



CONSTRUCTION PERMIT APPLICATION C18-001819

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII 56 Chambers Blvd, Rd

I. IDENTIFICATION

1. Proposed Work Site at: One Brick Plaza, Space 6, Brick Twp
 2. Name of Owner in Fee: Federal Realty Investment Trust
 Tel. (484) 419-1221 e-mail JfMiller@federalrealty.com
 Address 50 E. Wynnwood Suite 200 Wynnwood PA 19096
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: Dave's Electric Tel. (609) 361-0236
 Address PO Box 88 816 L.B. Blvd Mail Suite 4
Ship Bottom, NJ 08008
 License No. OR, if new home, Builder Reg. No. 5828 Exp. Date 03/21
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 810716753 FAX: (609) 361-7280
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. () _____ FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$	<u>180</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee		<u>3</u>	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>183</u>	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>Chip</u>	<u>5/17/18</u>		<u>5-18-18</u>	<u>MM</u>			

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/31/2018
Control Number C-18-001819
Permit Number 18-1416
Permit Issue Date 5/21/2018
Certificate Number 18-1416

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual: NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone: _____
Contractor DAVE'S ELECTRIC
Address PO BOX 88 816 L.B. BLVD. SUITE 4 SHIP BOTTOM NJ 08008
Telephone: (609) 361-0236 Fax: (609) 361-7280
License Number or Builders Registration Number: _____ Federal Emp. Number: 810716753

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SERVICE - ...TEMP SERVICE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

This certificate has an expiration date of:

Conditions to be met:

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

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

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THE OFFICE OF PERMITS BY PHONE OR IN WRITING.

Block 1071 Lot 1071 Qualification Code 1071

Work Site Location One Brick Plaza, Suite 10

Brick Township, NJ 08733

Owner In Fee: Federal Realty Investment Trust

Tel. (484) 419-1221 e-mail JfMiller@federalrealty.com

Address 50 E. Wynnwood Suite 200 Wynnwood PA 19096

Contractor: Daves Electric Tel. (609) 361-0236

Address Ship Bottom, NJ 08008 e-mail saite4

Contractor License No. 5808 Exp. Date 03/21

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

Federal Emp. ID No. 810716753 FAX: (609) 361-7280

ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Utility Co.

[] Pole/Pad # 1 [] Temporary [] Other

Building Occupied as Utility Co.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial - Under slab Utilities Approved

Approved by: _____

[] Electric Plans Approved

Approved by: _____

Joint Plan Review Required:

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

Subcode Approval for Permit

Date: 5-18-18

Approved by: _____

Subcode Approval for Certificate

[] CO [] CCO

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Rough _____ Barrier-Free _____

Trench _____ Temp. Serv. _____

Const. Serv. _____ TCO _____

Other _____ Service _____

Final _____ Barrier-Free _____

Temp. Cut-In-Card Date Issued 5-30-18

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of the contractor and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: DAVID

Licensed Elec. Contractor [] Certified Electrician [] Exempt Applicant

TECHNICAL SITE DATA

DESCRIPTION OF WORK: 150 Amp Service

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.S.

TOTAL NUMBERS

Pool Permit/with UW Lights

Storage Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service (temp)

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

150 Amp Service

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received

Control #

Date Issued

Permit #

5/24/18

18-1416

COMMERCIAL



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

5/21/18
C-18-001819
18-1416

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: DAVE'S ELECTRIC
Address: PO BOX 88 816 L.B. BLVD. SUITE 4 SHIP BOTTOM NJ 08008
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % Telephone: (609) 361-0236
PO BOX 92129 (ALTUS GROUP SOUTH LAKE TX 76092 Lic. No. or Bldrs. Reg. No. 5828 5828 5828
Telephone: Federal Employee No. 810716753

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:

SERVICE ... TEMP SERVICE

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

Estimated Cost of Work \$1,500

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$180
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	\$0
Other	\$0
Total	\$183
Check No.	001558#7704
Cash	\$0
Credit	\$0
Collected By	CW
300	\$3.00
4 GOLD - APPLICANT	\$183.00
CHANGE	\$17.00

REQUIRED INSPECTIONS

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

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

☐ 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.