



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

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

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

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

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

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers bridge rd SPACE 19 Brick Plaza

2. Name of Owner in Fee: Federal Realty Investment Trust

Tel. () e-mail

Address 50 East Wynnwood Suite 200 Wynnwood PA 19096

3. Ownership in Fee: Public ☒ Private ☐ municipality zip code

4. Principal Contractor: NATURAL MAINTENANCE Tel. 267 966 5239

Address 1044 PUMPKIN RD INGLAND PA 18914 e-mail SKANSKY@NMBE

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

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

Federal Emp. ID No. 300000638 FAX: ()

5. Architect or Engineer: JJ ARCHITECTS Contact WHOSAYG INSTANT

Address 15 WEST RD WEST CHESTER PA e-mail

Tel. (610) 929 4770 FAX: ()

6. Responsible Person in Charge once Work has Begun SEE KANSKY

Tel. 267 966 5239 FAX: ()

V. FEE SUMMARY (for office use only)

		Update A	Update B
1. Building	\$ <u>1000</u>	☒	☐
2. Electrical	\$ <u>1100</u>	☒	☒
3. Plumbing	\$ <u>510</u>	☒	☐
4. Fire Protection	\$ <u>241</u>	☒	☒
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>94</u>	<u>32</u>	<u>22</u>
10. Subtotal	\$ <u>215</u>		
11. Cert. of Occupancy			
12. Other	\$ <u>200 Eng.</u>		
13. TOTAL	\$ <u>4410</u>	<u>000</u>	<u>000</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1

2. Height of Structure 20 ft.

3. Area - Largest Floor sq. ft.

4. New Building Area 1425 sq. ft.

5. Volume of New Structure 79.021 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

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building	<u>126000</u>				<u>03/30/20</u>	<u>KCK</u>			
☐ Electrical	<u>26000</u>			<u>2-16-20</u>	<u>2-17-20</u>	<u>EE</u>			
☐ Plumbing	<u>3800</u>				<u>2-17-20</u>	<u>EE</u>			
☐ Fire Protection				<u>2-17-20</u>	<u>2-17-20</u>	<u>EE</u>			
☐ Elevator									

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale

Gained, Rental

Lost, Sale

Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

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

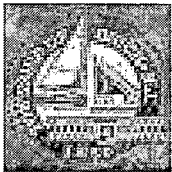
2. ☐ Prototype Processing

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

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

12. ☐ Fire Alarm

Red Plans



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/17/2021
Control Number C-20-000115
Permit Number 20-1037
Permit Issue Date 05/27/2020
Certificate Number 20-1037

Certificate
Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual:
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD Ivyland PA 18974
Telephone: (215) 442-2538 Fax: (215) 442-5679 Federal Emp. Number: 300020638
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: ADDITION, ALTERATION - COMMERCIAL - - SPACE 19

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 NJACS:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

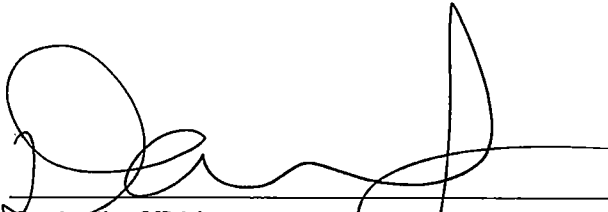
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Date Printed: 02/17/2021

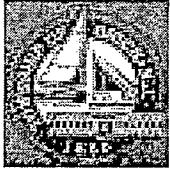
U.C.C. F260 (rev. 08/05)

Fee: \$340.00

Check Number: 30079

Collected By: Christopher Winters

Page 1



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/17/2021
Control Number C-20-000115
Permit Number 20-1037
Permit Issue Date 05/27/2020
Certificate Number 20-1037

Certificate
Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual: _____
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092)
Telephone: _____
Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD Ivyland PA 18974
Telephone: (215) 442-2538 Fax: (215) 442-5679 Federal Emp. Number: 300020638
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: ADDITION, ALTERATION - COMMERCIAL - - SPACE 19

Certificate Comments:

☒ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

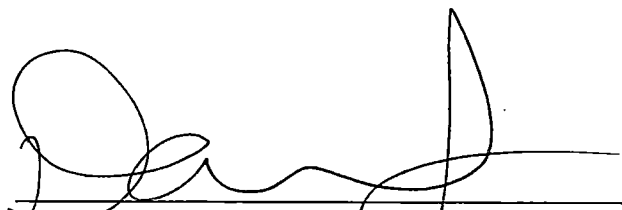
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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



Construction Official
Date Printed: 02/17/2021 U.C.C. F260 (rev. 08/05)

Fee: \$340.00
Check Number: 30079
Collected By: Christopher Winters

* 6.24.20 Bond Beam #1 *SEP*

7/14/20 PM Addition was not done yet,

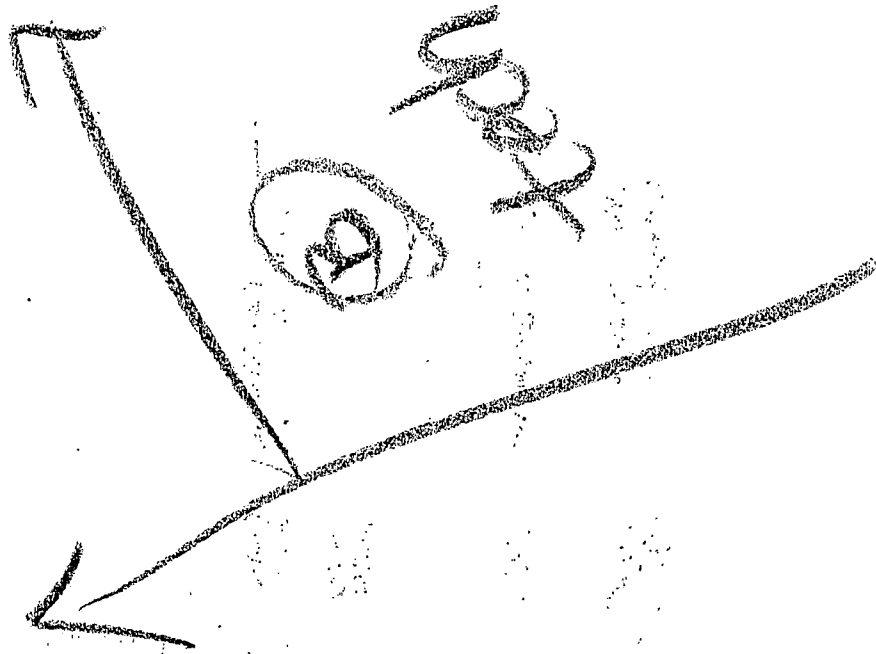
9/13/20 PM Frame not ready

* 9/30/20 PM ~~Frame~~ - Permit not sent presentation both sides

* ~~10/6/20 PM~~

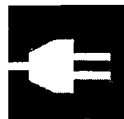
* 10/6/20 PM Final Presentation can't use team trap right and for crack.

COMMITMENT





ELECTRICAL SUBCODE TECHNICAL SECTION



Space 19
DRE# 344 464 506 32

cc
102 Room

Date Received
Control #
Date Issued
Permit #

5/27/20
20-1037

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

Block 671 Loc. 101 Qualification Code _____

Work Site Location 516 Chambers bridge Rd Brick NJ

Owner in Fee: Space 19

Federal Realty

Tel. _____ e-mail _____

Address 50 E Wynne wood Wynwood Pa

Contractor: MJM Electric Inc Tel. 732 859-0314

Address 7 South Tamarack Dr. Brick NJ 08730 e-mail mike@mjmelectric.com

Contractor License No. 12715 B Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-3485744 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 26,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:		Failure	Approval Initial
[] No Plans Required		Rough			
[] Partial Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench For Service			
[] Electric Plans Approved		Temp. Serv.			
Date: <u>2/12/20</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service (man.)			
Date: <u>2-17-2020</u>		Final			
Approved by: <u>[Signature]</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>9-30-2020</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Michael J McKeeves

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Service + power distribution Addition/ALT to Space 19

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	12	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	400	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 \$

2-spaces left of Hand & Stone



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____

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

Owner in Fee: Federal Reality

Tel. (973) 967-0967 e-mail _____

Address 50 E. Wynnewood Wynnewood, PA

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

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

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____ 6,000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
	Dates (Month/Day)
[] No Plans Required	Type: _____ Failure _____ Approval _____ Initial _____
[] Partial Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
[] Electric Plans Approved	Trench _____
Date: <u>9-20-2010</u> Approved by: <u>MM</u>	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
[] Bldg. [] Plumb. [] Fire [] Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: <u>9-20-2010</u>	Service _____
Approved by: <u>MM</u>	Final _____
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free _____
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued _____
Date: <u>9-30-2010</u>	Final Cut-in-Card Date Issued _____
Approved by: <u>MM</u>	Annual Pool Inspection _____
	Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Tha WSO

Print name here: Tom Capie

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fire Alarm Vanilla Box

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	_____
15	_____	TOTAL NUMBERS	_____
15	_____	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	_____
_____	_____	HR 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 \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



Space 19
(Handstave)

shell permit

Date Received
Control #

5/27/20

Date Issued
Permit #

20-1037

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

Block 671 Lot 101 Qualification Code _____

Work Site Location 56 CHAMBERS BRIDGE RD

BRICK PLAZA SPACE 19

Owner in Fee: FEDERAL REALTY TRUST

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

Address 50 EAST WYWOOD WYWOOD PA

Contractor: Pinnacle Plumbing Tel. 732 816-0506

Address 915 Rt. 9 N Unit 2 e-mail _____

BAYVILLE, N.J. 08721

Contractor License No. 10508 Exp. Date 6-30-2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 81-0591940 FAX: 732 504-7428

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 4" Public Sewer _____ Private Septic _____

Water Service Size 1 1/2" Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 3800

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW		Failure	Failure	Approval	Initial
☐ No Plans Required					
☐ Partial Underslab Utilities Approved					
Date: _____ Approved by: _____					
☒ Plumbing Plans Approved					
Date: <u>7-17-20</u> Approved by: <u>[Signature]</u>					
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: <u>2-17-20</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL FOR CERTIFICATE					
☒ CO ☐ CCO ☐ CA					
Date: <u>9-30-20</u>					
Approved by: <u>[Signature]</u>					
INSPECTIONS					
Type:					
Slab					
Rough					
Water					
Sewer					
Fixtures					
Gas Equipment					
Gas Piping					
LPGas Tank					
Fuel Oil Piping					
Solar					
TCO					
Final					

OR SUB OUT EXISTING TB 588.00

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: [Signature]

Print name here: SHAWN FORCENZA

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition / Alteration to space 19

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

COMMERCIAL

SERVICE ADDRESS
PARKING LOT 1/2 + TRAP
9-25-20 Wm

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

FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 671 Lot 101 Qualification Code _____
 Work Site Location 56 Chambers Bldg Rd
BIRCH PLAZA SPACE 19
 Owner in Fee: Federal Realty Trust
 Tel. 484 919 1205 e-mail NCAW @ federal realty .cn
 Address 50 Eastingwood Wywood PA 19056
 Contractor: Nathan M. Mink municipality _____ Tel. _____ zip code _____
 Address 1044 Rufus St. N e-mail thomson @ nca .cn
Shiloh PA 18974

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. _____ 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 \$ 250.

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
PLAN REVIEW						
☐ No Plans Required		Alarm System				
☐ Partial - Underslab Utilities Approved		Suppression Sys.				
Date: _____ Approved by: _____		Standpipe				
☐ Fire Protection Plans Approved		Fire Pump				
Date: _____ Approved by: _____		Pre-Eng. System				
Joint Plan Review Required:		Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control				
SUBCODE APPROVAL for PERMIT		TCO				
Date: <u>4/6/20</u>		Flam/Combust Tanks				
Approved by: <u>[Signature]</u>		Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE		Final				
☐ CO ☐ CCO ☒ EA		Other				
Date: <u>4/2/20</u>						
Approved by: <u>[Signature]</u>						

U.C.C. F140 (rev. 02/11) White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION ON LIEU OF DATA

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
 Applicant/Contractor sign here: [Signature]
 Print name Here: SOB KOSINSKY

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

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 Emergency light

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

CO₂ 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

COMMERCIAL

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #

Date Issued
Permit #

5/27/20
20-1037

occup-42

Space 19

4155 887

4207

Wite

[Signature]

Addition / Alt. to space 19

19

1-4-20



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 671 Lot 101 Qualification Code _____
 Work Site Location 56 Chambersbridge Rd
BUCK BLVD SPACE 19
 Owner in Fee: FEDERAL REALTY AND TRST
 Tel. 484 419-1208 e-mail NCAre of Federal Realty - an
 Address 50 E Weymouth Suite 200 Weymouth Pk
 Contractor: Premier Fire Systems municipality _____ Tel. 8484485512 code _____
 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 \$ 17,000.-

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: Basement of place

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Approval	Initial
☐ No Plans Required		Alarm System			
☐ Partial Underlab Utilities Approved		Suppression Sys.			
Date _____ Approved by: _____		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date _____ Approved by: _____		Pre-Eng. System			
Joint Plan Review Required:		Mechanical			
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control			
SUBCODE APPROVAL FOR PERMIT		TCO			
Date _____ Approved by: _____		Flam/Combust Tanks			
SUBCODE APPROVAL FOR CERTIFICATE		Fireplace Venting			
☐ CO ☐ LCO ☐ CA		Final			
Date _____ Approved by: _____		Other			

Date Received
Control #

5/27/20

Date Issued
Permit #

20-1037 +A

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: New System for tenant
 Water Supply Source Fitout
 Method of Alarm/Suppression System Supervision Flow/Tramper

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems	_____	_____
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pull, water/flow)	_____	_____
Supervisory Devices (i.e., tamper, 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	_____	_____

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1071 Lot 1.01 Qualification Code _____

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

Owner in Fee: Federal Reality

Tel. _____ e-mail _____

Address 50 E. Wynnewood ave. Wynnewood, PA

Contractor: Electronic Security Solutions municipality _____ Tel. (215) 277-5248

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 \$ 6,000

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☒ 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

D. TECHNICAL SITE DATA

☒ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

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)	<u>9</u>	
Supervisory Devices (i.e., tampers, low/high air)	_____	
Signaling Devices (i.e., horn/strobes, bells)	<u>3</u>	
Other Devices <u>bps/ann/facp</u>	<u>3</u>	
TOTAL	<u>15</u>	
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves	_____	
Pre-action Valves	_____	
Sprinkler Heads (Dry and Wet)	_____	
Standpipes	_____	
Pre-engineered Systems		
Wet Chemical	_____	
Dry Chemical	_____	
CO ₂ Suppression	_____	
Foam Suppression	_____	
FM200 Suppression	_____	
Other _____		
Other Systems		
Kitchen Hood Exhaust System	_____	
Smoke Control System	_____	
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____		
Fireplace Venting/Metal Chimney	_____	
Other _____		

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____
☐ Partial Underslab Utilities Approved		Suppression Sys.	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____
☐ Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____
Date: <u>4/11/23</u>		Flam/Combust Tanks	_____	_____	_____
Approved by: <u>[Signature]</u>		Fireplace Venting	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Other	_____	_____	_____
Date: <u>4/11/23</u>					
Approved by: <u>[Signature]</u>					

INSPECTOR: GREG BIELLO

DATE: 2/11/21

JOB: COMMERCIAL SECTION: LAURELTON

INSPECTION: FINAL C.O.

TYPE OF WORK: TRUNK PIT - UP PERMIT #: 20-2459

LOCATION: 56 HAMBERS BRIDGE RD. STONE

WEATHER / TEMP: Cloudy, 32°F

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:

* BOLLARD 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. Conner-C.

MUNICIPAL ENGINEER



APPLICATION FOR CERTIFICATE

Date Received 01/09/2020
Date Permit Issued 05/27/2020
Control # C-20-000115
Permit # 20-1037
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier _____
Work Site Location 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD Ivyland PA 18974
Owner in Fee FEDERAL REALTY INVESTMENT TRUST % Telephone (215) 442-2538
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX Lic. No. or Bldrs. Reg. No. _____
76092 Federal Employee No. 300020638
Telephone _____

ACTION

- ☒ 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: \$ 150050

(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:

Addition/Alteration ADDITION ALTERATION - COMMERCIAL - SPACE 19

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
☐ AGENT

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	☒	☐
SEE CC in Permit 20-1037			
Approval from the Division of Engineering (If Applicable)	comment	☒	☐
SEE APPROVAL IN PERMIT 20-1037			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☒
Affordable Housing Approval (If Applicable)	comment	☐	☒
Signed Certificate of Occupancy Application	comment	☒	☐
All Updates Have Been Approved	comment	☒	☐

This checklist has been given to: [\(edit\)](#)

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

CERTIFICATE OF COMPLIANCE

Date 2/17/21

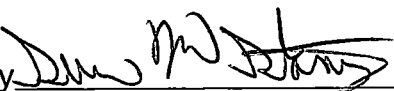
NAME Brick Plaza- Hand & Stone

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 



PERMIT UPDATE

Date Update Issued 5/27/20
Control # C-20-000115+B
Permit # +B
50 10377B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier: _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: National Maintenance & Buildout
Address: 1044 PULINSKI RD. Ivyland PA 18974
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX
76092 Telephone: (215) 442-2538
Lic. No. or Bldrs. Reg. No. 13vh07302100
Federal Employee No. 300020638
Telephone: _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☒ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

ADDITION, ALTERATION - COMMERCIAL - SPACE 19 ...UPDATE +B - 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 \$12,000

D. M. M. M. M.
Construction Official

4/17/20
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$0
Fire Protection	\$116
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$22
CO Fee	
Other	\$0
Total	\$288
Check No. <u>2279</u>	
Cash	\$0
Credit <u>Construction</u>	\$0
Collected By <u>JOHN SEV. 100</u>	

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

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



PERMIT UPDATE

Date Update Issued 5/27/20
Control # C-20-000115+A
Permit # +A

IDENTIFICATION Block: 672 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD. Ivyland PA 18974
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX
76092 Telephone: (215) 442-2538
Lic. No. or Bldrs. Reg. No. 13vh07302100
Federal Employee No. 300020638

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:

ADDITION, ALTERATION - COMMERCIAL - SPACE 19 UPDATE +A - SPRINKLERS

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

Estimated Cost of Work \$17,000

Construction Official [Signature]

Date 4/17/20

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$291
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$32
CO Fee	
Other	\$0
Total	\$323
Check No.	<u>30019</u>
Cash	\$0
Credit	\$0
Collected By	<u>[Signature]</u>

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

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

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



CONSTRUCTION PERMIT

Date Issued 5/17/20
Control # C-20-000115
Permit # 60 1037

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier: ---
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: National Maintenance & Buildout
Address: 1044 PULINSKI RD Ivyland PA 18974
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTH LAKE TX
76092 Telephone: (215) 442-2538
Lic. No. or Bldrs. Reg. No. 13vh07302100
Federal Employee No. 300020638

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:

ADDITION, ALTERATION - COMMERCIAL - SPACE 19

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 \$150,050

D. Newman
Construction Official

4/17/20
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$2,396
Electrical	\$440
Plumbing	\$520
Fire Protection	\$241
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$198
CO Fee	\$340.00
Other	\$200
Total	\$4,335
Check No. <u>1007</u>	
Cash	\$0
Credit	\$0
Collected By <u>CL</u>	

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

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

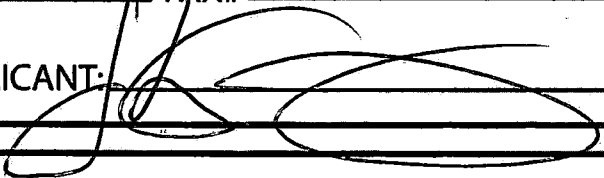
RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 2P-20-00506
DATE ISSUED 5/27/20

BLOCK: 671 LOT: 101 QUALIFIER: — SITE ADDRESS: 56 Chambersbridge Rd
SPACE 19

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment trust
COMPLETE ADDRESS: 50 East Wynwood Suite 200
Wynwood VA 19096
PHONE # 484-419-1208 EMAIL: N.Cain@FederalRealty.com
2. NAME OF APPLICANT: Witrol Maintenance and build out
APPLICANT ADDRESS: 1044 Polinski Rd
Ingland PA 18974
PHONE # 267-966-5239 EMAIL: JKornsey@WmBOE.com
3. RESPONSIBLE PERSON FOR WORK: Joe Kornsey
PHONE # 267-966-5239 FAX# _____
4. SIGNATURE OF APPLICANT: 

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: COMMERCIAL
EXISTING USE: Flatmate Drive
PROPOSED USE: Future Home + Shop
Concl. exempt
BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION#: CE-33-10/19
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Remove Existing Rear Building And Install New Larger Addition
for future tenants

ZONING REVIEW:

DATE REVIEWED: 5-15-20 DATE DENIED: _____

DATE APPROVED: 5-15-20

INITIALS: ca

(SEE BACK PAGE)

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1041



Receipt

Payment Date 05/27/2020

Transaction # PMT-20-03587

Receipt #

Issued To NATIONAL MAINTENANCE & BUILD OUT CO., LLC

Description PRELIMINARY AFFORDABLE HOUSING
BLOCK 671 LOT 1.01
56 CHAMBERS BRIDGE ROAD

Date Printed 05/27/2020
Check Number 30078

Cash	\$0.00
Check	\$693.00
Charge	\$0.00
Total Paid	\$693.00

**Council on Affordable Housing (COAH) Fee**

Block: 671 Lot: 1.01 56 CHAMBERS BRIDGE RD.

General Fees Payments

General

Date: 1/30/2020 Application Type: Commercial Application Number: ZA-20-00040

Values

Sq. Ft.:
Cost / Sq. Ft.:
Estimated Assessed Value:
Actual Assessed Value: 55,400
Equalized Value:
Land Value:

- ☐ Use Cost / Sq. Ft. for Calculation
☒ Use % of Assessed Value for Calculation

Contributions

Initial % Due: 1
% Required: 2.5
Estimated Contribution Fee: 0
Actual Contribution Fee: 1385

- ☐ Use Estimated Fee for Payment Due
☒ Use Actual Fee for Payment Due

Notes

Prelim Fees Due \$693.00

OK

Cancel

OK
1/30/20
en



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

Date Issued: 5/27/20
Application Number: ZA-20-00040
Application Date: 1/13/2020
Project Number: _____
Permit Number: ZP20-200606
Fee: \$75.00

Zoning Permit

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

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

Applicant: **Natural Maintenance and Build Out**
Address: **1044 Pulinski Rd.**
Ivyland, NJ 18974

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: Massage Spa

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Massage Spa (Hand & Stone-Massage & Facial Spa)

Work Description:

**Addition, Rehabilitation - Construction of a 642 sq. ft. expansion on to the existing unit 29 "Hand & Stone".
Interior alterations to the existing space as well.**

**Conditionally Exempt Site Plan approval is enclosed. Case #CE-33-10/19
Dated: October 21, 2019.**

Additional Zoning Permit is required for additional work.

Application Approved Date: 1/15/2020

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

1/15/2020

Date

1507 BLOCK 671 LOT 1.01
-----OWNER INFORMATION-----

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

DED AMT #OWN 01
BANK# MORT# SS#

QUAL. UPDATED ON 040219
-----PROPERTY INFORMATION-----
PROP LOC: 56 CHAMBERS BRIDGE RD.
PROPERTY CLASS 4A ACCOUNT# 00412618
BLDG DESC 8-1SCB
LAND/ACRE 45.53 AC / 45.53
ADDITIONL LOTS

BRICK PLAZA
ZONE B3 MAP 38.2 USER#1 S18 #2 S19
BULT 0000 UNITS 01 BCLASS 10
VCS C1 SFLA 00000

-----SALES INFORMATION-----

DATE BOOK PAGE PRICE PCD NU 4TYPE
CUR: 083011 14972 24 1 Z 25 733
-1: 051811 1
-2: 021601 28000000

-----TENANT REBATE-----
BASE YR TAXES FLAG
19 1473709.84 N

-----EXEMPT PROPERTY DATA-----

EPL CD STAT.
FACILITY
INIT FILE FUR FILE
ASMT CODE

---VALUES---
LAND 26668500
IMPR 37294000
EXM1
EXM2
EXM3
EXM4
NET 63962500

-----TAXES-----
19 TOTAL 1473709.84
20 HALF1 736854.92
20 TOTAL .00
21 HALF1 .00
SPTAX CDS: F01

NEXT ACCESS: BLK LOT QUAL
EN=CHANGE F1=NO ACTION F3=ASSMT HISTORY F5=RECORD CARD F7=MORE

1/23/2020

HAND AND STONE

ADDN 642 #

EQ VALUE \$ 55,400

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

Andrea Zapcic - President
Lisa Crate - Vice President
Heather deJong
Jim Fozman
Arthur Halloran
Paul Mummolo
Marianna Pontoriero



Division of Land Use Planning

Tara B. Paxton, MPA, PP, AICP
Township Planner
tpaxton@bricktownship.net

732-262-4783
Fax: 732-262-2941
www.bricktownship.net

November 19, 2019

Federal Realty Investment Trust
50 East Wynnewood Road
Wynnewood, PA 19096

Re: Conditionally Exempt Site Plan Application.
Case #CE-33-10/19
Federal Realty Investment Trust
56 Chamber Bridge Road
Block 671 Lot 1.01
Brick, NJ 08723

Dear Sir:

We have completed our review of the application and plans for a Conditionally Exempt Site Plan for a 642 sq. ft. expansion to the existing space at Block 671, Lot 1.01, 56 Chambers Bridge Road. The proposal is for the removal of 783 square feet to be removed from Unit #19 - Hand and Stone Massage and for the expansion/reconstruction of the same unit with masonry construction of a 33'x9"x41' addition, 19' high. The addition will be 1,425 square feet for a total increase of 642 square feet. The proposal does not include a change in use from service - massage therapy.

This Conditionally Exempt Site Plan is granted concurrently with the resolution compliance plans provided by Jeffrey J. Carr and dated October 21, 2019.

Prior to construction and occupancy, Zoning, Engineering and Building approvals and inspections are required. Please include this approval letter with your application along with copies of the approved Site Plan. Feel free to contact me if you have any questions or require additional information.

Very truly yours,

A handwritten signature in black ink, appearing to read "Tara B. Paxton", is written over a horizontal line.

Tara B. Paxton, MPA, PP, AICP
Township Planner

c Pamela O'Neill, Board of Adjustment/Planning Board Secretary
Christopher Romano, Zoning Officer

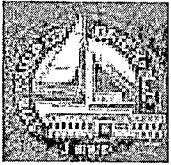


www.facebook.com/BrickTwpNJGovernment



@TownshipofBrick

Spoke to Joe



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

Subcode Official Review

Date: Thursday, February 13, 2020

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-20-000115
Last Submit Date: Wednesday, February 12, 2020

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

1. Need permit update, plan, and specifications for the fire sprinkler system work. ✓
2. Need permit update, plan, and specifications for the fire alarm system work. ✓

Sincerely,


Richard Orlando, Subcode Official

CC:

Resubmit 4/6/20 (mo)

115 Westtown Road
Suite 201
West Chester, PA 19382
610.429.4470 p
610.429.4472 f
www.listerarch.com



January 8, 2020

Plan Review
Township of Brick
401 Chambers Bridge Rd
Brick, NJ 08723

Re: Space 19 Addition Size Confirmation

Dear Mr. Newman,

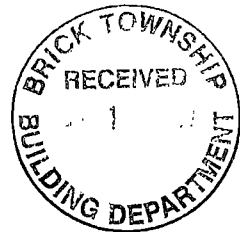
This letter is to confirm that the cubic feet of the proposed addition to the site for space 19 of Brick Plaza is 12,286 cubic feet.

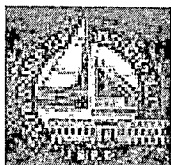
626.72 square feet x 19.6 feet in height = 12,286 cubic feet

Thank You,

A handwritten signature in black ink, appearing to be 'JW Lister', followed by a horizontal line.

John W. Lister, AIA, LEED AP, Green Globes Professional





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

Subcode Official Review

Date: Thursday, February 6, 2020

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

RE: Electrical Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-20-000115
Last Submit Date: Tuesday, February 4, 2020

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

No plans submitted
Show wire size, race way size, and fault current .

Sincerely,

Thomas Olson, Subcode Official

CC:

Tom
Please check
rolled plans
for

VAS

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK CH
PERMIT # Rev-20-00021

BLOCK 671 LOT 1.01 ADDRESS _____

IDENTIFICATION:

1. WORK SITE ADDRESS 56 Chambersbridge Rd Space 19
2. APPLICANT Federal Realty and Trust National Maintenance
3. NAME OF OWNER IN FEE Federal Realty trust
ADDRESS 50 East Wynnwood Suite 200 Wynnwood PA 19096
PHONE 484-419-1208 EMAIL NCAW@federalrealty.com
4. PRINCIPAL CONTRACTOR National Maintenance And Bldg Co
ADDRESS 1044 Pulinsht Rd Zyland PA 18974
PHONE 2679665239 EMAIL SKORNSOY@NMBOC.com
5. ARCHITECT OR ENGINEER Landstrom and Diessner and Carr
ADDRESS 136 Drum Point Rd
PHONE 7324778900 EMAIL SCAR@LDPC.com
6. RESPONSIBLE PERSON FOR WORK JOE KORNSOY
ADDRESS 1044 Pulinsht Rd Zyland PA 18974
PHONE 2679665239 EMAIL SKORNSOY@NMBOC.com

FEE SUMMARY:

APPLICATION FEE \$ 200

REVIEW FEE \$ _____

INSPECTION FEE \$ _____

OTHER \$ _____

BOND(S) \$ _____

TOTAL \$ 200

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 Addition

ENGINEERING REVIEW:

DATE RECEIVED 1/27/20 DATE REJECTED _____ DATE APPROVED 2/3/20 INITIALS ECC

THIS DOCUMENT IS THE PROPERTY OF THE STATE OF NEW JERSEY. IT IS TO BE KEPT IN THE OFFICE OF THE COMMISSIONER OF COMMUNITY AFFAIRS. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.



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

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

Sheila Y. Oliver
Commissioner

HYDRAULIC CALCULATIONS

for:
Proposed Renovations for:

Future 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: OHG2 - Temporary Storage
Density: 0.20 gpm/ft
Minimum Pressure Per Head: 7 psi
Area: 1200 Sq. Ft. (QR Reduction)
No. Sprinklers Calculated: 13
Area Per Sprinkler: 130 Sq. Ft. Max.
Hose Demand: 250.000 gpm
Total Water Required: 598.997 gpm
Total Pressure Required: 65.928 psi
Safety Margin: 621 psi

JOB: # 315

Installing Contractor: Premier Fire Systems

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

No.	Revision/Issue	Date
1	Preliminary Design	02/21/2020
2	Released for Submittal	02/26/2020
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. #28017
Automatic Sprinkler System Layout, Level III
Inspection & Testing of Water Based, Level III



CARL A. MOENKE, P.E. PROFESSIONAL ENGINEER

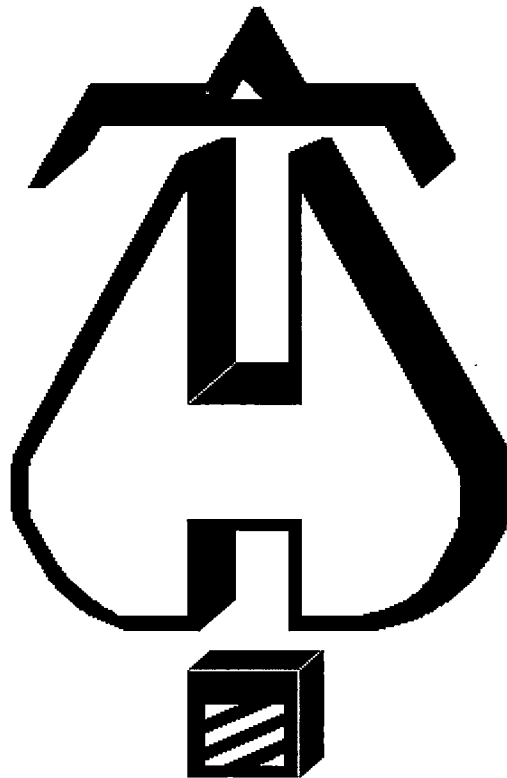
411 Royal Lane
TOMS RIVER, N.J. 08753
(732) 240-3560

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

[Signature]
Signature

3-2-2020

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 : 315
Data File : 315 Hand and Stone Brick Plaza Submittal 02-21-2020 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: 02-21-2020

Design

Remote area number: 1
Remote area location: Most Demanding/Remote
Occupancy classification: Ordinary Hazard Group 2 - Mercantile
Density: 0.2 - Gpm/SqFt
Area of application: 1200 (QRRed) - SqFt
Coverage per sprinkler: 130 - SqFt
Type of sprinklers calculated: Victaulic V38 8.0K SIN#V3602
No. of sprinklers calculated: 13
In-rack demand: N/A - GPM
Hose streams: 250 - GPM
Total water required (including hose streams): 598.997 - GPM @ 65.9279 - 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: 6.21 psi

Water Supply Curve C

Premier Fire Systems, Inc.
Hand and Stone

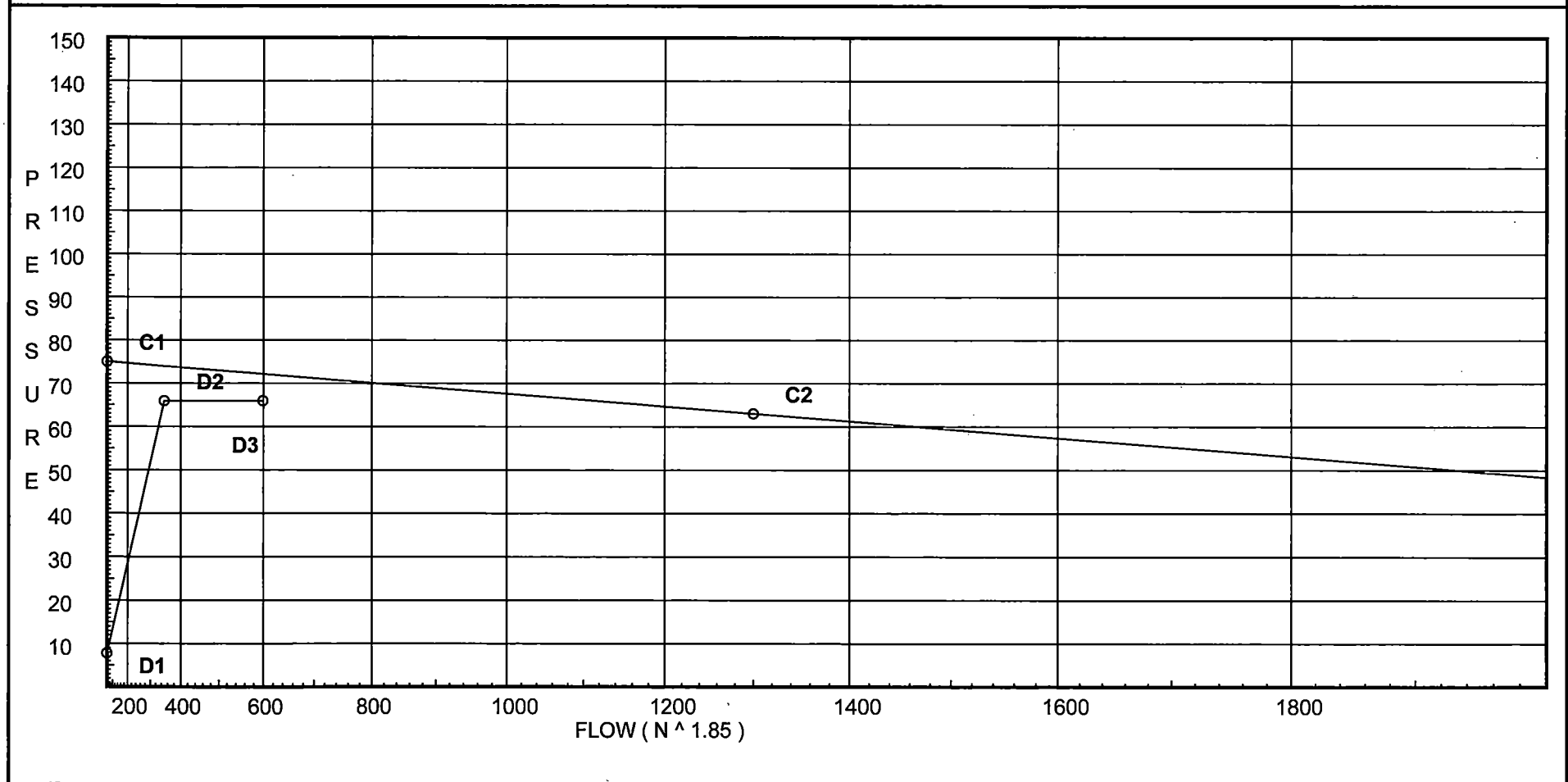
Page 2
Date 02-21-2020

City Water Supply:

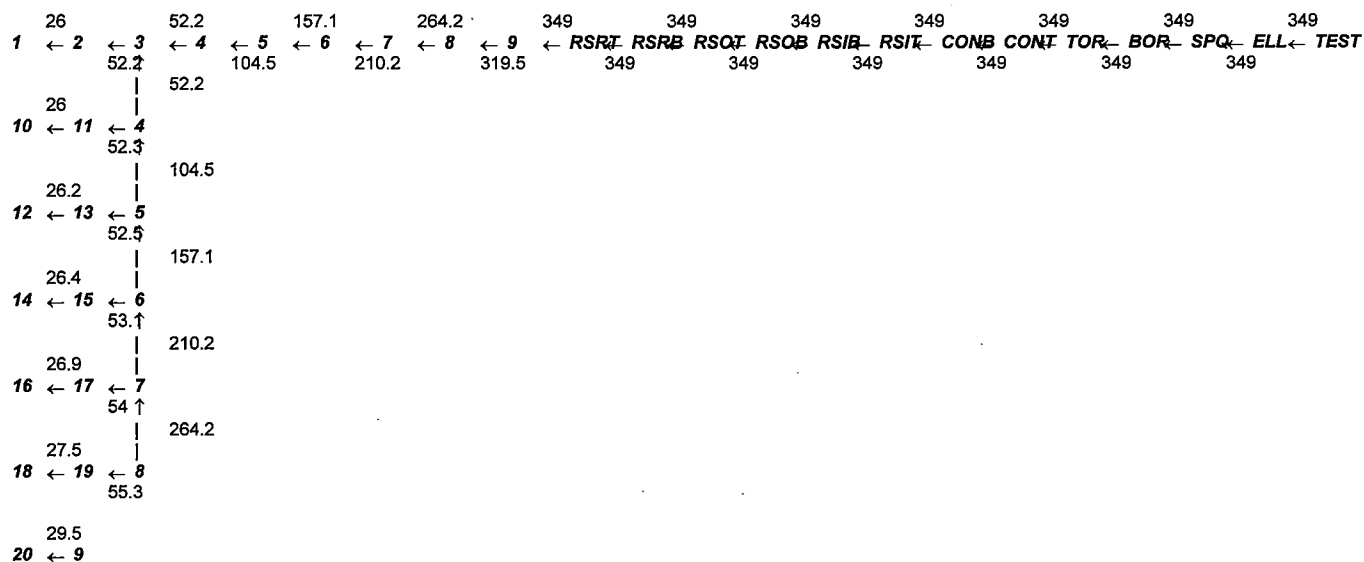
C1 - Static Pressure : 75
C2 - Residual Pressure: 63
C2 - Residual Flow : 1300

Demand:

D1 - Elevation : 7.796
D2 - System Flow : 348.997
D2 - System Pressure : 65.928
Hose (Demand) : 250
D3 - System Demand : 598.997
Safety Margin : 6.210



Page 3
Date 02-21-2020



Fittings Used Summary

Premier Fire Systems, Inc.
Hand and Stone

Page 4
Date 02-21-2020

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
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.

Pressure / Flow Summary - STANDARD

Premier Fire Systems, Inc.
Hand and Stone

Page 5
Date 02-21-2020

Node No.	Elevation	K-Fact	Pt Actual	Pn	Flow Actual	Density	Area	Press Req.
1	18.0	8	10.56	na	26.0	0.2	130	7.0
2	18.0	8	10.75	na	26.23	0.2	130	7.0
3	18.0		11.73	na				
4	18.0		11.76	na				
5	18.0		11.87	na				
6	18.0		12.12	na				
7	18.0		12.52	na				
8	18.0		13.14	na				
9	18.0		14.0	na				
RSRT	18.0		18.42	na				
RSRB	9.0		23.24	na				
RSOT	9.0		28.58	na				
RSOB	5.0		34.74	na				
RSIB	5.0		36.77	na				
RSIT	9.0		35.45	na				
CONB	9.0		40.82	na				
CONT	18.0		37.85	na				
TOR	18.0		42.87	na				
BOR	2.0		54.5	na				
SPQ	2.0		64.8	na				
ELL	-5.0		67.86	na				
TEST	0.0		65.93	na	250.0			
10	18.0	8	10.59	na	26.03	0.2	130	7.0
11	18.0	8	10.78	na	26.27	0.2	130	7.0
12	18.0	8	10.69	na	26.15	0.2	130	7.0
13	18.0	8	10.88	na	26.39	0.2	130	7.0
14	18.0	8	10.92	na	26.43	0.2	130	7.0
15	18.0	8	11.11	na	26.67	0.2	130	7.0
16	18.0	8	11.28	na	26.87	0.2	130	7.0
17	18.0	8	11.49	na	27.11	0.2	130	7.0
18	18.0	8	11.85	na	27.53	0.2	130	7.0
19	18.0	8	12.06	na	27.78	0.2	130	7.0
20	18.0	8	13.61	na	29.51	0.2	130	7.0

The maximum velocity is 13.41 and it occurs in the pipe between nodes 9 and RSRT

Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	*****	Notes	*****
1 to 2	26.00 26.0	1.682 120.0 0.0212		0.0 0.0 0.0	9.040 0.0 9.040	10.562 0.0 0.192			K Factor = 8.00 Vel = 3.75	
2 to 3	26.23 52.23	1.682 120.0 0.0771	1T	9.9 0.0 0.0	2.730 9.900 12.630	10.754 0.0 0.974			K Factor = 8.00 Vel = 7.54	
3 to 4	0.0 52.23	3.26 120.0 0.0031		0.0 0.0 0.0	9.620 0.0 9.620	11.728 0.0 0.030			Vel = 2.01	
4 to 5	52.31 104.54	3.26 120.0 0.0111		0.0 0.0 0.0	9.830 0.0 9.830	11.758 0.0 0.109			Vel = 4.02	
5 to 6	52.54 157.08	3.26 120.0 0.0235		0.0 0.0 0.0	10.670 0.0 10.670	11.867 0.0 0.251			Vel = 6.04	
6 to 7	53.10 210.18	3.26 120.0 0.0404		0.0 0.0 0.0	10.030 0.0 10.030	12.118 0.0 0.405			Vel = 8.08	
7 to 8	53.99 264.17	3.26 120.0 0.0617		0.0 0.0 0.0	10.040 0.0 10.040	12.523 0.0 0.619			Vel = 10.15	
8 to 9	55.32 319.49	3.26 120.0 0.0876		0.0 0.0 0.0	9.740 0.0 9.740	13.142 0.0 0.853			Vel = 12.28	
9 to RSRT	29.51 349.0	3.26 120.0 0.1032	1E	9.408 0.0 0.0	33.460 9.408 42.868	13.995 0.0 4.422			Vel = 13.41	
RSRT to RSRB	0.0 349.0	3.26 120.0 0.1032		0.0 0.0 0.0	9.000 0.0 9.000	18.417 3.898 0.929			Vel = 13.41	
RSRB to RSOT	0.0 349.0	3.26 120.0 0.1031	2E	18.815 0.0 0.0	32.870 18.815 51.685	23.244 0.0 5.331			Vel = 13.41	
RSOT to RSOB	0.0 349.0	3.26 120.0 0.1032	1B 1F 1S	13.44 4.032 21.503	4.000 38.975 42.975	28.575 1.732 4.434			Vel = 13.41	
RSOB to RSIB	0.0 349.0	3.26 120.0 0.1031	2E	18.815 0.0 0.0	0.830 18.815 19.645	34.741 0.0 2.026			Vel = 13.41	
RSIB to RSIT	0.0 349.0	3.26 120.0 0.1032		0.0 0.0 0.0	4.000 0.0 4.000	36.767 -1.732 0.413			Vel = 13.41	
RSIT to CONB	0.0 349.0	3.26 120.0 0.1032	2E	18.815 0.0 0.0	33.290 18.815 52.105	35.448 0.0 5.375			Vel = 13.41	
CONB to CONT	0.0 349.0	3.26 120.0 0.1031		0.0 0.0 0.0	9.000 0.0 9.000	40.823 -3.898 0.928			Vel = 13.41	

Calculations - Hazen-Williams

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Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	*****	Notes	*****
CONT to TOR	0.0 349.0	4.26 120.0 0.0280	6E	79.002 0.0 0.0	100.000 79.002 179.002	37.853 0.0 5.018			Vel = 7.86	
TOR to BOR	0.0 349.0	4.26 120.0 0.0280	1B 1Fsp 1S	15.8 0.0 28.968	16.000 44.768 60.768	42.871 9.930 1.703			** Fixed Loss = 3 Vel = 7.86	
BOR to SPQ	0.0 349.0	4.026 120.0 0.0369	2E 1Ziw 2B	20.0 0.0 24.0	5.000 44.000 49.000	54.504 8.490 1.809			** Fixed Loss = 8.49 Vel = 8.80	
SPQ to ELL	0.0 349.0	8.27 140.0 0.0008	1E	28.468 0.0 0.0	7.000 28.468 35.468	64.803 3.032 0.029			Vel = 2.08	
ELL to TEST	0.0 349.0	8.27 140.0 0.0008	1G 4E 1T	6.326 113.872 55.354	100.000 175.552 275.552	67.864 -2.166 0.230			Vel = 2.08	
	250.00 599.00					65.928			Qa = 250.00 K Factor = 73.77	
10 to 11	26.03 26.03	1.682 120.0 0.0213		0.0 0.0 0.0	9.040 0.0 9.040	10.589 0.0 0.193			K Factor = 8.00 Vel = 3.76	
11 to 4	26.27 52.3	1.682 120.0 0.0773	1T	9.9 0.0 0.0	2.730 9.900 12.630	10.782 0.0 0.976			K Factor = 8.00 Vel = 7.55	
	0.0 52.30					11.758			K Factor = 15.25	
12 to 13	26.15 26.15	1.682 120.0 0.0215		0.0 0.0 0.0	9.040 0.0 9.040	10.688 0.0 0.194			K Factor = 8.00 Vel = 3.78	
13 to 5	26.39 52.54	1.682 120.0 0.0780	1T	9.9 0.0 0.0	2.730 9.900 12.630	10.882 0.0 0.985			K Factor = 8.00 Vel = 7.59	
	0.0 52.54					11.867			K Factor = 15.25	
14 to 15	26.43 26.43	1.682 120.0 0.0219		0.0 0.0 0.0	9.040 0.0 9.040	10.916 0.0 0.198			K Factor = 8.00 Vel = 3.82	
15 to 6	26.67 53.1	1.682 120.0 0.0795	1T	9.9 0.0 0.0	2.730 9.900 12.630	11.114 0.0 1.004			K Factor = 8.00 Vel = 7.67	
	0.0 53.10					12.118			K Factor = 15.25	
16 to 17	26.87 26.87	1.682 120.0 0.0226		0.0 0.0 0.0	9.040 0.0 9.040	11.284 0.0 0.204			K Factor = 8.00 Vel = 3.88	
17 to 7	27.12 53.99	1.682 120.0 0.0819	1T	9.9 0.0 0.0	2.730 9.900 12.630	11.488 0.0 1.035			K Factor = 8.00 Vel = 7.80	
	0.0									

Calculations - Hazen-Williams

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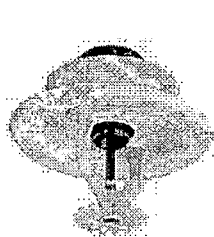
Hyd. Ref. Point	Qa Qt	Dia. "C" Pf/Ft	Fitting or Eqv.	Ln.	Pipe Ftng's Total	Pt Pe Pf	Pt Pv Pn	*****	Notes	*****
	53.99					12.523			K Factor = 15.26	
18 to 19	27.53	1.682 120.0		0.0 0.0	9.040 0.0	11.846 0.0			K Factor = 8.00	
	27.53	0.0236		0.0	9.040	0.213			Vel = 3.98	
19 to 8	27.78	1.682 120.0	1T	9.9 0.0	2.730 9.900	12.059 0.0			K Factor = 8.00	
	55.31	0.0857		0.0	12.630	1.083			Vel = 7.99	
	0.0 55.31					13.142			K Factor = 15.26	
20 to 9	29.51	1.682 120.0	1T	9.9 0.0	4.530 9.900	13.608 0.0			K Factor = 8.00	
	29.51	0.0268		0.0	14.430	0.387			Vel = 4.26	
	0.0 29.51					13.995			K Factor = 7.89	

FireLock™ V34, K8.0

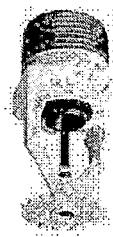
Models V3401, V3402, V3405, V3406



40.15



V3405/V3406
Recessed Pendant



V3405/V3406
Pendent



V3401/V3402
Upright

1.0 PRODUCT DESCRIPTION

Models: V3401, V3402, V3405, V3406

Style: Pendent, Upright or Recessed Pendant

K-Factor: 8.0 Imp./11.5 S.I.¹

Nominal Thread Size: ¾" NPT/20 mm BSPT

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



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	

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2.0 CERTIFICATION/LISTINGS (CONTINUED)

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 3/4"		up to 1/2"	up to 3/4"
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 155°F/68°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
GOST-R	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	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.

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: Teflon™³ tape

Frame: Die cast brass 65-30

Lodgement Spring: Stainless steel

Installation Wrench:

☐ Open End: V34

☐ Recessed: V34

Sprinkler Finishes:

☐ Plain Brass

☐ Chrome plated

☐ White polyester coated⁴

☐ Flat black painted⁴

☐ Custom painted⁴

☐ VC-250⁵

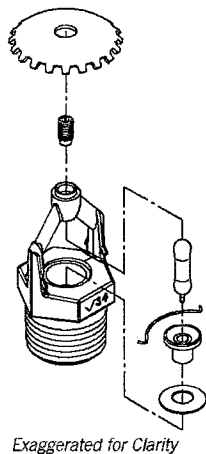
³ Teflon™ is a registered trademark of Dupont Co.

⁴ UL Listed for corrosion resistance.

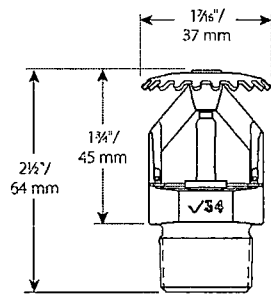
⁵ UL Listed and FM Approved for corrosion resistance.

NOTE

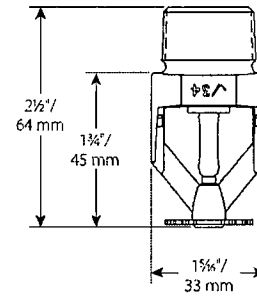
- Weather resistant recessed escutcheons available upon request.



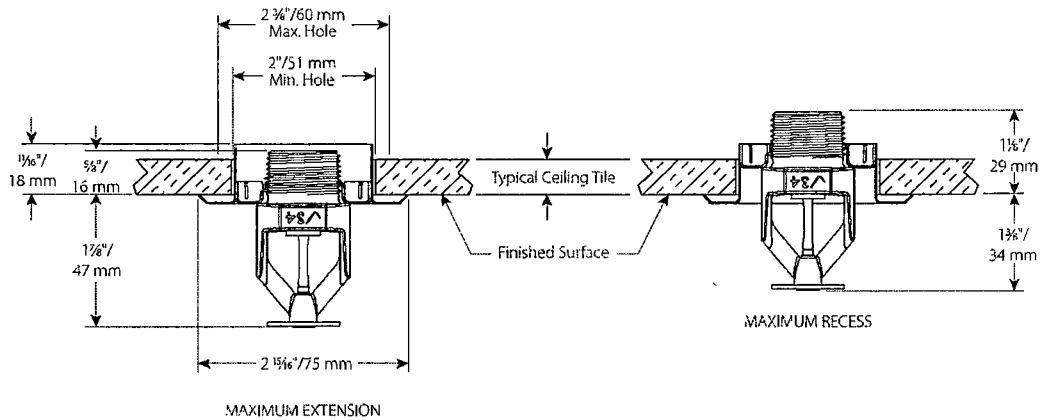
4.0 DIMENSIONS



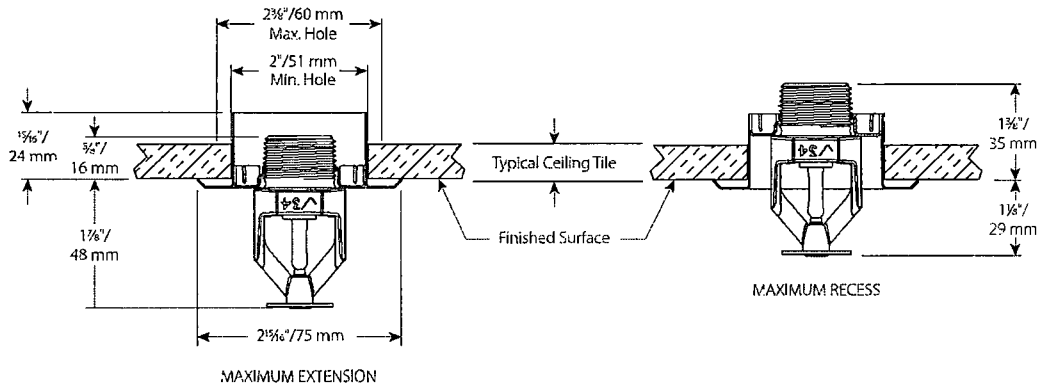
Standard Upright – V3401, V3402



Standard Pendent – V3405, V3406



1/2" Adjustment Recessed – V3405, V3406 (drawing not to scale)



3/4" Adjustment Recessed – V3405, V3406 (drawing not to scale)

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/107°C	Blue
Extra High ⁶	K	360°F/182°C	300°F/149°C	Mauve
–	M	Open	–	No bulb

⁶ Standard response only.

All are approved open, except for areas designated “No.”

Available Wrenches:

Sprinkler Type	V34 Recessed	V34 Open End
V3401, V402 Upright	–	✓
V3405, V3406 Pendent	✓	✓
V3405, V3406 Recessed Pendent	✓	–

[29.01: Victaulic Terms and Conditions of Sale](#)

[I-40: Victaulic FireLock™ Automatic Sprinklers](#)

User Responsibility for Product Selection and Suitability

Each user bears final responsibility for making a determination as to the suitability of Victaulic products for a particular end-use application, in accordance with industry standards and project specifications, and the applicable building codes and related regulations as well as Victaulic performance, maintenance, safety, and warning instructions. Nothing in this or any other document, nor any verbal recommendation, advice, or opinion from any Victaulic employee, shall be deemed to alter, vary, supersede, or waive any provision of Victaulic Company's standard conditions of sale, installation guide, or this disclaimer.

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Note

This product shall be manufactured by Victaulic or to Victaulic specifications. All products to be installed in accordance with current Victaulic installation/assembly instructions. Victaulic reserves the right to change product specifications, designs and standard equipment without notice and without incurring obligations.

Installation

Reference should always be made to the Victaulic installation handbook or installation instructions of the product you are installing. Handbooks are included with each shipment of Victaulic products, providing complete installation and assembly data, and are available in PDF format on our website at www.victaulic.com.

Warranty

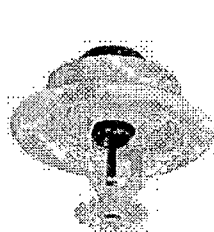
Refer to the Warranty section of the current Price List or contact Victaulic for details.

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FireLock™ V34, K8.0

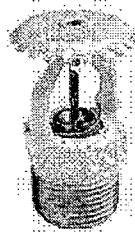
Models V3401, V3402, V3405, V3406



V3405/V3406
Recessed Pendant



V3405/V3406
Pendant



V3401/V3402
Upright

1.0 PRODUCT DESCRIPTION

Models: V3401, V3402, V3405, V3406

Style: Pendant, Upright or Recessed Pendant

K-Factor: 8.0 Imp./11.5 S.I.¹

Nominal Thread Size: ¾" NPT/20 mm BSPT

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



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	

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2.0 CERTIFICATION/LISTINGS (CONTINUED)

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 3/4"		up to 1/2"	up to 3/4"
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
GOST-R	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	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.

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: Teflon™³ tape

Frame: Die cast brass 65-30

Lodgement Spring: Stainless steel

Installation Wrench:

☐ Open End: V34

☐ Recessed: V34

Sprinkler Finishes:

☐ Plain Brass

☐ Chrome plated

☐ White polyester coated⁴

☐ Flat black painted⁴

☐ Custom painted⁴

☐ VC-250⁵

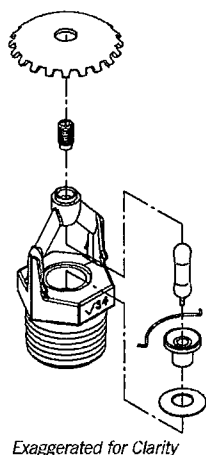
³ Teflon™ is a registered trademark of Dupont Co.

⁴ UL Listed for corrosion resistance.

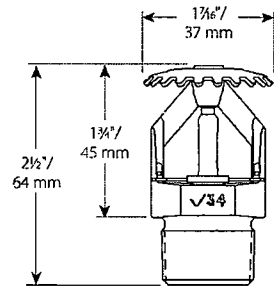
⁵ UL Listed and FM Approved for corrosion resistance.

NOTE

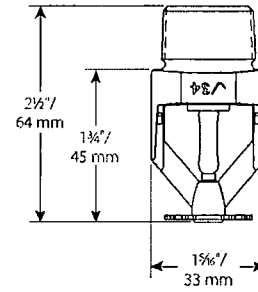
- Weather resistant recessed escutcheons available upon request.



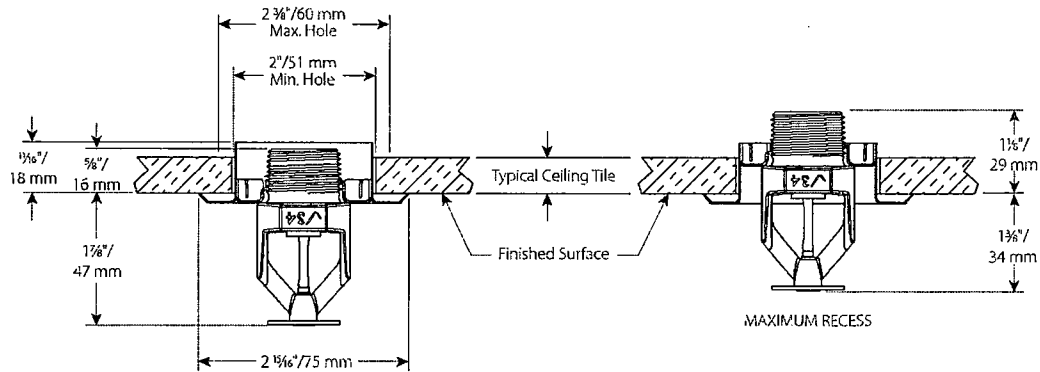
4.0 DIMENSIONS



Standard Upright – V3401, V3402

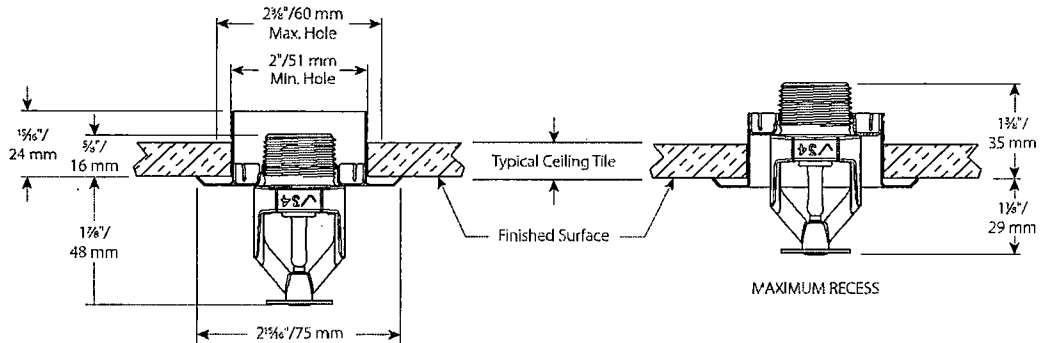


Standard Pendent – V3405, V3406



MAXIMUM EXTENSION

1/2" Adjustment Recessed – V3405, V3406 (drawing not to scale)



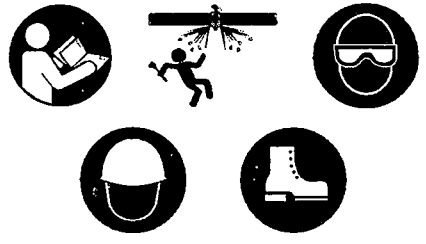
MAXIMUM EXTENSION

3/4" Adjustment Recessed – V3405, V3406 (drawing not to scale)

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/107°C	Blue
Extra High ⁶	K	360°F/182°C	300°F/149°C	Mauve
–	M	Open	–	No bulb

⁶ Standard response only.

All are approved open, except for areas designated “No.”

Available Wrenches:

Sprinkler Type	V34 Recessed	V34 Open End
V3401, V402 Upright	–	✓
V3405, V3406 Pendent	✓	✓
V3405, V3406 Recessed Pendent	✓	–

[29.01: Victaulic Terms and Conditions of Sale](#)

[I-40: Victaulic FireLock™ Automatic Sprinklers](#)

User Responsibility for Product Selection and Suitability

Each user bears final responsibility for making a determination as to the suitability of Victaulic products for a particular end-use application, in accordance with industry standards and project specifications, and the applicable building codes and related regulations as well as Victaulic performance, maintenance, safety, and warning instructions. Nothing in this or any other document, nor any verbal recommendation, advice, or opinion from any Victaulic employee, shall be deemed to alter, vary, supersede, or waive any provision of Victaulic Company's standard conditions of sale, installation guide, or this disclaimer.

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Note

This product shall be manufactured by Victaulic or to Victaulic specifications. All products to be installed in accordance with current Victaulic installation/assembly instructions. Victaulic reserves the right to change product specifications, designs and standard equipment without notice and without incurring obligations.

Installation

Reference should always be made to the Victaulic installation handbook or installation instructions of the product you are installing. Handbooks are included with each shipment of Victaulic products, providing complete installation and assembly data, and are available in PDF format on our website at www.victaulic.com.

Warranty

Refer to the Warranty section of the current Price List or contact Victaulic for details.

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