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

56 Chambers Bridge Rd

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20-2459

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-26-002011

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers Bridge Rd Hand Stand
2. Name of Owner in Fee: Federal Realty Investment Trust
   Tel. (484) 419-1208 e-mail HCain@FederalRealty.com
   Address 50 East Wynnewood Rd Suite 200 Wynnewood PA 19096
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ARSITO Homes Inc Tel. (732) 279-0028
   Address 308 Maine Street e-mail ARSITOHOMESINC
   Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. 13VH01694800 Exp. Date 3/31/2021
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223-552-139 FAX: ( ) _____
5. Architect or Engineer SMW ARCHITECTS Contact _____
   Address 6 Deep Hollow Lane Lancaster PA e-mail _____
   Tel. (717) 368-1199 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun ART ARSITO
   Tel. (732) 279-0028 FAX: ( ) _____

C.O.C. 9/17/20

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 11500-	450-	150-
2.	Electrical	1105-	150-	
3.	Plumbing	3227-		
4.	Fire Protection	116-	116-	250-
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$ 839-	12-	
9.	State Permit Surcharge Fee	Z		
10.	Subtotal	$ 115-		
11.	Cert. of Occupancy	150-		
12.	Other			
13.	TOTAL	$	278-	400

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	1
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	150-
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Max. Live Load	
7.	Max. Occupancy Load	A
8.	If Industrialized Building: State Approved ____ HUD ____	
9.	Total Land Area Disturbed sq. ft.	1528
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☒ Alteration — Tenant fit up
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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	300,000				09/23/20	MEK			
☒	Electrical	95,000				8/6/2020	RMV			
☒	Plumbing	35,000				10-6-20	VV			
☒	Fire Protection	18,000				8/25/20	CR			
☐	Elevator									
	TOTAL COST	448,000	Eng Exempt			11/23/2020	ECC			

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:
2. Use Group, Proposed: _____
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

U.C.C. F100-1 (rev. 8/08)

PERMATORI@comcast.net

Rolled Plans

Hand Stand

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/17/2021
Control Number C-20-002011
Permit Number 20-2459
Permit Issue Date 10/14/2020
Certificate Number 20-2459

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone: (484) 419-1208

Contractor KELLER CONTRACTING

Address 76 WILLOW SPRINGS CIRCLE YORK PA 17406

Telephone: (717) 943-3682 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: 42

Description of Work/Use: TENANT FIT UP - - RELOCATE HAND & STONE IN PLAZA

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: $150.00
Check Number: 1491
Collected By: Christopher Winters

Date Printed: 02/17/2021

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

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

PCERMATORI@comcast.net

CONSTRUCTION PERMIT APPLICATION

C30-002011

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

I. IDENTIFICATION

1. Proposed Work Site at: 54 Chambers Rd, 30 Brick Plaza, Suite 19
2. Name of Owner in Fee: MAC Enterprises of Toms River, LLC
   Tel. 732-673-1493 e-mail paulcermatori@comcast.net
   Address 743 Ryan Run Rd (street) Toms River (municipality) 08753 (zip code)
3. Ownership in Fee: Public _____ Private ✓ 717.943.3482
4. Principal Contractor: Keller Contracting LLC Tel. 717.850.5291
   Address 76 Willow Springs Circle e-mail chris.keller@
   York PA 17406 kellercontractingllc.com
   License No. OR, if new home, Builder Reg. No. 2127664 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 81-5361843 FAX: _____
5. Architect or Engineer SMW Architects LLC Contact Steve Wise
   Address 6 Deep Hollow Lane Lancaster, PA 17603 e-mail SWise@smw-arc.com
   Tel. 717.368.1194 FAX: _____
6. Responsible Person in Charge once Work has Begun Mike Schoffstall @ Keller Contracting
   Tel. 484-955-3984 FAX: 717.818.0075

Hand & Stone

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 20 ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area 4,910 sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load 42
8. If Industrialized Building: State Approved _____ Hub _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no X

COMMERCIAL

SEP 14 2020

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)

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	$200,000.00								
☒ Electrical	$50,000.00								
☒ Plumbing	$31,000.00								
☒ Fire Protection	$10,000.00								
☐ Elevator									
TOTAL COST	291,000.00 $0								

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: Spa
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present III-B
Proposed III-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/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

Update - CO 1/28/21

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 02-16-21
Control #

Date Issued
Permit # 20-2459 + E

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 Brick Plaza - Hand + Stone Space 19
56 Chamberbridge Ave Brick NJ 08723

Owner In Fee: Federal Realty

Tel. 954 414-1208 e-mail

Address P.O. Box 92129, South 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 $ 17000.-

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: 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:

Print name here: Mike Kelly

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Added Coverage for new walls on 2nd Floor

Water Supply Source

Method of Alarm/Suppression System Supervision Existing

	NUMBER
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)	8
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	

CO APPROVAL

FEE (Office Use Only)

$ Ashuilt

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: 2-22-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-22-21
Approved by:

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/16/20
Control #
Date Issued
Permit # 20-2459+C

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

Block 67 Lot 1.01 Qualification Code

Work Site Location 30 Brick Plaza - 56 Chambersbridge Road, Unit 19
Brick NJ 08723

Owner in Fee: Hand and Stone

Tel. 7326731493 e-mail pcermatori@comcast.net

Address same
street municipality zip code

Contractor: Ocean/B-Safe Security Tel. (732) 270-1784

Address 131 Laurel Avenue PO Box 1349 e-mail
Island Heights NJ 08732

Contractor License No. 34BF00020800 Exp. Date 1/31/23

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 510272851 FAX: (732) 270-4486

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date 12-16-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12-16-20
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of 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: Lenny Simoni

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of security alarm and camera system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
1		Detectors (motion)	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
16		Communications Points - Wiring Camera	
3		Alarm Devices/F.A.C. Panel	
8		Cell Radio / Contacts	
28		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	$ 150
Minimum Fee	$
State Permit Surcharge Fee	$ 7
TOTAL FEE	$ 157

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.

Hand & Stone

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/14/20

Date Issued / Permit # 20-2459

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

Block 671 Lot 1.07 Qualification Code

Work Site Location 56 Chambers Rd, 30 Brick Plaza, Suite 19
Brick, NJ 08723

Owner in Fee: MAC Enterprises of Toms River, LLC

Tel. 732-673-1493 e-mail paulcermatoriecomcast.net

Address 743 Ryan Run Rd (street) Toms River (municipality) 08753 (zip code)

Contractor: Keller Contracting LLC Tel. 717.943.3682 / 717.850.5291

Address 76 Willow Springs Circle York PA 17406 e-mail Chris.keller@kellercontracting1lc.com

Contractor License No. or Builder Registration No. 21276644 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 81-5361843 FAX: 717.818.0075

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	09/23/20	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	09/23/20	
Approved by:	KEK	
SUBCODE APPROVAL for CERTIFICATE		
[✓] CO [ ] CCO [ ] CA		
Date:	02/17/21	
Approved by:	KEK	

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab and Inspills			11/4/20	KEK
Frame – Main Floor			11/18/20	KEK
Frame – Mezzanine 12/18/20			12/18/20	KEK
Barrier-Free				
Insulation – Walls			11/30/20	KEK
Above Ceiling – Main Floor ONLY			01/07/21	KEK
Above Ceiling – MEZZANINE			1/28/21	KEK
Energy				
Mechanical				
TCO				
Other				
Final 2/17/21 all work complete			2/17/21	KEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed B

No. of Stories 1

Height of Structure 20 ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors 4,910 sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load 42

Constr. Class Present III-B Proposed III-B

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ 291,000.00
3. Total (1+ 2) $ 291,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: Chris Keller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant fit-out for a now 4,900 SF massage spa

COMMERCIAL

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)

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

* 12/18/20 - Partial Frame - Storage Mezzanine - Rej
Need Update for Framed Walls enclosing
HVAC Ductwork
* 12/21/20 - Spoke w/ Jeff Galloway, Super -
Need Update Submitted for Mezzanine Framing Revisions.

* 2-1-21 BM Final - not complete, Painting, Flooring, Trim, and Stair Handrail.
* 2-10-21 BM Final. See correction notice.

Hand + Stone

Updated

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # P-12-21

Date Issued
Permit # 20-24594

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 56 Chambers Road, 30 Brick Plaza, Suite 19

Brick, NJ 08723

Owner in Fee: MAC Enterprises of Toms River, LLC

Tel. 732-673-1493 e-mail paulcermatori@comcast.net

Address 743 Ryan Run Road (street) Toms River (municipality) 08753 (zip code)

Contractor: Keller Contracting LLC Tel. 717-850-5291/717-943-3682

Address 76 Willow Springs Circle e-mail chris.keller@kellercontractingllc.com

York, PA 17406

Contractor License No. or Builder Registration No. 2127664 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 81-5361843 FAX: 717-818-0075

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 01/19/21 — MBK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 01/19/21
Approved by: MBK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 02/17/21
Approved by: MBK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			2/17/21	MBK

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed B

No. of Stories 1

Height of Structure 20 ft.

Area — Largest Floor ____ sq. ft.

New Bldg. Area/All Floors 4,910 sq. ft.

Volume of New Structure ____ cu. ft.

Max. Live Load ____

Max. Occupancy Load 42

Constr. Class Present III-B Proposed III-B

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Rehabilitation $ 1,000.00
3. Total (1+ 2) $ 1,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: Chris Keller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Submission of changes to plans for mezzanine.

Duct work + Conceal Ductwork

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.

Rec'd 1/13/21 [illegible]

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/16/20
Control #
Date Issued
Permit # 20-2459 +C

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 30 Brick Plaza - 56 Chambersbridge Road, Unit 19
Brick NJ 08723

Owner in Fee: Hand and Stone

Tel. 7326731493 e-mail pcermatori@comcast.net

Address same
street municipality zip code

Contractor: Ocean/B-Safe Security Tel. (732) 270-1784

Address 131 Laurel Avenue PO Box 1349 e-mail
Island Heights NJ 08732

Contractor License No. 34BF00020800 Exp. Date 1/31/23

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 510272851 FAX: (732) 270-4486

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3750.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Lenny Simoni

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Installation of security alarm and camera system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
1		Detectors (motion)	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
16		Communications Points - Wiring Cameras	
3		Alarm Devices/F.A.C. Panel	
8		Cell Radio / Contacts	
28		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	$ 150
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date 12-8-20 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 12-8-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] LCCO [ ] CA
Date: 12-8-20
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough			12-31	[illegible]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/1/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

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

Hand & Stone

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/14/20

Date Issued / Permit # 20-2459

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 56 Chambers Rd 30 Bridle Plaza Suite 19

Owner in Fee: MAC Enterprises of Toms River LLC

Tel. (732) 673-1493 e-mail paulcermatoric@comcast.net

Address 743 Ryan Run Rd. (street) Toms River (municipality) 08753 (zip code)

Contractor: Anthony Consolo Tel. (610) 513 0544

Address 160 W Eagle Rd Havertown PA e-mail RDSELECTRIC@COMCAST.NET

Contractor License No. 12646 Exp. Date 3-21

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

Federal Emp. ID No. 46 6012711 FAX: ( ) ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 50000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date 8-11-2020

Approved by: VM

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 7-2-21

Approved by: VM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough Wells			11-19-2020	VM
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv. Green Card 2nd Fl			1-26-21	VM
TCO				
Other Trench			10-29-2020	VM
Service				
Final			7/1/21	VM
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. Anthony Consolo

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant f.t-out for Spa

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
123		Lighting Fixtures	
117		Receptacles	
58		Switches	
—		Detectors	
—		Light Poles	
~~16~~		Motors—Fract. HP	
17		Emergency & Exit Lights	
41		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	
17	3	KW Elec. Water Heater	
7	3	KW Elec. Dryer/Receptacle	
—	____	KW Dishwasher	
—	____	HP Garbage Disposal	
5	4	KW Central A/C Unit	
2	1	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	
25	____	SPEAKERS	
16	____	VOLUME CONTROLS	

Matthew 814 8748

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

10/14/20

Date Received
Control #
Date Issued
Permit # 20-2459 +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 1.01 Qualification Code

Work Site Location Hand and Stone Fitout
Brick Plaza, 56 Chambers Bridge Road, Suite 19

Owner in Fee: Federal Reality

Tel. (973) 967-0967 e-mail

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

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

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 $ 6,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 8-11-2020 Approved by: VMN

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

SUBCODE APPROVAL for PERMIT
Date: 8-11-2020
Approved by: VMN

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-2-21
Approved by: VMN

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/1/21	
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

COPY N/A

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
6		Alarm Devices/F.A.C. Panel	
6		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.

Hand & Stone

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/14/20
Control #
Date Issued
Permit # 20-2459

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 Rd, 30 Brick Plaza, Suite 19
Brick NJ 08723

Owner in Fee: Fed. Realty

Tel. e-mail

Address

Contractor: Lange Professional Plumbing LLC (street, municipality) Tel. 8564291500 (zip code)

Address 1916 Old Cuthbert Rd A8 e-mail LangeProfessionalPlumbing
Cherry Hill NJ 08034

Contractor License No. 12602 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH06219700

Federal Emp. ID No. 264762081 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed B

Building Sewer Size 4 Public Sewer X Private Septic

Water Service Size 1.25 Public Water X Private Well

Est. Cost of Plumbing Work $ 30,300

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: Craig Lange

[X] Licensed Plumbing Contractor [ ] Exempt Individual

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Plumbing and gas per attached plans

COMMERCIAL

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

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] Plumbing Plans Approved
Date: 10-20-20 Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-21-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 2-17-21
Approved by:

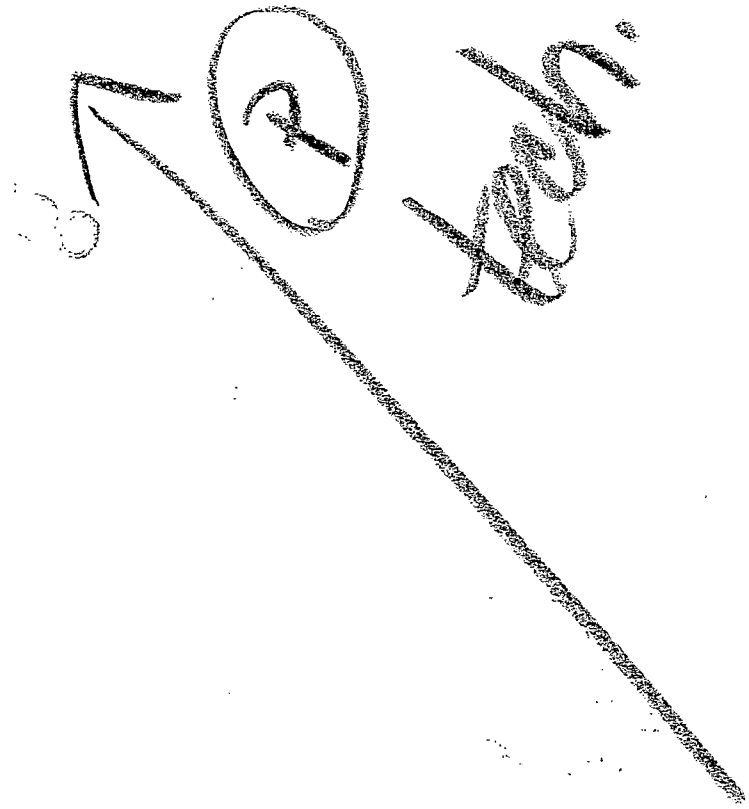
INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			12-7-20	
Rough			12-7-20	
~~Meter~~ Partial Rough			12-18-20	
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	12-7-20		12-18-20	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	60 days 2-15-21		2-17-21	
Final				

* Ok To dump Test
√ Insulate water pipes At wash in outside wall
* Submit Test Report (RPZ)
office Inspection √

U.C.C. F130 (rev. 11/09)
Internet version

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

12-7-20
"0" psi on test gauge
2-1-21 -
No Entry



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/14/20
Control #
Date Issued
Permit # 20-2459 +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 56 CHAMBS RD 3D BRICK PLAZA SUITE 19

Owner in Fee: MAC ENTERPRISES OF TOMS RIVER LLC

Tel. 732 673 1493 e-mail

Address 743 RUNN RUN RD TOMS RIVER NJ 08753
street municipality zip code

Contractor: Lange Professional Plumbing LLC Tel.

Address 1916 Old Cuthbert Rd A8 e-mail

Cherry Hill NJ 08034

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 13VH06219700

Federal Emp. ID No. 264762081 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $

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:

SEP 2 2020

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] 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/CO				
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.

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: Craig Lange/ Lange Professional Plumbing LLC, Pres

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

DESCRIPTION OF WORK: 2 GAS CLOTHES DRYERS

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 [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

1/13/21

200/2hr hydro only

- Still need to add 1 pull station
  mezz.
- H/S in mezz behind newly installed
  wall

1/27/21

- Above ceiling sprinklers 2nd floor mezz
- proof of removal of H/S behind wall
- more H/S by exit light 2nd fl

2/1/21

TCO - 60 to merch.

1) Need final walk thru
2) Need above ground pipe
   cert - F. Sprinkler
3) knox box

TR
Ad
[illegible]

10/14/20

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received
Control #
Date Issued
Permit # 20-2459 + 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 1.01 Qualification Code

Work Site Location Hand and Stone Fitout
Brick Plaza, 56 Chambers Bridge Road, Suite 19

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 $ 6,100

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:

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:
COMMERCIAL

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	6	
Other Devices		
TOTAL	6	
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		

Existing Alarm System required

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/13/20
Approved by: LMD MBS
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-17-21
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO 60			2/1/21	MS
Flam/Combust Tanks				
Fireplace Venting				
Final			2/17/21	MS
Other			1/27/22	MS

Center Spread

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

"B" 4910 sq ft 3713+1197 mezz. Site 19 (42) 6/22/20

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/14/20
Control # 20-2459
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 56 CHAMBERS BRIDGE RD #19 Hand & Stone
30 BRICK PLAZA BRICK NJ 08723

Owner in Fee: Federal Realty Investment Trust

Tel. 484 419-1208 e-mail NCain@Federal Realty.com

Address 50 EAST WYNNEWOOD RD Suite 200 WYNNEWOOD PA 19096
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 $ 12,000.-

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

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

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

Print name here: Mike Kelly

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

DESCRIPTION OF WORK: Existing
Water Supply Source
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 Exit Lights	12	
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	60	
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 $		

CONFIDENTIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/13/20
Approved by: LRD
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO CA
Date: 3-17-21
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			2/1/21	LRD
Flam/Combust Tanks				
Fireplace Venting				
Final			2/10/21	LRD
Other			1/27/21	LRD

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

Update - CW 1/28/21

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 02-16-21

Date Issued Permit # 20-2439 + E

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

Block 6071 Lot 101 Qualification Code

Work Site Location Brook Plaza - Hand + Stone Suite 19
56 Chamberbridge Dr Brick NJ 08723

Owner in Fee: Federal Realty

Tel. 954 419-1208 e-mail

Address P.O. Box 92129, South 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 $ 12000.-

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: Room of Riser

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: Mike Kelly

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

DESCRIPTION OF WORK: Added Coverage for new walls on 2nd Floor Exodus
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER
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)	8
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	

FEE (Office Use Only)
$ Ask. Hg

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 2/2/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2-17-21
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			2/17/21	KG
Other				

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update. CJ 1/28/21

Date Received 02-16-21
Control #

Date Issued
Permit # 20-2459 + E

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 Brick Plaza - Hand + Stone Space 19
56 Chamberbridge Ave Brick NJ 08723

Owner In Fee: Federal Realty

Tel. 454 419-1208 e-mail

Address P.O. Box 92129, South 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 $ 17000.-

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:

Rev - 2 Risers

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: Mike Kelly

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Added Coverage for new walls on 2nd Floor

Water Supply Source Existing

Method of Alarm/Suppression System Supervision Existing

	NUMBER
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	
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	

FEE (Office Use Only)
$ As built

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 2/2/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
CODE APPROVAL for PERMIT
by:
APPROVAL for CERTIFICATE:
CO [ ] CA

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

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

BUILDING 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 67 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd Ste 19
30 Brick Plaza Brick NJ 08723

Owner in Fee: Federal Realty Investment Trust

Tel. 484-419-1208 e-mail MCaine@FederalRealty.com

Address 50 East Wynnewood Rd Suite 200 Wynnewood PA 19096
street municipality zip code

Contractor: ARDITO Homes FNC Tel. 732-279-0028

Address 308 Maine Street e-mail ARDITOHomesFNC@AOL.com
Toms River NJ 08753

Contractor License No. or Builder Registration No. 13VH01694800 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223-552-139 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] 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
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

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 $
3. Total (1+ 2) $ 300,000

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: ARDITO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TENANT FIT OUT TYPE III-B

RTU replaces

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 $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
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 1.01 Qualification Code

Work Site Location 56 CHAMBERS RD (30 BRICK PLAZA) SUITE 19
BRICK, NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. e-mail

Address 56 CHAMBERS RD STE 19 (street) BRICK (municipality) 08723 (zip code)

Contractor: MIKULKA ELECTRIC, INC. Tel 732-363-8954

Address 15 LISA LANE e-mail
MORGANVILLE, NJ 07751

Contractor License No. 15453 Exp. Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 473851645 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as COMM Utility Co.

Est. Cost of Elec. Work $ 95k

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 8-11-2020 Approved by: VM

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

SUBCODE APPROVAL for PERMIT
Date: 8-11-2020
Approved by: VM

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

INSPECTIONS

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: PETER V MIKULKA

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Commercial Fit out / Renovation

QTY.	SIZE	ITEMS
132		Lighting Fixtures
96		Receptacles
52		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
12		Emergency & Exit Lights
32		Communications Points
68		Alarm Devices/F.A.C. Panel
14		Install Hot Instl. Stand
0		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
14	3	KW Elec. Water Heater
1	3	KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
5	4	~~KW Central~~ A/C Unit Condensing units split
1	2	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
16		BATH Exhaust FANS

FEE (Office Use Only)

COMM

$

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.

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 1401 Qualification Code

Work Site Location 56 CHAMBERS RD Bldg RD Sto 19 Hank's Store
30 BRICK PLAZA BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 484 419-1208 e-mail NCAIN@FederalRealty.com

Address 50 EAST WYNNEWOOD RD SUITE 200 WYNNEWOOD PA 19096
street municipality zip code

Contractor: Charles Carman Tel. 609 978-1304

Address 1192 WINDLASS DR e-mail
MANAHAWKIN NJ 08050

Contractor License No. 10907 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group B Present BUSINESS Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 1 1/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 35,000

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:

Print name here: Charles Carman

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TENANT FIT OUT TYPE III-B

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

COMMERCIAL

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received
Control #

Date Issued
Permit # +B

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

Block 67 Lot 1.01 Qualification Code

Work Site Location 526 Chambers Bldg. Rd
BRICK NJ Ste 19

Owner in Fee: Federal Realty

Tel. (973) 967 e-mail

Address 50 E. Wyhhewood Wyhhewood PA
street municipality zip code

Contractor: Charles Carman Tel. (609) 978-1304

Address 1192 Windlass DR e-mail
Manahawkin NJ 08050

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 100

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

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 8/13/20
Approved by: LTC

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

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				
Other				

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 sign/Contractor sign and seal here:

Print name here: Charles Carman

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other GAS Dryer	2	

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

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

COMcheck Software Version 4.1.2.1

Interior Lighting Compliance Certificate

Project Information

Energy Code:	90.1 (2016) Standard
Project Title:	Hand & Stone Massage & Facial Spa
Project Type:	New Construction

Construction Site:
Brick Plaza
56 Chambers Road
Township of Brick, NJ 08723

Owner/Agent:
MAC ENTERPRISES OF TOMS RIVER
743 RYAN RUN
TOMS RIVER, NJ 08753

Designer/Contractor:
Steve Wise AIA, NCARB
SMW architects
6 Deep Hollow In
Lancaster, PA 17603

Allowed Interior Lighting Power

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B X C)
1-Common Space Types:Lobby - General	636	1.00	636
2-Common Space Types:Corridor/Transition <8 ft wide	622	0.66	411
3-Common Space Types:Office - Enclosed	166	0.93	154
4-Common Space Types:Lounge/Breakroom	346	0.62	215
5-Healthcare Facility:Exam/Treatment	1491	1.68	2505
6-Common Space Types:Restrooms	156	0.85	133
7-Common Space Types:Stairwell	192	0.58	111
8-Common Space Types:Storage >=50 - <=1000 sq.ft.	55	0.46	25
9-Common Space Types:Storage >=1000 sq.ft.	1040	0.46	478
		Total Allowed Watts =	4668

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-Common Space Types:Lobby - General				
LED 1: D1: LED A Lamp 7W:	1	12	7	84
LED 2: D2: LED PAR 10W:	1	2	10	20
LED 3: D3: LED A Lamp 9W:	1	8	9	72
LED 8: LED A Lamp 9W:	1	5	9	45
2-Common Space Types:Corridor/Transition <8 ft wide				
LED 4: S1: LED A Lamp 9W:	1	10	9	90
LED 3: D3: LED A Lamp 9W:	1	5	9	45
3-Common Space Types:Office - Enclosed				
LED 1: D1: LED A Lamp 7W:	1	4	7	28
4-Common Space Types:Lounge/Breakroom				
LED 1: D1: LED A Lamp 7W:	1	12	7	84
5-Healthcare Facility:Exam/Treatment				
LED 1: D1: LED A Lamp 7W:	1	5	7	35

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
LED 4: S1: LED A Lamp 9W:	1	28	9	252
6-Common Space Types:Restrooms				
LED 5: S3: LED A Lamp 7W:	3	3	7	21
LED 1: D1: LED A Lamp 7W:	1	1	7	7
7-Common Space Types:Stairwell				
LED 1: D1: LED A Lamp 7W:	1	7	7	49
8-Common Space Types:Storage >=50 - <=1000 sq.ft.				
LED 1: D1: LED A Lamp 7W:	1	3	7	21
9-Common Space Types:Storage >=1000 sq.ft.				
LED 7: A: LED Panel 38W:	1	17	38	646
			Total Proposed Watts =	1499

Interior Lighting PASSES: Design 68% 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 4.1.2.1 and to comply with any applicable mandatory requirements listed in the Inspection Checklist.

STEPHEN WISE AIA/NCARB — Name - Title PRINCIPAL

Signature

6.22.20 — Date

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE

Home Improvement Contractors

HAS REGISTERED

ARDITO HOMES, INC.
Ettore Ardito
308 Maine St
Toms River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/05/2020 TO 03/31/2021
VALID

13VH01694800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
ARDITO HOMES, INC.
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/05/2020 TO 03/31/2021 VALID
SIGNATURE OF LICENSEE/REGISTRANT/CERTIFICATE HOLDER
ACTING DIRECTOR
13VH01694800
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

ARDITO HOMES, INC. EXPIRATION DATE **2021**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 01694800** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

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

PERMIT UPDATE

Date Update Issued 2/16/21
Control # C-21-000311
Permit # 20-2459+E

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone: (484) 419-1208

Contractor: KELLER CONTRACTING

Address: 76 WILLOW SPRINGS CIRCLE YORK PA 17406

Telephone: (717) 943-3682

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 - RELOCATE HAND & STONE IN PLAZA ...UPDATE +E - SPRINKLER REVISIONS

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 $1,200

D. Hartman Jr. — Construction Official

2/4/21 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$118
Check No.	
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".

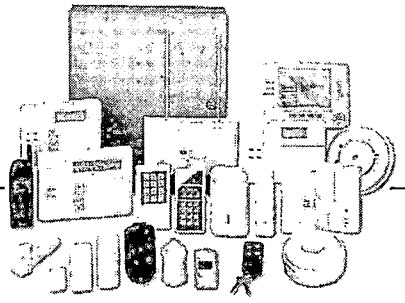
☑ A complete copy of released plans must be kept on the job site.

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

Honeywell

VISTA-20P

Control Panel



The high capacity, feature-rich VISTA-20P lets you deliver more value to your customers on each and every sale with up to 48 zones of protection, Internet uploading/downloading, graphic keypad support and dual partitions. VISTA-20P gives you the ability to upload/download via an Ethernet connection, improving the speed at which information can be delivered to and from the control panel. The panel's installation advantages, innovative end-user benefits and robust system capacity make the value-priced VISTA-20P an ideal choice for higher end installations.

FEATURES

- Ethernet uploading and downloading capability for Internet and Intranet use via 7845i or 7845i-ENT
- Supports four graphic touchscreen keypads
- Wireless keys can be programmed without using zones
- Eight on-board hardwired zones standard (15 when Zone Doubling feature is used)
  - 40 hardwire expansion zones
  - 40 wireless expansion zones
- Two low current on-board trigger outputs
- 100 Event Log viewable at system keypads with time/date stamp
- 48 system user codes assignable to either partition
- Expandable to 48 total zones when used with hardwired and/or wireless expansion modules
- Two independent partitions plus a common partition
  - Global Arming from any system keypad
  - Goto function to view or operate one partition from the other
  - Separate partition account numbers
- 16 output devices
  - Relays (Model 4204 Relay Modules, or 4229 Expansion Module), and/or
  - X-10® devices (when used with a 4300 Transformer)
- Four installer configurable zone types allows the installer to create custom zone types by assigning all zone attributes
- Supports four-wire, and up to 16 two-wire smokes
  - Works with Sentrol CleanMe™ maintenance signal
- Multiple actions on output devices depending on system "state"
  - Turns lights off when system arms
  - Turns the same light on when system disarms
  - Flashes same lights when system is in alarm
- Built-in phone line cut monitor with programmable delay and annunciation options
  - Display on system keypads
  - Trigger local sounders
  - Trigger system bell

Security Dealer Features

- Automatic System Load Shed
  - During extended AC power fail, the system battery will be disconnected to prevent irreversible battery failure. Reduces service calls to replace batteries
- Dynamic Signaling
  - Reduces redundant reporting to the central station when multiple reporting methods are used; i.e. digital dialer and AlarmNet radio

Valuable End User Features

- Now viewable on system keypads:
  - Exit countdown
  - Time and date display*
  - Event log*
- Auto keypad backlighting on entry
- Keyswitch arming
- Programmable macro buttons and single-button arming
- A variety of wireless remote controls for single-button operation
- User Scheduling
  - Automatically activates X-10 and relays at programmed times
  - Latchkey reports to pagers
  - Auto arm/disarm
  - "User access" time windows
- Supports up to four end user numeric pagers
- VIP Module allows system control from any touchtone phone
- Chime by zone

Requires custom alpha keypad

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**	☑	☐
passed 2/11/21 rec'd in bldg. 2/17/21 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	**comment**	☐	☑
OK Per Engineering			
Affordable Housing Approval (If Applicable)	**comment**	☑	☐
Final AH Due $692 - PAID 2/10/21			
Signed Certificate of Occupancy Application	comment	☐	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 56 Chambers Bridge Rd

PERMIT NUMBER 20-2459 BLOCK ____ LOT ____

~~OWNER~~ Final

Upon inspection, violations of the X Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Ventilation Grab Bars Block and Tighten - 2 Hall Baths

2) H.V.A.C Balance Report

3) Flame Spread and Smoke Test for Flooring

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 3/10/21 INSPECTOR [signature]

671/1.01

20-2459

PINNACLE

PLUMBING • HEATING • MECHANICAL

SHAWN FORLENZA

phone: 732.818.0508 fax: 732.504.7428

915 Rte. 9 N / Unit 2
Bayville, NJ 08721

www.Pinnacle1Plumbing.com
info@Pinnacle1Plumbing.com

24/7 Services

Reduced Pressure Principle Backflow Preventer (RP)

ASSE Standard #1013 Field Test Report

Manufacturer of Assembly: WATTS Model #: LF009M2QT

Size of Assembly: 1 1/2" Serial #: 0905900

Location of Assembly and Equipment or System Application: 2ND FLOOR LOFT

Test Equipment:

Manufacturer: MAG ARTHUR GAUGE Model #: 814-0000 Serial #: 356950

Calibration Date: 1-4-2021

Date test was performed: 2-4-2021 **Time test was performed:** 10:00 **Static Line Pressure:** 75

	Check Valve #1	Check Valve #2	Shutoff valve #2	Pressure Differential Relief Valve
Initial Test	Leaking ( ) Closed Tight (X) Pressure Drop CV #1 8 psid	Leaking ( ) Closed Tight (X) Pressure Drop CV #2 1.5 psid	Leaking ( ) Closed Tight (X)	Opened at 3 psid
Describe parts and repairs when needed				
Final Test	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 ___ psid	Opened at ___ psid

Certified Tester (print) SHAWN FORLENZA

Address 915 Rt. 9 N UNIT 2

City BAYVILLE State N.J. Zip 08721

Phone #: 732-818-0508

License #: 10508 Certification # BF-2020-098

Assembly Final Test Performance

Pass [X]

Fail [ ]

Signature _____ Date: 2-4-2021

Comments or Recommendations (continue to other side, if needed): _____

GAGE-IT, INC.

Pressure & Temperature Instrumentation

94 N. Branch Street
Sellersville, PA 18960
www.gageitinc.com

800-869-7294

(215) 453-8611
Fax: (215) 453-8770
e-mail: gageit@gageitinc.com

CERTIFICATION OF ACCURACY FROM GAGE-IT, INC STANDARDS LABORATORY

Certification No: 143170

SUBMITTED BY:

Customer: Pinnacle Plumbing
915 Route 9 North
Unit 2
Bayville, NJ 08721

Attn: Laura Ricci
P.O. #: Verbal

Manufacturer: MacArthur
Description: Back Flow Test Kit
Serial No: 356950
Customer Ref:
Range: 0 - 15 P.S.I.D.
Accuracy: +/- .2 P.S.I.D. DESC
Pre-Cal: IN-SPEC **Final:** IN-SPEC

STANDARD TRACEABILITY REPORT

Unit under test (UUT) conforms to present requirements of MIL-STD 45662A and ANSI/NCSL Z540-1-1994, PART II. Calibration is traceable to N.I.S.T. and is within manufacturers specifications, unless noted.

STANDARDS USED

Description	N.I.S.T. Traceability	Standard Due Date
Additel ADT681 Digital Gauge, 0-100#	52-VEN-12307/52-VEN-12310	9/28/2021

CALIBRATION DATA

Standard P.S.I.D.	UUT As Rcvd P.S.I.D.	UUT As Left P.S.I.D.	Min	Max
7.0	7.1	7.0	6.8	7.2
5.0	5.2	5.0	4.8	5.2
2.0	2.1	2.0	1.8	2.2
1.0	1.0	1.0	0.8	1.2

Temperature: 70 Degrees F
Humidity: 22 % RH
Void Seals: 0

Date Tested: 1/4/2021
Date Due: 1/4/2022
Certified By: Eric Stecker
Technician
Approved By: Amy Stecker
Quality Control

Amy Stecker

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

SHAWN C. FORLENZA
T/A PINNACLE PLBG & HTG INC
915 Rt.9 N Unit 2
Bayville NJ 08721

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

05/15/2019 TO 06/30/2021
VALID

36BI01050800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

Kruger's Training Academy

Be it known that

Shawn Forlenza

Is recognized for successfully completing
An 8-hour re-certification course of instruction
Approved by the New Jersey Department of Environmental Protection in
Cross Connection / Backflow Prevention

And is hereby awarded this certificate as a

Certified Backflow Prevention Technician

This 28th day of February, 2019
Certification No. BF – 2020-098
Valid Until 02/28/22

New Jersey Certified
Backflow Course
Provider & Instructor
Dustin Kruger

unit
in Barnes & Noble

(4) - 2222

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: 01/19/2021 Supplemental Pages Attached: 9

1. PROPERTY INFORMATION

Name of property: Barnes & Noble / Hand & Stone ~ Brick Shopping Center

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: 4.2

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: House 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	4	Addressable	Alarm	N/A
Smoke Detectors	1	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	1	Addressable	Supervisory	Photoelectric
Heat Detectors		Addressable	Alarm	Rate of Rise/Fixed Temp
Gas Detectors				
Waterflow Switches	2	Addressable	Alarm	N/A
Tamper Switches	4	Addressable	Supervisory	N/A

SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	3	Strobe
Combination Audible and Visible	6	Horn/Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	1
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 W Capie, SET, CFPS Printed name: Thomas Capie Date: 01/19/2021

Organization: Electronic Security Solutions Title: VP of Operations 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 W Capie, SET, CFPS Printed name: Thomas Capie Date: 01/19/2021

Organization: Electronic Security Solutions Title: VP of Operations Phone: 215-277-5248

12.3 Acceptance Test

Date and time of acceptance test: _____

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

2021 Fire Alarm Test Report

For

Federal Realty

Brick Shopping Center ~ Barnes & Noble & Hand & Stone

56 Chambers Bridge Road
Brick NJ, 08723

INSPECTION DATE:
1/19/2021

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: 1/19/2021
Inspected By: Steve Nice

Federal Realty
:k Shopping Center ~ Barnes & Noble & Hand & St
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	

23	TOTAL DEVICES	23	0	
1	TOTAL SMOKE DETECTORS	1	0	100.00%
4	TOTAL MANUAL PULL STATIONS	4	0	100.00%
1	TOTAL DUCT SMOKE DETECTORS	1	0	100.00%
0	TOTAL HEAT DETECTORS	0	0	NA
2	TOTAL WATERFLOWS	2	0	100.00%
4	TOTAL TAMPER VALVES	4	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
2	TOTAL ANNUNCIATOR	2	0	100.00%
1	TOTAL NAC PANEL	1	0	100.00%
6	TOTAL MISCELLANEOUS	6	0	100.00%
2	TOTAL CARBON MONOXIDE DETECTORS	2	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								

BATTERY TESTING RECORDS

LOCATION	SIZE / TYPE	DATE TESTED	CHARGER VOLTAGE	STATIC VOLTAGE	AMP HOUR	CONNECTION CHECK	DATE INSTALLED
FACP right	12VDC 12Ah	01/19/21	27.1	13.2	10	GOOD	09/30/20
FACP left	12VDC 12Ah	01/19/21	27.1	13.2	10	GOOD	09/30/20
BPS Right	12VDC 7Ah	01/19/21	26.9	12.4	6	GOOD	09/30/20
BPS Left	12VDC 7Ah	01/19/21	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 1/19/21 ESS Steve Nice

INSPECTION AND TESTING FORM

DATE: 1/19/2021

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 ~ Barnes & Noble & Hand &

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: 4.2

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	
4	B	MANUAL STATIONS
1	B	PHOTO DETECTORS
2	B	CO DETECTORS
1	B	DUCT DETECTORS
0		HEAT DETECTORS
2	B	WATERFLOW SWITCHES
4	B	SUPERVISORY SWITCHES
		OTHER (SPECIFY)

NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT CLASS	
		SPEAKER/STROBES
6	B	HORN/STROBES
		CHIMES
3	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.

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:** 1/19/2021 **TIME:** _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA72 STANDARDS

NAME OF INSPECTOR: Steve Nice

DATE: 1/19/2021

SIGNATURE: _____

NAME OF OWNER REPRESENTATIVE: Kerry Dolan

DATE: 1/19/2021

SIGNATURE: _____

INSPECTOR: GREG RIELLO

JOB: COMMERCIAL SECTION: LAUREL TON

TYPE OF WORK: TENANT F.T.-UP PERMIT #: 20-2459

WEATHER / TEMP: CLOUDY, 32°F

DATE: 2/1/21

INSPECTION: FINAL C.O.

LOCATION: 56 CHAMBERS BRIDGE RD. (1 HAND SET STONE)

BLOCK: 171 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATION OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		
2. Grading		
3. Sidewalk		
4. Road Pavement		
5. Landscaping & Sodding		
6. Clean-up Procedures		
7. Note on-going construction in immediate area		
8. Safety		
9. As Built Survey / Elevation Certificate		

COMMENTS REFERENCING ITEM NUMBER:

* BOLLARDS INSTALLED TO PROTECT ELECTRICAL EQUIPMENT.

* ALL ITEMS COMPLETED & ARE ACCEPTABLE

NO PUNCH LIST

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS

☐ $50.00 REINSPECTION FEE

Elissa C. Commisso

MUNICIPAL ENGINEER

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

CERTIFICATE OF COMPLIANCE

Date 2/17/21

NAME Brick Plaza- Hand & Stone

ADDRESS PO Box 182601 Columbus OH 43218-2601

PROPERTY LOCATION Federal Realty #19

Account No 3592814-56 Block 671 Lot 1.01

I hereby 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

APPLICATION FOR CERTIFICATE

Date Received 07/06/2020
Date Permit Issued 10/14/2020
Control # C-20-002011
Permit # 20-2459
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

Work Site Location 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone (484) 419-1208

Contractor KELLER CONTRACTING

Address 76 WILLOW SPRINGS CIRCLE YORK PA 17406

Telephone (717) 943-3682

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 Previous B Current

FINAL COST OF CONSTRUCTION: $ 388000
(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 - RELOCATE HAND & STONE IN PLAZA

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.

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:

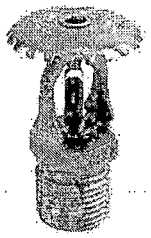
Fire Sprinkler System

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

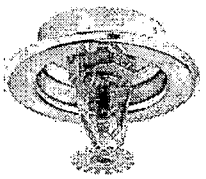
Sheila Y. Oliver
Commissioner

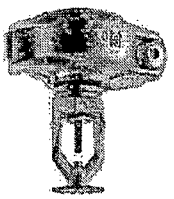
FireLock® V27, K5.6
Models V2703, V2707, V2704, V2708

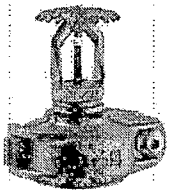
40.10


V2703/V2704
Upright


V2707/V2708
Pendent


V2707/V2708
Recessed Pendent


V2707/V2708
Pendent w/V9


V2703/V2704
Upright w/V9

1.0 PRODUCT DESCRIPTION

Models: V2703, V2704, V2707, V2708

Style: Pendent, Upright or Recessed Pendent

Nominal Orifice Size: 1/2"/13 mm

K Factor: 5.6 Imp./8.1 S.I.[1]

Nominal Connection Size: 1/2" NPT/20 mm BSPT/IGS Grooved

Max. Working Pressure:

- 175 psi/1200 kPa (FM)
- 250 psi/1725 kPa (UL)

Factory Hydrostatic Test: 100% @ 500 psi/3450 kPa

Min. Operating Pressure:

- 7 psi/48 kPa
- 0.35 bar/5 psi (VdS for upright only)

Temperature Rating: See chart

[1] For K-Factor when pressure is measured in Bar, multiply S.I. units by 10.0.

2.0 CERTIFICATION/LISTINGS

c UL us LISTED FM LPCB VdS CE 0786

Threaded and IGS connections have different approvals/listings. See tables on pages 2 and 3.

ALWAYS REFER TO ANY NOTIFICATIONS AT THE END OF THIS DOCUMENT REGARDING PRODUCT INSTALLATION, MAINTENANCE OR SUPPORT.

System No.		Location	
Submitted By		Date	

Spec Section		Paragraph	
Approved		Date	

2.0 CERTIFICATION/LISTINGS (CONTINUED)

Threaded Sprinkler Approvals/Listings:

APPROVALS/LISTINGS	Model					
	V2703	V2707	V2707	V2704	V2708	V2708[3]
Orifice Size (inches)	1/2"	1/2"	1/2"	1/2"	1/2"	1/2"
Orifice Size (mm)	13	13	13	13	13	13
Nominal K Factor Imperial	5.6	5.6	5.6	5.6	5.6	5.6
Nominal K Factor S.I.[2]	8.1	8.1	8.1	8.1	8.1	8.1
Response	Standard	Standard	Standard	Quick	Quick	Quick
Deflector Type	Upright	Pendent	Recessed Pendent	Upright	Pendent	Recessed Pendent
Approved Temperature Ratings	F°/C°					
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
NYC/MEA 62-99-E	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
CSFM 7690-0531:112	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
LPCB	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	None	None
CCC	ZSTZ 155°F/68°C 200°F/93°C	ZSTX 155°F/68°C 200°F/93°C	None	K-ZSTZ 155°F/68°C 200°F/93°C	K-ZSTZ 155°F/68°C 200°F/93°C	None
VdS	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None
CE	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None

[2] For K Factor when pressure is measured in Bar, multiply S.I. units by 10.0

[3] FM Approved with ½" adjustment escutcheon only - quick response

NOTE

- Listings and Approvals as of printing. All are approved open.

2.0 CERTIFICATION/LISTINGS (CONTINUED)

IGS Sprinkler Approvals/Listings

APPROVALS/LISTINGS	Model			
	V2703	V2707	V2704	V2708
Orifice Size (inches)	1/2"	1/2"	1/2"	1/2"
Orifice Size (mm)	13	13	13	13
Nominal K-Factor Imperial	5.6	5.6	5.6	5.6
Nominal K-Factor S.I.[2]	8.1	8.1	8.1	8.1
Response	Standard	Standard	Quick	Quick
Deflector Type	Upright	Pendent	Upright	Pendent
Adjustment				
Approved Temperature Ratings	**F°/C°**			
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C

[2] For K-Factor when pressure is measured in bar, multiply S.I. units by 10.0

NOTE

- Listings and Approvals as of printing. All are approved open.

3.0 SPECIFICATIONS – MATERIAL

Upright Deflector: Bronze

Pendent Deflector: Bronze

Bulb: Glass with glycerin solution

Bulb Nominal Diameter:

☐ Standard: 5.0 mm

☐ Quick Response: 3.0 mm

Load Screw: Bronze

Pip Cap: Bronze

Spring: Beryllium nickel

Seal: PTFE tape

Frame: Die cast brass

Lodgement Spring: Stainless steel

Installation Wrench:

☐ Open End: V27

☐ Recessed: V27-2

☐ 3/16 Hex Bit: V9 coupling

Sprinkler Finishes:

☐ Plain Brass[4]

☐ Chrome plated

☐ White polyester coated[5]

☐ Black painted[5]

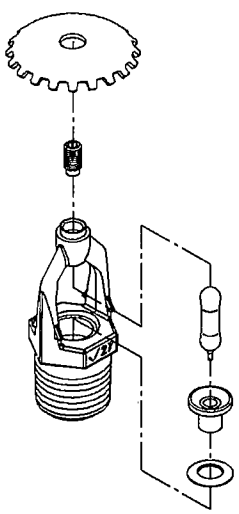
☐ Custom painted[5]

☐ VC-250[6]

4 Plain Brass is only available for the V9 coupling.

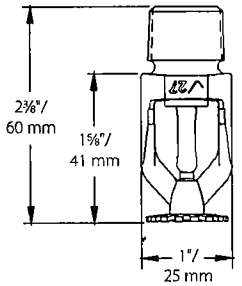
5 UL Listed for corrosion resistance.

6 UL Listed and FM Approved for corrosion resistance.

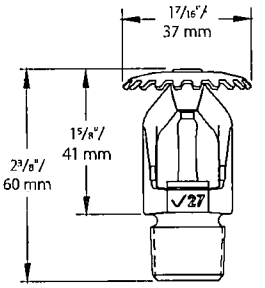


Exaggerated for clarity

4.0 DIMENSIONS



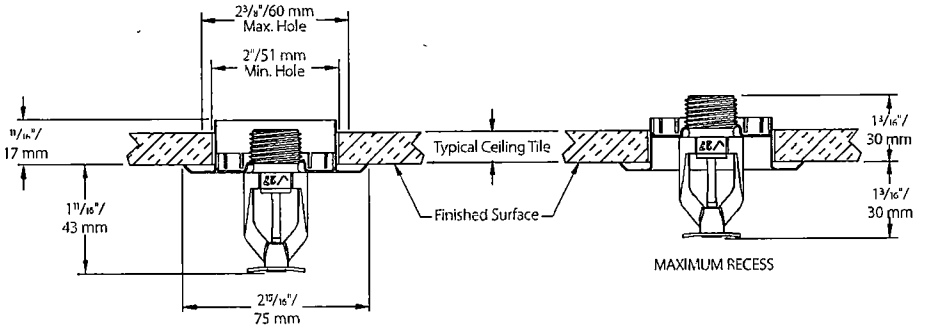
Standard Pendent with/without standard V9 coupling – V2707, V2708



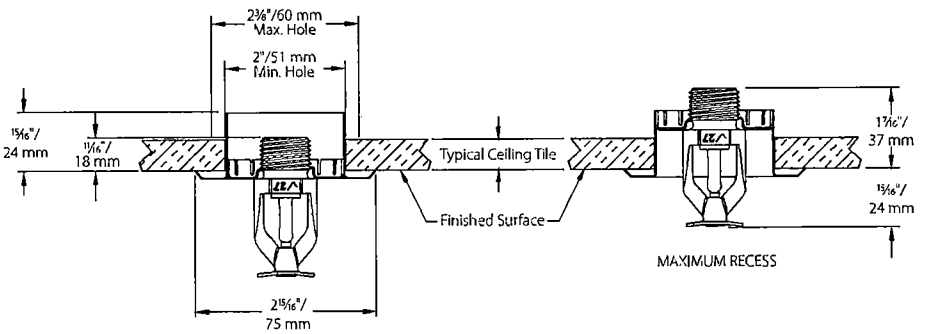
Standard Upright with/without standard V9 coupling – V2703, V2704

NOTE:

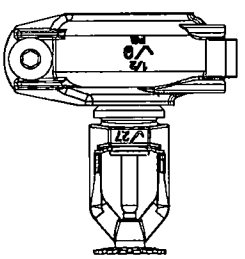
- V27, K5.6 sprinklers with Style V9 coupling dimensions are the same as threaded sprinkler dimensions.



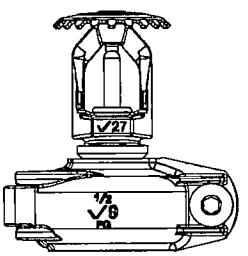
½" Adjustment Recessed – V2707, V2708 (drawing not to scale)



¾" Adjustment Recessed – V2707, V2708 (drawing not to scale)



Standard Pendent with V9 Sprinkler Coupling – V2707, V2708



Standard Upright with V9 Sprinkler Coupling – V2703, V2704

NOTE:

- IGS options are not available for recessed applications.

5.0 PERFORMANCE

Sprinkler is to be installed and designed as per NFPA, FM Datasheets, or any local standards.

6.0 NOTIFICATIONS

⚠ WARNING

- **Always read and understand installation, care, and maintenance instructions, supplied with each box of sprinklers, before proceeding with installation of any sprinklers.**
- **Always wear safety glasses and foot protection.**
- **Depressurize and drain the piping system before attempting to install, remove, or adjust any Victaulic piping products.**
- **Installation rules, especially those governing obstruction, must be strictly followed.**
- **Painting, plating, or any re-coating of sprinklers (other than that supplied by Victaulic) is not allowed.**

Failure to follow these instructions could result in serious personal injury and/or property damage.

The owner is responsible for maintaining the fire protection system and devices in proper operating condition. For minimum maintenance and inspection requirements, refer to the current National Fire Protection Association pamphlet that describes care and maintenance of sprinkler systems. In addition, the authority having jurisdiction may have additional maintenance, testing, and inspection requirements that must be followed.

If you need additional copies of this publication, or if you have any questions about the safe installation of this product, contact Victaulic World Headquarters: P.O. Box 31, Easton, Pennsylvania 18044-0031 USA, Telephone: 001-610-559-3300.

7.0 REFERENCE MATERIALS

Ratings

All glass bulbs are rated for temperatures from –65°F/–54°C to those shown in table below.

Sprinkler Temperature Classification	Victaulic Part Identification	Temperature – °F/°C		Glass Bulb Color
		Nominal Temperature Rating	Maximum Ambient Temperature Allowed	
Ordinary	A	135°F/57°C	100°F/38°C	Orange
Ordinary	C	155°F/68°C	100°F/38°C	Red
Intermediate	E	175°F/79°C	150°F/65°C	Yellow
Intermediate	F	200°F/93°C	150°F/65°C	Green
High	J	286°F/141°C	225°F/107°C	Blue
Extra High[7]	K	360°F/182°C	300°F/149°C	Purple
–	M	Open	–	No bulb
Ultra High[7]	N	500°F/260°C	475°F/246°C	Black

[7] Standard response only.

Available Wrenches:

Sprinkler Type	V27-2 Recessed	V27 Open End	Hex-Bit
V2707, V2708 Pendent	✓	✓	–
V2707, V2708 Recessed Pendent	✓	–	–
V2703, V2704 Upright	–	✓	–
V2703, V2704 Upright w/V9	–	–	✓
V2707, V2708 Pendent w/V9	–	–	✓

NOTE

- 3/16-inch hex bit provided with V9 coupling shipment.

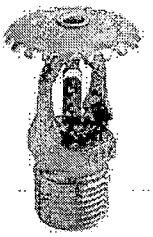
29.01: Victaulic Terms and Conditions of Sale

I-40: Victaulic FireLock™ Automatic Sprinklers

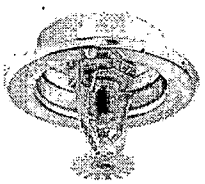
I-V9: Style V9 Victaulic FireLock™ IGS™ Installation-Ready™ Sprinkler Coupling Installation Instructions

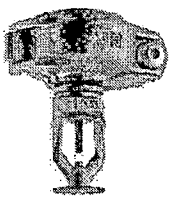
FireLock® V27, K5.6
Models V2703, V2707, V2704, V2708

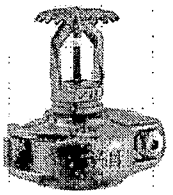
40.10


V2703/V2704
Upright


V2707/V2708
Pendent


V2707/V2708
Recessed Pendent


V2707/V2708
Pendent w/V9


V2703/V2704
Upright w/V9

1.0 PRODUCT DESCRIPTION

Models: V2703, V2704, V2707, V2708

Style: Pendent, Upright or Recessed Pendent

Nominal Orifice Size: 1/2"/13 mm

K Factor: 5.6 Imp./8.1 S.I.[1]

Nominal Connection Size: 1/2" NPT/20 mm BSPT/IGS Grooved

Max. Working Pressure:

- 175 psi/1200 kPa (FM)
- 250 psi/1725 kPa (UL)

Factory Hydrostatic Test: 100% @ 500 psi/3450 kPa

Min. Operating Pressure:

- 7 psi/48 kPa
- 0.35 bar/5 psi (VdS for upright only)

Temperature Rating: See chart

[1] For K-Factor when pressure is measured in Bar, multiply S.I. units by 10.0.

2.0 CERTIFICATION/LISTINGS

c UL us LISTED FM LPCB VdS CE 0786

Threaded and IGS connections have different approvals/listings. See tables on pages 2 and 3.

ALWAYS REFER TO ANY NOTIFICATIONS AT THE END OF THIS DOCUMENT REGARDING PRODUCT INSTALLATION, MAINTENANCE OR SUPPORT.

System No.		Location	
Submitted By		Date	

Spec Section		Paragraph	
Approved		Date	

2.0 CERTIFICATION/LISTINGS (CONTINUED)

Threaded Sprinkler Approvals/Listings:

APPROVALS/LISTINGS	Model					
	V2703	V2707	V2707	V2704	V2708	V2708[3]
Orifice Size (inches)	1/2"	1/2"	1/2"	1/2"	1/2"	1/2"
Orifice Size (mm)	13	13	13	13	13	13
Nominal K Factor Imperial	5.6	5.6	5.6	5.6	5.6	5.6
Nominal K Factor S.I.[2]	8.1	8.1	8.1	8.1	8.1	8.1
Response	Standard	Standard	Standard	Quick	Quick	Quick
Deflector Type	Upright	Pendent	Recessed Pendent	Upright	Pendent	Recessed Pendent
Approved Temperature Ratings	**F°/C°**					
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
NYC/MEA 62-99-E	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
CSFM 7690-0531:112	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
LPCB	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	None	None
CCC	ZSTZ 155°F/68°C 200°F/93°C	ZSTX 155°F/68°C 200°F/93°C	None	K-ZSTZ 155°F/68°C 200°F/93°C	K-ZSTZ 155°F/68°C 200°F/93°C	None
VdS	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None
CE	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None

[2] For K Factor when pressure is measured in Bar, multiply S.I. units by 10.0

[3] FM Approved with ½" adjustment escutcheon only - quick response

NOTE

- Listings and Approvals as of printing. All are approved open.

2.0 CERTIFICATION/LISTINGS (CONTINUED)

IGS Sprinkler Approvals/Listings

APPROVALS/LISTINGS	Model			
	V2703	V2707	V2704	V2708
Orifice Size (inches)	1/2"	1/2"	1/2"	1/2"
Orifice Size (mm)	13	13	13	13
Nominal K-Factor Imperial	5.6	5.6	5.6	5.6
Nominal K-Factor S.I.[2]	8.1	8.1	8.1	8.1
Response	Standard	Standard	Quick	Quick
Deflector Type	Upright	Pendent	Upright	Pendent
Adjustment				
Approved Temperature Ratings	**F°/C°**			
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C

[2] For K-Factor when pressure is measured in bar, multiply S.I. units by 10.0

NOTE

- Listings and Approvals as of printing. All are approved open.

3.0 SPECIFICATIONS – MATERIAL

Upright Deflector: Bronze

Pendent Deflector: Bronze

Bulb: Glass with glycerin solution

Bulb Nominal Diameter:

☐ Standard: 5.0 mm

☐ Quick Response: 3.0 mm

Load Screw: Bronze

Pip Cap: Bronze

Spring: Beryllium nickel

Seal: PTFE tape

Frame: Die cast brass

Lodgement Spring: Stainless steel

Installation Wrench:

☐ Open End: V27

☐ Recessed: V27-2

☐ 3/16 Hex Bit: V9 coupling

Sprinkler Finishes:

☐ Plain Brass[4]

☐ Chrome plated

☐ White polyester coated[5]

☐ Black painted[5]

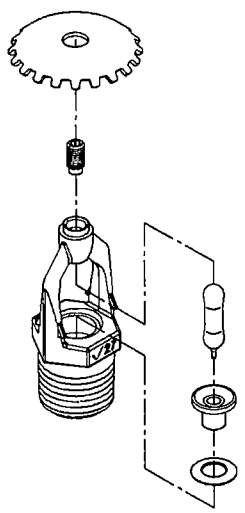
☐ Custom painted[5]

☐ VC-250[6]

4 Plain Brass is only available for the V9 coupling.

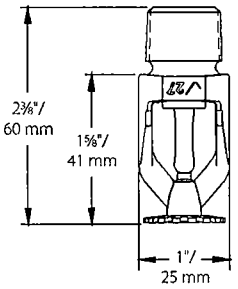
5 UL Listed for corrosion resistance.

6 UL Listed and FM Approved for corrosion resistance.

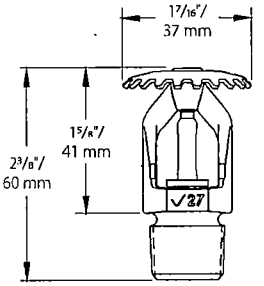


Exaggerated for clarity

4.0 DIMENSIONS



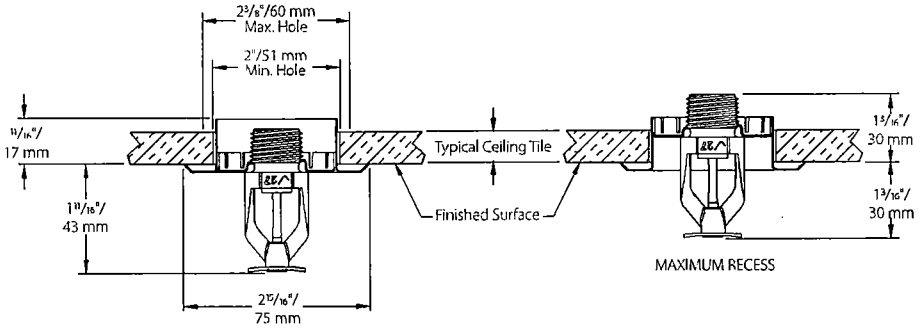
Standard Pendent with/without standard V9 coupling – V2707, V2708



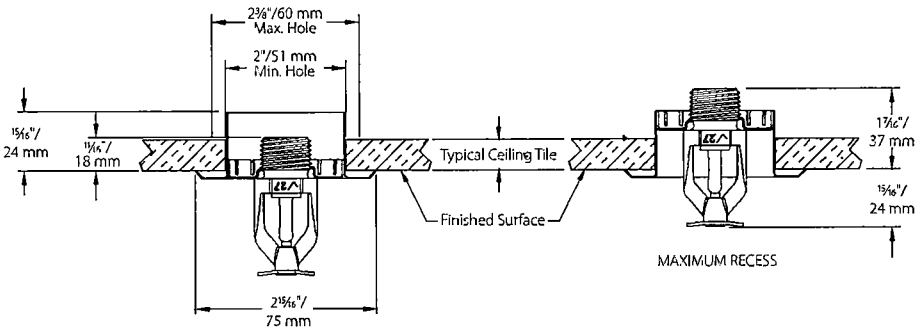
Standard Upright with/without standard V9 coupling – V2703, V2704

NOTE:

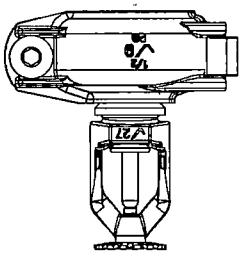
- V27, K5.6 sprinklers with Style V9 coupling dimensions are the same as threaded sprinkler dimensions.



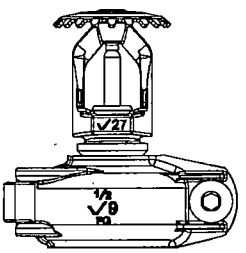
½" Adjustment Recessed – V2707, V2708 (drawing not to scale)



¾" Adjustment Recessed – V2707, V2708 (drawing not to scale)



Standard Pendent with V9 Sprinkler Coupling – V2707, V2708



Standard Upright with V9 Sprinkler Coupling – V2703, V2704

NOTE:

- IGS options are not available for recessed applications.

5.0 PERFORMANCE

Sprinkler is to be installed and designed as per NFPA, FM Datasheets, or any local standards.

6.0 NOTIFICATIONS

⚠ WARNING

- **Always read and understand installation, care, and maintenance instructions, supplied with each box of sprinklers, before proceeding with installation of any sprinklers.**
- **Always wear safety glasses and foot protection.**
- **Depressurize and drain the piping system before attempting to install, remove, or adjust any Victaulic piping products.**
- **Installation rules, especially those governing obstruction, must be strictly followed.**
- **Painting, plating, or any re-coating of sprinklers (other than that supplied by Victaulic) is not allowed.**

Failure to follow these instructions could result in serious personal injury and/or property damage.

The owner is responsible for maintaining the fire protection system and devices in proper operating condition. For minimum maintenance and inspection requirements, refer to the current National Fire Protection Association pamphlet that describes care and maintenance of sprinkler systems. In addition, the authority having jurisdiction may have additional maintenance, testing, and inspection requirements that must be followed.

If you need additional copies of this publication, or if you have any questions about the safe installation of this product, contact Victaulic World Headquarters: P.O. Box 31, Easton, Pennsylvania 18044-0031 USA, Telephone: 001-610-559-3300.

7.0 REFERENCE MATERIALS

Ratings

All glass bulbs are rated for temperatures from –65°F/–54°C to those shown in table below.

Sprinkler Temperature Classification	Victaulic Part Identification	Temperature – °F/°C		Glass Bulb Color
		Nominal Temperature Rating	Maximum Ambient Temperature Allowed	
Ordinary	A	135°F/57°C	100°F/38°C	Orange
Ordinary	C	155°F/68°C	100°F/38°C	Red
Intermediate	E	175°F/79°C	150°F/65°C	Yellow
Intermediate	F	200°F/93°C	150°F/65°C	Green
High	J	286°F/141°C	225°F[8]/107°C	Blue
Extra High[7]	K	360°F/182°C	300°F/149°C	Purple
–	M	Open	–	No bulb
Ultra High[7]	N	500°F/260°C	475°F/246°C	Black

[7] Standard response only.

Available Wrenches:

Sprinkler Type	V27-2 Recessed	V27 Open End	Hex-Bit
V2707, V2708 Pendent	✓	✓	–
V2707, V2708 Recessed Pendent	✓	–	–
V2703, V2704 Upright	–	✓	–
V2703, V2704 Upright w/V9	–	–	✓
V2707, V2708 Pendent w/V9	–	–	✓

NOTE

- 3/16-inch hex bit provided with V9 coupling shipment.

29.01: Victaulic Terms and Conditions of Sale

I-40: Victaulic FireLock™ Automatic Sprinklers

I-V9: Style V9 Victaulic FireLock™ IGS™ Installation-Ready™ Sprinkler Coupling Installation Instructions

SMW
architects llc

January 7, 2021

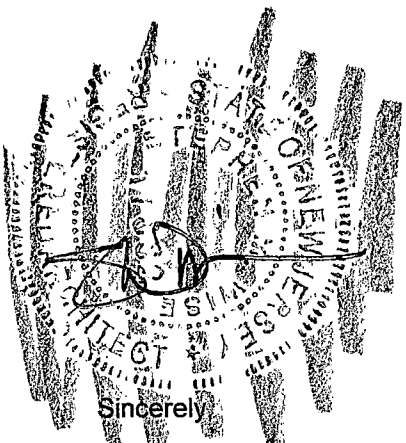
Mr. Dan Newman, BCO
Township of Brick
401 Chambers Bridge Rd
Brick, NJ 08723

JAN 0 8 2021

Re: Hand & Stone Massage & Facial Spa
Brick Plaza

Enclosed are three revise sets of mechanical drawing revisions to changes in design and construction that have been erected in the field..
Revisions include duct distribution from Existing Roof Top Mechanical Unit to Main level (Break room, Corridor, Restrooms and Sub- Waiting area); Mezzanine level Storage area.

Should you require additional information, or have further questions, please contact me at (717) 368-1199.



Sincerely,
SMW|architects llc

Stephen M. Wise, A.I.A., NCARB
Principal / Partner

Cc: Owner
Project file

1/8/20 - Spoke to Steve. Needs Updates to revise

• STEPHEN M WISE
AIA/NCARB

ARCHITECTURE • PLANNING • INTERIORS
6 DEEP HOLLOW LANE • LANCASTER, PA 17603
(P) 717.368.1199 • (E) SWISE@SMW-ARC.COM

PERMIT UPDATE

Date Update Issued
Control # C-21-002011+D
Permit # 20-2459+D

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone: (484) 419-1208
Contractor: KELLER CONTRACTING
Address: 76 WILLOW SPRINGS CIRCLE YORK PA 17406
Telephone: (717) 943-3682
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - RELOCATE HAND & STONE IN PLAZA ...UPDATE +D - DUCTWORK LAYOUT CHANGES

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 $1,000

D. Iwanowski 11/21/21
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$152
Check No.	
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:

- [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 12/16/20
Control # C-20-002011+C
Permit # 20-2459+C

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone: (484) 419-1208

Contractor: KELLER CONTRACTING

Address: 76 WILLOW SPRINGS CIRCLE YORK PA 17406

Telephone: (717) 943-3682

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 ..RELOCATE HAND & STONE IN PLAZA - UPDATE +C - SECURITY ALARM

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$157
Check No.	1449
Cash	$0
Credit	$0
Collected By	

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 $3,750

Construction Official

12/8/20
Date

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

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

12/16/20 12:[illegible] PM 00155[illegible]

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.

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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.
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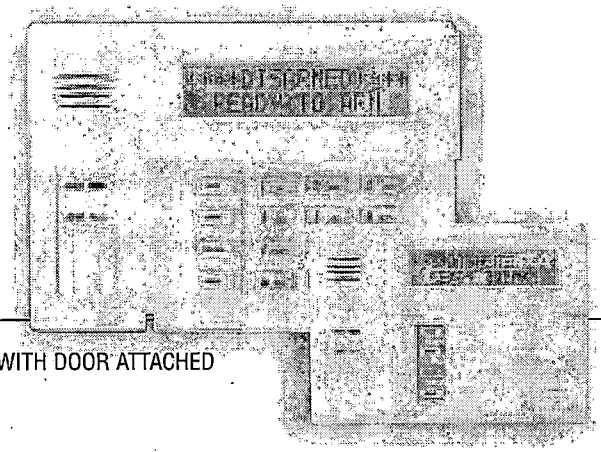
6160

Alpha Display Keypad



WITH DOOR ATTACHED

The 6160 Deluxe Keypad is easy to install and simple to use. The attractive white console blends with any décor and features a contoured, removable door that conceals illuminated soft-touch keys. The 6160 also features a new larger and brighter 32-character display with easy-to-read plain-English status messages.

The oversized function keys are easily accessed even when the keypad door is closed, and can be programmed for fire, burglary, personal emergencies and other operations. Colored self-adhesive Labels are included.

FEATURES

- Large, easy-to-use keypad
- Keys continuously backlit for greater visibility
- Speaker with audible beeps to indicate:
  - System status
  - Entry/exit delay
  - Other alarm situations
- Zones and system events displayed in plain English
- No confusing blinking lights
- Four programmable function keys
- System functions clearly labeled
- Functions performed by just entering security code plus command
- White with removable door blends with any décor

SPECIFICATIONS

Physical:

- 5-5/16"H x 7-3/8"W x 1-3/16"D (135mm x 190mm x 30mm)

Current

- Standby-40mA
- Activated Transmission-160mA

Wiring

- - (Black): Ground
- + (Red): +12 VDC (Aux. Power)
- D1 (Green): "Data in" to control panel
- D0 (Yellow): "Data out" from control panel

Compatibility

- Fully compatible with all VISTA controls.

ORDERING

6160 Alpha Display Keypad

Honeywell Security & Custom Electronics
PO Box 9035,
Syosset, NY 11791
www.security.honeywell.com/sce

Honeywell

L/6160/D
November 2004

Honeywell Home Alarm Communications

4G LTE+IP

LTE and Internet Multi-Path Communicators

Honeywell Home is focused on providing the best alarm communication solutions for the security industry. Alternative communication methods are critical in the marketplace due to inconsistencies in VoIP, migration from POTS and the evolution of cellular networks. LTE network connectivity provides the longest viable cellular lifespan available.

All signals are delivered to the AlarmNet® Network Control Center, which routes the information to the appropriate central station. The state-of-the-art AlarmNet Network Control Center is fully redundant and monitored 24/7. AlarmNet has the ability to route messages using AlarmNet-i and 800 PLUS services, providing true redundancy and multi-path message delivery.

Honeywell Home End-to End Solutions

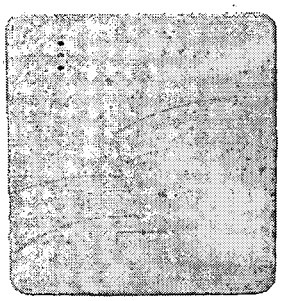
FEATURES

- **4G LTE network and IP compatibility**
- **Full Contact ID**
  Contact ID reporting using ECP mode with compatible Honeywell Home control panels.
- **256-bit AES Encryption**
  Advanced encryption standard used for secure communications.
- **Upload/Download**
  Available with select Honeywell Home control panels. Requires Compass version 1.5.8.54a or higher.
- **Diagnostic LEDs**
  Provide signal strength and status indications.
- **QOS**
  Quality of Service diagnostics via AlarmNet supply vital information including when a message was received, battery voltage, input voltage, signal strength and message path.
- **AlarmNet360™ Online Management Platform**
  Remote programming and diagnostics to improve business efficiencies and reduce truck rolls. www.alarmnet360.com
- **Remote Services Capability***
  Optional Resideo Total Connect Remote Services — Boost RMR while providing on-the-go security and home control, video viewing, and real-time alerts, anytime, anywhere, on any PC or smart device.
- **FOTA Firmware Upgrading**
  Complete over-the-air firmware upgrading capability. Provides remote service management ability.
- **Dual Technology Reporting**
  Provides IP and cellular transmission paths with added flexibility and reliability. (LTE-IV, LTE-IA, LTE-IC)
- **Six Input Zones**
  Used for universal control panel compatibility. (LTE-IV, LTE-IA, LTE-IC)
- **Built-in Power Supply/ Backup Battery**
  On-board charging circuit design accommodates back-up battery. Includes primary power and battery supervision. 6V 3.1Ah battery supplied to deliver up to 24 hours of standby operation.

**Service subscription required.*

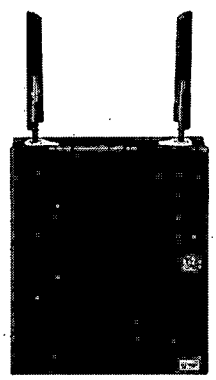
SPECIFICATIONS

VISTA 4G LTE Multi-Path Communicators (LTE-IV/LTE-IA/ LTE-IC)



DESCRIPTION	• Multi-path IP and Cellular Technologies • Integrated VISTA ECP design • LTE CAT1
PANEL COMPATIBILITY	All VISTA® controls with ECP radio support. Universal panel compatible using zone inputs.
DIMENSIONS	8.4" x 8.0" x 1.5" (21.3cm x 20.3cm x 3.8cm)
ELECTRICAL	• **Input Power:** 16.5V AC, 40VA transformer, Model No. 1361 • **Backup Battery:** 6V, 3.1AH
RF	**Antenna:** Internal Penta-Band antenna with receive diversity for LTE CAT1. Average 3.8dBi gain.
ENVIRONMENTAL	**Operating Temperature:** -4° to 131° F (-20° to 55° C) **Storage Temperature:** -40° to 158° F (-40° to 70° C)
AGENCY LISTINGS	ETL Listed

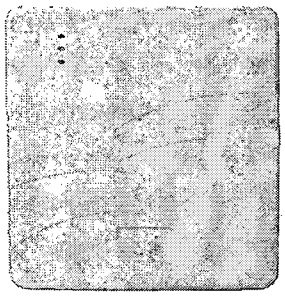
VISTA 4G LTE Multi-Path Communicators (LTE-CFA/LTE-CFV)



DESCRIPTION	Commercial Fire Internet and LTE Communicator		
PANEL COMPATIBILITY	VISTA-32FB, VISTA-32FBT, VISTA-128FBP, VISTA-128FBPT, VISTA-250FBP, VISTA-250BPT.		
DIMENSIONS	15.0"H X 12,75"W x 3.0" D		
ELECTRICAL	12VDC supplied by the control panel 90mA Standby, 105Ma active		
RF	**Frequency**	**Peak Gain (dBi)**	**Radiation**
	698 to 960 MHz	0.84 to 1.09	Omni-directional
	1710 to 2170 MHz	1.81 to 1.87	Omni-directional
ENVIRONMENTAL	**Operating Temperature:** 0°C to 49°C **Storage Temperature:** -40° to 158° F -40° C to 70° C		
AGENCY LISTINGS	UL864 10th Edition, CSFM		

SPECIFICATIONS

VISTA 4G LTE Multi-Path Communicators
(LTE-HSV)



DESCRIPTION	High Security Internet and Cellular Communicator
PANEL COMPATIBILITY	VISTA® Control panels with ECP radio support. Universal panel compatible using zone inputs
DIMENSIONS	8.4" x 8.0" x 1.5" (21.3cm x 20.3cm x 3.8cm)
ELECTRICAL	• **Input Power:** 16.5V AC, 40VA transformer, • **Backup Battery:** 319mA Standby; 380Ma active
RF	**Antenna:** Internal Penta-Band antenna with receive diversity for LTE CAT1 Average 3.8dBi gain.
ENVIRONMENTAL	**Operating Temperature:** -4° to 131° F (-20° to 55° C) **Storage Temperature:** -40° to 158° F (-40° to 70° C)
AGENCY LISTINGS	UL365, UL1610, Encrypted Line Security, NIST

ORDERING

U.S.

LTE SKU	Carrier	Panel Compatibility	Replaced 3G/4G CDMA Radio
Coming Soon **LTE-IA**	AT&T	VISTA-15P VISTA-20P VISTA-128BPT VISTA-250BPT (universal panel compatibility using zone inputs)	IGSMV4G
LTE-IV	Verizon	VISTA-15P VISTA-20P VISTA-128BPT VISTA-250BPT	GSMX4G/CDMA-X
LTE-CFA/ LTE-CFV	AT&T/ Verizon	VISTA-32FB VISTA-32FBT VISTA-128FBP VISTA-128FBPT VISTA-250FBP VISTA-250BPT	IGSMCFP4G
LTE-HSV	Verizon	VISTA-15P VISTA-20P VISTA-128BPT VISTA-250BPT (universal panel compatibility using zone inputs)	IGSMHS4G

Canada

LTE SKU	Carrier	Panel Compatibility	Replaced 3G/4G Radio
Coming Soon **LTE-IC**	Bell	VISTA-15PCN VISTA-20PCN VISTA-128BPTCN VISTA-250BPTCN (universal panel compatibility using zone inputs)	IGSMV4G

For more information
security.honeywellhome.com/hsc

resideo

Resideo Technologies, Inc.
2 Corporate Center Drive, Suite 100
P.O. Box 9040
Melville, NY 11747
1-800-645-7492
resideo.com

L/LTEIMPCD/D | 05/19

Honeywell Home

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE

Fire Alarm, Burglar Alarm and Locksmith Advisory

HAS REGISTERED

B-SAFE INC
LEONARD C SIMONI
109 Baltimore Avenue
Wilmington DE 19805

FOR PRACTICE IN NEW JERSEY AS A(N): BA and FA Business

01/09/2020 TO 01/31/2023
VALID

Signature of Licensee/Registrant/Certificate Holder

34BF00020800
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Fire Alarm, Burglar Alarm and Locksmith Advisory
HAS REGISTERED
B-SAFE INC
BA and FA Business

01/09/2020 TO 01/31/2023
VALID

SIGNATURE

ACTING DIRECTOR

34BF00020800
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Fire Alarm, Burglar Alarm and Lock
P.O. Box 45042
Newark, NJ 07101

PLEASE DETACH HERE

PERMIT UPDATE

Date Update Issued 10/14/20
Control # C-20-002011+B
Permit # +B
20-2459+B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone: (484) 419-1208

Contractor: KELLER CONTRACTING

Address: 76 WILLOW SPRINGS CIRCLE YORK PA 17406

Telephone: (717) 943-3682

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 ...UPDATE +B- GAS DRYERS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$250
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$250
Check No.	1491
Cash	$0
Credit	$0
Collected By	CW

10/14/20 1:09PM 00153884762
XH03 SERV 003

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 $100

D Newman 10/14/20

Construction Official — Date

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

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

FIRE $250.00
CHECK $250.00

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.

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☐ 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.

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☑ 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 10/14/20
Control # C-20-002011+A
Permit # +A
20-2459+A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone: (484) 419-1208
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Federal Employee. No.

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

DESCRIPTION OF WORK:
TENANT FIT UP ...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 $6,200

D Neumaier
Construction Official

10/7/20
Date

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$278
Check No.	1491
Cash	$0
Credit	$0
Collected By	Cw

10/14/20 [illegible]
XNOS SERV-005

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

ELECTRIC $150.00
FIRE $116.00
DCA $12.00

REQUIRED INSPECTIONS

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

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

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

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

CONSTRUCTION PERMIT

Date Issued 10/14/20
Control # C-20-002011
Permit # 20-2459

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. STE 19 HAND & STONE Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092

Telephone: (484) 419-1208

Contractor: KELLER CONTRACTING

Address: 76 WILLOW SPRINGS CIRCLE YORK PA 17406

Telephone: (717) 943-3682

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 ...RELOCATE HAND & STONE IN PLAZA

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 $388,000

D Neuman 10/7/20

Construction Official Date

PAYMENTS (Office Use Only)

Building	$11,185
Electrical	$1,245
Plumbing	$4,627
Fire Protection	$232
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$737
CO Fee	$150.00
Other	$0
Total	$18,176
Check No.	1491
Cash	$0
Credit	$0
Collected By	CW

+75 18251

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

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

REQUIRED INSPECTIONS

10/14/20 11:07AM 001558#4760
#03 SERV.003
BUILDING $11185.00
ELECTRIC $1245.00
PLUMB $4627.00
FIRE $232.00
DCA $737.00
C/O $150.00
CHECK $75.00
CHECK $18251.00

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:

- [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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP20-01158
DATE ISSUED 10/14/20

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 56 Chambers Bridge Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment Trust
   COMPLETE ADDRESS: 50 East Wynnewood Rd Suite 200
   Wynnewood PA 19096
   PHONE # 484-419-1208 EMAIL: NCaine@FederalRealty.com

2. NAME OF APPLICANT: Arsito Homes Inc
   APPLICANT ADDRESS: 308 Maine Street
   Toms River NJ 08753
   PHONE # 732-279-0028 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Art Arsito
   PHONE# 732 279 0028 FAX# _____

4. SIGNATURE OF APPLICANT: X Art Arsito

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Hallmark
PROPOSED USE: Hand & Stone

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit Up

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ 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: 10/14/20
Application Number: ZA-20-00841
Application Date: 7/22/2020
Project Number:
Permit Number: ZP-20-01158
Fee: $75.00

Zoning Permit

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

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **PO BOX 92129 (ALTUS GROUP**
SOUTHLAKE, TX 76092

Applicant: **ARDITO HOMES INC**
Address: **308 MAINE STREET**
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: **Massage Spa (Hand And Stone)**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for tenant relocating to a new space. Hand and Stone relocating to the previous Halmark store.

Additional Zoning Permit is required for additional work.

Application Approved Date: 7/22/2020

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

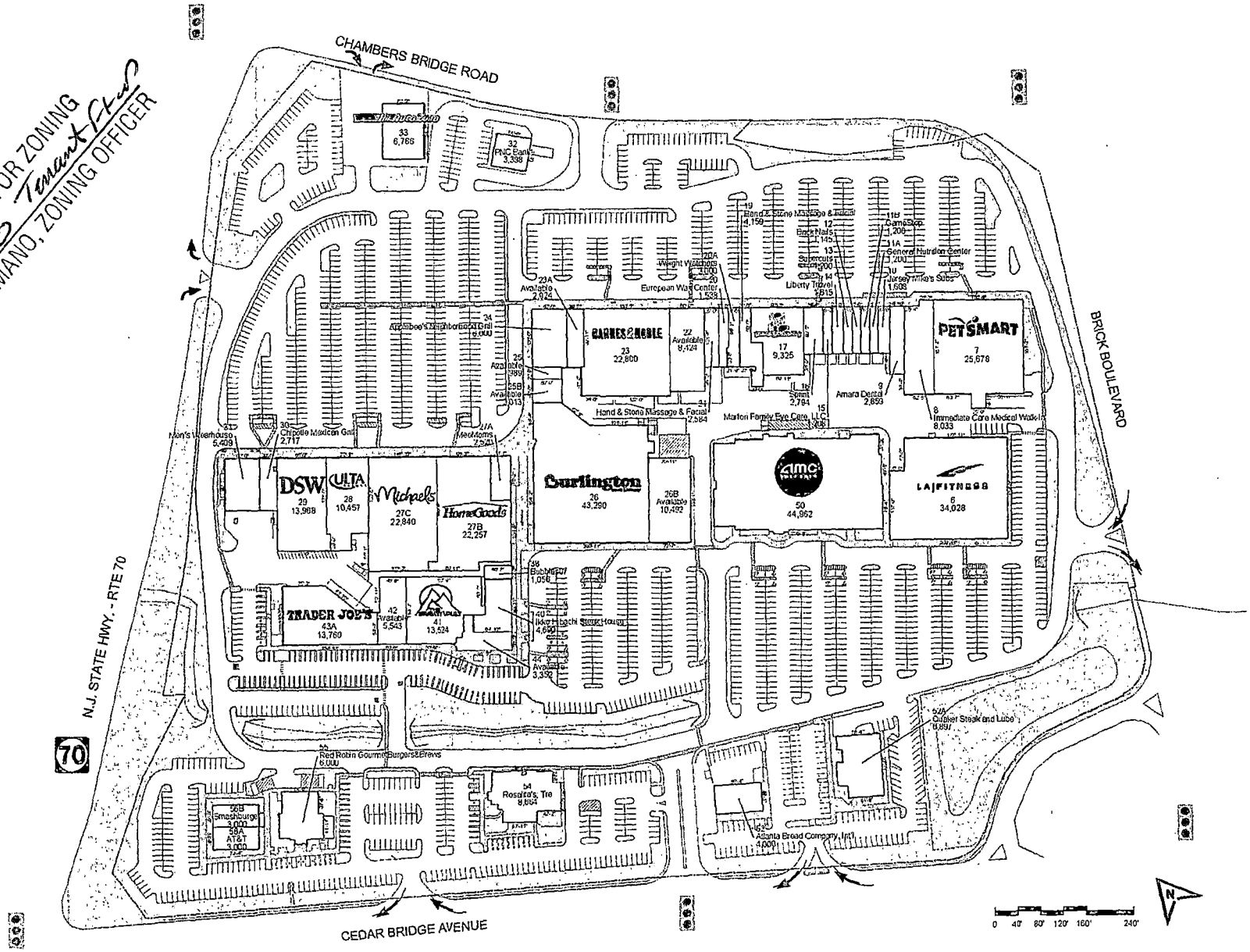
Christopher J. Romano, Zoning Officer

7/22/2020
Date

Brick Plaza

FEDERAL 1962

APPROVED FOR ZONING
2-22-20 Tenant Fit-out
CHRIS ROMANO, ZONING OFFICER



The parties acknowledge that this Plan is for identification purposes only and does not constitute any covenant, representation, or warranty by Landlord that any existing or future conditions shown exist, or that, if they do exist, will continue to exist, except to the extent such covenant, representation or warranty is expressly set forth in writing by both parties.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 671 **LOT** 1.01 **ADDRESS** _____

IDENTIFICATION: 56 Chambers Bridge Rd

1. WORK SITE ADDRESS 30 Brick Plazza Brick NJ
2. APPLICANT ARDITO Homes INC
3. NAME OF OWNER IN FEE Federal Realty Investment Trust
   ADDRESS 50 East Wynnewood Rd Suite 200 Wynnewood PA 19096
   PHONE 484-419-1208 EMAIL NCain@Federalrealty.com
4. PRINCIPAL CONTRACTOR ARDITO Homes INC
   ADDRESS 308 Maine Street Toms River NJ 08753
   PHONE 732 279 0028 EMAIL ARDITOHomesINC@aol.com
5. ARCHITECT OR ENGINEER SMW ARCHITECTS
   ADDRESS 6 Deep Hollow Lane Lancaster PA 17603
   PHONE 717-368 1199 EMAIL www.SMWARC.com
6. RESPONSIBLE PERSON FOR WORK ART ARDITO
   ADDRESS 308 Maine Street Toms River NJ 08753
   PHONE 732 279 0028 EMAIL ARDITOHomesINC@aol.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 FIT OUT Type III-B Tenant

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

INSPECTOR: GREG RIELLO

JOB: COMMERCIAL SECTION: LAURELTON

TYPE OF WORK: TENANT FIT-UP PERMIT #: 20-2459

WEATHER / TEMP: CLOUDY, 32°F

DATE: 2/11/21

INSPECTION: FINAL C.O.

LOCATION: 56 CHAMBERS BRIDGE RD. (HAND & STONE)

BLOCK: 671 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATION OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		
2. Grading		
3. Sidewalk		
4. Road Pavement		
5. Landscaping & Sodding		
6. Clean-up Procedures		
7. Note on-going construction in immediate area		
8. Safety		
9. As Built Survey / Elevation Certificate		

COMMENTS REFERENCING ITEM NUMBER:

* BOLLARDS INSTALLED TO PROTECT ELECTRICAL EQUIPMENT.

* ALL ITEMS COMPLETED & ARE ACCEPTABLE

NO PUNCH LIST

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS
- ☐ $50.00 REINSPECTION FEE

Elissa C Commisso

MUNICIPAL ENGINEER

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER **Federal Reality Investment Trust** DATE **8/18/20**

PROPERTY ADDRESS **56 Chambers Bridge (Store 19)** BLOCK **671** LOT **1.01**

ZONING **Hand and Stone Massage and Facial Spa** USE GROUP R5

CONTRACTOR **Charles Carman** LICENSE # REGISTRATION **10907**

WATER MAIN SIZE **1 1/4"** WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	3	( )	15	( )	
4. LAVATORY	17	( )	17	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	2	( )	6	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	2	( )	8	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		46		

GALLONS PER MINUTE 27

SIZE of SERVICE 1 1/4

DATE: 8/18/20

APPROVED BY: _____

* * * Communication Result Report (Aug. 18. 2020 6:25PM) * * *

1)
2)

Date/Time: Aug. 18. 2020 6:25PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
7978	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 Investment Trust DATE 8/18/20

PROPERTY ADDRESS 56 Chambers Bridge (Store 19) BLOCK 671 LOT 1.01

ZONING Hand and Stone Massage and Facial Spa USE GROUP R5

CONTRACTOR Charles Carman LICENSE # REGISTRATION 10907

WATER MAIN SIZE 1 1/4" WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(wfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	3	( )	15	( )	
4. LAVATORY	17	( )	17	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	2	( )	6	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE	2	( )	8	( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		46		

GALLONS PER MINUTE 27

SIZE of SERVICE 1 1/4

DATE: 8/18/20 APPROVED BY: [signature]

* * * Communication Result Report (Sep. 30. 2020 3:11PM) * * *

1)
2)

Date/Time: Sep. 30. 2020 3:11PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
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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

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

Subcode Official Review

Date: Tuesday, September 29, 2020

To: KELLER CONTRACTING
76 WILLOW SPRINGS CIRCLE
YORK, PA 17406

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
58 CHAMBERS BRIDGE RD, STE 19
Permit Number: Control Number: C-20-002011
Last Submit Date: Wednesday, September 23, 2020

Dear KELLER CONTRACTING,

The following comments were made during the Plan Review process:
IFGC Table 402.4 (2) requires the longest run of pipe.
The sketch still does not indicate the longest length of piping from the point of delivery to the most remote outlet.

The Longest Length Method
The pipe size of each section of gas piping shall be determined using the longest length of piping from the point of delivery to the most remote outlet and the load of the section.

Also the indicated code is the 2015 IFGC. That is not the adopted edition of the code.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

SMW
architects llc

September 19, 2020

Ms. Nichol Ponsi, BCO
Township of Brick
401 Chambers Bridge Rd
Brick, NJ 08723

Re: Hand & Stone Massage & Facial Spa
Brick Plaza

It is our understanding that the request was made for additional information pertaining to the gas piping design pertaining the proposed Hand & Stone Massage & Facial Spa. Enclosed are three copies of sheet P-1.0.
The Mezzanine Plumbing plan, where the piping schematic was originally shown has been expanded upon, in addition, we have had our Engineer generate a Gas Riser diagram (Detail 6/P-1.0).Please accept this letter as clarification description to the attached revised drawing.

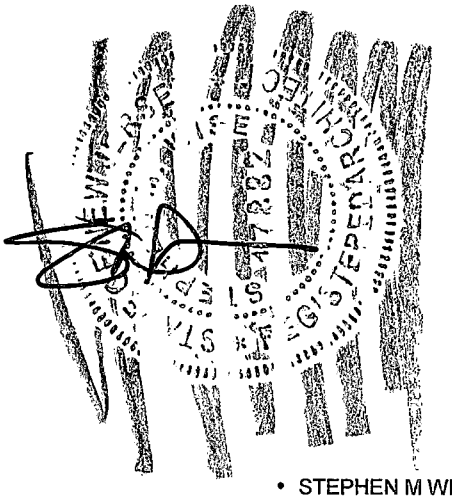
Should you require additional information, or have further questions, please contact me at (717) 368-1199.

Sincerely,

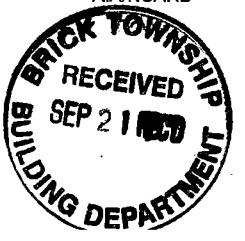
SMW|architects llc

Stephen M. Wise, A.I.A., NCARB
Principal / Partner

Cc: Owner
Project file



ARCHITECTURE • PLANNING • INTERIORS
6 DEEP HOLLOW LANE • LANCASTER, PA 17603
(P) 717.368.1199 • (E) SWISE@SMW-ARC.COM



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

Subcode Official Review

Date: Tuesday, August 18, 2020

To: ARDITO HOMES INC
308 MAINE STREET
TOMS RIVER, NJ 08753

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD. STE 19
Permit Number: Control Number: C-20-002011
Last Submit Date: Thursday, August 13, 2020

Dear ARDITO HOMES INC,

The following comments were made during the Plan Review process:
Gas sketch submitted by the plumber is compliant to code. However the building is a class one building so the plan must come from a design professional and be approved by the architect of record.
The sketch on the architectural plan does not provide the length of run.

FGC 402.4.1 Longest length method. The pipe size of each section of gas piping shall be determined using the longest length of piping, from the point of delivery to the most remote outlet and the load of the section.

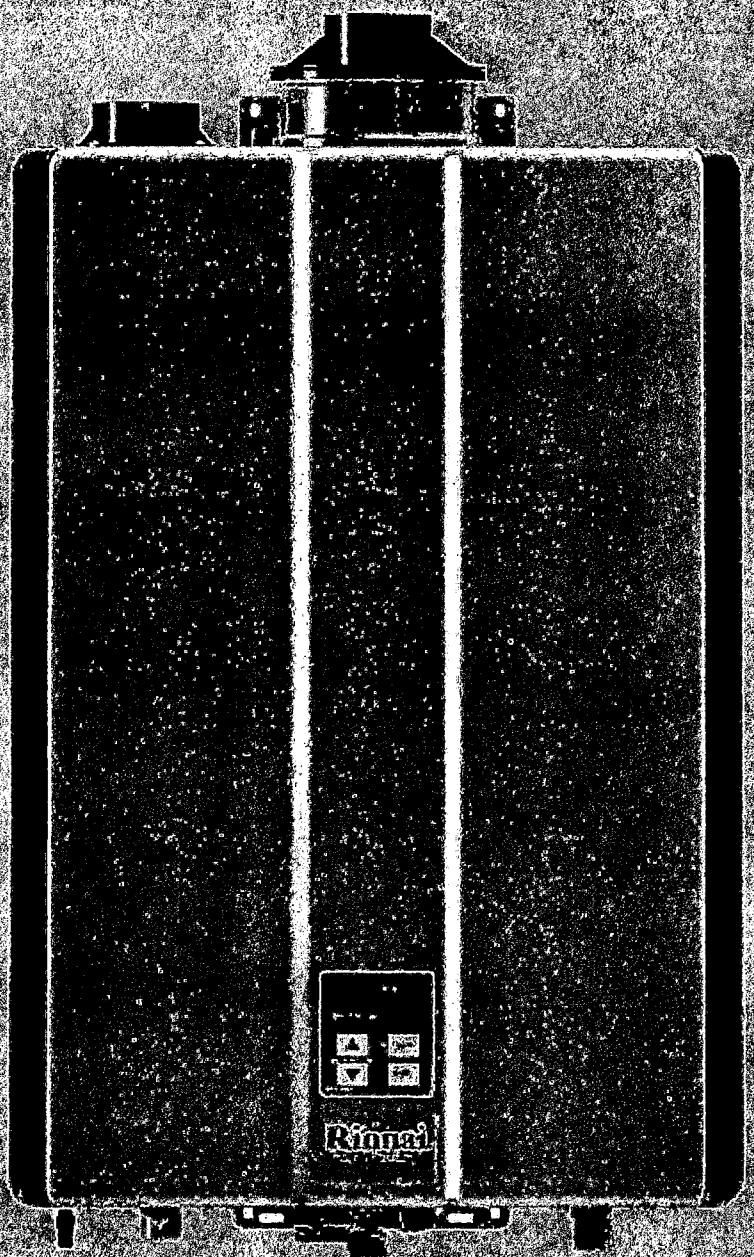
Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 9/20/20

Rinnai®
TANKLESS WATER HEATERS



SENSEI™

THE NEXT GENERATION IN TANKLESS WATER HEATING

SENSEI™

Major Time and Energy Savings

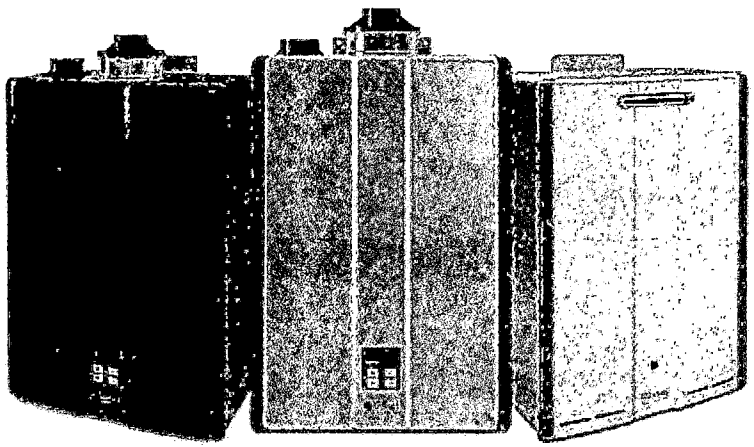
With an enhanced combustion design, the Rinnai SENSEI Tankless Water Heater provides a better experience for both users and installers. Like all Rinnai Tankless Water Heaters, it's also vertically integrated. That means all key components are manufactured by Rinnai — to ensure Rinnai quality.

THE ADVANTAGES

EASY INSTALLATION

OPERATIONAL PERFORMANCE

SERVICEABILITY



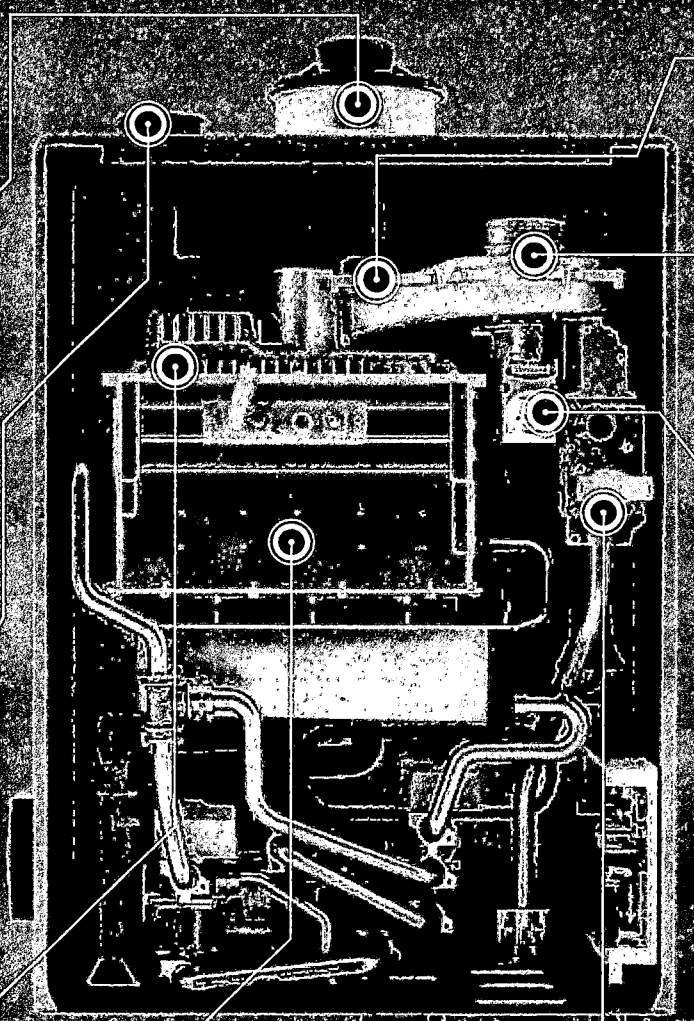
Condensing Technology for Colder Climates

The Rinnai SENSEI offers freeze protection down to -4° F (for outdoor units) or -22° F (for indoor units) through:

- **NEW** integrated check valve that prevents backflow from outside cold air
- **NEW** Fiber Mesh Premix Burner
- Integrated logic to temporarily activate the unit in extreme cold climates

Look Inside

All components work together harmoniously to provide the best combustion performance possible.



NEW Concentric Vent or 2-Inch Exhaust*

- Allows for easy use of concentric 2"/4" or 3"/5" direct vent or exhaust in 2-pipe or room-air configurations

NEW 2-Inch Intake Vent Connections

- Allows for maximum flexibility with the use of 2" PVC/CPVC/PP on vent runs up to 65 feet

NEW Fiber Mesh Premix Burner*

- Provides even flame distribution for optimal performance for any demand

NEW Primary Stainless Steel Heat Exchanger*

R-evolution*

- Resists the corrosive nature of the condensate, which occurs early in the high-efficiency combustion process

NEW Zero Governor Gas Valve*

- Optimizes combustion performance by consistently delivering gas and air mixture

NEW Switching Venturi*

- Provides consistent mixture of air and gas to burner for low turn-down ratios
- Self-compensates in areas with low or fluctuating gas pressures

NEW Turbo Fan

- Enables longer vent runs and flexible vent options
- Up to 65 feet vent runs with 2"/4" concentric and 2" PVC/CPVC/PP
- Up to 150 feet vent runs with 3"/5" concentric and 3" PVC/CPVC/PP

NEW Integrated Check Valve

- Located between the turbo fan and combustion chamber
- Prevents cold air from entering the venting system and backflow of exhaust in common vent applications

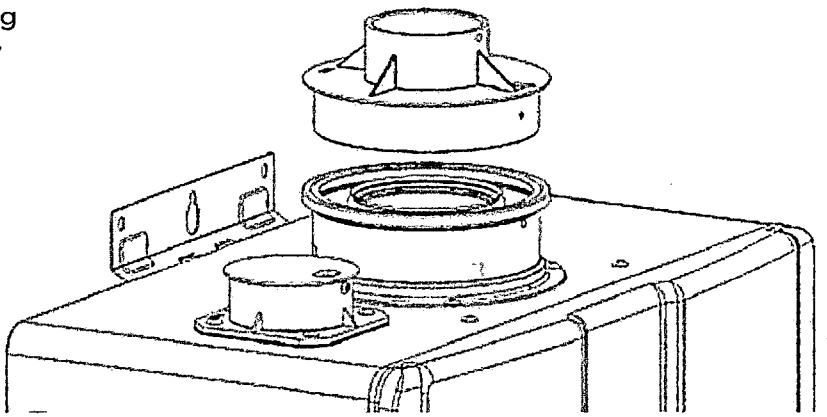
*Manufactured by Rinnai

Most Flexible Venting in the Industry

The Rinnai® Sensei™ can go in an old condensing vent system for replacement if needed, but new installs can use smaller, lighter, less expensive concentric venting.

- 14 possible vent configurations
- 9 compatible vent manufacturers*

*Includes PVC



2" adaptor ring and cap let you use 3"x 5" concentric venting or 2" twin pipe venting

Now Including 2" Venting Options

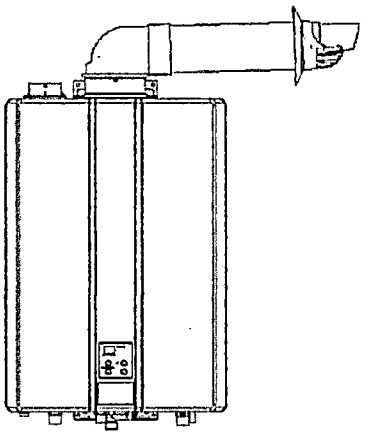
CONCENTRIC		
DIAMETER	EQUIVALENT LENGTH	TERMINATION
3" X 5"	150' (46 m)	VERTICAL OR HORIZONTAL
2" X 4" (NEW)	65' (20 m)	VERTICAL OR HORIZONTAL

- Unit requires only a single penetration through the wall, reducing install time and costs
- Simple positive-fit components offer a secure connection
- Joint seals expand and contract with weather to prevent damage
- Assembly and adjustment are easy

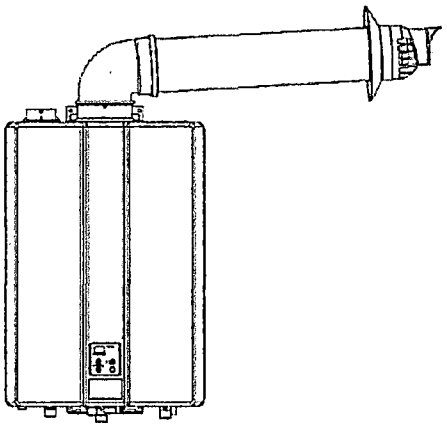
TWIN PIPE AND ROOM AIR			
DIAMETER	MATERIAL	EQUIVALENT LENGTH	TERMINATION
3"	PP, PVC, CPVC	150' (46 m)	VERTICAL OR HORIZONTAL
2" (NEW)	PP, PVC, CPVC	65' (20 m)	VERTICAL OR HORIZONTAL

Example Vent Configurations

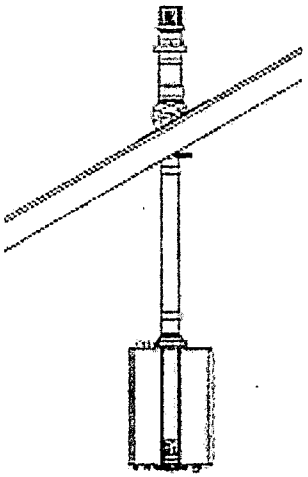
CONCENTRIC



2" x 4" horizontal wall termination configuration

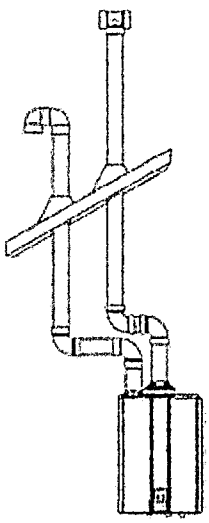


3" x 5" horizontal wall termination configuration



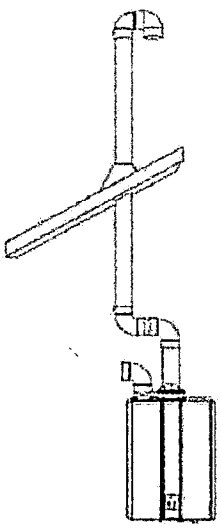
2" x 4" or 3"x 5" vertical roof termination configuration

TWIN PIPE



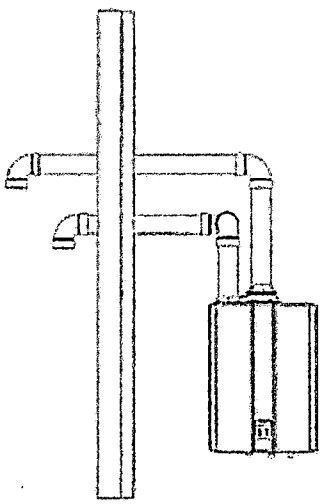
Vertical termination direct vent configuration

ROOM AIR

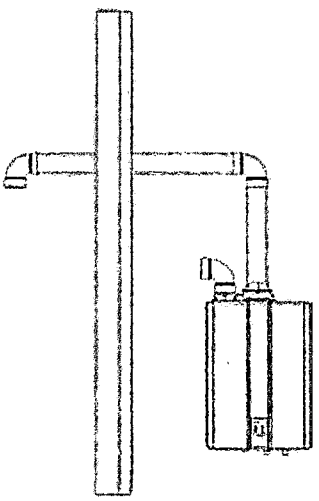


Vertical termination room air configuration

ELBOWS OR TEES



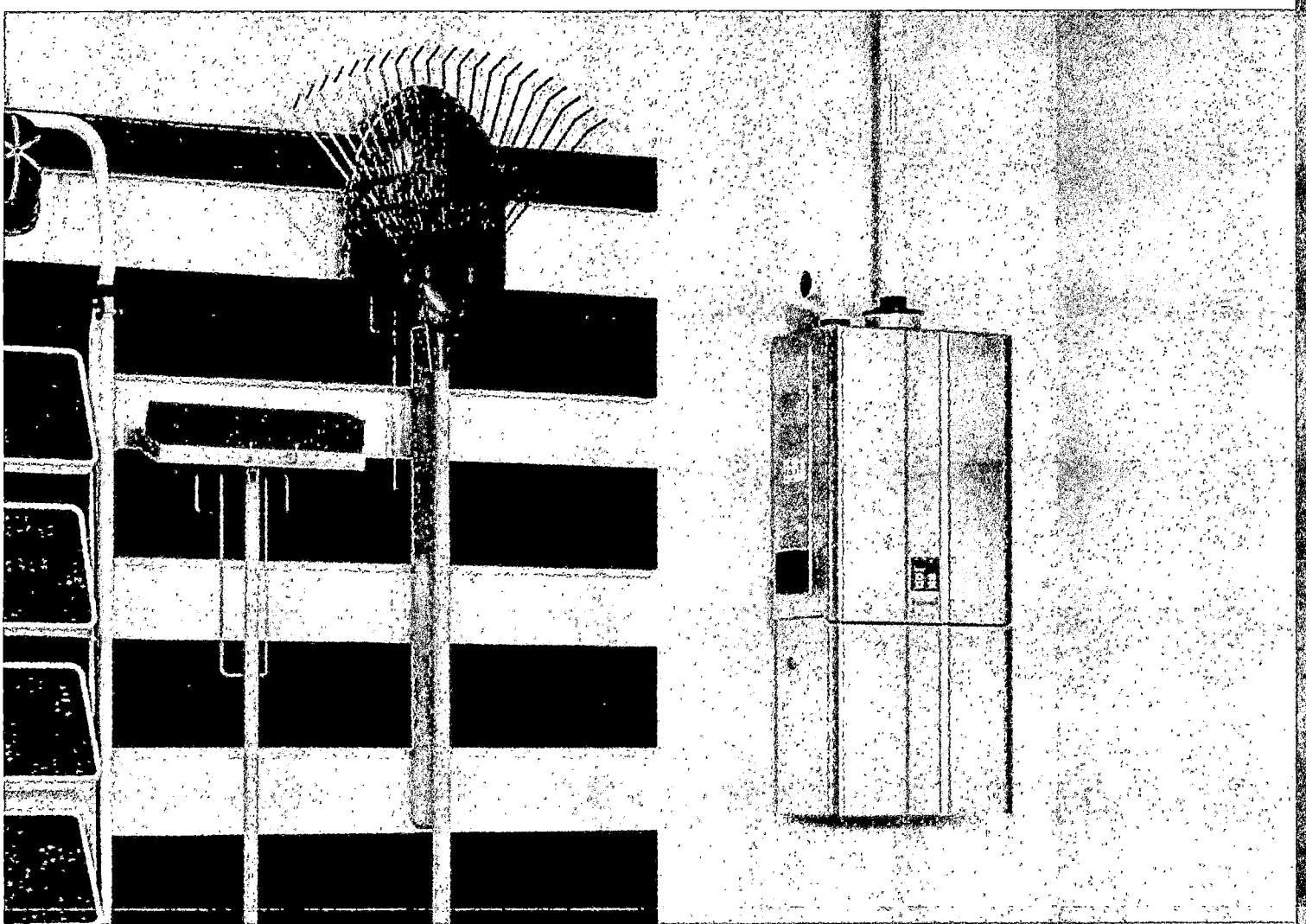
Elbow or tee side wall termination direct vent configuration



Elbow or tee side wall termination room air configuration

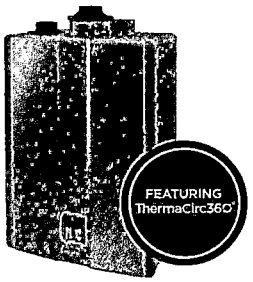
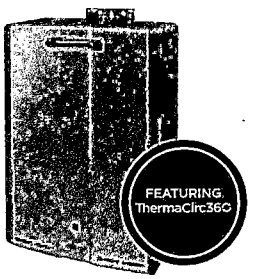
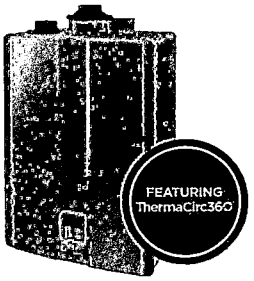
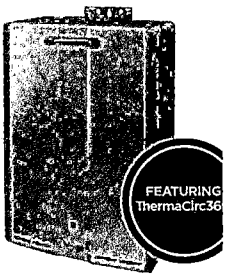
Easy
Parameter Adjustments

- Installation is more efficient with easily accessible control panel
- Controls are integrated on internal and external models
- A parameter adjustment can be made for greater hot water flow (up to 11 GPM) in areas with a low delta T
- Simply use the arrows on the controller to select a setting number

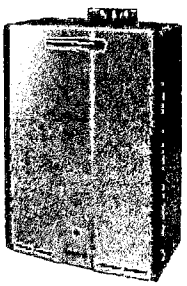
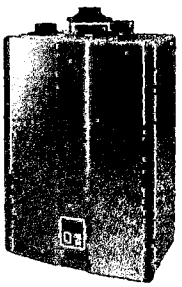
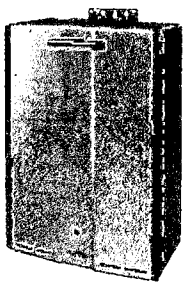


HART AND SPECIFICATIONS
HIGH-EFFICIENCY (CONDENSING) TANKLESS WATER HEATERS

SE+ SERIES

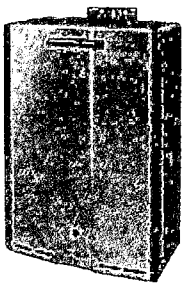
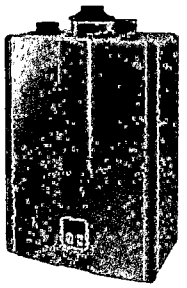
				
MODEL	**RUR199i**	**RUR199e**	**RUR160i**	**RUR160e**
DIMENSIONS - W, H, D INCHES (MM)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)
WEIGHT (LBS / KG)	73 / 33	73 / 33	71 / 32	71 / 32
INSTALLATION TYPE	INDOOR	OUTDOOR	INDOOR	OUTDOOR
MIN./MAX. BTU	15,000/199,000	15,000/199,000	15,000/160,000	15,000/160,000
TEMP. RANGE RESIDENTIAL	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C
TEMP. RANGE COMMERCIAL	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C
MINIMUM ACTIVATION RATE	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)
FLOW RATE (70°/50° TEMP. RISE)	5.4 / 7.6	5.4 / 7.6	4.3 / 6.1	4.3 / 6.1
HOT WATER FLOW RATE RANGE	0.26 - 9.8 GPM (1.0 - 37 L/MIN)	0.26 - 9.8 GPM (1.0 - 37 L/MIN)	0.26 - 8.0 GPM (1.0 - 30 L/MIN)	0.26 - 8.0 GPM (1.0 - 30 L/MIN)
CONTROLLER (STANDARD)	INTEGRATED			
CONTROLLERS (OPTIONAL)	MC-91-2US, REQUIRED FOR RECIRCULATION: MC-195T-US OR CONTROL-RTM WI-FI MODULE			
CERTIFICATIONS	AHRI, CSA, ENERGY STAR®			
WARRANTY (RESIDENTIAL)**	LIMITED 15-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR			
WARRANTY (COMMERCIAL)**	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER 5-YEAR ON PARTS, 1-YEAR ON LABOR
MOBILE HOME CERTIFIED	YES	YES	YES	YES
VALVES SHIPPED IN BOX	YES	YES	YES	YES
HIGH ALTITUDE APPROVED	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)
VENTING OPTIONS	CONCENTRIC OR PVC/CPVC/PP	N/A	CONCENTRIC OR PVC/CPVC/PP	N/A
ULTRA LOW NOX	YES	YES	YES	YES
TANKLESS RACK SYSTEM™ (TRS/TRW) COMPATIBLE	YES	YES	YES	YES
1/2" GAS LINE COMPATIBLE†	YES	YES	YES	YES
WI-FI READY	YES	YES	YES	YES

*To achieve temperatures over 140° F (60° C), consult the Operation and Installation Manual.
**For complete information and details regarding Rinnai's warranty, visit rinnai.us.
†For complete information on gas sizing for Rinnai Tankless Water Heaters, consult the Operation and Installation Manual.

			
RU199i	**RU199e**	**RU180i**	**RU180e**
18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)
64 / 29	62 / 28	64 / 29	62/ 28
INDOOR	OUTDOOR	INDOOR	OUTDOOR
15,000/199,000	15,000/199,000	15,000/180,000	15,000/180,000
98° F - 140° F / 37° C - 60° C*	98° F - 140° F / 37° C - 60° C*	98° F - 140° F / 37° C - 60° C*	98° F - 140° F / 37° C - 60° C*
98° F - 185° F / 37° C - 85° C*	98° F - 185° F / 37° C - 85° C*	98° F - 185° F / 37° C - 85° C*	98° F - 185° F / 37° C - 85° C*
0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)
5.4 / 7.6	5.4 / 7.6	4.9 /6.9	4.9 / 6.9
0.26 - 9.8 GPM (1.0 - 37 L/MIN)	0.26 - 9.8 GPM (1.0 - 37 L/MIN)	0.26 - 9.0 GPM (1.0 - 34 L/MIN)	0.26 - 9.0 GPM (1.0 - 34 L/MIN)
INTEGRATED			
MC-195T-US, MC-91-2US, MCC-91-2US			
AHRI, CSA, ENERGY STAR*			
LIMITED 15-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR			
LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR
YES	YES	YES	YES
YES	YES	YES	YES
UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)
CONCENTRIC OR PVC/CPVC/PP	N/A	CONCENTRIC OR PVC/CPVC/PP	N/A
YES	YES	YES	YES
YES	YES	YES	YES
YES	YES	YES	YES
YES	YES	YES	YES

ART AND SPECIFICATIONS
HIGH-EFFICIENCY (CONDENSING) TANKLESS WATER HEATERS

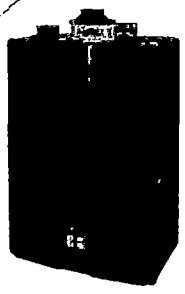
SE+ SERIES

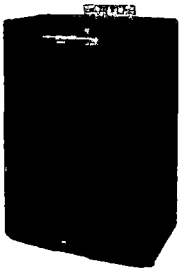




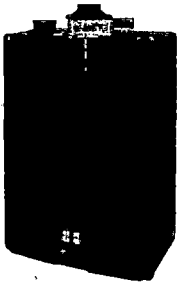

MODEL	RU160i	RU160e	RU130i	RU130e
DIMENSIONS - W, H, D INCHES (MM)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)
WEIGHT (LBS / KG)	64 / 29	62 / 28	64 / 29	62 / 28
INSTALLATION TYPE	INDOOR	OUTDOOR	INDOOR	OUTDOOR
MIN./MAX. BTU	15,000/160,000	15,000/160,000	15,000/130,000	15,000/130,000
TEMP. RANGE RESIDENTIAL*	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C	98° F – 140° F / 37° C – 60° C
TEMP. RANGE COMMERCIAL*†	98° F – 185° F / 37° C – 85° C	98° F – 185° F / 37° C – 85° C	98° F – 185° F / 37° C – 85° C	98° F – 185° F / 37° C – 85° C
MIN. ACTIVATION RATE	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)
FLOW RATE (70°/50° TEMP. RISE)	4.3 / 6.1	4.3 / 6.1	3.5 / 4.9	3.5 / 4.9
HOT WATER FLOW RATE RANGE	0.26 - 8.0 GPM (1.0 - 30 L/MIN)	0.26 - 8.0 GPM (1.0 - 30 L/MIN)	0.26 - 6.6 GPM (1.0 - 24 L/MIN)	0.26 - 6.6 GPM (1.0 - 24 L/MIN)
CONTROLLER (STANDARD)	INTEGRATED	INTEGRATED	INTEGRATED	INTEGRATED
CONTROLLERS (OPTIONAL)	MC-195T-US, MC-91-2US, MCC-91-2US	MC-195T-US, MC-91-2US, MCC-91-2US	MC-195T-US, MC-91-2US, MCC-91-2US	MC-195T-US, MC-91-2US, MCC-91-2US
CERTIFICATIONS	AHRI, CSA, ENERGY STAR®	AHRI, CSA, ENERGY STAR®	AHRI, CSA, ENERGY STAR®	AHRI, CSA, ENERGY STAR®
WARRANTY (RESIDENTIAL)**	LIMITED 15-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 15-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 15-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 15-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR
WARRANTY (COMMERCIAL)**	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR
MOBILE HOME CERTIFIED	YES	YES	YES	YES
VALVES SHIPPED IN BOX	YES	YES	YES	YES
HIGH ALTITUDE APPROVED	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)
VENTING OPTIONS	CONCENTRIC OR PVC/CPVC/PP	N/A	CONCENTRIC OR PVC/CPVC/PP	N/A
ULTRA LOW NOX	YES	YES	YES	YES
TANKLESS RACK SYSTEM™ (TRS/TRW) COMPATIBLE	YES	YES	YES	YES
1/2" GAS LINE COMPATIBLE††	YES	YES	YES	YES
WI-FI READY	YES	YES	YES	YES

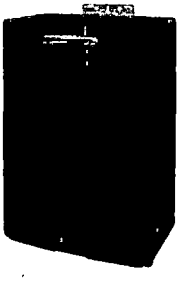
*To achieve temperatures over 140° F (60° C), consult the Operation and Installation Manual.
†To achieve temperatures up to 185° F (85° C), consult the Operation and Installation Manual.
**For complete information and details regarding Rinnai's warranty, visit rinnai.us.
††For complete information on gas sizing for Rinnai Tankless Water Heaters, consult the Operation and Installation Manual.

ERCIAL SERIES









CU199i	CU199e	CU160i	CU160e
18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)	18.5 X 26.4 X 11.5 (470 X 670 X 290)
64 / 29	64 / 29	62 / 28	62 / 28
INDOOR	OUTDOOR	INDOOR	OUTDOOR
15,000/199,000	15,000/199,000	15,000/160,000	15,000/160,000
N/A	N/A	N/A	N/A
98° F – 185° F / 37° C – 85° C	98° F – 185° F / 37° C – 85° C	98° F – 185° F / 37° C – 85° C	98° F – 185° F / 37° C – 85° C
0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)	0.4 GPM (1.5 L/MIN)
5.4 / 7.6	5.4 / 7.6	4.3 / 6.1	4.3 / 6.1
0.26 – 9.8 GPM (1.0 – 37 L/MIN)	0.26 – 9.8 GPM (1.0 – 37 L/MIN)	0.26 – 8.0 GPM (1.0 – 30 L/MIN)	0.26 – 8.0 GPM (1.0 – 30 L/MIN)
INTEGRATED	INTEGRATED	INTEGRATED	INTEGRATED
MC-91-2US	MC-91-2US	MC-91-2US	MC-91-2US
AHRI, CSA, ENERGY STAR®	AHRI, CSA, ENERGY STAR®	AHRI, CSA, ENERGY STAR®	AHRI, CSA, ENERGY STAR®
COMMERCIAL ONLY	COMMERCIAL ONLY	COMMERCIAL ONLY	COMMERCIAL ONLY
LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR	LIMITED 8-YEAR ON HEAT EXCHANGER, 5-YEAR ON PARTS, 1-YEAR ON LABOR
NO	NO	NO	NO
YES	YES	YES	YES
UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)	UP TO 10,200 FT. (3,109 M)
CONCENTRIC OR PVC/CPVC/PP	N/A	CONCENTRIC OR PVC/CPVC/PP	N/A
YES	YES	YES	YES
YES	YES	YES	YES
YES	YES	YES	YES
YES	YES	YES	YES

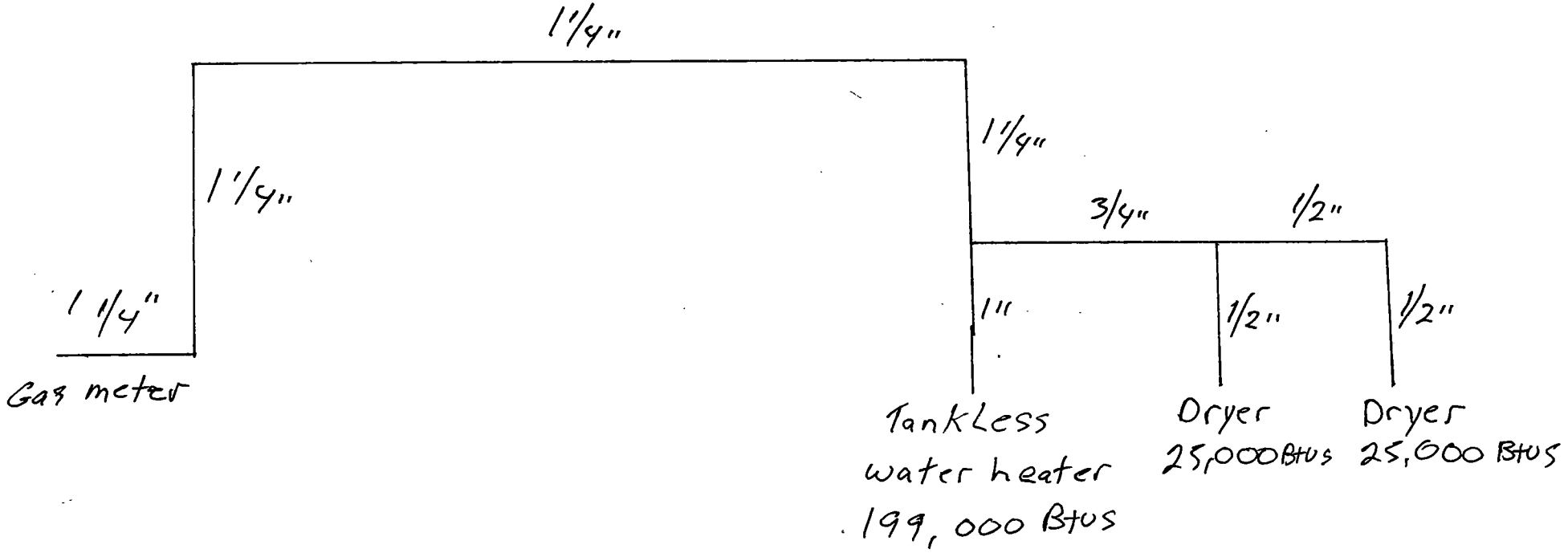
Total Btus - 249,000

Length of run - 65'

REJECTED

AUG 13 2020

PLUMBING



Nichol Ponsi

From: chris.keller@kellercontractingllc.com
Sent: Thursday, September 17, 2020 3:37 PM
To: Nichol Ponsi
Subject: RE: permit application-56 Chambers Bridge Road

Good afternoon Nichol,
Thanks for the call today. Per our call. Please add the $50,000.00 value to the electrical subcode as well as adding the 5 mini split HVAC units to the electrical subcode.
Also..there are 19 mini split heads in the space to be added to the Plumbing subcode.

Last. I will mail to you an additional fire subcode from our plumber for the 2 gas dryers.

Thanks and let me know if this keeps us rolling.

Chris Keller – Owner

Keller CONTRACTING
76 Willow Springs Circle
York, PA 17406
Office: 717-850-5291
Cell: 717-943-3682
Email: chris.keller@kellercontractingllc.com

From: Nichol Ponsi <nponsi@twp.brick.nj.us>
Sent: Thursday, September 17, 2020 11:13 AM
To: chris.keller@kellercontractingllc.com
Subject: RE: permit application-56 Chambers Bridge Road

Good morning. When you get a chance if you could please call me. There are some discrepancies with what was turned in.
Thank you
Nichol
732-262-1030 ext 1334

From: chris.keller@kellercontractingllc.com <chris.keller@kellercontractingllc.com>
Sent: Thursday, September 17, 2020 8:49 AM
To: Nichol Ponsi <nponsi@twp.brick.nj.us>
Subject: permit application-56 Chambers Bridge Road

Nichol,

Good morning. I am following up to verify that you received the mailed in permit application package from me for the Hand and Stone Spa at the above address. (permit application to change the contractors)

Just making sure you received our paperwork.

Thank you.

Chris Keller – Owner

Keller CONTRACTING
76 Willow Springs Circle
York, PA 17406
Office: 717-850-5291
Cell: 717-943-3682
Email: chris.keller@kellercontractingllc.com

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

Subcode Official Review

Date: Tuesday, September 29, 2020

To: KELLER CONTRACTING
76 WILLOW SPRINGS CIRCLE
YORK, PA 17406

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD. STE 19
Permit Number: Control Number: C-20-002011
Last Submit Date: Wednesday, September 23, 2020

Dear KELLER CONTRACTING,

The following comments were made during the Plan Review process:
IFGC Table 402.4 (2) requires the longest run of pipe.
The sketch still does not indicate the longest length of piping from the point of delivery to the most remote outlet.

The Longest Length Method
The pipe size of each section of gas piping shall be determined using the longest length of piping from the point of delivery to the most remote outlet and the load of the section.

Also the indicated code is the 2015 IFGC. That is not the adopted edition of the code.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 10/2/20 DM

HYDRAULIC CALCULATIONS

for:
Proposed Renovations for:

Hand and Stone
Space 19 - Brick Plaza
56 Chambers Bridge Road
Brick, New Jersey 08723

DESIGN DATA: CALCULATION #1
Area Calculated: Most Demanding Uprights
System 1 - Wet - Uprights
Hazard: Light Hazard - Office/Medical
Density: 0.10 gpm/ft
Minimum Pressure Per Head: 7 psi
Area: 900 Sq. Ft. (QR Reduction)
No. Sprinklers Calculated: 11
Area Per Sprinkler: 225 Sq. Ft. Max.
Hose Demand: 100.000 gpm
Total Water Required: 350.152 gpm
Total Pressure Required: 59.802 psi
Safety Margin: 14.14 psi

JOB: # 333

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. Silvers, CET
NICET LIC. #128017
Automatic Sprinkler System Layout, Level III
Inspection & Testing of Water Based, Level III

CARL A. MOENKE, P.E.
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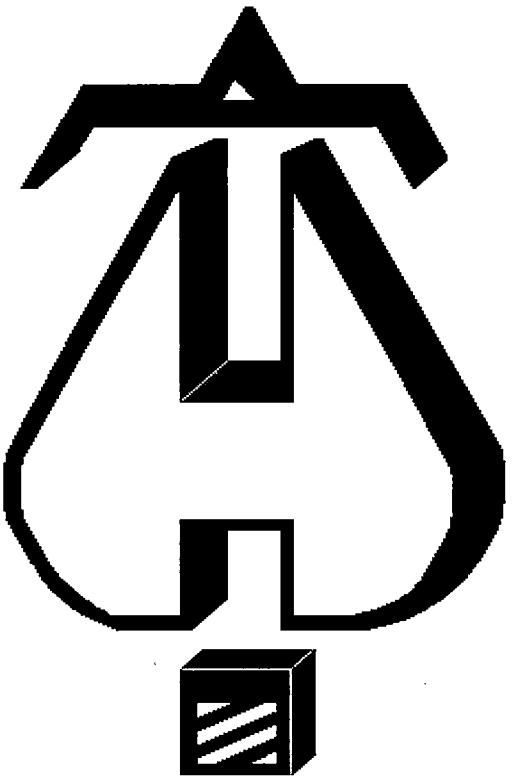
TOMS RIVER, N.J. 08753
(732) 240 - 5630

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

Signature

6-23-2020
Date:



. . . Fire Protection by Computer Design

Premier Fire Systems, Inc.
2 Ilene Court Suite #21
Hillsborough, N.J. 08844
(908) 874-4414

Job Name	:	Hand and Stone
Building	:	SPK100
Location	:	Brick Plaza - 56 Chambers Bridge Road, Brick, NJ 08723
System	:	1
Contract	:	333
Data File	:	333 Hand and Stone Brick Plaza Submittal 06-22-2020 AREA 1.w

HYDRAULIC CALCULATIONS
for

Project name: Hand and Stone - Brick Plaza Space #19
Location: Brick Plaza - 56 Chambers Bridge Road, Brick, NJ 08723
Drawing no: SPK100
Date: 06-22-2020

Design

Remote area number: 1
Remote area location: Most Demanding/Remote
Occupancy classification: Light Hazard - Office/Medical
Density: 0.1 - Gpm/SqFt
Area of application: 900 (QRRed) - SqFt
Coverage per sprinkler: 225 - SqFt
Type of sprinklers calculated: Victaulic V27 5.6K SIN#V2708 Pendents
No. of sprinklers calculated: 11
In-rack demand: N/A - GPM
Hose streams: 100 - GPM
Total water required (including hose streams): 350.152 - GPM @ 59.802 - Psi
Type of system: New 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, Inc.
Address: 2 Ilene Court Suite #21 / / Hillsborough, N.J. 08844
Phone number: (908) 874-4414
Name of designer: Tsunami FireSuppression
Authority having jurisdiction: Local Fire Marshal
Notes: (Include peaking information or gridded systems here.) Safety Factor: 14.14 psi

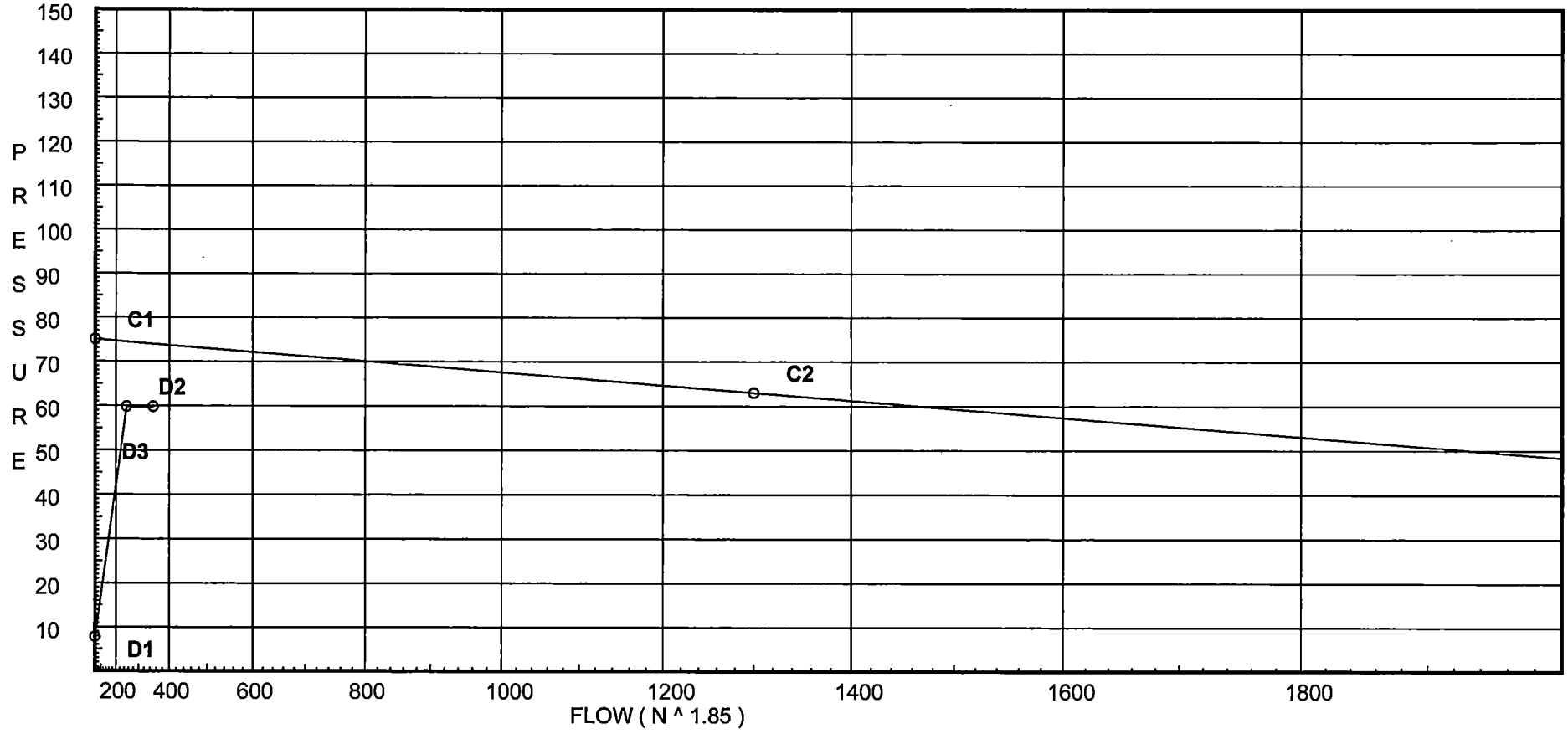
Water Supply Curve C

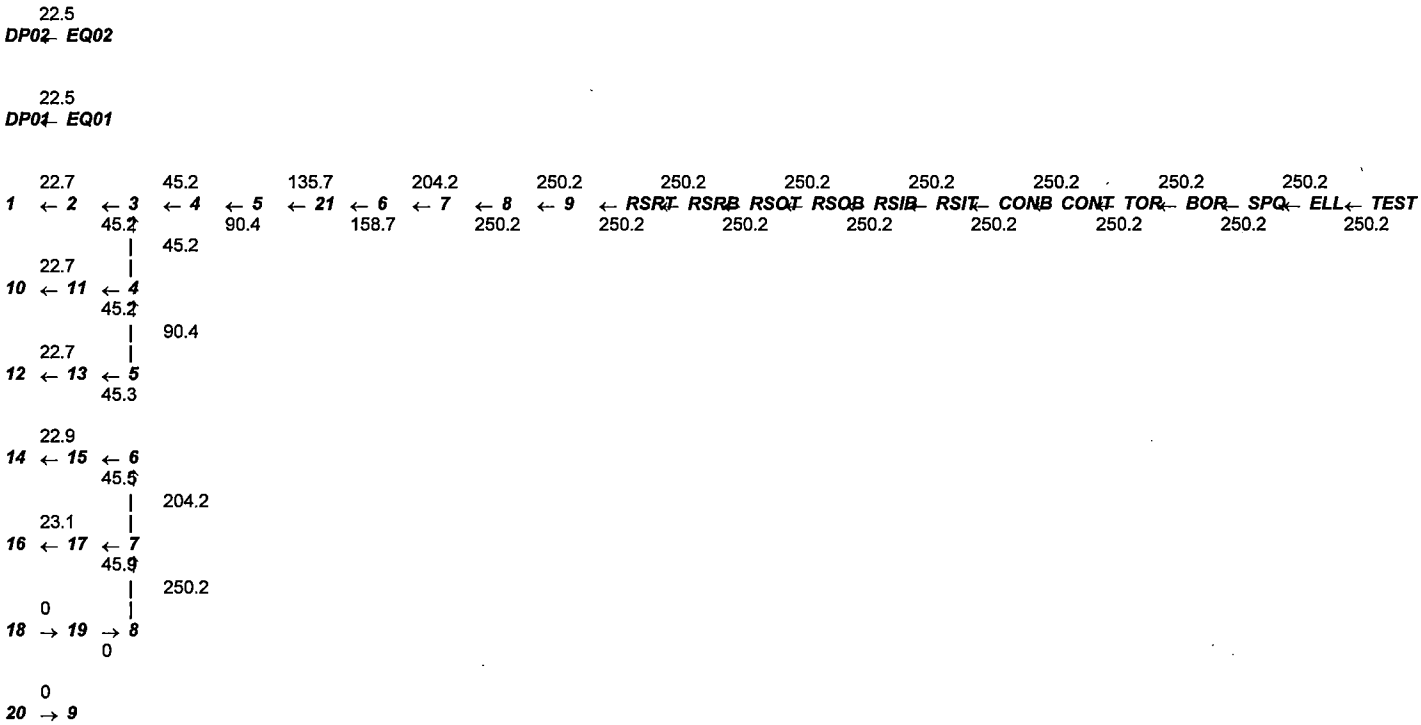
Premier Fire Systems, Inc.
Hand and Stone

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

Demand:

D1 - Elevation	: 7.796
D2 - System Flow	: 250.152
D2 - System Pressure	: 59.802
Hose (Demand)	: 100
D3 - System Demand	: 350.152
Safety Margin	: 14.138




22.5
DP02 ← EQ02
22.5
DP01 ← EQ01
22.7 45.2 135.7 204.2 250.2 250.2 250.2 250.2 250.2 250.2 250.2
1 ← 2 ← 3 ← 4 ← 5 ← 21 ← 6 ← 7 ← 8 ← 9 ← RSRT RSRB RSOT RSOB RSIB RSIT CONB CONT TOR BOR SPO ELL TEST
45.2 90.4 158.7 250.2 250.2 250.2 250.2 250.2 250.2 250.2 250.2
45.2
22.7
10 ← 11 ← 4
45.2
90.4
22.7
12 ← 13 ← 5
45.3
22.9
14 ← 15 ← 6
45.5
204.2
23.1
16 ← 17 ← 7
45.9
250.2
0
18 → 19 → 8
0
0
20 → 9

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
F	NFPA 13 45' Elbow	1	1	1	1	2	2	3	3	3	4	5	7	9	11	13	17	19	21	24	28
Ffa *	3/4 in FastFlex YB28 - 6 Ft Long			42.98																	
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 375ASTDA	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.

ssure / Flow Summary - STANDARD

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
DP02	9.0	5.6	16.14	na	22.5	0.1	225	7.0
EQ02	18.0		20.82	na				
DP01	9.0	5.6	16.14	na	22.5	0.1	225	7.0
EQ01	18.0		20.33	na				
1	18.0	K = K @ EQ01	20.67	na	22.69			
2	18.0	K = K @ EQ02	20.82	na	22.5			
3	18.0		21.56	na				
4	18.0		21.59	na				
5	18.0		21.67	na				
21	18.0	K = K @ EQ02	21.77	na	23.01			
6	18.0		21.89	na				
7	18.0		22.27	na				
8	18.0		22.83	na				
9	18.0		23.37	na				
RSRT	18.0		25.76	na				
RSRB	9.0		30.16	na				
RSOT	9.0		33.04	na				
RSOB	5.0		37.17	na				
RSIB	5.0		38.26	na				
RSIT	9.0		36.75	na				
CONB	9.0		39.66	na				
CONT	18.0		36.26	na				
TOR	18.0		38.21	na				
BOR	2.0		49.82	na				
SPQ	2.0		58.8	na				
ELL	-5.0		61.84	na				
TEST	0.0		59.8	na	100.0			
10	18.0	K = K @ EQ01	20.69	na	22.7			
11	18.0	K = K @ EQ02	20.84	na	22.51			
12	18.0	K = K @ EQ01	20.77	na	22.74			
13	18.0	K = K @ EQ02	20.92	na	22.56			
14	18.0	K = K @ EQ01	20.98	na	22.86			
15	18.0	K = K @ EQ02	21.13	na	22.67			
16	18.0	K = K @ EQ01	21.35	na	23.06			
17	18.0	K = K @ EQ02	21.5	na	22.87			
18	18.0		22.83	na				
19	18.0		22.83	na				
20	18.0		23.37	na				

The maximum velocity is 9.62 and it occurs in the pipe between nodes 7 and 8

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
DP02	22.50	1.049	1T	5.0	5.000	16.143		K Factor = 5.60
to		120.0	1Ffa	42.98	47.980	-3.898		
EQ02	22.5	0.1618		0.0	52.980	8.573		Vel = 8.35
	0.0							
	22.50					20.818		K Factor = 4.93
DP01	22.50	1.049	1E	2.0	5.000	16.143		K Factor = 5.60
to		120.0	1Ffa	42.98	44.980	-3.898		
EQ01	22.5	0.1618		0.0	49.980	8.088		Vel = 8.35
	0.0							
	22.50					20.333		K Factor = 4.99
1	22.69	1.682		0.0	9.040	20.669		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
2	22.69	0.0165		0.0	9.040	0.149		Vel = 3.28
2	22.50	1.682	1T	9.9	2.730	20.818		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
3	45.19	0.0590		0.0	12.630	0.745		Vel = 6.52
3	0.0	3.26		0.0	9.620	21.563		
to		120.0		0.0	0.0	0.0		
4	45.19	0.0024		0.0	9.620	0.023		Vel = 1.74
4	45.20	3.26		0.0	9.830	21.586		
to		120.0		0.0	0.0	0.0		
5	90.39	0.0084		0.0	9.830	0.083		Vel = 3.47
5	45.30	3.26		0.0	5.800	21.669		
to		120.0		0.0	0.0	0.0		
21	135.69	0.0179		0.0	5.800	0.104		Vel = 5.22
21	23.01	3.26		0.0	4.800	21.773		K Factor @ node EQ02
to		120.0		0.0	0.0	0.0		
6	158.7	0.0240		0.0	4.800	0.115		Vel = 6.10
6	45.53	3.26		0.0	10.030	21.888		
to		120.0		0.0	0.0	0.0		
7	204.23	0.0383		0.0	10.030	0.384		Vel = 7.85
7	45.92	3.26		0.0	10.040	22.272		
to		120.0		0.0	0.0	0.0		
8	250.15	0.0558		0.0	10.040	0.560		Vel = 9.62
8	0.0	3.26		0.0	9.740	22.832		
to		120.0		0.0	0.0	0.0		
9	250.15	0.0556		0.0	9.740	0.542		Vel = 9.62
9	0.0	3.26	1E	9.408	33.460	23.374		
to		120.0		0.0	9.408	0.0		
RSRT	250.15	0.0557		0.0	42.868	2.389		Vel = 9.62
RSRT	0.0	3.26		0.0	9.000	25.763		
to		120.0		0.0	0.0	3.898		
RSRB	250.15	0.0557		0.0	9.000	0.501		Vel = 9.62
RSRB	0.0	3.26	2E	18.815	32.870	30.162		
to		120.0		0.0	18.815	0.0		
RSOT	250.15	0.0557		0.0	51.685	2.880		Vel = 9.62
RSOT	0.0	3.26	1B	13.44	4.000	33.042		
to		120.0	1F	4.032	38.975	1.732		
RSOB	250.15	0.0557	1S	21.503	42.975	2.394		Vel = 9.62

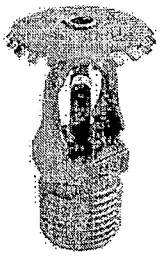
Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
RSOB	0.0	3.26	2E	18.815	0.830	37.168		
to		120.0		0.0	18.815	0.0		
RSIB	250.15	0.0557		0.0	19.645	1.095		Vel = 9.62
RSIB	0.0	3.26		0.0	4.000	38.263		
to		120.0		0.0	0.0	-1.732		
RSIT	250.15	0.0555		0.0	4.000	0.222		Vel = 9.62
RSIT	0.0	3.26	2E	18.815	33.290	36.753		
to		120.0		0.0	18.815	0.0		
CONB	250.15	0.0557		0.0	52.105	2.903		Vel = 9.62
CONB	0.0	3.26		0.0	9.000	39.656		
to		120.0		0.0	0.0	-3.898		
CONT	250.15	0.0558		0.0	9.000	0.502		Vel = 9.62
CONT	0.0	4.26	6E	79.002	50.000	36.260		
to		120.0		0.0	79.002	0.0		
TOR	250.15	0.0151		0.0	129.002	1.953		Vel = 5.63
TOR	0.0	4.26	1B	15.8	66.000	38.213		
to		120.0	1Fsp	0.0	44.768	9.930		* * Fixed Loss = 3
BOR	250.15	0.0151	1S	28.968	110.768	1.676		Vel = 5.63
BOR	0.0	4.026	2E	20.0	5.000	49.819		
to		120.0	1Ziw	0.0	44.000	8.000		* * Fixed Loss = 8
SPQ	250.15	0.0199	2B	24.0	49.000	0.977		Vel = 6.30
SPQ	0.0	8.27	1E	28.468	7.000	58.796		
to		140.0		0.0	28.468	3.032		
ELL	250.15	0.0005		0.0	35.468	0.016		Vel = 1.49
ELL	0.0	8.27	1G	6.326	100.000	61.844		
to		140.0	4E	113.872	175.552	-2.166		
TEST	250.15	0.0005	1T	55.354	275.552	0.124		Vel = 1.49
	100.00							Qa = 100.00
	350.15					59.802		K Factor = 45.28
10	22.70	1.682		0.0	9.040	20.691		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
11	22.7	0.0165		0.0	9.040	0.149		Vel = 3.28
11	22.51	1.682	1T	9.9	2.730	20.840		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
4	45.21	0.0591		0.0	12.630	0.746		Vel = 6.53
	0.0							
	45.21					21.586		K Factor = 9.73
12	22.74	1.682		0.0	9.040	20.771		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
13	22.74	0.0166		0.0	9.040	0.150		Vel = 3.28
13	22.56	1.682	1T	9.9	2.730	20.921		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
5	45.3	0.0592		0.0	12.630	0.748		Vel = 6.54
	0.0							
	45.30					21.669		K Factor = 9.73
14	22.86	1.682		0.0	9.040	20.982		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
15	22.86	0.0167		0.0	9.040	0.151		Vel = 3.30

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	******* Notes ******
15	22.67	1.682	1T	9.9	2.730	21.133		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
6	45.53	0.0598		0.0	12.630	0.755		Vel = 6.57
	0.0							
	45.53					21.888		K Factor = 9.73
16	23.06	1.682		0.0	9.040	21.351		K Factor @ node EQ01
to		120.0		0.0	0.0	0.0		
17	23.06	0.0170		0.0	9.040	0.154		Vel = 3.33
17	22.86	1.682	1T	9.9	2.730	21.505		K Factor @ node EQ02
to		120.0		0.0	9.900	0.0		
7	45.92	0.0607		0.0	12.630	0.767		Vel = 6.63
	0.0							
	45.92					22.272		K Factor = 9.73
18	0.0	1.682		0.0	9.040	22.832		
to		120.0		0.0	0.0	0.0		
19	0.0	0.0		0.0	9.040	0.0		Vel = 0
19	0.0	1.682	1T	9.9	2.730	22.832		
to		120.0		0.0	9.900	0.0		
8	0.0	0.0		0.0	12.630	0.0		Vel = 0
	0.0							
	0.0					22.832		K Factor = 0
20	0.0	1.682	1T	9.9	4.530	23.374		
to		120.0		0.0	9.900	0.0		
9	0.0	0.0		0.0	14.430	0.0		Vel = 0
	0.0							
	0.0					23.374		K Factor = 0

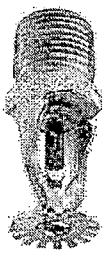
FireLock® V27, K5.6
Models V2703, V2707, V2704, V2708

Victaulic

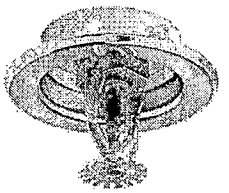
40.10



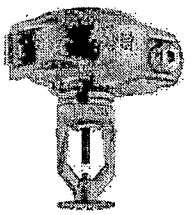
V2703/V2704
Upright



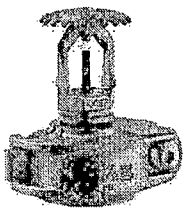
V2707/V2708
Pendent



V2707/V2708
Recessed Pendent



V2707/V2708
Pendent w/V9



V2703/V2704
Upright w/V9

1.0 PRODUCT DESCRIPTION

Models: V2703, V2704, V2707, V2708

Style: Pendent, Upright or Recessed Pendent

Nominal Orifice Size: 1/2"/13 mm

K Factor: 5.6 Imp./8.1 S.I.[1]

Nominal Connection Size: 1/2" NPT/20 mm BSPT/IGS Grooved

Max. Working Pressure:

- 175 psi/1200 kPa (FM)
- 250 psi/1725 kPa (UL)

Factory Hydrostatic Test: 100% @ 500 psi/3450 kPa

Min. Operating Pressure:

- 7 psi/48 kPa
- 0.35 bar/5 psi (VdS for upright only)

Temperature Rating: See chart

[1] For K-Factor when pressure is measured in Bar, multiply S.I. units by 10.0.

2.0 CERTIFICATION/LISTINGS

c UL us LISTED · FM · LPCB · CCC · VdS · CE 0786

Threaded and IGS connections have different approvals/listings. See tables on pages 2 and 3.

ALWAYS REFER TO ANY NOTIFICATIONS AT THE END OF THIS DOCUMENT REGARDING PRODUCT INSTALLATION, MAINTENANCE OR SUPPORT.

System No.		Location	
Submitted By		Date	

Spec Section		Paragraph	
Approved		Date	

2.0 CERTIFICATION/LISTINGS (CONTINUED)

Threaded Sprinkler Approvals/Listings:

APPROVALS/LISTINGS	Model					
	V2703	V2707	V2707	V2704	V2708	V2708[3]
Orifice Size (inches)	½"	½"	½"	½"	½"	½"
Orifice Size (mm)	13	13	13	13	13	13
Nominal K Factor Imperial	5.6	5.6	5.6	5.6	5.6	5.6
Nominal K Factor S.I.[2]	8.1	8.1	8.1	8.1	8.1	8.1
Response	Standard	Standard	Standard	Quick	Quick	Quick
Deflector Type	Upright	Pendent	Recessed Pendent	Upright	Pendent	Recessed Pendent
Approved Temperature Ratings	F°/C°					
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
NYC/MEA 62-99-E	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
CSFM 7690-0531:112	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C
LPCB	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	None	None
CCC	ZSTZ 155°F/68°C 200°F/93°C	ZSTX 155°F/68°C 200°F/93°C	None	K-ZSTZ 155°F/68°C 200°F/93°C	K-ZSTZ 155°F/68°C 200°F/93°C	None
VdS	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None
CE	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	None	None	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None

[2] For K Factor when pressure is measured in Bar, multiply S.I. units by 10.0

[3] FM Approved with ½" adjustment escutcheon only - quick response

NOTE

- Listings and Approvals as of printing. All are approved open.

2.0 CERTIFICATION/LISTINGS (CONTINUED)

IGS Sprinkler Approvals/Listings

APPROVALS/LISTINGS	Model			
	V2703	V2707	V2704	V2708
Orifice Size (inches)	1/2"	1/2"	1/2"	1/2"
Orifice Size (mm)	13	13	13	13
Nominal K-Factor Imperial	5.6	5.6	5.6	5.6
Nominal K-Factor S.I.[2]	8.1	8.1	8.1	8.1
Response	Standard	Standard	Quick	Quick
Deflector Type	Upright	Pendent	Upright	Pendent
Adjustment				
Approved Temperature Ratings	**F°/C°**			
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C 500°F/260°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C

[2] For K-Factor when pressure is measured in bar, multiply S.I. units by 10.0

NOTE

- Listings and Approvals as of printing. All are approved open.

3.0 SPECIFICATIONS – MATERIAL

Upright Deflector: Bronze

Pendent Deflector: Bronze

Bulb: Glass with glycerin solution

Bulb Nominal Diameter:

☐ Standard: 5.0 mm

☐ Quick Response: 3.0 mm

Load Screw: Bronze

Pip Cap: Bronze

Spring: Beryllium nickel

Seal: PTFE tape

Frame: Die cast brass

Lodgement Spring: Stainless steel

Installation Wrench:

☐ Open End: V27

☐ Recessed: V27-2

☐ 3/16 Hex Bit: V9 coupling

Sprinkler Finishes:

☐ Plain Brass[4]

☐ Chrome plated

☐ White polyester coated[5]

☐ Black painted[5]

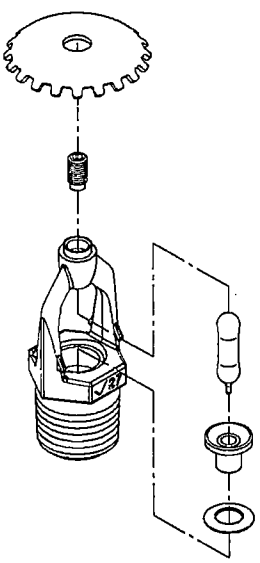
☐ Custom painted[5]

☐ VC-250[6]

4 Plain Brass is only available for the V9 coupling.

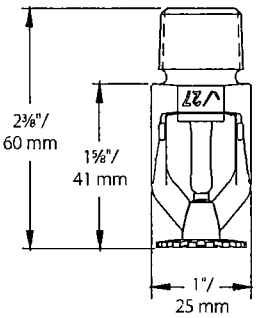
5 UL Listed for corrosion resistance.

6 UL Listed and FM Approved for corrosion resistance.

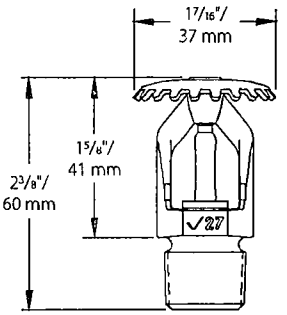


Exaggerated for clarity

4.0 DIMENSIONS



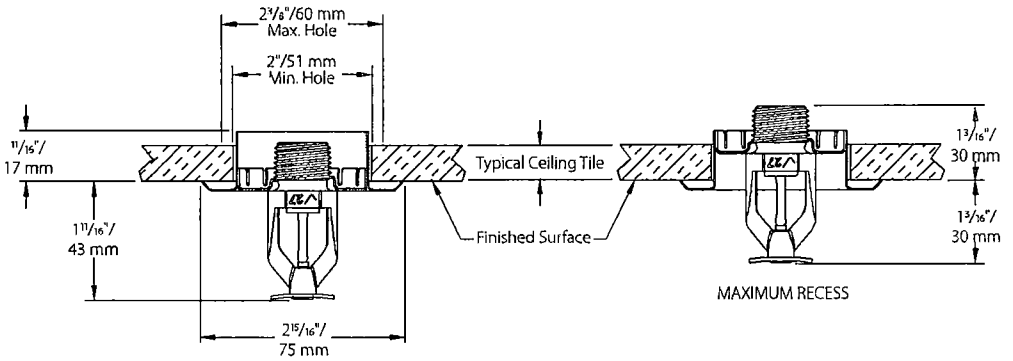
Standard Pendent with/without standard V9 coupling – V2707, V2708



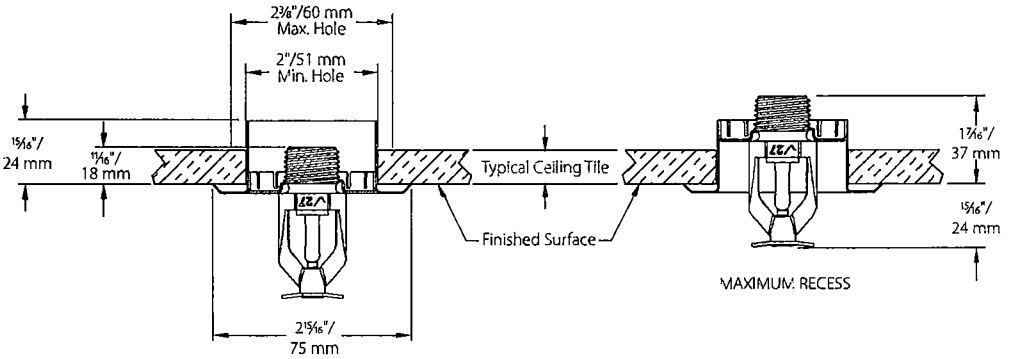
Standard Upright with/without standard V9 coupling – V2703, V2704

NOTE:

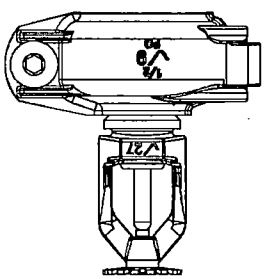
- V27, K5.6 sprinklers with Style V9 coupling dimensions are the same as threaded sprinkler dimensions.



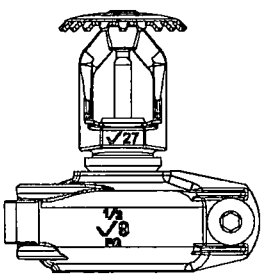
½" Adjustment Recessed – V2707, V2708 (drawing not to scale)



¾" Adjustment Recessed – V2707, V2708 (drawing not to scale)



Standard Pendent with V9 Sprinkler Coupling – V2707, V2708



Standard Upright with V9 Sprinkler Coupling – V2703, V2704

NOTE:

- IGS options are not available for recessed applications.

5.0 PERFORMANCE

Sprinkler is to be installed and designed as per NFPA, FM Datasheets, or any local standards.

6.0 NOTIFICATIONS

⚠ WARNING

- **Always read and understand installation, care, and maintenance instructions, supplied with each box of sprinklers, before proceeding with installation of any sprinklers.**
- **Always wear safety glasses and foot protection.**
- **Depressurize and drain the piping system before attempting to install, remove, or adjust any Victaulic piping products.**
- **Installation rules, especially those governing obstruction, must be strictly followed.**
- **Painting, plating, or any re-coating of sprinklers (other than that supplied by Victaulic) is not allowed.**

Failure to follow these instructions could result in serious personal injury and/or property damage.

The owner is responsible for maintaining the fire protection system and devices in proper operating condition. For minimum maintenance and inspection requirements, refer to the current National Fire Protection Association pamphlet that describes care and maintenance of sprinkler systems. In addition, the authority having jurisdiction may have additional maintenance, testing, and inspection requirements that must be followed.

If you need additional copies of this publication, or if you have any questions about the safe installation of this product, contact Victaulic World Headquarters: P.O. Box 31, Easton, Pennsylvania 18044-0031 USA, Telephone: 001-610-559-3300.

7.0 REFERENCE MATERIALS

Ratings

All glass bulbs are rated for temperatures from –65°F/–54°C to those shown in table below.

Sprinkler Temperature Classification	Victaulic Part Identification	Temperature – °F/°C		Glass Bulb Color
		Nominal Temperature Rating	Maximum Ambient Temperature Allowed	
Ordinary	A	135°F/57°C	100°F/38°C	Orange
Ordinary	C	155°F/68°C	100°F/38°C	Red
Intermediate	E	175°F/79°C	150°F/65°C	Yellow
Intermediate	F	200°F/93°C	150°F/65°C	Green
High	J	286°F/141°C	225°F[8]/107°C	Blue
Extra High[7]	K	360°F/182°C	300°F/149°C	Purple
–	M	Open	–	No bulb
Ultra High[7]	N	500°F/260°C	475°F/246°C	Black

[7] Standard response only.

Available Wrenches:

Sprinkler Type	V27-2 Recessed	V27 Open End	Hex-Bit
V2707, V2708 Pendent	✓	✓	–
V2707, V2708 Recessed Pendent	✓	–	–
V2703, V2704 Upright	–	✓	–
V2703, V2704 Upright w/V9	–	–	✓
V2707, V2708 Pendent w/V9	–	–	✓

NOTE

- 3/16-inch hex bit provided with V9 coupling shipment.

29.01: Victaulic Terms and Conditions of Sale

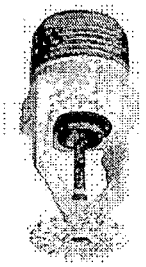
I-40: Victaulic FireLock™ Automatic Sprinklers

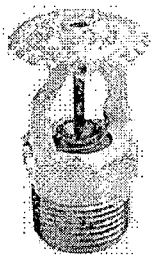
I-V9: Style V9 Victaulic FireLock™ IGS™ Installation-Ready™ Sprinkler Coupling Installation Instructions

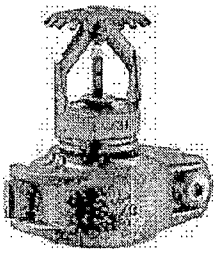
FireLock™ V34, K8.0
Models V3401, V3402, V3405, V3406

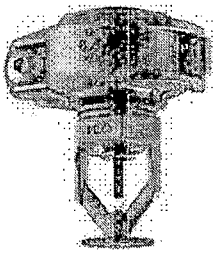
40.15


V3405/V3406
Recessed Pendent


V3405/V3406
Pendent


V3401/V3402
Upright


V3401/V3402
Upright w/V9


V3405/V3406
Pendent w/V9

1.0 PRODUCT DESCRIPTION

Models: V3401, V3402, V3405, V3406

Style: Pendent, Upright or Recessed Pendent

K-Factor: 8.0 Imp./11.5 S.I.[1]

Nominal Connection Size: ¾" NPT/20 mm BSPT/IGS Grooved

Max. Working Pressure: 175 psi/1207 kPa/12 bar

Factory Hydrostatic Test: 100% @ 500 psi/3447 kPa/34 bar

Min. Operating Pressure:

- 7 psi/48 kPa
- 0.35 bar/5 psi (VdS for upright only)

Temperature Rating: See chart

[1] For K-Factor when pressure is measured in bar, multiply S.I. units by 10.0.

2.0 CERTIFICATION/LISTINGS

c UL us LISTED FM LPCB VdS CE 0786

NOTE

- Threaded and IGS connections have different approvals/listings. See tables on pages 2 and 3.

ALWAYS REFER TO ANY NOTIFICATIONS AT THE END OF THIS DOCUMENT REGARDING PRODUCT INSTALLATION, MAINTENANCE OR SUPPORT.

System No.		Location	
Submitted By		Date	

Spec Section		Paragraph	
Approved		Date	

2.0 CERTIFICATION/LISTINGS (CONTINUED)

Threaded Sprinkler Approvals/Listings

APPROVALS/LISTINGS	Model						
	V3401	V3402	V3405	V3405	V3406	V3406	V3406
Orifice Size (inches)	17/32"	17/32"	17/32"	17/32"	17/32"	17/32"	17/32"
Orifice Size (mm)	14	14	14	14	14	14	14
Nominal K-Factor Imperial	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Nominal K-Factor S.I.[2]	11.5	11.5	11.5	11.5	11.5	11.5	11.5
Response	Standard	Quick	Standard	Standard	Quick	Quick	Quick
Deflector Type	Upright	Upright	Pendent	Recessed Pendent	Pendent	Recessed Pendent	Recessed Pendent
Adjustment				up to ¾"		up to ½"	up to ¾"
Approved Temperature Ratings	**F°/C°**						
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 175°F/79°C 200°F/93°C	135°F/57°C 175°F/79°C 200°F/93°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 175°F/79°C 200°F/93°C	None
NYC/MEA # 62-99-E	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 175°F/79°C 200°F/93°C	135°F/57°C 175°F/79°C 200°F/93°C
CSFM # 7690-0531:112	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 175°F/79°C 200°F/93°C	135°F/57°C 175°F/79°C 200°F/93°C
VdS	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None	None	None	None
CE	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None	None	None	None
LPCB	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	None	None	None	None	None
CCC	155°F/68°C 286°F/141°C	155°F/68°C 286°F/141°C	155°F/68°C 286°F/141°C	155°F/68°C 286°F/141°C	155°F/68°C 286°F/141°C	155°F/68°C 286°F/141°C	155°F/68°C 286°F/141°C

[2] For K-Factor when pressure is measured in bar, multiply S.I. units by 10.0

NOTE

- Listings and Approvals as of printing. All are approved open.

2.0 CERTIFICATION/LISTINGS (CONTINUED)

IGS Sprinkler Approvals/Listings

APPROVALS/LISTINGS	Model			
	V3401	V3402	V3405	V3406
Orifice Size (inches)	17/32"	17/32"	17/32"	17/32"
Orifice Size (mm)	14	14	14	14
Nominal K-Factor Imperial	8.0	8.0	8.0	8.0
Nominal K-Factor S.I.[2]	11.5	11.5	11.5	11.5
Response	Standard	Quick	Standard	Quick
Deflector Type	Upright	Upright	Pendent	Pendent
Adjustment				
Approved Temperature Ratings	**F°/C°**			
cULus	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C
FM	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C 360°F/182°C	135°F/57°C 155°F/68°C 175°F/79°C 200°F/93°C 286°F/141°C

[2] For K-Factor when pressure is measured in bar, multiply S.I. units by 10.0

NOTE

- Listings and Approvals as of printing. All are approved open.

3.0 SPECIFICATIONS – MATERIAL

Upright Deflector: Bronze

Pendent Deflector: Bronze

Bulb: Glass with glycerin solution

Bulb Nominal Diameter:

☐ Standard: 5.0 mm

☐ Quick Response: 3.0 mm

Load Screw: Bronze

Pip Cap: Bronze

Spring: Beryllium nickel

Seal: PTFE tape

Frame: Die cast brass

Lodgement Spring: Stainless steel

Installation Wrench:

☐ Open End: V34

☐ Recessed: V34

☐ 5/16" hex bit: V9 coupling

Sprinkler Finishes:

☐ Plain Brass

☐ Chrome plated

☐ White polyester coated[3]

☐ Flat black painted[3]

☐ Custom painted[3]

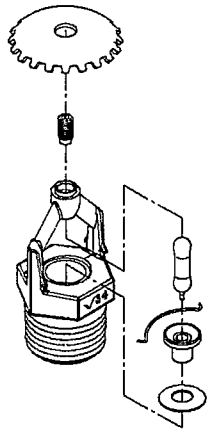
☐ VC-250[4]

[3] UL Listed for corrosion resistance.

[4] UL Listed and FM Approved for corrosion resistance.

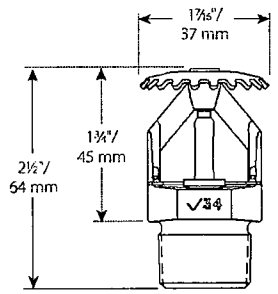
NOTES

- Weather resistant recessed escutcheons available upon request.
- Plain Brass is only available for the V9 coupling.

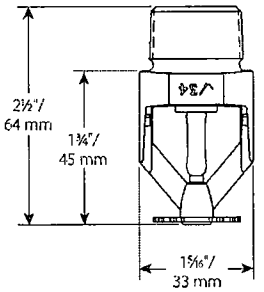


Exaggerated for Clarity

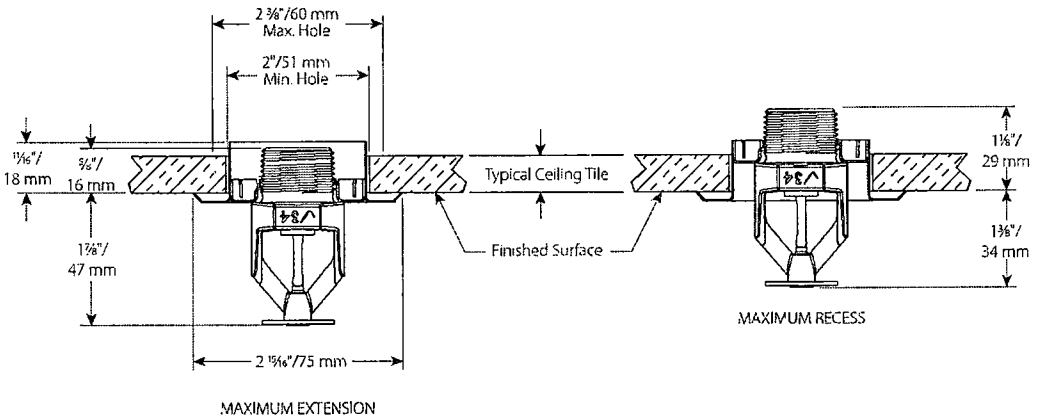
4.0 DIMENSIONS



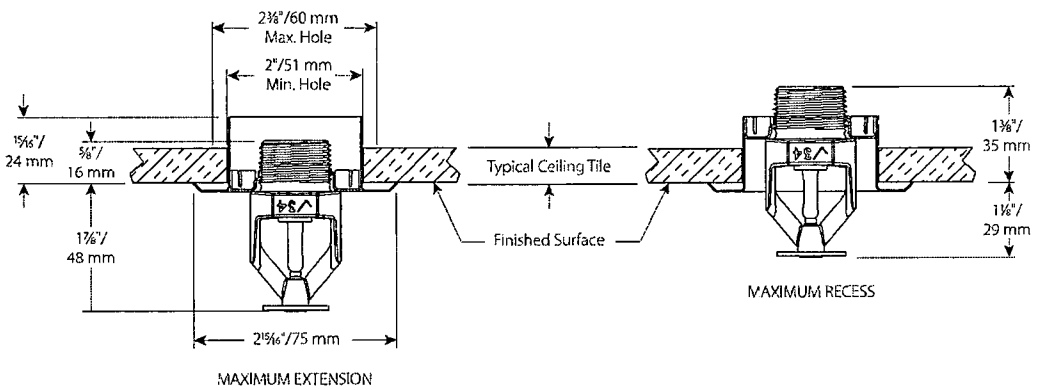
Standard Upright – V3401, V3402



Standard Pendent – V3405, V3406



½" Adjustment Recessed – V3405, V3406 (drawing not to scale)



¾" Adjustment Recessed – V3405, V3406 (drawing not to scale)

NOTE

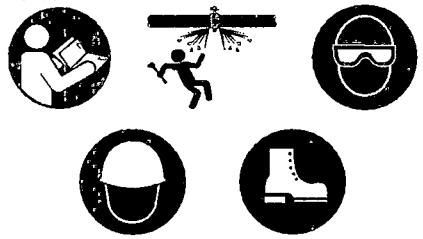
- V34, K8.0 sprinklers with Style V9 couplings have the same dimensions as threaded V34, K8.0 sprinklers.

5.0 PERFORMANCE

Sprinkler is to be installed and designed as per NFPA, FM Datasheets, or any local standards.

6.0 NOTIFICATIONS

⚠ WARNING



- **Read and understand all instructions before attempting to install any Victaulic products.**
- **Always verify that the piping system has been completely depressurized and drained immediately prior to installation, removal, adjustment, or maintenance of any Victaulic products.**
- **Wear safety glasses, hardhat, and foot protection.**

Failure to follow these instructions could result in death or serious personal injury and property damage.

- **These products shall be used only in fire protection systems that are designed and installed in accordance with current, applicable National Fire Protection Association (NFPA 13, 13D, 13R, etc.) standards, or equivalent standards, and in accordance with applicable building and fire codes. These standards and codes contain important information regarding protection of systems from freezing temperatures, corrosion, mechanical damage, etc.**
- **The installer shall understand the use of this product and why it was specified for the particular application.**
- **The installer shall understand common industry safety standards and potential consequences of improper product installation.**
- **It is the system designer's responsibility to verify suitability of materials for use with the intended fluid media within the piping system and external environment.**
- **The material specifier shall evaluate the effect of chemical composition, pH level, operating temperature, chloride level, oxygen level, and flow rate on materials to confirm system life will be acceptable for the intended service.**

Failure to follow installation requirements and local and national codes and standards could compromise system integrity or cause system failure, resulting in death or serious personal injury and property damage.

7.0 REFERENCE MATERIALS

Ratings

All glass bulbs are rated for temperatures from –65°F/–54°C to those shown in table below.

Sprinkler Temperature Classification	Victaulic Part Identification	Temperature – °F/°C		Glass Bulb Color
		Nominal Temperature Rating	Maximum Ambient Temperature Allowed	
Ordinary	A	135°F/57°C	100°F/38°C	Orange
Ordinary	C	155°F/68°C	100°F/38°C	Red
Intermediate	E	175°F/79°C	150°F/65°C	Yellow
Intermediate	F	200°F/93°C	150°F/65°C	Green
High	J	286°F/141°C	225°F[5]/107°C	Blue
Extra High[6]	K	360°F/182°C	300°F/149°C	Mauve
–	M	Open	–	No bulb

[6] Standard response only

Available Wrenches

Sprinkler Type	V34 Recessed	V34 Open End	Hex-Bit
V3401, V3402 Upright	–	✓	–
V3405, V3406 Pendent	✓	✓	–
V3405, V3406 Recessed Pendent	✓	–	–
V3401,V3402 Upright w/V9	–	–	✓
V3405,V3406 Pendent w/V9	–	–	✓

* 3/16" hex bit provided with V9 coupling shipment.

29.01: Victaulic Terms and Conditions of Sale

I-40: Victaulic FireLock™ Automatic Sprinklers

I-V9: Style V9 Victaulic FireLock™ IGS™ Installation-Ready™ Sprinkler Coupling Installation Instructions

