BLOCK 672 LOT 8 QUALIFICATION CODE ADDRESS (SITE) WEST MARINE PERMIT NO. 08-2848

CONSTRUCTION PERMIT APPLICATION

(08 004047)

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 Chambers Bridge Road
2. Name of Owner in Fee: Jeff Thomas, Developers Diversified Realty
   Tel. (609) 514-5395 e-mail
   Address 580 Nassau Park Blvd (street) Princeton, NJ (municipality) 08540 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: J. Frank Hepler Tel. (540) 747-4600
   Address 116 Hidden Valley Road e-mail FrankH@hepler construction.com
   Covington, VA 24426
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer Pavan Mehra, AIA Contact Pavan Mehra, AIA
   Address 2221 Schrock Road e-mail pmehra@msconsultants.com
   Tel. (614) 898-7100 FAX: (614) 898-7570
6. Responsible Person in Charge once Work has Begun Pavan Mehra, AIA
   Tel. (614) 898-7100 FAX: (614) 898-7570

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	4200		
2.	Electrical	80	40	
3.	Plumbing			
4.	Fire Protection		75	130
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	378	20	13
8.	Subtotal			
9.	State Permit Surcharge Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ZA	30		
13.	TOTAL	4688	135	~~143~~

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories One (1)	
2.	Height of Structure 26'-8" (parapet) ft.	
3.	Area — Largest Floor 25,500 sq. ft.	
4.	New Building Area — sq. ft.	
5.	Volume of New Structure 561,000 cu. ft.	
6.	Max. Live Load Existing floor slab	
7.	Max. Occupancy Load 823	
8.	If Industrialized Building: State Approved — HUD —	
9.	Total Land Area Disturbed Existing building sq. ft.	
10.	Flood Hazard Zone No	
11.	Base Flood Elevation N/A ft.	
12.	Wetlands yes ____ no ✓	

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work (Fire to follow)
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Addition
- ☐ Renovation
- ☐ Lead Hazard Abatement
- ☐ Demolition
- ☑ Reconstruction
- ☐ 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			8/19/08		9-12-08				
☒ Electrical					9/10/08				
☐ Plumbing							12-9-08		
☒ Fire Protection					9-10-08				
☐ Elevator		Exempt	8/28/08		8/28/08				
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
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
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present 2-CV
   Proposed 2-B

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ 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 have been given, including such certification as the construction official may require.

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

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

( ) Check if contractor.

Agent Name Melissa Berardi

Address 2221 Schrock Road

Columbus, OH 43229

Telephone (614) 898-7100

Signature Melissa Berardi

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/11/2009
Control Number C-08-004047
Permit Number 08-2848
Permit Issue Date 09/19/2008
Certificate Number 08-2848

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual:

Owner in Fee: JEFF THOMAS, DEVELOPERS DIVERSIFED REALTY

Owner Address: 580 NASSAU PARK BLVD PRINCETON NJ 08540

Telephone: (609) 514-5395

Contractor MELISSA BERARDI

Address 2221 SCHROCK ROAD COLUMBUS OH 43229

Telephone: (614) 898-7100 Fax:

License Number or Builders Registration Number: Federal Emp. 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 TENANT IMPROVEMENT FOR EXISTING BLDG SHELL TO INCLUDE A WEST MARINE RETAIL STORE. INTERIOR IMPORVEMENTS INCLUDE UPDATED FINISHES AND FLOOR TREATMENT, EXPANSION OF THE STOCK ROOM & TENANT FIT OUT OF SPACE.

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/11/2009 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/12/2008
Control Number C-08-004047
Permit Number 08-2848
Permit Issue Date 09/19/2008
Certificate Number 08-2848

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual:

Owner in Fee: JEFF THOMAS, DEVELOPERS DIVERSIFED REALTY

Owner Address: 580 NASSAU PARK BLVD PRINCETON NJ 08540

Telephone: (609) 514-5395

Contractor MELISSA BERARDI

Address 2221 SCHROCK ROAD COLUMBUS OH 43229

Telephone: (614) 898-7100 Fax:

License Number or Builders Registration Number: Federal Emp. 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 TENANT IMPROVEMENT FOR EXISTING BLDG SHEEL TO INCLUDE A WEST MARINE RETAIL STORE. INTERIOR IMPORVEMENTS INCLUDE UPDATED FINISHES AND FLOOR TREATMENT, EXPANSION OF THE STOCK ROOM & TENANT FIT OUT OF SPACE.

Certificate Comments: PENDING FINAL PAYMENT OF AFFORDABLE HOUSING. & FINAL BUILDING INSPECTION.

☐ **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: 02/02/2009
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/12/2008 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Now to be: West MALINE

Date Received
Control # 08-2848

Date Issued
Permit # 9/19/08

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

Block C72 Lot 8 Qualification Code 08

Work Site Location 51 CHAMBERS BRIDGE RD.

Owner in Fee: JEFF THOMAS, DEVELOPERS DIVERSIFIED REALTY

Tel. (609) 514-5395 e-mail

Address 580 NASSAU PARK BLVD. (street) PRINCETON (municipality), NJ 08540 (zip code)

Contractor: STATE-WIDE ELECTRIC INC. Tel. (732) 528-6959

Address 81 BROAD STREET e-mail

MANASQUAN, NJ 08736

Contractor License No. 9390 Exp. Date 3-31-09

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

Federal Emp. ID No. 223027441 FAX: (732) 528-3080

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

X Est. Cost of Elec. Work $ 40,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9/19/08

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/12/08

Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			12/8/08	
Barrier-Free				
Trench (SLAB)			OVER	
Temp. Serv.				
~~Constr. Serv.~~ Open Ceiling			12/8/08	
~~TCO~~ Rough To Right of South			12/8/08	
Other Outlet in Vanity				
~~Service~~ Slab Complete			10	
Final			12-12-08	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

OVER

D. TECHNICAL SITE DATA

X DESCRIPTION OF WORK

ADDING RECP
INSTALLING NEW LIGHT FIXT
RELAMPING EXIST. LIGHT FIXT
REMOVING LIGHT FIXT & RECP

QTY.	SIZE	ITEMS	FEE (Office Use Only)
140		Lighting Fixtures	
70		Receptacles	
13		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
6		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
229		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	
1		AMP Subpanels LCP LIGHTING CONTROL PANEL	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

9-30-08 STORAGE AREA WORKS

10-7-08 FRONT WALL NEAR ENTRANCE

10/10/08 PARTIAL TRENCH/SLAB INSIDE APPROX 50 FT ONE 1" PVC SCH 40 PVC TERMINATED IN 4 11/16 SQ BOX W/ 10 CONDUCTORS, NORTH WEST SIDE INSIDE BUILDING. APPROVED. LINE SIDE RACEWAY IS STUB UP IN WEST WALL NORTH OF ENTRANCE.

10/14/08 PARTIAL TRENCH/SLAB INCOMPLETE, WILL CALL.

@tech J

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

WEST MAGNE

Date Received
Control # 08-2848+A
9/19/08
Date Issued
Permit # CVA-0040477A

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 Chambersbridge Rd Brick, NJ.

Owner in Fee: ~~West Marine~~ Developers Diversified Realty

Tel. ( ) e-mail

Address 580 Nassau Park Blvd Princeton NJ. ~~08923~~ 08540
~~51 Chambersbridge Rd Brick NJ.~~
street municipality zip code

Contractor: Stanley Convergent Security Solutions Tel. (610) 834 2872

Address 410 Butler Pike Suite 102A e-mail
Plymouth Meeting, PA 19462

Contractor License No. 34BA00115200 Exp. Date 8/31/10

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

Federal Emp. ID No. 20-1044950 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 7,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9/19/08
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/12/08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			12/5 08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/12/08	
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation Burglar Alarm

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

COMMERCIAL

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

10/14/08 NOT STARTED +

COMMERCIAL

@tech +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

ST 08-35

Date Received
Control # 08-2226

Date Issued
Permit # 7/23/08

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERS BRIDGE ROAD
BRICK NJ 08723

WEST MARINE

Owner in Fee DEVELOPERS DIVERSIFIED REALTY CORP

Address PO BOX 228042, BEACHWOOD OH 44122

Tel. (216) 755 5500

Contractor S.T. Electric Inc.

Address 829 Beechwood Avenue
Cherry Hill, NJ 08002

Tel. (856) 616-1231 FAX (856) 616-1250

Contractor License No. 15124 Exp. 03/09

Federal Emp. No. 75-3057341

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 35000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		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/Hot Tub
		KW Elec. Ranger/Receptable
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptable
		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
2	6	KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 7/23/08

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 12-12-08

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier - Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-12-08	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certificate

10/14/08 CLOT STARTED + BH

COMMERCIAL

@Tech

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 08-2848

Date Issued
Permit # 9/19/08

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 Chambers Bridge Road
Brick, NJ 08723

Owner in Fee: Jeff Thomas, Developers Diversified Realty

Tel. (609) 514-5395 e-mail

Address 580 Nassau Park Blvd (street) Princeton, NJ (municipality) 08540 (zip code)

Contractor: J. Frank Hepler Tel. (540) 747-4600

Address 116 Hidden Valley Road e-mail F

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-12-08	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12-12-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame - OVER			10/02/08	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO 60 DAYS			12-11-08	
Other				
Final	2-2-09		2-9-09	G.P.
Barrier-Free				

2/11/09 RA

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
No. of Stories One (1)
Height of Structure 26'-8" (parapet) ft.
Area — Largest Floor 25,500 sq. ft.
New Bldg. Area/All Floors — sq. ft.
Volume of New Structure 561,000 cu. ft.
Max. Live Load Existing floor slab
Max. Occupancy Load 823

Constr. Class Present M Proposed M

If Industrialized Building:
State Approved — HUD —

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 240,000 w
3. Total (1+ 2) $

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

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.

Melissa Berardi
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant Improvement for an existing building shell to include a "West Marine" retail store. All egress doors, restrooms, building structure are existing to remain. Interior improvements include updated finishes and floor treatment, expansion of the stock room and tenant fit out of space.

See Architects letter on Plan

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 Reconstruction
[ ] Demolition

FEE (Office Use Only)
$
COMMERCIAL

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

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

10/01/08 - Partial Frame - Receiving Area + Dressing Room Walls - O.K.

10/07/08 - Curtain Wall + Display Wall — O.K.

2-2-09 - EXIT & EMERG. Lights

(B) tech

EAGLE FIRE PROTECTION CORPORATION & SUPPLY CORP.

P.O. Box 55
Holmdel, New Jersey 07733
(732) 671-6804

System protects West Marine bldg. only

This inspection report indicates the condition of this sprinl system at the time of the inspection only and in no guarantees the system operation at any other future t

REPORT TO *West Marine*
STREET *51 Chambers Bridge Rd.*
CITY & STATE *Brick, NJ* ZIP *08723*
ATT

BUILDING OR LOCATION *West Marine Bldg.*
INSPECTOR
DATE *November 21, 2008*

	Yes	N.A.	No
1. GENERAL			
a. Is the building occupied?	X		
b. Is occupancy same as previous inspection?	X		
c. Are all systems in service?	X		
d. Are all fire protection systems same as last inspection?	X		
e. Is hazard completely sprinklered?	X		
f. Are all new additions and building changes properly protected?	X		
g. Is all stock or storage properly below sprinkler piping?	X		
h. Was property free of fires since last inspection? *(Explain any fire on page 2)*	X		
i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?	X		
2. CONTROL VALVES *(See Section 16)*			
a. Are all sprinkler system main control valves open?	X		
b. Are all other valves in proper position?	X		
c. Are all control valves in good condition and sealed or (supervised)?	X		
3. WATER SUPPLIES *(See Section 17)*			
a. Was a water flow test made and results satisfactory?	X		
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire dept. connections in satisfactory conditions, couplings free, caps in place and check valves tight?	X		
5. WET SYSTEMS *(See Section 13)*			
a. Are cold weather valves open or closed as necessary?		X	
b. Have anit-freeze systems been tested and left in satisfactory condition?		X	
c. Are alarm valves, water flow indicators and retards in satisfactory condition?	X		
6. DRY SYSTEMS *(See Section 14)*			
a. Is dry valve in service and in good condition?		X	
b. Is air pressure and priming water level normal?		X	
c. Is air compressor in good condition?		X	
d. Were low points drained during fall and winter inspection?		X	
e. Are Quick Opening Devices in service?		X	
f. Has piping been checked for stoppage within past 10 years?		X	
g. Has piping been checked for proper pitch within past 4 years?		X	
h. Have dry valves been trip tested satisfactory as required?		X	
i. Are dry valves adequately protected from freezing?		X	
j. Valve house and heater condition satisfactory?		X	
7. SPECIAL SYSTEMS *(See Section 18)*			
a. Were valves tested as required?		X	
b. Were all heat responsive systems tested and results satisfactory?		X	
c. Were supervisory features tested and results satisfactory?		X	
8. ALARMS			
a. Water motor and gong test satisfactory?		X	
b. Electric alarm test satisfactory?	X		
c. Supervisory alarm service test satisfactory?	X		
9. SPRINKLERS - PIPING			
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?	X		
b. Are all sprinklers less than 50 years old?	X		
c. Are extra sprinklers available?	X		
d. Is condition of piping, drain valves, check valves, hangers, pressure gauge, open sprinklers, strainers satisfactory?	X		
e. Are all sprinklers of proper temperature rating?	X		
f. Are portable fire extinquishers in good condition?	X		
g. Is hand hose on sprinkler systems satisfactory?		X	

10. Date Dry System Piping last checked for stoppage N/A

11. Date Dry System last checked for proper pitch N/A

12. Date Dry Pipe Valve last trip tested N/A

13. Wet System: No? Make and Model? One - 4" Reliable Model "G" Wet System

14. Dry System: No? Make and Model? N/A

15. Special System: No? Type N/A
Make and Model? N/A Condition? N/A

16. CONTROL VALVES	No?	Type?	Open		Secured		Closed	Signs		Condition
			Yes	No	Yes	No	Yes No	Yes	No	
City Connection Control Valve	One - 4" Underground	Control	X		X		X			Good
Tank Control Valves	N/A									
Pump Control Valves	N/A									
Sectional Control Valves	N/A									
System Control Valves	Two - 4" OSY Control Valves		X		X		X	X		Good

17. WATER FLOW TEST

Water Pressure? ------- CITY ------- PSI N/A TANK --------- PSI FIRE PUMP ------

Water Flow Test? (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure
Main Drain	2"	80 PSI	62 PSI	85 PSI				

18. Heat Responsive Devices: Type? Type of test?

Valve No. .....A ....B ....C ....D ....E ....F .... Valve No. .....A ....B ....C ....D ....E ....F

Valve No. ..... N/A ..B ....C ....D ....E ....F .... Valve No. .....A ....B N/A C ....D ....E ....F

Valve No. .....A ....B ....C ....D ....E ....F .... Valve No. .....A ....B ....C ....D ....E ....F

Valve No. .....A ....B ....C ....D ....E ....F .... Valve No. .....A ....B ....C ....D ....E ....F

Auxiliary equipment: No? Type? Location? Test Re

19. Explanation of any "No" answers.

N/A

20. Recent changes in building occupancy or fire protection equipment

N/A

21. Adjustments or corrections made.

Installed FDC caps.

~~Relocated/Installed fire sprinkler heads for store fit-up~~

22. Desirable Improvements.

N/A

DUPLICATE TO

STREET