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

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

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

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

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

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 CHAMBERS BRIDGE RD PERMIT NO. 21-0640

CONSTRUCTION PERMIT APPLICATION C21-000013

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

I. IDENTIFICATION

1. Proposed Work Site at: SPRINT (T-MOBILE)
2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
   Tel. _____ e-mail _____
   Address PO BOX 92129 (ALTUS GROUP (street) SOUTHLAKE, TX (municipality) 76092 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: LENNOX NAS Tel. (603) 339-8529
   Address 3511 NE 22ND AVE e-mail scott.ayers@lennoxnas.c
   FT LAUDERDALE, FL 33308
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 760774239 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Scott Ayers
   Tel. 603.339.8529 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical	150 ✓		
3. Plumbing	150 ✓		
4. Fire Protection	125 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	4 —		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 580		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

COMMERCIAL

IIa. PROPOSED WORK

- ☒ Minor Work — RTU.
- ☐ 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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	100				1-29-21	SLD			
☒ Electrical	400				1-7-21	MM			
☒ Plumbing	2,500				1-25-21	NDA			
☒ Fire Protection	500				1/26/21	SD			
☐ Elevator									
TOTAL COST	$3500								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

JAN 05 2020

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

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

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Telephone:

Contractor Lennox Nas

Address 3443 Haddernfield Rd Pennsauken NJ 08109

Telephone: (960) 883-1258 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

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

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

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

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/08/2021

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name LENNOX NAS

Address 3511 NE 22ND AVE, FT LAUDERDALE FL 33308

Telephone (603) 339-8529

Signature

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 3-15-21

Date Issued / Permit # 21-0640

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

Block 671 Lot 1.01 Qualification Code

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. e-mail

Address PO BOX 92129 (ALTUS GROUP (street) SOUTHLAKE, TX (municipality) 76092 (zip code)

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

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

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 760774239 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Rooftop

Total Cost of Fire Protection Work $ 500

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Scott Ayers

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

DESCRIPTION OF WORK: Disconnect / reconnect existing

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Required to be like-for-like existing

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 3/26/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-22-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-23-21
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			3-22-21	VM
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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3-15-21
Control #
Date Issued
Permit # 21-0640

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

Block 671 Lot 1.01 Qualification Code

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. e-mail

Address PO BOX 92129 (ALTUS GROUP SOUTHLAKE, TX 76092
street municipality zip code

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

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

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 760774239 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 1-23-21 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-23-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-30-21
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			3-24-21	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here

Print name here: Scott Ayers

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE ONE LIKE IN KIND ROOFTOP HVAC UNIT

COMMERCIAL

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-15-21
Control #
Date Issued
Permit # 21-0640

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

Block 671 Lot 1.01 Qualification Code

Work Site Location Sprint (T-Mobile)
56 Chambers Bridge Rd, Brick NJ 08723

Owner in Fee: Federal realty Investment Trust

Tel. e-mail

Address PO Box 92129 (altus group) Southlake, TX 76092
street municipality zip code

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

Address 224 Washington St e-mail Kevin.grella@fsgi.com
Perth Amboy, New Jersey 08861

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 74-2942838 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 1-7-21
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 3-21-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-29-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/29/21	D
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: Stephen J Thorwegen Jr.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Disconnnect/Reconnect exisitng HVAC unit

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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	
1		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 3-15-21

Date Issued
Permit # 21-0640

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

Block 671 Lot 1.01 Qualification Code _____

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. _____ e-mail _____

Address PO BOX 92129 (ALTUS GROUP (street) SOUTHLAKE, TX (municipality) 76092 (zip code)

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

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

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 760774239 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	1.29.21	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/03/21
Approved by: MAH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 03/29/21
Approved by: MAH

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			3/29/21	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 100
3. Total (1+ 2) $ 100

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Scott Ayers

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE ONE LIKE IN KIND ROOFTOP HVAC UNIT

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[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 $ _____

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

CONSTRUCTION PERMIT

Date Issued 3-5-21
Control # C-21-000013
Permit # 21-06-417

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
909 ROSE AVE SUITE 200 NORTH BETHESDA
MD 20852
Telephone:

Contractor: Lennox Nas
Address: 3443 Haddernfield Rd Pennsauken NJ 08109
Telephone: (960) 883-1258
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:
HVAC - SPRINT ...INSTALL (1) R.T.U.

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

Estimated Cost of Work $3,500

D. J. Weinmann Jr. — Construction Official
3/3/21 — Date

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

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$582
Check No.	920837
Cash	$0
Credit	$0
Collected By	M. Fagan

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.

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

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

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

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

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

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

Project Submittal

Project Name: Sprint 2823 - Brick Township, NJ-Revision #2
Project Number: 57052
Project Altitude: 16
Project Location:
22 Brick Plaza
Brick Township, New Jersey US

Customer:
National Account: T Mobile

Date: 11/24/2020
Quote: 32261B
Roof Top Units: 1
Split Systems: 0

Table of Contents

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer 1-29-21
Plans Released
Construction Official

Existing unit 1066 1135.
New unit 1069 1135

FILE COPY

Project Submittal

Tag: 7.5 Ton (CP057)

Model: KGB092S4M - KGB092S4M-Y 7.5T CONF E=11.0

UNIT OVERVIEW

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

COOLING

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

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

HEATING

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

SUPPLY FAN

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

AIR RESISTANCE - OPTIONS/ACCESSORIES (in.WC)

Wet Coil	Humiditrol	Heat	Economizer	Filters	Diffuser	Exhaust	ERW
0.10	0.00	0.11	0.13	0.00		0.00	0.00

ELECTRICAL

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

ADDITIONAL DATA

Cabinet	101.25 in. x 60.12 in. x 46.88 in.	Downflow Supply	20.0 in. x 28.0 in.
Filters	(4) 20.0 in. x 25.0 in. x 2.0 in.	Downflow Return	24.0 in. x 27.0 in.
Total Weight	1009 lb	Sound Rating	88 dBA

Factory Installed Options

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

Field Installed Accessories

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

Product Features

Cabinet

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

Cooling System

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

Heating System

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

Control System

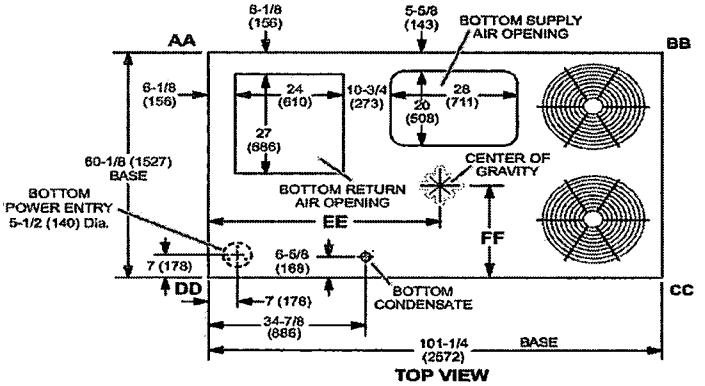
Fan and Limit Controls
Overload Protection

Warranty

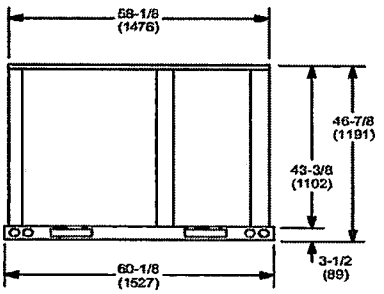
Limited warranty on aluminized heat exchanger of 10 years
Limited warranty on compressor of 5 years
Limited warranty on Environ Coil System of 3 years
Limited warranty on High Performance Economizer of 5 years
Limited warranty on all other components of 1 year
See Limited Warranty Certificate included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

Project Submittal

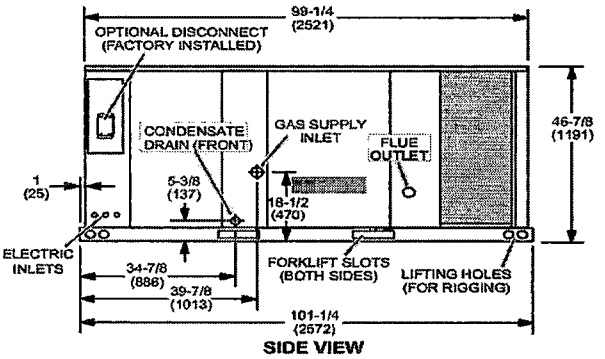
Corner Weights (lb)								Center of Gravity (in)			
AA		BB		CC		DD		EE		FF	
Base	Max	Base	Max	Base	Max	Base	Max	Base	Max	Base	Max
236	325	201	264	218	278	264	353	44.50	43.50	24.50	25.50



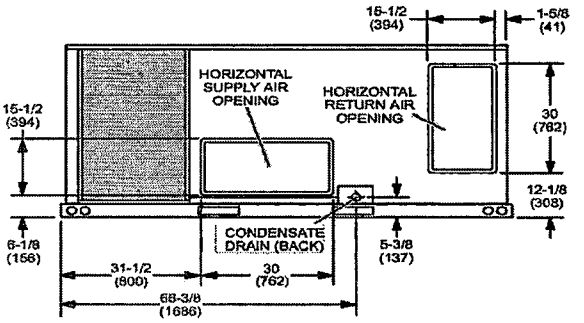
TOP VIEW



END VIEW

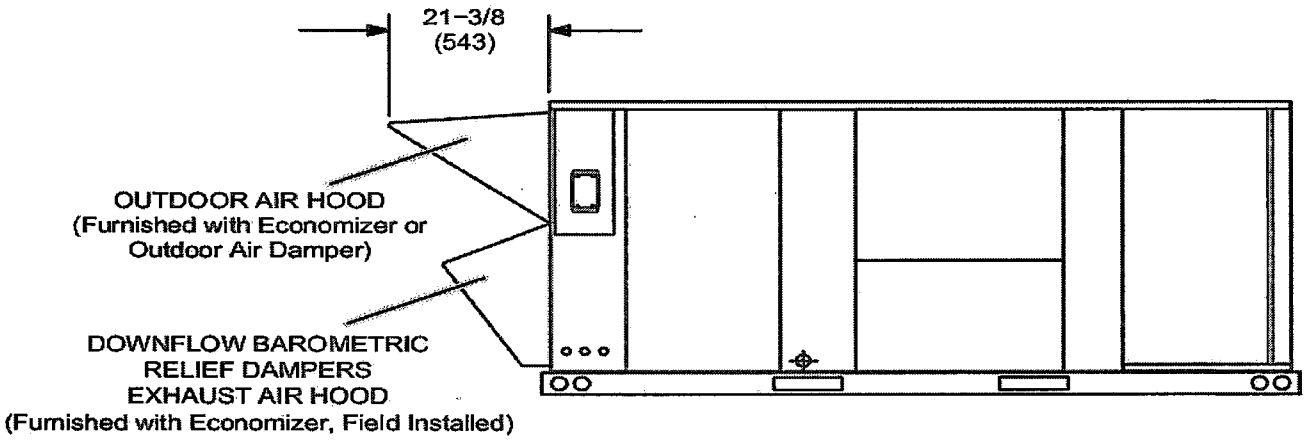


SIDE VIEW

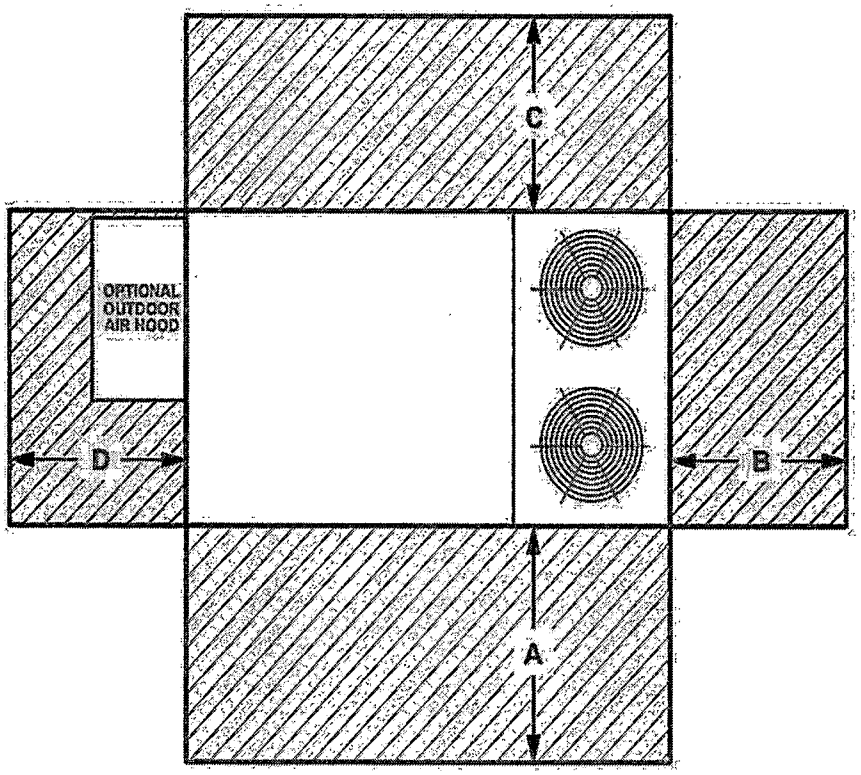


SIDE VIEW
(Horizontal Openings)

OUTDOOR AIR HOOD DETAIL



UNIT CLEARANCES



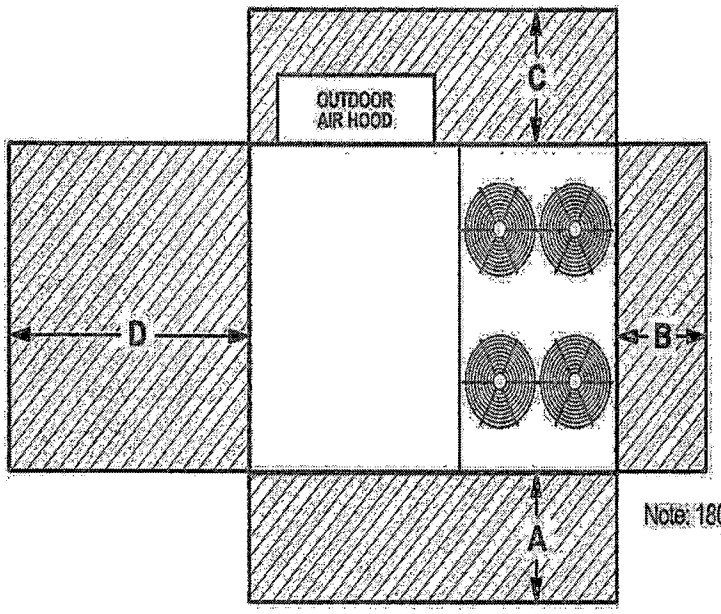
Unit Clearance	A		B		C		D		Top Clearance
	in.	mm	in.	mm	in.	mm	in.	mm	
Service Clearance	60	1524	36	914	36	914	60	1524	Unobstructed
Clearance to Combustibles	36	914	1	25	1	25	1	25	
Minimum Operation Clearance	36	914	36	914	36	914	36	914	

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

[1] Service Clearance - Required for removal of serviceable parts.
Clearance to Combustibles - Required for clearance to combustible material.
Minimum Operation Clearance - Required clearance for proper unit operation.

UNIT CLEARANCES

Unit With Economizer



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

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

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

Service Clearance - Required for removal of serviceable parts.

Clearance to Combustibles - Required clearance to combustible material.

Minimum Operation Clearance - Required clearance for proper unit operation.

Tag: Miscellaneous Items

Miscellaneous Items

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