BLOCK 671 LOT 11.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge PERMIT NO. 18-1494

CONSTRUCTION PERMIT APPLICATION

C18-000503

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

I. IDENTIFICATION

1. Proposed Work Site at: One Brick Plaza/Space 67/Brick Township, NJ 08723 — Tenant fit out for a fitness center with an inground swimming pool
2. Name of Owner in Fee: Andrew Bragg / Fitness International
   Tel. (215) 627-1695 e-mail andrewb@fitnessintl.com
   Address 550 (street) Silicon Dr. - Suite 103 Southlake, TX (municipality) 76092 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer Studio 222 Architects Contact Timothy Schmitt
   Address 222 South Morgan St./Suite 4B/Chicago, IL 60607 e-mail TSchmitt@studio222architects.com
   Tel. (312) 850-4970 FAX: (312) 850-4978
6. Responsible Person in Charge once Work has Begun Brad Baker
   Tel. (248) 647-5500 FAX: (248) 647-5530

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 59,540 -		180 -
2. Electrical	3,465		
3. Plumbing	2305		
4. Fire Protection	100	450	175
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	4564	55	38
10. Subtotal	$ 71,976	505	393
11. Cert. of Occupancy	150 -		
12. Other			
13. TOTAL	$ 71,976	505 -	393

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 35.41 ft.	
3. Area — Largest Floor 34,028 sq. ft.	
4. New Building Area 34,028 sq. ft.	
5. Volume of New Structure 808,169 cu. ft.	
6. Max. Live Load Roof: 30 PSF (incl. 5 PSF snow drift	
7. Max. Occupancy Load 550	
8. If Industrialized Building: State approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone No	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no X	

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1,664,000	MP			03/28/18	KEK			
☒ Electrical	246,000	2/9/18			2/26/18	OJC	8/16/18		PS
☒ Plumbing	492,000				3/8/18	BM			
☐ Fire Protection					3/9/18	LS			
☐ Elevator		Emg	Exempt	2/22/18		ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: Fitness Center
2. Use Group, Proposed: A-3 Assembly
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: Fitness Center
2. Use Group, Proposed: A-3 Assembly
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present IIB Proposed IIB

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

LA Fitness

Rolled Plans

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name JANE MILLER

Address 50 E. Wynnewood Rd - Wynnewood, PA 19096

Telephone _____

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/16/2019
Control Number C-18-000503
Permit Number 18-1494
Permit Issue Date 05/30/2018
Certificate Number 18-1494

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Contractor C. E. GLEESON CONSTRUCTORS

Address 984 LIVERNOIS TROY MI 48083

Telephone: (248) 647-5500 Fax: (248) 647-5530

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 556

Description of Work/Use: TENANT FIT UP - - LA FITNESS ...ALTERATIONS TO INCLUDE I.G. SWIMMING POOL

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $150.00
Check Number:
Collected By: Nichol Ponsi

Date Printed: 08/16/2019

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

OFFICE USE ONLY

" NO COAH "

~~" IMPORTANT COMMERCIAL "~~

~~A.H.B.T. MANDATORY FEE - RESIDENTIAL~~

DATE:	COMMENTS:	INITIALS:
2/13/18	SENT TO Owner	
2/14/18	Interior Reno / Inground Pool Commercial COAH	CHH
2/21/18	JIM R4D gave back Said "NO COAH"	CHH

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☑ Zoning Officer	JE	2/15/18							ZA-18-00142
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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

CERTIFICATE OF COMPLIANCE

Date 12/27/18

NAME Federal realty investment trust

ADDRESS PO Box 182601 MS#7 Columbus OH 43218-2601

PROPERTY LOCATION Brick Plaza #32 LA Fitness

Account No 3592814-38 Block 671 Lot 1.01

I herby 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

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**	☑	☐
1/25/19 - Final passed but still needs signed sealed letter for all 3rd party inspections. NP			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
TCO until 4/30/19 IN ENG. 4/10/19 NP Extend TCO until 6/28/19 (rec'd paperwork from Eng. on 4/30/19 MFF) TCO until 7/12/19 (inspection on 6/25/19 rec'd in bldg. 6/26/19 MFF) TCO until 9/12/19 (inspection on 8/8/19 rec'd in bldg. 8/13/19 MFF) Passed 8/13/19 rec'd in bldg. 8/16/19 MFF			
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)

LA Fitness

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 5/30/18

Date Issued Permit # 18-1494

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 One Brick Plaza - Space 6

Brick Township, NJ 08723

Owner in Fee: Andrew Bragg / Fitness International

Tel. (215) 627-1695 e-mail andrewb@fitnessintl.com

Address 550 Silicon Dr. Suite 103 Southlake, TX 76092
(street) (municipality) (zip code)

Contractor: C. E. Gleeson Constructors Tel. (248) 647-5500

Address 984 Livernois, Troy, MI 48083 e-mail BBaker@gleesonconstructors.com

Contractor License No. or Builder Registration No. 2183705 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 382941498 FAX: (248) 647-5530

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/26/18	MEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 05/03/18
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 01/28/19
Approved by: MEK

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing * 2-6-8			* 7-12-18	JSB
Footing Bonding				
Foundation				
Slab				
Frame 11/15/18				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 1-7-19		1-24-19		JSB
Barrier-Free				

+3 Recessed Lights see attached sheet

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed A-3

No. of Stories 1

Height of Structure 35.41 ft.

Area — Largest Floor 34,028 sq. ft.

New Bldg. Area/All Floors 34,028 sq. ft.

Volume of New Structure 808,165 cu. ft.

Max. Live Load 30

Max. Occupancy Load 556

Constr. Class Present IIB Proposed IIB

If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1,664,000

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Rick Kessen

Print name here: ~~Gene Stone~~ Rick Kessen

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant fitout for a new fitness center with an inground swimming pool.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [X] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [X] Demolition

FEE (Office Use Only)

$

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

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

~~* 7-6-18 Footings No one on site @ 10:50 AM~~

aurel
ECS Limited

* 7-12-18 3 Pier Footings @ SW corner
* 7-12-18 Rebar for pool
* 7-16-18 Pool Being shot No special Inspector on site, Rebar clearance @ Pool Bottom questionable.

* 1-7-19 Final 1) Need to address egress path thru personnel [illegible] area and post revised travel. Need pool area completed, Need ADA Dead Bolt @ Bath.

* 1-24-19 Final approved will need all Third party Insp. certs for C.O. to be issued

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

Brick Township

CORRECTION NOTICE

ADDRESS 1 Brick Plaza

PERMIT NUMBER 18-1257 BLOCK 671 LOT 1.01

~~OWNER~~ TCO

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

1) Need one Beak Door Exit light operating.
2) Need Custodian closet + storage spackled + taped
3) Need elevated Platform screws spackled.
4) Need additional Exit + Direction @ column when exiting child Play Room
5) Need exit sign @ pool Door Removed.
6) Need Barracad in Pool area @ Mens Room + Exit Door. will [Recommend a TCO] For Fitness and Pool area also in order to maintain Egress Distance Travel
7) Temporary Platform + Ramp @ Arobics exit.

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

DATE 12-28-18 INSPECTOR

8) All Third party certs to be signed + sealed and submitted For Final

* 7-10-18 Pier Footing FS Column line C, D, E
(6)

07/24/18 - Trench FOOTING — Column Lines A→F/6.3

07/27/18 - Poured WALL — Column Lines A-D/6.3
Open Form

*8-1-18 Recieved certification on Footings A-F/6.3 7-24, 7-25, 7-26

* 8-31-18 SLAB Section ok

*9-27-18 Exterior wall frame east wall ok

* 9-27-18 Exterior wall sheathing 1) Need screw pattern maximum 6" + 8"

* 9-27-18 Interior walls ok to one side all walls, close up all walls with no Insul., Electric or Plumbing.

*9-27-18 spoke with contractor on Recessed Electrical Panels in 1 hour fated wall Need ok From Electrical Inspector

*10-3-18 Insul. on exterior walls (West + North.)

* 10-15-18 Insul on North + East walls ok

* 10-24-18 Interior wall frame slip track on East + North walls.

* 11-5-18 Roof Sheathing @ Tower Need screwing pattern consistent 6" ± 8" Recall For Inspection

* 11-15-18 Roof sheathing ok from 11-5-18 All Tower framing ok, Electrical Room Deck Framing ok
*Need D.P. to comment on structural Attachment @ Foyer Hanging structure

*11-19-18 Sheathing on Tower + Hanging walls Repair. ok

* 12-21-18 TCO Not Ready

ELECTRICAL SUBCODE
TECHNICAL SECTION

LA Fitness
341764370

Date Received 5/30/18
Control #
Date Issued
Permit # 18-1494

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

Block 671 Lot 1.01 Qualification Code

Work Site Location One Bridge PLAZA / SPACE 6
Bridgewater Township NJ 08723

Owner in Fee: Andrew BRAGG / FITNESS INTERNATIONAL

Tel. 215) 627-1695 e-mail Andrewb@fitnessintl.com

Address 550 Silicon Dr. Suite 103 Southlake TX 76092
street municipality zip code

Contractor: DAVE'S ELECTRIC LLC Tel. (609) 361-0236

Address PO Box 88 e-mail
Ship Bottom NJ 08008

Contractor License No. 5829 Exp. Date 03/2021

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

Federal Emp. ID No. 810714753 FAX: (609) 361-7280

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3

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

Building Occupied as Fitness Center Utility Co.

Est. Cost of Elec. Work $ 246,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date 5/31/18 Approved by: PJC

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

SUBCODE APPROVAL for PERMIT
Date: 5/31/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 1-10-19
Approved by: VAM

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approved	Initial
Rough Walls			9-28-18	MM
Barrier-Free				
~~Trench~~ Backfill			10-12-18	MM
~~Temp. Serv.~~			11-7-18	MM
Constr. Serv.				
TCO				
Other Pool steel			7-12-18	MM
Service			10-9-18	MM
Final 12-18-18	MM		1-10-19	MM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			10-9-18	MM
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electrical work for new fitness center

	SIZE	ITEMS	FEE (Office Use Only)
130		Lighting Fixtures	
80		Receptacles	
4		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
24		Emergency & Exit Lights	
22		Communications Points	
~~40~~		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
2	3	KW Elec. Water Heater	
3	5	~~KW Elec. Dryer/Receptacle~~ pool heater	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	6	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	150	KW Transformer/Generator	
		AMP Service 1-800AMP 1-500	
TOTAL: 205		AMP Subpanels 1-150 3-225	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
4	5HP, 1.5HP	pool & spa	
	3HP + 2.5HP	pumps	
		Administrative Surcharge	$
		Minimum Fee	$
		State Permit Surcharge Fee	$
		TOTAL FEE	$

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

9-29-18,
① 3 outside walls not Front wall
② aerobic Room Walls
③ Back Bath Wall
④ Rear Storage Room Walls
MR

10-5-18
Kids club cycle wall - Gym wall
Vertigo Tube — Few outlets and Cmt

10-12-18 Common Wall Mens + Women Bath MR
10-19-18 Mens + Womens Showers MR
11-9-18 Walls Hard Ceilings Bathrooms MR
11-27-18 Pool ceiling & Mens + Women Nail ceiling MR
11-29-18 Vestibule + Front Soffits MR

9-7 3 outside walls not Front wall
aerobic Room Walls
Back Bath Wall
Rear Storage Room Walls

Date Received 8/23/18
Control #
Date Issued
Permit # 18-1494+B

ELECTRICAL SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE IMMEDIATELY BY CALLING 1-800-272-1000.

Block 671 Lot 1.01 Qualification Code
Work Site Location ~~Ocean Brick Plaza~~ 56 Chambersbridge Rd SPACE U
Brick Township NJ 08723
Owner in Fee: Federal Realty Investment Trust
Tel. (484) 419 1221 e-mail Jfmiller@federalrealty.com
Address 50 E Wynnewood Suite 200 Wynnewood PA 19096
street municipality zip code
Contractor: Dave's Electric LLC Tel 609 3610236
Address ~~[illegible]~~ 816 L.B. Blvd Suite 4 e-mail
Ship Bottom NJ 08008
Contractor License No. 5828 Exp. Date 03/2021
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 810716753 FAX: 609 3617280

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. JCP&L
Est. Cost of Elec. Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 8/16/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/16/18
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-10-19
Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			12-6-18	[initials]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO 12-17-18 [initials]				
Other				
Service				
Final			1-10-19	[initials]
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: [signature]
Print name here: David J Smith
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire Alarm

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches — 41 Devices	
		Detectors	0
		Light Poles — 38 Signaling Devices	
		Motors—Fract. HP	
		Emergency & Exit Lights — 1 Annunciator	
		Communications Points — 1 Supervisory Device	
81		Alarm Devices/F.A.C. Panel	
81		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update + C

Date Received 11/5/18
Control #
Date Issued
Permit # 18-1494 + C

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 1 Brick Plaza Suite 6, Brick Township NY 08723

Owner in Fee: Federal Realty Investment Trust

Tel. 484-419-1221 e-mail

Address PO Box 92129 (Altus Group Southlake TX 76092
street municipality zip code

Contractor: LA Technology Group LLC Tel. 516 993-4764

Address 373 South Main St. e-mail jnw@LATechGroup.com
Freeport NY 11520

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 2300

Federal Emp. ID No. 36-4721008 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500

9/26/18

MF

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 9/28/18 Approved by: DJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/28/18

Approved by: DJC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 1-10-19

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initials
Rough			11-6-18	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-10-19	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Jon Weissman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DATA Cabling Installation

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
25		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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 5/30/18

Date Issued / Permit # 18-[illegible]

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 One Brick Plaza/ Space 6

Brick Township NJ 08723

Owner in Fee: Andrew Bragg/ Fitness International

Tel. (213) 627-1695 e-mail

Address 550 Silicon Dr/ Suite 103 (street) Southlake (municipality) TX 76092 (zip code)

Contractor: Contemporary Plbg & Htg Tel. (973) 872-9672

Address 22 Allen Drive e-mail contemporaryph@aol.com

Wayne NJ 07470

Contractor License No. 7707 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222873407 FAX: (973) 872-9662

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 205,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 5-3-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-22-19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Slab			9-5-18	RK
Rough PARTIAL				
Water			9-5-18	RK
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11-2-18	RK
LPGas Tank ABOVE CEILING			10-18-18 / 11-15-18	WM
Fuel Oil Piping				
Solar			9-7-18	RK
TCO 10 DAYS			12-27-18	WM
Final 12-20-18			1-16-19	WM

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Raymond Galizia

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New Fitness Center Tenant Fitout

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

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

WILL TEST WATER AT LATER DATE

105-124-127+125- DWV ONLY - NO WATER
UV PRIMER - OK BLACK LIGHT

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

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

10-22-18 WM PARTIAL Rough Close walls in Rooms 135-136-127+129

Gene 248 251 8586

Brick Township

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

CORRECTION NOTICE

ADDRESS L.A. FITNESS / BRICK PLAZA.

PERMIT NUMBER 16-1257 - 18-1494 BLOCK _____ LOT _____

OWNER TCO 10 DAYS

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

MOP SINK HOT + COLD REVERSED - SEAL EDGES. INSULATION NOT COMPLETE - LABELS ON PIPING. RPZ TEST REPORT. FAILED RPZ DISCHARGE PIPE TO DRAIN (INDIRECT)
COMPLETE POOL ACCESSORIES. POOL HEATERS PIPE RELIEF DISCHARGES - WATER VENTING DIAGRAM ROSMITH. REVISED TEST REPORT DOUBLE CHECK ASSY METER ROOM - WATER HEATER VENTING + AIR INTAKE
1-7-19 - GWH VENT SKETCH
2 DRAINS IN POOL MECH ROOM SECURE TO WALL & PIPE DRAIN TO FLOOR OR AIR GAP FITTING

NICK 973-452-9907

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

DATE 12-27-18 INSPECTOR WM

QPCTMR 09/13

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C. 7:10-10.2(f)) and be exhibited upon request.

Date of test 1/13/19

To: Contemporary Plumbing + Heating
LA Fitness
56 Chambers Bridge RD
Brick NJ

From: (Name of Permit Holder)

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts ☐RPZ ☒DCVA
Model Number: LF709 Size: 3 in.
Serial Number: 001252
Comments and Notations: _____

Location of Valve

Meter Room

Test Kit Serial # 0137962 Calibration Date 7/6/19	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☐ at _____ psid Leaked ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at _____ psid	OK ☒	OK ☐
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass Used ☐		Did Not Open ☐	Failed ☐	Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Daniel McIntyre
Certified Testers Signature: [signature]
Certifying Authority: NEWWA
Cert. ID #: 001305 Exp. Date: 7/31/19
Tester Phone No: 609-234-8963

Witnesses to test and inspection

Name: Ben Black Title: Foreman
Representing: Contemporary P & H
Name: _____ Title: _____
Representing: _____

NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property Federal Realty Investment Trust Date 1/8/19 Time 1:30

Mailing Address 1626 E. Jefferson ST

Rockville (City,Town) M.D. 20852 (Zip)

Tested by Luis A. Polanco

Certificate # 0013934

Contact Person Michael Newland

RPZ ☐ DCVA ☑ PVB ☐ SRVB ☐

Make Zurn Model No. 350AST D

Device Address and Location 1 Brick Plaza, Brick NJ, 08723, LA Fitness

Size 4" Serial No. 11713

Device Identification Number #1

Test After Installation ☒

Test After Repairs ☐

Annual Test ☐

Test Kit Serial # 747142 Calibration Date 6/20/18

Other _____ ☐

Reduced Pressure Backflow Prevention Device Assembly (RPZ)

Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP
Closed Tight ☐ Leaked ☐ _____ PSID	Closed Tight ☐ Leaked ☐	Flow ☐ No-Flow ☐	Opened at PSID _____ Did Not Open ☐	_____ PSID

Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)

Check Valve DP	Flow Condition Evaluated
_____ PSID	Flow ☐ No-Flow ☐

Double Check Valve Device Assembly (DCVA)

Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated
TC#1 PSI	TC#4 PSI			
78	73	1.5 PSID	3.4 PSID	Flow ☐ No-Flow ☒

Air Inlet Valve DP Opening Point

Opened at _____ PSID

Did Not Open ☐

At the time of the test, the downstream shut-off valve was: Closed Tight ☐ Leaked ☐ Not Tested ☒

Line Pressure _____ PSI

Protection Type: Service Line ☐ Fire Service Line ☒ Internal Domestic Plumbing System ☐

Signature of Certified Tester

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:

Water Works Official

Owner Agent

State Official

Remarks

Service Restored ☒

QPCTMR 09/13

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C. 7:10-10.2(f)) and be exhibited upon request.

Date of test 1/13/19

To: Contempory Plumbing + Heating
LA Fitness
56 Chambers Bridge RD
Brick NJ

From: (Name of Permit Holder)

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts ☐RPZ ☑DCVA
Model Number: LF709 Size: 3 in.
Serial Number: 001272
Comments and Notations: _____

Location of Valve

Meter Room

Test Kit Serial # 0137962 Calibration Date 1/6/19	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☑ Failed ☐	Closed Tight ☐ at _____ psid Leaked ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at _____ psid	OK ☑	OK ☑
	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass Used ☐		Did Not Open ☐	Failed ☐	Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Daniel McEntyre
Certified Testers Signature: _____
Certifying Authority: NEIWPA
Cert. ID #: 0013057 Exp. Date: 2/31/19
Tester Phone No: 609-234-8963

Witnesses to test and inspection

Name: Beau Black Title: Foreman
Representing: Contemporary Plumbing & Heating
Name: _____ Title: _____
Representing: _____

QPCTMR 09/13

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
☐	☐	☐	☐
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C. 7:10-10.2(f)) and be exhibited upon request.

Date of test 1/4/19

To: Contemporary Plumbing + Heating
LA Fitness
56 Chambers Bridge Rd
Brick NJ

From: (Name of Permit Holder)

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts ☒ RPZ ☐ DCVA
Model Number: LF009M2QT Size: 1½ in.
Serial Number: 60201
Comments and Notations: _____

Location of Valve

Pool Room

Test Kit Serial # 0137962 Calibration Date 7/6/17	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☒ at 8.8 psid Leaked ☐	Closed Tight ☒ at 2.4 psid Leaked ☐	Opened at 2.8 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
	No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass Used ☐				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: Daniel McIntyre
Certified Testers Signature: _____
Certifying Authority: NEWWA
Cert. ID #: 0013057 Exp. Date: 2/31/19
Tester Phone No: 609-234-8963

Witnesses to test and inspection

Name: Brian Black Title: Foreman
Representing: Contemporary P&H
Name: _____ Title: _____
Representing: _____

NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property Federal Realty Investment Trust Date 1/8/19 Time 1:45

Mailing Address 1629 E. Jefferson ST

Rockville (City,Town) M.D. 20852 (Zip)

Tested by Luis A Polanco

Certificate # 0013934

Contact Person Michael Newland

RPZ ☐ DCVA ☑ PVB ☐ SRVB ☐

Make Wilkins Model No. 950XLD

Device Address and Location 1 Brick Plaza, Brick NJ

NJ 08723, LA Fitness

Size 3/4 Serial No. HC17505

Device Identification Number #2

Test After Installation ☑

Test After Repairs ☐

Annual Test ☐

Other ☐

Test Kit Serial # 747142 Calibration Date 6/20/18

Reduced Pressure Backflow Prevention Device Assembly (RPZ)

Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP
Closed Tight ☐ Leaked ☐ _____ PSID	Closed Tight ☐ Leaked ☐	Flow ☐ No-Flow ☐	Opened at PSID _____ Did Not Open ☐	_____ PSID

Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)

Check Valve DP	Flow Condition Evaluated
_____ PSID	Flow ☐ No-Flow ☐

Double Check Valve Device Assembly (DCVA)

Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated
TC#1 PSI	TC#4 PSI			
78	74	1.4 PSID	1.4 PSID	Flow ☐ No-Flow ☑

Air Inlet Valve DP Opening Point

Opened at _____ PSID

Did Not Open ☐

At the time of the test, the downstream shut-off valve was: Closed Tight ☐ Leaked ☐ Not Tested ☒

Line Pressure _____ PSI | Protection Type: Service Line ☐ Fire Service Line ☒ Internal Domestic Plumbing System ☐

Signature of Certified Tester

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:

Water Works Official

Owner Agent

State Official

Remarks

Service Restored ☑

[redacted] FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/23/18
Control #
Date Issued
Permit # 18-1494+B

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

Block 071 56 Chambers Bridge Rd Lot 1.01 Qualification Code LA Fitness
Work Site Location ~~Brick Plaza Space 6~~
Brick Township NJ 08723
Owner in Fee: Federal Realty Investment Trust
Tel. (484) 419 1271 e-mail jfmiller@federalrealty.com
Address 50 E. Wynnewood Suite 200 Wynnewood PA 19096 (street / municipality / zip code)
Contractor: Davis Electric LLC Tel. 609 3610236
Address ~~PO B 88~~ Ship Bottom NJ 08008 e-mail
816 E Bay Blvd Suite 4
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. ______ Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
Federal Emp. ID No. 810 716 753 FAX: ( ) ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel: ______
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other ______ Location of Main Control Valve: ______
Location: ______

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

Total Cost of Fire Protection Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 8/9/18
Approved by: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-28-19
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			12/21/18	[initials]
Flam/Combust Tanks				
Fireplace Venting				
Final			1/24/19	[initials]
Other				

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. [signature]
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: FA Wiring For New Gym
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)	41	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	38	
Other Devices Annunciator	1	
TOTAL	81	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ______		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Hydro — wetland
left side of [illegible]

11/30/11

200 12hr Hydro
rest of structure

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 5/30/18
Date Issued
Permit # 18-1494

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd Space L6 Brick NJ

Owner in Fee: Federal Realty

Tel. 240) 478 9791 e-mail Jfmiller@federalrealty.com

Address 502 Wynnewood Rd Wynnewood PA 19096
street municipality zip code

Contractor: Dave's Electric LLC Tel. 609 341 0236

Address POB 88 Shamong NJ 08088 (street)

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 810716753 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1000 —

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Exit Lights 24		
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 5/31/18

Approved by: BD

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 1-25-19

Approved by: Ken

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO 30			12/28/18	
Flam/Combust Tanks				
Fireplace Venting				
Final			12-28-18	
Other				

Co ed basketball
keep community [illegible]

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/23/18
Control #
Date Issued
Permit # 18-1494 +A

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

Block 671 Lot 1.01 Qualification Code LA Fitness

Work Site Location One Brick Plaza
Brick Township, NJ 08723

Owner in Fee: ~~Fitness International LLC~~ Federal Realty

Tel. ( ) ~~1626 East Jefferson St~~ e-mail ~~Rockville, MD 20852~~

Address ~~3161 Michelson Dr Suite 600~~ ~~Irvine CA~~
street municipality zip code

Contractor: ASCO Fire Tel. (973 633-7300

Address P.O. Box 68
Lincoln Park NJ e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00207

Fire Protection Equipment, NJ Div. of Fire Safety Installer No. 153557

Fire Alarm Contractor No. P00207 Exp. Date 10/2018

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

Federal Emp. ID No. 22-3530366 FAX: (973 633-6626

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 $ 29000

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: _____

bw

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved
Date: 6/26/18 Approved by: KW
Joint Plan Review Required: _____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-26-18 Approved by: KW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-28-19
Approved by: KW

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO 30			12/28/19	
Flam/Combust Tanks				
Fireplace Venting				
Final			1/24/19	
Other				

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

C. CERTIFICATION IN LIEU OF OATH

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

Sign here _____
Print name here: Daniel Blewett
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install sprinkler system for new tenant
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	209	
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 $	

Dishes Bar
Greg Vanam
(845) 304 0245

MGR
Jerry Villar
848-241 1754

UCC/F-140
(rev. 11/09)
Professional Printing
(856) 468-7933

Contractor's Material and Test Certificate for Aboveground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property name LA FITNESS | Date 12/26/2018

Property address ONE BRICK PLAZA, BRICK, NEW JERSEY 08723

Plans

Accepted by approving authorities (names) BRICK BUILDING DEPARTMENT

Address 401 CHAMBERS BRIDGE RD, BRICK, NJ 08723

Installation conforms to accepted plans	☑ Yes	☐ No
Equipment used is approved	☑ Yes	☐ No
If no, explain deviations		

Instructions

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?	☑ Yes	☐ No
If no, explain		
Have copies of the following been left on the premises?	☑ Yes	☐ No
1. System components instructions	☑ Yes	☐ No
2. Care and maintenance instructions	☑ Yes	☐ No
3. NFPA 25	☑ Yes	☐ No

Location of system:

Sprinklers

Make	Model	Year of manufacture	Orifice size	Quantity	Temperature rating
VIKING	EX COV UP	2018	3/4"	68	155
VIKING	EX COV PEN	2018	3/4"	5	155
VIKING	QR PENDENT	2018	1/2"	127	155

Pipe and fittings

Type of pipe STEEL

Type of fittings STEEL

Alarm valve or flow indicator

Alarm device			Maximum time to operate through test connection	
Type	Make	Model	Minutes	Seconds
POTTER	WET	VS-R		[redacted]

Dry pipe operating test

Dry valve			Q. O. D.		
Make	Model	Serial no.	Make	Model	Serial no.

	Time to trip through test connection[1,2]		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet[1,2]		Alarm operated properly	
	Minutes	Seconds	psi	psi	psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain

[1] Measured from time inspector's test connection is opened

[2] NFPA 13 only requires the 60-second limitation in specific sections

Deluge and preaction valves

Operation ☐ Pneumatic ☐ Electric ☐ Hydraulics

Piping supervised ☐ Yes ☐ No | Detecting media supervised ☐ Yes ☐ No

Does valve operate from the manual trip, remote, or both control stations? ☐ Yes ☐ No

Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No | If no, explain

Make	Model	Does each circuit operate supervision loss alarm? Yes	No	Does each circuit operate valve release? Yes	No	Maximum time to operate release Minutes	Seconds

Pressure reducing valve test

Location and floor	Make and model	Setting	Static pressure Inlet (psi)	Outlet (psi)	Residual pressure (flowing) Inlet (psi)	Outlet (psi)	Flow rate Flow (gpm)

Test description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.

Tests

All piping hydrostatically tested at 200 psi (___ bar) for 2 hours | If no, state reason

Dry piping pneumatically tested ☐ Yes ☐ No

Equipment operates properly ☑ Yes ☐ No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☑ Yes ☐ No

Drain test	Reading of gauge located near water supply test connection: [redacted] psi (___ bar)	Residual pressure with valve in test connection open wide: [redacted] psi (___ bar)

Underground mains and lead-in connections to system risers flushed before connection made to sprinkler piping

Verified by copy of the Contractor's Material and Test Certificate for Underground Piping. ☐ Yes ☐ No | Other Explain

Flushed by installer of underground sprinkler piping ☐ Yes ☐ No

If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐ No | If no, explain

Blank testing gaskets

Number used	Locations	Number removed

Welding

Welding piping ☐ Yes ☑ No

If yes...

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

Cutouts (discs)

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? ☑ Yes ☐ No

Hydraulic data nameplate

Nameplate provided ☑ Yes ☐ No | If no, explain

Remarks

Date left in service with all control valves open 12/26/2018

Signatures

Name of sprinkler contractor
ASCO FIRE

Tests witnessed by

For property owner (signed) [redacted] Title [redacted] Date [redacted]

For sprinkler contractor (signed) [redacted] Title PRESIDENT Date 12/26/2018

Additional explanations and notes

Contractor's Material and Test Certificate for Aboveground Piping

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

Brick Township

CORRECTION NOTICE

21 81

ADDRESS

PERMIT NUMBER 18-1494 25 BLOCK LOT

OWNER 21

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

1. Fire Dept Connection sign above F.D.C
2. Circuit breaker locked out for fire alarm
3. Fire sprinkler, hydro plate + 1" hoist rooms
4. Exterior door labeling (Fire Sprinkler Room / exits)
5. Label all HVAC and remotes to unit
6. Program smoke above panel
7. Fire extinguishers to have current tags
8. Fire Alarm testing report (Correct address - Chambers Bridge Rd)
9. Fire Sprinkler Certification report
10. Overhead doors to be tested
11. Hazmat in front area to be removed

1/2019

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

DATE 12/27/18 INSPECTOR [signature]

INSPECTOR: KURT OTTO

JOB: FEDERAL REALTY

SECTION: LA FITNESS BRICK PLAZA PB-2301

TYPE OF WORK:

PERMIT #: PHASES 3 & 3A

WEATHER / TEMP:

DATE: 8/13/19

INSPECTION: FCO

LOCATION: 56 CHAMBERS BRIDGE ROAD

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:

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

MUNICIPAL ENGINEER

APPLICATION FOR CERTIFICATE

Date Received 2/9/2018
Date Permit Issued 5/30/2018
Control # C-18-000503
Permit # 18-1494
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

Work Site Location 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone

Contractor C. E. GLEESON CONSTRUCTORS
Address 984 LIVERNOIS TROY MI 48083

Telephone (248) 647-5500
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous A-3 Current

FINAL COST OF CONSTRUCTION: $ 2403001
(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:

N/A

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

- NEED TO COMPLETE LANDSCAPING WHEN WEATHER PERMITS.
- Need to block 4 Parking Spaces until Site lighting Trench is Paved
- NEED TO CLOSE OUT ELECTRICAL TCO AND ANY OTHER OUTSTANDING DOCUMENTATION AT TWP/CNTY.
Need to complete TCO list for plumbing
Need to complete TCO list for Fire
Need to complete TCO list for Buildings. Exit Sign & final Sprinkler are being completed now. Payment will be complete by Wed 1-2-19

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - LA FITNESS ...ALTERATIONS TO INCLUDE I.G. SWIMMING POOL

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

UCC F270 equiv.

INSPECTOR: TOM TOTH

JOB: FEDERAL REALTY

TYPE OF WORK: TCO

WEATHER / TEMP:

SECTION: LA FITNESS BRICK PLAZA PB-2801 PHASES 3 & 3A

PERMIT #:

DATE: 8/8/19

INSPECTION: TCO

LOCATION: BRICK PLAZA 56 CHAMBERS BRIDGE ROAD

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		VERIFY PHASE 3 & 3A WORK COMPLETED
8. Safety	✓	
9. As Built Survey / Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

① THE ENGINEERING OF SITE PLAN FOR PHASE 3 & 3A OUTSTANDING, CHECK BOND ESTIMATE

RECOMMENDATIONS:

☒ TEMP. C.O. EXP 9/12/19

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE / ADDITIONAL PERMITS

☐ $50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

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**	☑	☐
1/25/19 - Final passed but still needs signed sealed letter for all 3rd party inspections. NP			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☐
TCO until 4/30/19 IN ENG. 4/10/19 NP Extend TCO until 6/28/19 (rec'd paperwork from Eng. on 4/30/19 MFF) TCO until 7/12/19 (inspection on 6/25/19 rec'd in bldg. 6/26/19 MFF) TCO until 9/12/19 (inspection on 8/8/19 rec'd in bldg. 8/13/19 MFF)			
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)

INSPECTOR: KURT OTTO

JOB: FEDERAL REALTY — LA FITNESS

SECTION: BRICK PLAZA — PB-2801 — RMASCS 303A

TEMPERATURE:

WEATHER:

DATE: 6/25/19

TYPE OF WORK: TCO

LOCATION: 56 CHAMBERS BRIDGE ROAD

BLOCK: 671 LOT: 101

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement		CONDITIONALLY APPROVED
5. Landscaping & Sodding		VERIFY UPON FINAL SITE WORK COMP.
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		FINAL BONDED SITE WORK REQ
8. Safety	✓	TO BE MAINTAINED
9. As Built Survey/ Elevation Certificate		TO BE UPDATED

COMMENTS REFERENCING ITEM NUMBER:

(1) PONDING IN FRONT PARKING LOT; ADD NEW DRAINAGE PER FIELD CHANGE PLAN

(2) UPDATE AS-BUILT PLAN UPON ACCEPTANCE OF (2)

(3) BOLLARDS AT REAR GAS METER

RECOMMENDATIONS:

- [x] TEMP. C.O. EXP 7/12/19
- [ ] FINAL C.O.
- [ ] DETAILED REINSPECTION
- [ ] HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- [ ] REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- [ ] $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

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**	☑	☐
1/25/19 - Final passed but still needs signed sealed letter for all 3rd party inspections. NP			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☐
TCO until 4/30/19 IN ENG. 4/10/19 NP Extend TCO until 6/28/19 (rec'd paperwork from Eng. on 4/30/19 MFF)			
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)

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**	☑	☐
1/25/19 - Final passed but still needs signed sealed letter for all 3rd party inspections. NP			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☐
TCO until 4/30/19 IN ENG. 4/10/19 NP Extend TCO until 6/28/19 (rec'd paperwork from Eng. on 4/30/19 MFF) TCO until 7/12/19 (inspection on 6/25/19 rec'd in bldg. 6/26/19 MFF)			
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)

INSPECTION: ANTHONY MARANO

JOB: FEDERAL REALTY SECTION: LA FITNESS BRICK PLAZA, PB-2801 PHASES 3 & 3A

TEMPERATURE:

INSPECTION:

DATE: ~~12/3/18~~ 4/30/19

TYPE OF WORK: TCO

LOCATION: 56 CHAMBERS BRIDGE ROAD

BLOCK: 67.1 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement		CONDITIONALLY APPROVED
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		FINAL BONDED SITE PLAN WORK REQ
8. Safety	✓	TO BE MAINTAINED
9. As Built Survey/ Elevation Certificate		~~NOT SUBMITTED~~ TO BE UPDATED

COMMENTS REFERENCING ITEM NUMBER:

TCO BOND REQUIRED FOR SITE PLAN IMPROVEMENTS NOT COMPLETED, TO BE PROVIDED UNDER SEPARATE COVER

ADDITIONAL COMMENTS

~~(1) FINAL GARDEN HOSE COMPLETION; COORD W/ BAMVA~~

(2) REQ FINAL LANDSCAPING PER APPROVED SITE PLAN

(3) PONDING IN FRONT PARKING-LOT, POSSIBLE NEW DRAINAGE

~~(4) FINAL "NO PARKING FIRE LANE" SIGNAGE, COORD W/ FIRE OFFICIAL~~

~~(5) FINAL STRIPING, PATCH TEMP FENCE HOLES~~

(6) FINAL ASBUILT PLAN, SUBMIT WHEN ALL SITE WORK COMPLETED & ACCEPTED

(7) ADDING BOLLARDS AT REAR GAS METER

RECOMMENDATIONS:

☒ TEMP. C.O. EXP ~~4/30/19~~ 6/28/19

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS

☐ $ 50.00 REINSPECTION FEE

4/30/19

MUNICIPAL ENGINEER

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/31/2018
Control Number C-18-000503
Permit Number 18-1494
Permit Issue Date 5/30/2018
Certificate Number 18-1494

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Contractor C. E. GLEESON CONSTRUCTORS

Address 984 LIVERNOIS TROY MI 48083

Telephone: (248) 647-5500 Fax: (248) 647-5530

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 556

Description of Work/Use: TENANT FIT UP - - LA FITNESS ...ALTERATIONS TO INCLUDE I.G. SWIMMING POOL

Certificate Comments: Extensive work remains to be completed.

☐ **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: 1/7/2019
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 1/7/2019
Conditions to be met:

See attached list of deficiencies

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/31/2018

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

Plumbing:

- Pool area is not complete
  - Pool accessories and equipment including pool heater not complete or operational
    - T & P Relief lines not run on pool heaters
- Mop Sink not installed to code
  - Faucet has hot and cold water not on the correct side of fixture (reversed)
  - Edges of the mop sink have not been sealed
- Mechanical Equipment/ energy Code work not complete
  - Insulation of pipe not complete in mechanical room
- Reduced Pressure Zone (RPZ) Backflow Preventer needs to be tested by a certified tester and installation must be completed
  - The report has not been submitted- it is being mailed
  - The discharge of the RPZ not run indirectly to the floor drain

Building:

- Travel distance for egress must comply to code
  - The pool is not going to be used; however the egress path of travel through the pool area is needed. The means of egress path of travel must be maintained from the locker rooms through the pool area. Secure the pool area while leaving the path of travel. This must be done immediately
- One rear exit light is not functioning – repair the light
- Spackling is not complete
  - Storage closet wall finish must be complete
    - Spackle area, but this is not a rated assembly so safety is not an issue
  - Electrical Elevated Platform must be spackled
    - This is a fire rated assembly so all penetrations (including screw holes) and joints need to be spackled
- Additional Exit light needed
  - The exit light from the children's play area is blocked by signage. An additional reflective directional exit sign is needed for occupants of the play area.
- Means of Egress from rear door of aerobics area has only a temporary ramp. The exit discharge is to the year building area that is not completely paved. The pavement is lower than the door requiring a temporary ramp. This is OK for a TCO but must be fixed. The paving of the area in the rear of the building should solve this issue.
- Third party inspections reports must be signed and sealed. To facilitate the inspection process we have accepted the unsigned emails, but the hard copies must be submitted. This was explained repeatedly to the contractor
- Van Accessible handicap signs need to be installed.

Electrical:

- The pool equipment is not installed
- The panel covers for the electrical panels are the incorrect size- the cover must be replaced

Fire:

- Egress issues must be correct as per the building inspector's report

Prior Approvals:

- Engineering
  - Landscaping is incomplete- Complete the landscaping
  - Rear area construction is ongoing
    - This area needs to be blocked and made safe during construction

Plumbing:

- Pool area not complete
  - Pool accessories and equipment including pool heater not complete or operational
    - T & P Relief lines not run on pool heaters
- Mop Sink not installed to code
  - Faucet has hot and cold water not on the correct side of fixture (reversed)
  - Edges of the mop sink have not been sealed
- Mechanical Equipment/ energy Code work not complete
  - Insulation of pipe not complete in mechanical room
- Reduced Pressure Zone (RPZ) Backflow Preventer needs to be tested by a certified tester and installation must be completed
  - The report has not been submitted- it is being mailed
  - The discharge of the RPZ not run indirectly to the floor drain

Building:

- Travel distance for egress must comply to code
  - The pool is not going to be used; however the egress path of travel through the pool area is needed. The means of egress path of travel must be maintained from the locker rooms through the pool area. Secure the pool area while leaving the path of travel. This must be done immediately
- One rear exit light is not functioning – repair the light
- Spackling is not complete
  - Storage closet wall finish must be complete
    - Spackle area, but this is not a rated assembly so safety is not an issue
  - Electrical Elevated Platform must be spackled
    - This is a fire rated assembly so all penetrations (including screw holes) and joints need to be spackled
- Additional Exit light needed
  - The exit light from the children's play area is blocked by signage. An additional reflective directional exit sign is needed for occupants of the play area.
- Means of Egress from rear door of aerobics area has only a temporary ramp. The exit discharge is to the year building area that is not completely paved. The pavement is lower than the door requiring a temporary ramp. This is OK for a TCO but must be fixed. The paving of the area in the rear of the building should solve this issue.
- Third party inspections reports must be signed and sealed. To facilitate the inspection process we have accepted the unsigned emails, but the hard copies must be submitted. This was explained repeatedly to the contractor
- Van Accessible handicap signs need to be installed.

Electrical:

- The pool equipment is not installed
- The panel covers for the electrical panels are the incorrect size- the cover must be replaced

Fire:

- Egress issues must be correct as per the building inspector's report

Prior Approvals:

- Engineering
  - Two items must be completed before end of Business today 12/28/2018
    - Van Accessible handicap signs need to be installed.
    - Areas of exposed trenches for site lighting must be blocked from pedestrian traffic.
  - Landscaping is incomplete
  - Rear area construction is ongoing
    - This area needs to be blocked and made same during construction

Ocean County Health Department

Daniel E. Regenye, MHA, Public Health Coordinator/Health Officer
175 Sunset Avenue, PO Box 2191 Toms River, NJ 08754
Telephone: (732) 341-9700 Fax: (732) 286-1495
E-Mail: jprotonentis@ochd.org
www.ochd.org

Public Health
Prevent. Promote. Protect.

PLAN REVIEW

Insp Date: 1/28/2019 **Business ID:** ow000446
Business: LA Fitness Spa
56 Chambersbridge Road

Brick, NJ 08723

Inspection: OH001013
File Number: 052960
Phone: 848-251-8556
REHS: B-102062 George McCoy
Reason: 05. PLAN REVIEW
Results: Approved

Notes

1-28-18, THIS SPA PLAN WAS OBSERVED TO BE SATISFACTORY. CERTAIN ISSUES WERE ADDRESSED.

WITH THE TPO AND CONTRACTOR TO EXPEDITE THE SPA OPENING.

1. WATER SOURCE. POTABLE CITY WATER.

THIS FACILITY WILL BE A SPECIALLY EXEMPT FACILITY..

ALL NECESSARY SIGNAGE WIILL BE PROVIDED.

LAB. TPO, BONDING AND GROUNDING, VGB , AND TOWNSHIP ELECTRICAL INFO. WAS REVIEWED.

RECEIVED
FEB 01 2019
BUILDING

Inspector

Acknowledged Receipt :

INSPECTION: ANTHONY MARANO

JOB: FEDERAL REALTY SECTION: LA FITNESS BRICK PLAZA, PB-2801 PHASES 3 & 3A

TEMPERATURE:

INSPECTION:

DATE: 12/31/18

TYPE OF WORK: TCO

LOCATION: 56 CHAMBERS BRIDGE ROAD

BLOCK: 671 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement		CONDITIONALLY APPROVED
5. Landscaping & Sodding		✓
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		FINAL BONDED SITE PLAN WORK REQ
8. Safety	✓	TO BE MAINTAINED
9. As Built Survey/ Elevation Certificate		NOT SUBMITTED

COMMENTS REFERENCING ITEM NUMBER:

TCO BOND REQUIRED FOR SITE PLAN IMPROVEMENTS NOT COMPLETED, TO BE PROVIDED UNDER SEPARATE COVER

ADDITIONAL COMMENTS

1. RAIN GARDEN TO BE COMPLETED, COORD W/ BMVA
2. REQ FINAL LANDSCAPING PER APPROVED SITE PLAN
3. PONDING IN FRONT PARKING LOT, POSSIBLE NEW DRAINAGE
4. FINAL "NO PARKING FIRE LANE" SIGNAGE, COORD W/ FIRE OFFICIAL
5. FINAL STRIPING, PATCH TEMP FENCE HOLES
6. FINAL ASBUILT PLAN, SUBMIT WHEN ALL SITE WORK COMPLETED & ACCEPTED

RECOMMENDATIONS:

- ☑ TEMP. C.O. EXP 4/30/19
- ☐ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

LAH

MUNICIPAL ENGINEER

INSPECTOR: Anthony R Marano
JOB: Federal Realty 2801
SECTION: Brick Plaza LA Fitness Phase 3
TEMPERATURE: 55°
WEATHER: Rain

DATE: 12/28/18
TYPE OF WORK: T.C.O. for initial opening
LOCATION: 56 Chambers Bridge rd.
BLOCK: 671 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

	ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
	1. Driveway		☆
	2. Grading	✓	
	3. Sidewalk	✓	
	4. Road Pavement		☆ See 1.
	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:

1. Van accessible signs to be installed

☆ Exposed trenches for lighting are only based. Area needs to be blocked off from pedestrian parking until restored.

5. Landscaping incomplete but poses no hazards.

7. Building still has construction going on including areas behind building that still need to be paved. This area should be blocked off as well.

RECOMMENDATIONS:

☑ TEMP. C.O. - Okay for opening once #1. Conditions are met.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS

☐ $ 50.00 REINSPECTION FEE

Elissa C Commisso
MUNICIPAL ENGINEER

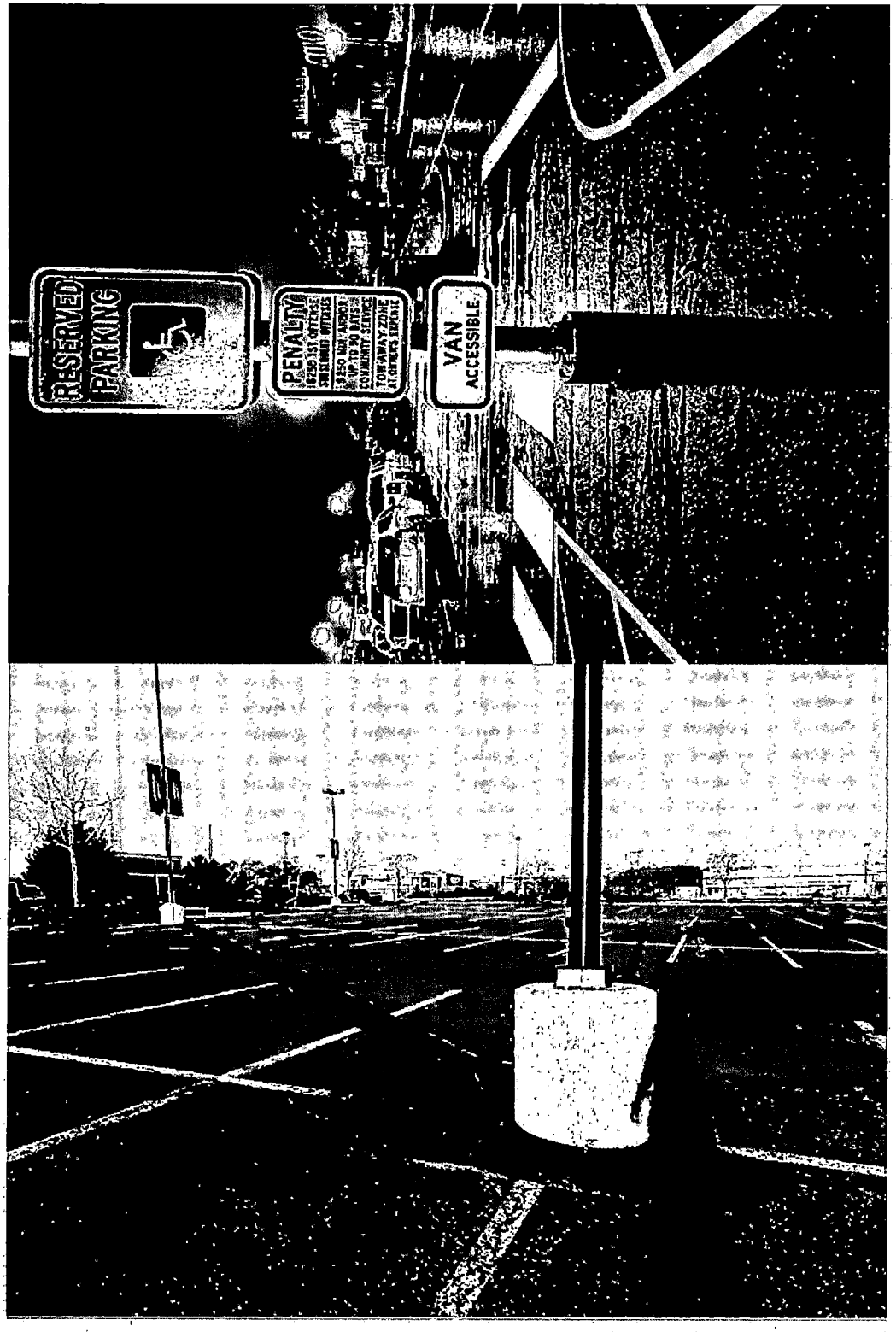
12/28

Daniel Newman

From: Gene Stone <gene@gleesonconstructors.com>
Sent: Saturday, December 29, 2018 1:52 PM
To: Daniel Newman
Cc: Michael Newland; Brad Baker; Charlessc@fitnessintl.com; Kurt J. Otto; Andrew Bragg; Patrick S. Dillon; Kerry Dolan; Chris Cole; Alejandro Gonzalez; Anthony Marano
Subject: Re: Certificate for LA Fitness

As requested for the TCO the parking lot trench is completely filled in and the van accessible signage is installed. Can I pick up a TCO early on Monday now that the two items you told me were holding us up are done?


RESERVED
PARKING
PENALTY
VAN
ACCESSIBLE
RESERVED
PARKING
PENALTY
VAN
ACCESSIBLE



Gene Stone
C. E. Gleeson Constructors. Inc
(248) 251-8556
Sent from my iPhone

On Dec 27, 2018, at 10:21 AM, Daniel Newman <dnewman@twp.brick.nj.us> wrote:

> Repeatedly the Building inspector John Pinkava and the permit intake clerk Nichol Ponsi told the project manager and contractors that all testing reports needed to be reviewed by the Architect of Record or

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**	☑	☐
1/25/19 - Final passed but still needs signed sealed letter for all 3rd party inspections. NP			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☐
TCO until 4/30/19			
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)