD		EE		FF	
Base	Max	Base	Max	Base	Max	Base	Max	Base	Max	Base	Max
236	325	201	264	218	278	264	353	44.50	43.50	24.50	25.50





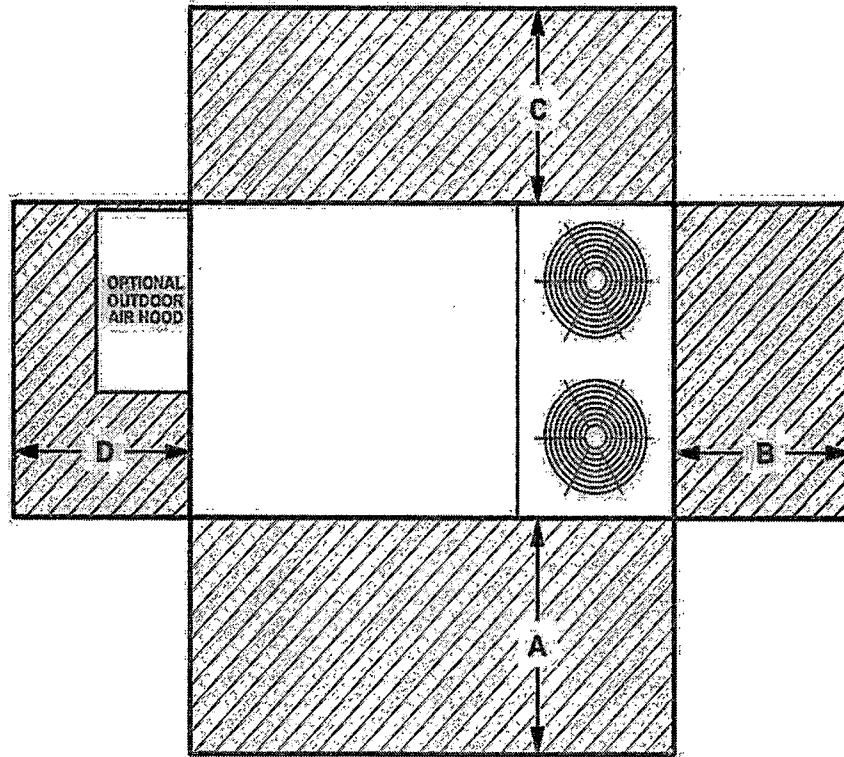
OUTDOOR AIR HOOD DETAIL





Project Submittal

UNIT CLEARANCES



Unit Clearance	A		B		C		D		Top Clearance
	In.	mm	In.	mm	In.	mm	In.	mm	
Service Clearance	60	1524	36	914	36	914	60	1524	Unobstructed
Clearance to Combustibles	36	914	1	25	1	25	1	25	
Minimum Operation Clearance	36	914	36	914	36	914	36	914	

NOTE - Entire perimeter of unit base requires support when elevated above the mounting surface.

Service Clearance - Required for removal of serviceable parts.

Clearance to Combustibles - Required for clearance to combustible material.

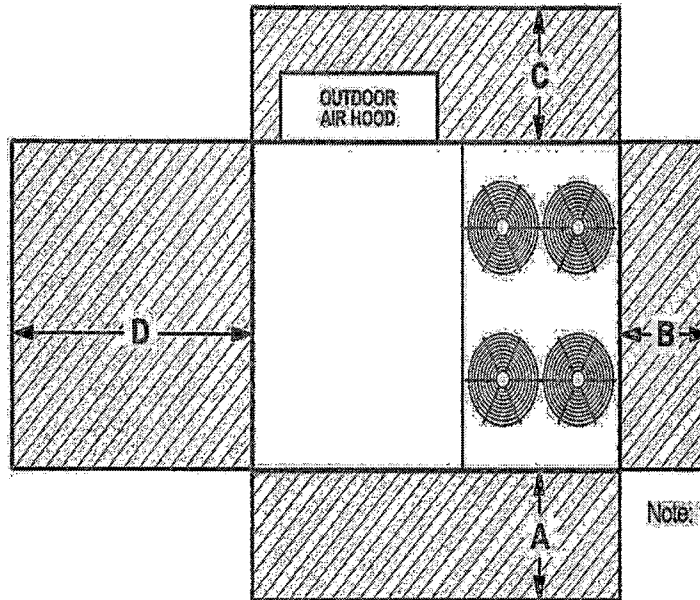
Minimum Operation Clearance - Required clearance for proper unit operation.



Project Submittal

UNIT CLEARANCES

Unit With Economizer



Note: 180H, 240S, 300S sizes shown

Unit Clearance	A		B		C		D		Top Clearance
	in.	mm	in.	mm	in.	mm	in.	mm	
Service Clearance	60	1524	36	914	36	914	66	1676	Unobstructed
Clearance to Combustibles	36	914	1	25	1	25	1	25	
Minimum Operation Clearance	45	1143	36	914	36	914	41	1041	

NOTE: Entire perimeter of unit base requires support when elevated above the mounting surface.

Service Clearance - Required for removal of serviceable parts.

Clearance to Combustibles - Required clearance to combustible material.

Minimum Operation Clearance - Required clearance for proper unit operation.



Project Submittal

Tag: Miscellaneous Items

Miscellaneous Items

Tag	Catalog Number	Qty	Description
Seismic Clips	X6523	6	CRP WIND SEISMIC RESTR BRKTS
Vendor Corrosion Protection	COMSD	1	Outdoor Coil Coating