BLOCK 671 LOT 1.01 QUALIFICATION CODE ✓ ADDRESS (SITE) 56 Chambers Bridge 1048 Cedar Bridge Rd PERMIT NO. 18-3126

CONSTRUCTION ~~PERMIT~~ APPLICATION

C18-00269

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

I. IDENTIFICATION

1. Proposed Work Site at: 1048 Cedar Bridge Rd (56 Chambers Bridge)
2. Name of Owner in Fee: GR Brick LLC
   Tel. (732) 995-9561 e-mail
   Address 11½ Broadway, Freehold, NJ 07728 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✗
4. Principal Contractor: TRI-State Quality Const. Tel. (201) 792-6569
   Address 164 Central Ave e-mail quality4@Verizon.NET
   Jersey City, NJ 07307
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07097600
   Federal Emp. ID No. 45-2579976 FAX: (201) 656-0587
5. Architect or Engineer W. Lerman Contact W. Lerman
   Address 84 Brighton Ave, Long Branch e-mail
   Tel. (732) 229-3200 FAX: (732) 222-3573
6. Responsible Person in Charge once Work has Begun Richard Jordan
   Tel. (732) 496-0818 FAX: (732) 987-4800

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 5398-		
2. Electrical	320-		
3. Plumbing	687-		
4. Fire Protection	395-	1116-	1116-
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	445		
10. Subtotal	2 $ 75		
11. Cert. of Occupancy	175-		
12. Other	250		
13. TOTAL	$ 8446	1116-	1116-

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	1200 sq. ft.	
5. Volume of New Structure	11,964 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load	164	
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
- ☐ 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	200,000	MP			10-12-18	JC			
☒ Electrical	40,000	10/9/18			7/3/18	RC			
☒ Plumbing	30,000	10/9/18		8-2-18	10-24-18	RC			
☐ Fire Protection	15,000			6/4/18		VS	11/6/18		LG
☐ Elevator	2,000	Eng	Exempt		9/12/18	ECC			
TOTAL COST	287,000								

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: Restaurant
2. Use Group, Proposed: A-2
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

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.

X Check if contractor.

Agent Name TRI-State Quality Construction

Address 164 Central Ave, Jersey City, NJ 07307

Telephone (201) 796-6569

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 04/17/2019
Control Number C-18-002469
Permit Number 18-3126
Permit Issue Date 11/09/2018
Certificate Number 18-3126

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Telephone:

Contractor TRI-STATE QUALITY CONSTRUCTION

Address 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569 Fax: (732) 987-4800

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 164

Description of Work/Use: COMMERCIAL ADDITION - - TRE

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: $678.00
Check Number: 1066
Collected By: Matthew Fagen

Date Printed: 04/17/2019

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

OFFICE USE ONLY

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

DATE:	COMMENTS:	INITIALS:
9/2/18	Called Richard @ HH - no switches on tech (E) - Occupancy	
	@ Plumber needs to be listed or does He work under TH	State?
9/11/18	SENT TO OMM	SCW
9/26/18	DID COAT	CMM

New Commercial Structure

Certificate Requirements

print
reset defaults
check all
complete

Certificate of Occupancy Checklist

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Final Engineering Approval	**comment**	☑	☐
will need OK Per Anthony Marano on 4/9/19 MFF - SEE EMAIL			
Final Affordable Housing Payment (Mandatory Development Fee)	**comment**	☑	☐
Final AH $3,567.50 3/25/19 cw			
Certificate of Compliance from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 3/22/19 MFF ok per MUA on 4/5/19 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

(TRE)

Date Received / Control # 11/9/18

Date Issued / Permit # 18-3126

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

Block 171 Lot 1.01 Qualification Code

Work Site Location 1048 Cedar Bridge Rd
36 Chambers Bridge

Owner in Fee: GR Brick LLC

Tel. 732 995-9561 e-mail

Address 11½ Broadway, Freehold, NJ 07728
street municipality zip code

Contractor: TRI-State Quality Const. Tel. 201 792-6569

Address 164 Central Ave e-mail Quality4@Verizon.net
Jersey City, NJ 07307

Contractor License No. or Builder Registration No. 13VH07097600 Exp. Date 3/31/2019

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

Federal Emp. ID No. 45-2579976 FAX: 201 656-0587

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: Pat Aversa

Print name here: Patsy Aversa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TRE is a addition to Rosalita Restaurant

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10-12-18	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/07/18
Approved by: MEL

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

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing			11-7-18	
Footing Bonding				
Foundation			11-5-18	
Slab			11-20-18	
Frame		*	11-9-18	
Truss Sys./Bracing				
~~Barrier-Free~~ Sheathing		*	12-17-18	
Insulation		*	1-14-19	
Finishes -Base Layer				
~~Finishes Final~~ ABOVE CEILING			1-29-19	
Energy				
Mechanical				
TCO				
Other				
Final * 3-28-19			4-12-19	
Barrier-Free				

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

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed X
No. of Stories 1
Height of Structure 24 ft.
Area — Largest Floor 1200 1,200 sq. ft.
New Bldg. Area/All Floors 1200 1,200 sq. ft.
Volume of New Structure 119,964 cu. ft.
Max. Live Load 100#/Sq. Ft.
Max. Occupancy Load 348

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 150,000.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ 150,000.00

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

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

Brick Township

CORRECTION NOTICE

ADDRESS 56 CHAMBERS BRIDGE

PERMIT NUMBER 19-3126 BLOCK 671 LOT 1.01

~~OWNER~~ FINAL

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 ALL TABLES + STOOLS INSTALLED (OK)
2) NEED FLAME + SMOKE SPEC'S FOR TRUSS BEAMS (OK)
3) NEED GRADING @ PERIMETER COMPLETED (OK)
4) NEED ALL EXIT EMERGENCY LIGHTING WORKING (OK)
5) NEED TO CHECK FINAL EGRESS PLAN WHEN ALL ABOVE IS COMPLETED (NO)
6) NEED TO SEE GAS OVENS IGNITE + SHUT DOWN. (OK)
7) NEED 3rd PARTY CERTIFICATION FOR STEEL BEAMS & COLUMNS (OK)

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

DATE 3-28-19 INSPECTOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

(TRE)

Date Received / Control # 11/9/18
Date Issued / Permit # 18-3126

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

Block 10011 Lot 1.01 Qualification Code
Work Site [illegible]
Owner in Fee: GR Brick LLC
Tel. 732 995-9561 e-mail
Address 112 Broadway, Freehold, NJ 07728 (street / municipality / zip code)
Contractor: Pemco Tel. 732 223-8784
Address 3208 Wilbur Ave e-mail
Manchester, NJ 08759
Contractor License No. 11358 Exp. Date 3/31
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 223247998 FAX: 732 223-8794

B. ELECTRICAL CHARACTERISTICS

Use Group — Present ~~[illegible]~~ Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 40,000.00

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Addition to Rosalita Restaurant

QTY	SIZE	ITEMS	FEE (Office Use Only)
~~43~~		Lighting Fixtures	
~~44~~		Receptacles	
		Switches	
		Detectors	
		Light Poles	
5		Motors—Fract. HP	
9		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	10	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	125	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date Approved by:
[✓] Electric Plans Approved
Date: 7/31/18 Approved by: PX
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7/31/18
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 3/22/19
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			11-16-18	MR
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other TR-Room 1			1-10-19	MR
Service				
Final				
Barrier-Free				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/9/18
Control # 18-3126
Date Issued
Permit # ~~18-[illegible]~~

+C

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

Block 671 Lot 1.01 Qualification Code

Work Site Location [redacted]
1048 CEDAR BRIDGE RD. BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (732) 995-9563 e-mail ROB@METROCAFENJ.COM

Address 1048 CEDAR BRIDGE RD. BRICK NJ 08723
street municipality zip code

Contractor: BEACON PROTECTION Tel. (862) 377-7820

Address 41 VREELAND AVE e-mail permits@beaconprotection.com
TOTOWA, NJ 07512

Contractor License No. 34BF00057200 Exp. Date 1/31/20

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

Federal Emp. ID No. 462436864 FAX: (201) 465-3093

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 230.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 11/7/18 Approved by: PJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11/13/18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] COO [✓] CA

Date: 3/22/19

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			1-10-19	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-22-19	
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: Rickey Ashley

Print name here: RICKEY J. ASHLEY

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Fire Alarm Burglar Alarm Install & Cellular Communicator

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
2		Alarm Devices/F.A.C. Panel	
3		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 $

To reorder call: ALLEGRA Marketing • Print • Mail 609-390-1400

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

PLUMBING SUBCODE
TECHNICAL SECTION

(TRE)

Date Received 11/9/18
Control #

Date Issued
Permit # 18-3126

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 1048 Cedar Bridge Rd - (TRE)
56 Chambers Bridge Rd
Owner in Fee: GR Brick LLC
Tel. 732 995-9561 e-mail
Address 11½ Broadway, Freehold, NJ 07728
street municipality zip code
Contractor: TRI-State Quality Construction Tel. 201 792-6569
Address 164 Central Ave e-mail PatsyA@Quality4@Verizon.Net
Jersey City, NJ 07307
Contractor License No. 36BI00002500 Exp. Date 6/30/19
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 22-3143628 FAX: 201 656-0587

B. PLUMBING CHARACTERISTICS
Use Group Present X Proposed
Building Sewer Size Public Sewer X Private Septic
Water Service Size Public Water X Private Well
30 000

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: 10-22-18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-28-19
Approved by:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Slab Add-1119			11/4/18	RK
Rough 2-BATHS			11-16-18	RK
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			3-28-19	WV
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			3-28-19	WV

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: Patsy Aversa
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
New Restaurant Addition

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
8	Lavatory	
	Shower	
7	Floor Drain 4 RK	
	Sink 5 RK	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
4	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other R.T.U.	

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

TRE slab approved under #18-2390

RLH-GC 732-496-0818

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 11/9/18

Date Issued Permit # 18-3126

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

Block 6700 17.1 Lot 6.01 Qualification Code

Work Site Location 1048 Cedar Bridge RD
210 Chambers Bridge Rd

Owner in Fee: GR Brick LLC

Tel. 732 995-9561 e-mail

Address 11½ Broadway Freehold, NJ 07728
street municipality zip code

Contractor: TRI-State Quality Const. Tel. 201 792-6569

Address 164 Central Ave e-mail quality4@verizon.net
Jersey City, NJ 07307

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

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

Fire Alarm Contractor No. 36B10000250 0 Exp. Date 6/30/19

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3143628 FAX: 201 656-0587

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present 2 Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 15,000

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Patsy Aversa

Print name here: Patsy Aversa

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: add on to existing system

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	X	
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	X3	R.T.U. 2 pizza oven
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 11/13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-7-18
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			4/4/19	
Flam/Combust Tanks				
Fireplace Venting			4/5/19	
Final				
Other				

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NA Fire Pit

Update

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/9/18

Date Issued / Permit # 18-3126 +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 101 Qualification Code _____

Work Site Location TRE / [redacted]
1048 Cedar Bridge Avenue Brick N.J.

Owner in Fee Federal Realty

Address 50 East Wynnewood Rd
Wynnewood, PA 19096

Tel (610) 478-9791

Contractor DeAngelo Fire Protection LLC

Address 707 Old Shore Road Unit #5
Forked River NJ 08731

Tel (732) 262-4412 FAX (732) 262-4414

Fire Protection Equipment, NJ Div of Fire Safety Permit No. NJDFS 101312

Fire Protection Equipment, NJ Div of Fire Safety Installer No. CAFSS 104284

Fire Alarm Contractor No: _____

Federal Emp. No. 271137333

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location: _____

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve: _____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ 8000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add Two pendent heads in new bathroom & Two upright heads new addition

Water Supply Source City Water

Method of Alarm/Suppression System Supervision Flow Switch

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	12	
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: 11/21/18

Approved by: [redacted]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 4/16/19

Approved by: [redacted]

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks			4/5/19	
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 1/04)

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3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/9/18
Control #
Date Issued 18-3126
Permit # ~~18-2390~~ +C

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

Block 671 Lot 1.01 Qualification Code

Work Site Location TRE'S ~~AND ROSATI'S~~ CANTINA
1048 CEDAR BRIDGE RD. BRICK NJ 08723

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 732 995-9563 e-mail ROB@METROCAFE NJ.COM

Address 1048 CEDAR BRIDGE RD. BRICK NJ 08723
street municipality zip code

Contractor: BEACON PROTECTION Tel. 862 377-7820

Address 41 VREELAND AVE e-mail Permits@beaconprotection.c
TOTOWA NJ 07512

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 462436864 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1700.00

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:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Rickey Ashley

Print name here: RICKEY J. ASHLEY

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

DESCRIPTION OF WORK: FIRE ALARM INSTALL AND ADDING CELLULAR COMMUNICATOR

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)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	4	
Other Devices		
TOTAL	5	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 11/13 Approved by: JO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-8-18
Approved by: KAB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/16/19
Approved by: KAB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	3/28			
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			4/15/19	
Flam/Combust Tanks				
Fireplace Venting	4/2/19		4/5/19	KAB
Final				
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

1/30/19

Light tested pizza ovens for cast iron vent

3/4/19

200/2hr Mug20

Contractor's Material & Test Certificate for Aboveground Piping

Additional printed copies of this form are available to insureds from:
Customer Services, FM Global, 1151 Boston Providence Turnpike, P.O. Box 9102, Norwood, MA 02062

FM Global

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 representatives signature in no way prejudices any claim against the contractor for faulty material, poor workmanship or failure to comply with approving authority's requirements or local ordinances.

Property I.D.

Property Name: TRE - Rositas	Date: 3-25-19
Property Location: 1048 Cedar Bridge Avenue Brick, NJ 08723	

Plans:

Accepted By Approving Authority's Name(s)	Brick Twp. Building Dept
Address:	401 Chambersbridge Rd Brick Twp, NJ 08723
Installation Conforms to Plans	☑ Yes ☐ No
Equipment Used is Approved (If no, state deviations):	☑ Yes ☐ No

Instructions:

Has person in charge of fire equipment been instructed as to the location of control valves and the care and maintenance of this new equipment? If no, explain:	☑ Yes ☐ No
Have copies of appropriate instructions and care and maintenance charts been left on premises? If no, explain:	☑ Yes ☐ No

Location:

Supplies Buildings:	Rear Mechanical Closet

Sprinklers:

Make	Sprinkler Identification Number (SIN)	Year of Manufacture	K Factor	Quantity	Temperature Rating
Victaulic	V2708	2018	5.6	6	155 °
Victaulic	V2704	2018	5.6	10	155 °
					°
					°
					°

Pipe and Fittings:

Pipe conforms to	ASTM A135	Standard	☑ Yes ☐ No
Fittings conform to	ASTM A47 Class 125 & 220 ASME B16.4	Standard	☑ Yes ☐ No
If no, explain:			

Alarm Valve or Flow Indicator:

Alarm Device			Maximum Time to Operate Through Test Pipe	
Type	Make	Model	Min.	Sec.
	Existing			

Dry Pipe Operating Test

Dry Valve			Q.O.D.		
Make	Model	Serial Number	Make	Model	Serial Number

Dry Pipe Operating Test (Continued)

	Time to Trip Through Test Pipe	Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly

Contractor's Material & Test Certificate for Aboveground Piping

FM Global

	Min.	Sec.	PSI	PSI	PSI	Min.	Sec.	Min.	Sec.
Without Q.O.D.									
With Q.O.D.									

If no, explain:

Deluge and Pre-action Valves:

Operation: ☐ Pneumatic ☐ Electric ☐ Hydraulic	Piping Supervised? ☐ Yes ☐ No
Detecting Media Supervised? ☐ Yes ☐ No	Does valve operate from manual trip and/or remote control? ☐ 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?		Does each circuit operate valve release?		Maximum time to operate releases	
		Yes	No	Yes	No	Min.	Sec.

Test Description:
Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All above-ground piping leakage shall be stopped.
Pneumatic: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 (0.1 bars) in 24 hours.

Tests:

All piping hydrostatically tested at 200 psi for 2 hrs.	Dry piping pneumatically tested? ☐ Yes ☐ No
Equipment operates properly? ☑ Yes ☐ No	If no, reason: N/A
Drain Test | Reading of gage located near water supply test pipe:	
Residual pressure with valve in test pipe wide open? 57 psi. Static 75	

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

Verified by copy of 85B? ☐ Yes ☐ No	Other:
Flushed by installer of underground sprinkler piping? ☐ Yes ☐ No	Explain:

Blank Testing Gaskets:

Number Used:	Locations:	Number Removed:

Welding:

Welded Piping? ☐ Yes ☐ No If yes:

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3?	☑ Yes	☐ No
Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3?	☑ Yes	☐ No
Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that internal diameters of piping are not penetrated?	☑ Yes	☐ No
Do you certify that all field cut pipe cutouts (discs/coupons) have been retrieved from sprinkler system piping?	☑ Yes	☐ No

Hydraulic Data Nameplate:
Nameplate provided? ☑ Yes ☐ No If no, explain:

Remarks (Date left in service with all control valves open): 3-25-19

Signatures:
Name of Installing Contractor: DeAngelo Fire Protection LLC
For Property Owner (Signed): _____ Title: _____ Date: _____

For Installing Contractor (Signed): _____ Title: Managing Member Date: 3-25-19

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

Brick Township

CORRECTION NOTICE

ADDRESS Fire

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER 18-3121

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) Lobby Duct Detector
(2) Mint Detector not programmed correctly, needs remote
(3) Need updated hydro coloration sheet on sprinkler system (Low)
(4) Carbon Monoxide alarms
(5) Fire Extinguisher as discussed
(6) Red Inlet - sheetrock
(7) Correct programming on fire alarm - Central Station
(8) Fire drill report

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

DATE 4/3/15 INSPECTOR [signature]

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

Brick Township

CORRECTION NOTICE

ADDRESS ______________________

PERMIT NUMBER ______________ BLOCK ______________ LOT ______________

OWNER 18-3126

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) Need strobes in bathrooms / finish off [illegible]
(2) Above ground pipe cert - sprinkler
(3) fire alarm testing - report
(4) fire walk thru

* fully programmed for dialer

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

DATE 3/25/19 INSPECTOR [signature]

INSPECTION AND TESTING FORM

Beacon Protection
Protection and Convenience

41 Vreeland Ave.
Totowa, NJ 07512
855-382-5238

DATE: 4/3/19

TIME: 10:00AM

SERVICE ORGANIZATION

Name: Beacon Protection Group, LLC

Address: 41 Vreeland Ave Totowa, NJ 07512

Representative: Rick Ashley

License No.: 34FA00075300

Telephone: 855-382-5238

PROPERTY NAME (USER)

Name: Tre's & Rosalita's

Address: 1048 Cedar Bridge Rd, Brick, NJ

Owner Contact: Rob Kash

Telephone: 732-995-9563

MONITORING ENTITY

Contact: Affiliated Monitoring

Telephone: 855-382-5238

Monitoring Account Ref. No.: B910599

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ■ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ■ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Silent Knight

Model No.: 6808

Circuit Styles:

Number of Circuits:

Software Rev.:

Last Date System Had Any Service Performed: N/A

Last Date that Any Software or Configuration Was Revised: N/A

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
7		Manual Fire Alarm Boxes
		Ion Detectors
1		Photo Detectors
5		Duct Detectors
4		Heat Detectors
1		Waterflow Switches
2		Supervisory Switches
2		Other (Specify): ANSUL SYSTEM

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
4		Strobes
		Speakers
7		Other (Specify): Horn/Strobes

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? ■ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

N/A

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 110 , Amps 15

Overcurrent Protection: Type breaker , Amps 15

Location (of Primary Supply Panelboard): Electric Room

Disconnecting Means Location: _____

b. Secondary (Standby):

2-12V Storage Battery: Amp-Hr. Rating 7ah

Calculated capacity to operate system, in hours: 24 60

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ■ Sealed Lead-Acid
- ☐ Lead-Acid
- ☐ Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Beacon Protection
Protection and Convenience

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐	Affiliated	10:00am
Building Occupants	☒	☐	Owner	10:00am
Building Management	☒	☐	Owner	10:00am
Other (Specify)	☐	☐		
AHJ (Notified) of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☒	☒	
Interface Eq.	☐	☐	
Lamps/LEDS	☐	☐	
Fuses	☐	☐	
Primary Power Supply	☐	☒	
Trouble Signals	☐	☒	
Disconnect Switches	☐	☒	
Ground-Fault Monitoring	☐	☒	

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☒	☒	
Visual	☐	☒	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
restaurant	pull stations	☒	☒			☒	☐
kitchen	pull stations	☒	☒			☒	☐
kitchen	Ansul	☒	☒			☒	☐
electric room	smoke	☒	☒			☒	☐
roof	duct detectors	☒	☒			☒	☐
		☐	☐			☐	☐

Comments:

Beacon Protection
Protection and Convenience

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	
Phone Jacks	❑	❑	
Off-Hook Indicator	❑	❑	
Amplifier(s)	❑	❑	
Tone Generator(s)	❑	❑	
Call-in Signal	❑	❑	
System Performance	❑	❑	

N/A

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	❑	❑	❑
(Specify)	❑	❑	❑
(Specify)	❑	❑	❑

N/A

SPECIAL HAZARD SYSTEMS			
(Specify)	❑	❑	❑
(Specify)	❑	❑	❑
(Specify)	❑	❑	❑

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	❑	10:40am-6:30pm	
Alarm Restoration	☒	❑	10:40am-6:30pm	
Trouble Signal	☒	❑	10:40am-6:30pm	
Supervisory Signal	☒	❑	10:40am-6:30pm	
Supervisory Restoration	☒	❑	10:40am-6:30pm	

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	❑	Owner	6:30pm
Monitoring Agency	☒	❑	Affiliated	6:30pm
Building Occupants	☒	❑	Owner	6:30pm
Other (Specify)	❑	❑		

The following did not operate correctly: _____

System restored to normal operation: Date: 04/03/2019 Time: 6:30pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Bil Goehrig Date: 04/03/2019 Time: 6:30pm

Signature: William Goehrig *Bill Goehrig* Digitally signed by William Goehrig Date: 2018.12.04 19:00:30 -05'00'

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Beacon Protection
Protection and Convenience

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Friday, April 05, 2019 2:28 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 56 CHAMBERS BRIDGE RD TRES

HI MATT. WE WERE OUT THERE & THEY ARE OK TO CO.

Susan M. Stanisz
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

Matthew Fagen

From: Anthony Marano
Sent: Tuesday, April 09, 2019 3:55 PM
To: Matthew Fagen
Subject: Tre Brick Plaza

Matt,

Reviewed this today (4/9/2019), landscaping is great, site has been cleaned up, all safety concerns taken care of. I spoke to Rich on site and gave him the "all good."

Thank you

Anthony R. Marano Jr.

Engineering MECI
(732) 262-1040 Ext: (5308)

Matt

APPLICATION FOR CERTIFICATE

Date Received 07/02/2018
Date Permit Issued 11/09/2018
Control # C-18-002469
Permit # 18-3126
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

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

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

Telephone

Contractor TRI-STATE QUALITY CONSTRUCTION
Address 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone (201) 792-6569
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP A-2 Previous A-2 Current

FINAL COST OF CONSTRUCTION: $ 235000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:
Addition COMMERCIAL ADDITION - TRE

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/12/2019
Control Number C-18-002469
Permit Number 18-3126
Permit Issue Date 11/09/2018
Certificate Number 18-3126

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Telephone:

Contractor TRI-STATE QUALITY CONSTRUCTION

Address 164 CENTRAL AVE JERSEY CITY NJ 07307

Telephone: (201) 792-6569 Fax: (732) 987-4800

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 164

Description of Work/Use: COMMERCIAL ADDITION - - TRE

Certificate Comments: Notice and Order of Penalty must be addressed before a Certificate of Occupancy can be issued.

☐ **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: 04/17/2019
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 04/17/2019
Conditions to be met:

Need Final Fire Subcode Approval.
Note: Notice and Order of Penalty must be addressed before a Certificate of Occupancy is issued.

acting C.O. 4-12-19
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/12/2019

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

W. LERMAN ARCHITECTURE

June 29, 2018

Attn: Dennis Tafuri
Joe Mosco
Rpb Kash

Dear Sirs,

Re: Seating Occupancy

The following is a total occupancy based on the total plan seating including booths, tables, bar counter and waiting areas:

Rosalitas – 179 seats

Tre -- 164 seats

Total – 343 seats.

If there is any further questions, please do not hesitate to call.

Sincerely

Wayne M. Lerman

RA, AIA, PP, NCARB, CID

RECEIVED
JUL 10 2018
BUILDING

121 Highway 36, Suite 200, West Long Branch, NJ 07764
T 732.222.3200 F 732.222.3573
www.wlermanarchitecture.com

Receipt

Payment Date 4/15/2019

Transaction # PMT-19-03135

Receipt #

Issued To GR Brick LLC - 11 1/2 Broadway, Freehold, NJ 07728

Description
RE: Violation 19-00117
TRE
56 Chambers Bridge Rd.
Brick, NJ

Date Printed 4/15/2019

Check Number 1315

Cash	$0.00
Check	$2,000.00
Charge	$0.00
Total Paid	$2,000.00

BRICK
TOWNSHIP
OCEAN COUNTY N.

04/15/19 9:43AM
DD1558#4419 XX06
SERV.006

#03135
PENALTY $2000.00

CHECK
$2000.00

THANK YOU

04/15/19 9:43AM DD1558#4419
XX06 SERV.006

#03135
PENALTY $2000.00
CHECK $2000.00

Permit/Control #: 18-3126
Date Issued: 4/11/2019
Violation #: V-19-00121

NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION

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

Block: 671 Lot: 1.01 Qualification Code: _____

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Agent/Contractor: TRI-STATE QUALITY CONSTRUCTION

Address: 164 CENTRAL AVE. JERSEY CITY NJ 07307

To: Contractor/Builder **AND** Owner in Fee

DATE OF INSPECTION: 4/11/2019 DATE OF THIS NOTICE: 4/18/2019

ACTION

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
OCCUPYING WITHOUT THE CERTIFICATE OF OCCUPANCY.

You are hereby ***ORDERED*** to terminate the said violations on or before 4/11/2019.

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $500.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

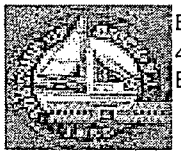
Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE of Violation and ***Order*** to Terminate: _____ Date: 4-11-19
Subcode Offical

U.C.C. F211 equiv (rev. 2/2005)



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. TRE Brick Township, NJ
Block: 671
Lot: 1.01
Owner: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Agent: TRI-STATE QUALITY CONSTRUCTION
Agent Address: 164 CENTRAL AVE JERSEY CITY NJ 07307
Telephone: (201) 792-6569

Infraction Details

Tracking: V-19-00121
Subcode: Building
Issuing Officer: John Pinkava Telephone: 732-262-1030
Issue Date: 4/11/2019
Infraction: Notice of Violation and Order To Terminate
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
Infraction Summary: OCCUPYING WITHOUT THE CERTIFICATE OF OCCUPANCY.
Certified Mail Number: 7018 1130 00025 1073 7708

Enforcement Details

Inspection Date: 4/11/2019
Notice Date: 4/18/2019
Compliance Date: 4/19/2019
Compliance Inspection Date:
Compliance Summary: MUST CONTACT BUILDING DEPARTMENT TO REMEDIATE ISSUE. 732-262-1030

Fines Details

Total Due: $0.00
Total Paid: $0.00
Total Owed: $0.00

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 4/11/2019
Violation #: V-19-00117

IDENTIFICATION

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

Block: 671 Lot: 1.01 Qualification Code: _____

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Agent/Contractor: TRI-STATE QUALITY CONSTRUCTION

Address: 164 CENTRAL AVE JERSEY CITY NJ 07307

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
Following an investigation, it is found that you have been occupying the space: TRE 56 CHAMBERS BRIDGE ROAD prior to the issuance of a Certificate of Occupancy

[✓] On 4/11/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [ ] failed to request required inspections; or [X] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 4/25/2019 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

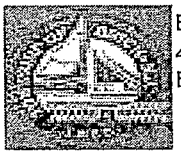
Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: acting C.O. Date: 4-11-19
Construction Official

U.C.C. F212 equiv (rev. 4/2003)



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location:	56 CHAMBERS BRIDGE RD. TRE Brick Township, NJ
Block:	671
Lot:	1.01
Owner:	FEDERAL REALTY INVESTMENT TRUST %
Owner Address:	PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:	
Agent:	TRI-STATE QUALITY CONSTRUCTION
Agent Address:	164 CENTRAL AVE JERSEY CITY NJ 07307
Telephone:	(201) 792-6569

Infraction Details

Tracking:	V-19-00117
Subcode:	Administrative
Issuing Officer:	Daniel F Newman Jr Telephone: (732) 262-1030
Issue Date:	4/11/2019
Infraction:	Notice and Order of Penalty
Statute:	N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
Infraction Summary:	Following an investigation, it is found that you have been occupying the space: TRE 56 CHAMBERS BRIDGE ROAD prior to the issuance of a Certificate of Occupancy
Certified Mail Number:	7018 1130 0002 1072 3084

Enforcement Details

Inspection Date:	4/11/2019
Notice Date:	4/11/2019
Compliance Date:	4/25/2019
Compliance Inspection Date:	
Compliance Summary:	Must obtain all required inspections, all prior approvals, and must receive a final Certificate of Occupancy for new dwelling. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	$2,000.00
Total Paid:	$0.00
Total Owed:	$2,000.00

NOTICE AND ORDER OF PENALTY

Permit/Control #:
Date Issued: 4/11/2019
Violation #: V-19-00117

IDENTIFICATION

Work Site Location: 56 CHAMBERS BRIDGE RD. TRE Brick Township, NJ
Block: 671 Lot: 1.01 Qualification Code:
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Agent/Contractor: TRI-STATE QUALITY CONSTRUCTION
Address: 164 CENTRAL AVE JERSEY CITY NJ 07307

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
Following an investigation, it is found that you have been occupying the space: TRE 56 CHAMBERS BRIDGE ROAD prior to the issuance of a Certificate of Occupancy

[✓] On 4/11/2019, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [ ] failed to obtain a construction permit; or [ ] failed to request required inspections; or [X] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 4/25/2019 an additional penalty of $2,000.00 per [X] week [ ] day shall result

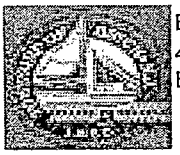
If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: acting C.O. Date: 4-11-19
Construction Official



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. TRE Brick Township, NJ
Block: 671
Lot: 1.01
Owner: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Agent: TRI-STATE QUALITY CONSTRUCTION
Agent Address: 164 CENTRAL AVE JERSEY CITY NJ 07307
Telephone: (201) 792-6569

Infraction Details

Tracking: V-19-00117
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1030
Issue Date: 4/11/2019
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23-2.23(a) Occupying a Structure Without a Certificate of Occupancy
Infraction Summary: Following an investigation, it is found that you have been occupying the space: TRE 56 CHAMBERS BRIDGE ROAD
prior to the issuance of a Certificate of Occupancy
Certified Mail Number: 7018 1130 0002 1072 3084

Enforcement Details

Inspection Date: 4/11/2019
Notice Date: 4/11/2019
Compliance Date: 4/25/2019
Compliance Inspection Date:
Compliance Summary: Must obtain all required inspections, all prior approvals, and must receive a final Certificate of Occupancy for new dwelling. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: $2,000.00
Total Paid: $0.00
Total Owed: $2,000.00

Tre → 56 Chambers Bridge Rd.

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 164
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP A-2

CERTIFIED TESTING & INSPECTIONS, INC.

TESTING • INSPECTIONS • ENGINEERING

REPORT OF STRUCTURAL STEEL INSPECTION

CLIENT:	Mastercraft Iron 1111Tenth Ave. Neptune, NJ	DATE:	01-10-19
		LAB. NO.:	1419-19
PROJECT:	TRE 1048 Cedar Bridge Road Brick, NJ	REPORT NO:	FW-1
		ENGINEER:	
SUBJECT:		ARCHITECT:	

4. STUD SHEAR CONNECTIONS: N/A

5. METAL DECK: DWG# DE1, DE1.01, DE2.01, JE1.01, JE2.01 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A, A.5, B, C

6. FIELD WELDS: DWG# DE1, DE1.01, DE2.01, JE1.01, JE2.01 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A, A.5, B, C

EXTENT OF INSPECTION:

4. STUD SHEAR CONNECTIONS: AWS D1.1-2006 Section 6 – Quality Welds

N/A

5. METAL DECK: AWS D1.3-89 Chapter 7, Section 7.3 – Inspection of work

Accepted

5/8" Puddle weld @ 12" centers, Side Laps @ 6" #10 tek screws centers and end laps @ 6" centers, and per approved drawings and specifications

6. FIELD WELDS JOISTS & TRUSSES: AWS D1.1-2006 Table 6.1 & Figure 5.4 – Quality of Welds – Visual Inspection

Accepted

Type and Capacity of Machines: Miller

Type, Weld Sizes and No. of Layers: Puddle, Fillet 5/8", 3/16", 1/4", 1/8" x 2 1/2" joist

Type of Electrodes: E6022 & E7018

INSPECTED BY: A.K. / D.B. DCA#010748

WELDING CONTRACTOR:

REMARKS: All test results are based at the time of inspection.

Respectfully submitted,
CERTIFIED TESTING & INSPECTIONS, INC.

Joseph Cuozzo
President/NDE Level III

NAME OF QUALIFIED WELDER:
CERTIFICATION OF WELDER CURRENT: YES

CERTIFIED TESTING & INSPECTIONS, INC.

TESTING • INSPECTIONS • ENGINEERING

REPORT OF STRUCTURAL STEEL INSPECTION

CLIENT:	Mastercraft Iron 1111Tenth Ave. Neptune, NJ	DATE:	01-10-19
		LAB. NO.:	1419-19
PROJECT:	TRE 1048 Cedar Bridge Road Brick, NJ	REPORT NO:	FW-1
		ENGINEER:	
SUBJECT:		ARCHITECT:	

4. STUD SHEAR CONNECTIONS: N/A

5. METAL DECK: DWG# DE1, DE1.01, DE2.01, JE1.01, JE2.01 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A, A.5, B, C

6. FIELD WELDS: DWG# DE1, DE1.01, DE2.01, JE1.01, JE2.01 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A, A.5, B, C

EXTENT OF INSPECTION:

4. STUD SHEAR CONNECTIONS: AWS D1.1-2006 Section 6 – Quality Welds

N/A

5. METAL DECK: AWS D1.3-89 Chapter 7, Section 7.3 – Inspection of work

Accepted

5/8" Puddle weld @ 12" centers, Side Laps @ 6" #10 tek screws centers and end laps @ 6" centers, and per approved drawings and specifications

6. FIELD WELDS JOISTS & TRUSSES: AWS D1.1-2006 Table 6.1 & Figure 5.4 – Quality of Welds – Visual Inspection

Accepted

Type and Capacity of Machines: Miller

Type, Weld Sizes and No. of Layers: Puddle, Fillet 5/8", 3/16", 1/4", 1/8" x 2 1/2" joist

Type of Electrodes: E6022 & E7018

INSPECTED BY: A.K. / D.B. DCA#010748

WELDING CONTRACTOR:

REMARKS: All test results are based at the time of inspection.

Respectfully submitted,
CERTIFIED TESTING & INSPECTIONS, INC.

Joseph Cuozzo
President/NDE Level III

NAME OF QUALIFIED WELDER:
CERTIFICATION OF WELDER CURRENT: YES

CERTIFIED TESTING & INSPECTIONS, INC.

TESTING • INSPECTIONS • ENGINEERING

REPORT OF STRUCTURAL STEEL BOLT INSPECTIONS

CLIENT:	Mastercraft Iron 1111Tenth Ave. Neptune, NJ	DATE: LAB. NO.:	01-10-19 1419-19
PROJECT:	TRE 1048 Cedar Bridge Road Brick, NJ	REPORT NO: ENGINEER:	SSI-1
SUBJECT:		ARCHITECT:	

1. ERECTION: DWG# AB1 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A
2. PLUMBS AND LEVEL: N/A
3. HIGH STRENGTH BOLTS: DWG# E1 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A

EXTENT OF INSPECTION:

1.	ERECTION:	Steel layout and/or Anchor Bolts per approved Drawings and specifications.	**Accepted**
2.	PLUMBS AND LEVEL:	Specifications for Erection-AISC Code of standard Practice, 9th Edition, chapter 5, Section 7.11.3.1 (The deviation of the working line from the plumb line not to exceed 1" per 500").	**N/A**
3.	HIGH STRENGTH BOLTS:	Specifications for Structural Joints using ASTM(A325) or (A490) bolts or F1852 TC Bolts, June 23, 2000- Installation and Tightening by (Turn of the nut-Method), Calibrated Wrench Method or Direct Tension Indicator Method (Tension Control). Size of Bolt ¾" A325 & 1". TC bolts utilized.	**Accepted**

INSPECTED BY: A. Kupper / D. L. Breese DCA#010748

REMARKS: All steel placed in accordance with above and project drawings.
All test results are based at time of inspection.

Respectfully submitted,
CERTIFIED TESTING & INSPECTIONS, INC.

Joseph Cuozzo
President

CERTIFIED TESTING & INSPECTIONS, INC.

TESTING • INSPECTIONS • ENGINEERING

REPORT OF STRUCTURAL STEEL BOLT INSPECTIONS

CLIENT:	Mastercraft Iron 1111Tenth Ave. Neptune, NJ	DATE: LAB. NO.:	01-10-19 1419-19
PROJECT:	TRE 1048 Cedar Bridge Road Brick, NJ	REPORT NO: ENGINEER:	SSI-1
SUBJECT:		ARCHITECT:	

1. ERECTION: DWG# AB1 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A
2. PLUMBS AND LEVEL: N/A
3. HIGH STRENGTH BOLTS: DWG# E1 Column lines 1, 2, 3, 1.8, 0.9, BB, AA, A

EXTENT OF INSPECTION:

1.	ERECTION:	Steel layout and/or Anchor Bolts per approved Drawings and specifications.	**Accepted**
2.	PLUMBS AND LEVEL:	Specifications for Erection-AISC Code of standard Practice, 9th Edition, chapter 5, Section 7.11.3.1 (The deviation of the working line from the plumb line not to exceed 1" per 500").	**N/A**
3.	HIGH STRENGTH BOLTS:	Specifications for Structural Joints using ASTM(A325) or (A490) bolts or F1852 TC Bolts, June 23, 2000- Installation and Tightening by (Turn of the nut-Method), Calibrated Wrench Method or Direct Tension Indicator Method (Tension Control). Size of Bolt ¾" A325 & 1". TC bolts utilized.	**Accepted**

INSPECTED BY: A. Kupper / D. L. Breese DCA#010748

REMARKS: All steel placed in accordance with above and project drawings.
All test results are based at time of inspection.

Respectfully submitted,
CERTIFIED TESTING & INSPECTIONS, INC.

Joseph Cuozzo
President

Trusses

MATERIAL SAFETY DATA SHEET

Volterra Architectural Products
4635 W McDowell Road, Suite 180
Phoenix, AZ 85035-4158
Phone: (602) 352-0888
Fax: (602) 352-0555

TRANSPORTATION EMERGENCY
CALL CHEMTREC: 800-424-9300
INTERNATIONAL: 703-527-3887

NON-TRANSPORTATION
VOLTERRA EMERGENCY PHONE: (602) 352-0888
VOLTERRA INFORMATION PHONE: (602) 352-0888

1. CHEMICAL PRODUCT IDENTIFICATION:

PRODUCT NAME.....: Volterra Polyurethane Foam Cast Decorative Pieces (HDF)
PRODUCT CODE.....: VAP#0017
CHEMICAL FAMILY.....: Pre-reacted diisocyanate and polyether polyol foam products.
CHEMICAL NAME.....: Expanded Polyurethane foam.
SYNONYMS.....: Cast Polyurethane, High Density Foam, HD Polyurethane Foam

2. COMPOSITION/INFORMATION ON INGREDIENTS:

INGREDIENT NAME	CAS NUMBER	OSHA – PEL EXPOSURE LIMITS	Less Than % BY WEIGHT
Polyurethane Foam	9009-54-5	N.E.	100.00%

Polyurethane foam is a fully cross-linked reaction product of the following two materials, polyether polyol, polymeric diphenylmethane 4,4 diisocyanate, and possibly includes catalysts, surfactants, pigments and water. Polyurethane foam product is a polymeric material consisting of repeating units of carbon, hydrogen, oxygen and nitrogen.

Continued on page 2

3. HAZARDS IDENTIFICATION:

POTENTIAL HEALTH EFFECTS:

ROUTE(S) OF ENTRY.....: Skin Contact; Eye Contact.

HUMAN EFFECTS AND SYMPTOMS OF OVEREXPOSURE:

ACUTE INHALATION.....: None reported.;

CHRONIC INHALATION.....: None reported.

ACUTE SKIN CONTACT.....: Irritation of the skin may occur on very rare occasions with people that have a hypersensitivity to isocyanatyes.

CHRONIC SKIN CONTACT.....: None reported.

ACUTE EYE CONTACT.....: Irritation of the cornea may occur.

CHRONIC EYE CONTACT.....: None reported.

ACUTE INGESTION.....: Not Determined.

CHRONIC INGESTION.....: Not Determined.

CARCINOGENICITY.(IARC).....: No.
Explanation of Carcinogenicity.....: N.A.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE:
Skin rash, due to hypersensitivity from prior exposure..

Continued on page 3

4. FIRST AID MEASURES:

FIRST AID FOR EYES.....: Flush eyes with clean of water for 15 minutes. Seek immediate medical attention.

FIRST AID FOR SKIN.....: Wash skin with water. If irritation persists, seek medical attention.

FIRST AID FOR INHALATION.....: Not applicable.

FIRST AID FOR INGESTION.....: Do not induce vomiting. Victim should drink copious amounts of water and seek medical attention.

NOTE TO PHYSICIAN..:
EYES: None.
SKIN: None.
INGESTION: None.
INHALATION: None.

5. FIRE FIGHTING MEASURES:

FLASH POINT.....: Not Determined Setaflash (ASTM D-3243, D-3278, D-3828)

FLAMMABLE LIMITS.....: UPPER EXPLOSIVE LIMIT (UEL)(%): Not Determined.
LOWER EXPLOSIVE LIMIT (LEL)(%): Not Determined.

AUTO-IGNITION TEMPERATURE:.....: >500°F - DIN 51794

EXTINGUISHING MEDIA:.....: If urethane foam is ignited, A,B or C extinguishers.

SPECIAL FIRE FIGHTING PROCEDURES...: When urethane foam burns, water, carbon dioxide, nitrogen oxides and carbon monoxide are released. Avoid exposure to smoke inhalation as nitrogen oxides are toxic. If fire is not extinguishable with a fire extinguisher, evacuate immediately and call the fire dept. Firefighters should use respirators when attempting to extinguish this material. This material as provided to the customer is not a readily flammable unless ignited by another source, This is a combustible solid

6. ACCIDENTAL RELEASE MEASURES:

SPILL OR LEAK PROCEDURES.....: Material (cuttings or chopped pieced) should be swept up as if conventional trash should then be disposed in accordance with local, state and federal regulations. Wash off the remainder of the material the material off property with plenty of water.

7. HANDLING AND STORAGE:

STORAGE TEMPERATURE (MIN/MAX).....: 32°F (0°C) / 100°F (38°C)

SHELF LIFE.....: Indefinitely if kept out of sunlight, dry and at 77°F (25°C)

SPECIAL SENSITIVITY.....: None Known.

Continued on page 4

7. HANDLING AND STORAGE: (Continued).

HANDLING/STORAGE PRECAUTIONS.....: No special handling requirements.

8. PERSONAL PROTECTION:

REQUIRED WORK/HYGIENE PROCEDURES:

EYE PROTECTION REQUIREMENTS.....: Safety glasses (ANSI Z 87.1)

SKIN PROTECTION REQUIREMENTS.....: Rubber gloves.

VENTILATION REQUIREMENTS.....: Light air circulation

RESPIRATOR REQUIREMENTS.....: Not required under normal use.

ADDITIONAL PROTECTIVE MEASURES.....: Not Determined

9. PHYSICAL AND CHEMICAL PROPERTIES:

PHYSICAL FORM.....: Low Density foam solid.
COLOR.....: Light Yellow
ODOR.....: Minimal amine odor
ODOR THRESHOLD.....: Not Established
% SOLIDS BY WEIGHT.....: 100.00%
BOILING POINT.....: N.A.
MELTING/FREEZING POINT.....: 350 °F - 375 °F.
SOLUBILITY IN WATER.....: Completely insoluble.
SPECIFIC GRAVITY.....: 0.30 - 0.65 g/cc
VAPOR PRESSURE.....: Not Determined
VAPOR DENSITY.....: Not Established (Air = 1)
VOC BY WEIGHT.....: 0.00 g/liter

10. STABILITY AND REACTIVITY:

STABILITY.....: Very Stable in almost all conditions. Coagulation may occur if allowed to freeze or boil.
HAZARDOUS POLYMERIZATION.....: Hazardous Polymerization cannot occur under any conditions.
INCOMPATIBILITIES.....: Strong bases, Strong Acids. Hydrofluoric Acid. High temperatures.
INSTABILITY CONDITIONS.....: Not Determined.
DECOMPOSITION PRODUCTS.....: Carbon monoxide; acetaldehyde, acrylonitrile, TDI, polymer fragments, oxides of nitrogen and hydrogen cyanide. Fire retardant foams may generate emissions of hydrogen chloride, hydrogen bromide, hydrogen fluoride or phosphoric acid.

Continued on page 5

11. TOXICOLOGICAL INFORMATION:

ACUTE TOXICITY

ORAL LD50.....: Not Established

DERMAL LD50.....: Not Established

INHALATION LC50...: Not Established

EYE EFFECTS.....: Not Established

SKIN EFFECTS.....: Not Established

SENSITIZATION.....: Not Established

OTHER ACUTE EFFECTS: No Determined

OTHER TOXICITY DATA.....: None

12. ECOLOGICAL INFORMATION:

NO ECOLOGICAL INFORMATION AVAILABLE

13. DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD.....: Waste must be disposed of in accordance with federal, state and local environmental control regulations. Incineration is the preferred method. If incinerated, toxic and corrosive combustion gases must be properly handled.

14. TRANSPORTATION INFORMATION:

TECHNICAL SHIPPING NAME.....: Polyurethane Foam Cast Forms. (HDF)
FREIGHT CLASS BULK.....: Not Required
FREIGHT CLASS PACKAGE.....: Not Required
PRODUCT LABEL.....: Not Regulated

DOT (DOMESTIC SURFACE)

PROPER SHIPPING NAME.....: Polyurethane foam.

HAZARD CLASS OR DIVISION.....: Not Regulated

UN/NA NUMBER.....: Not Regulated

PACKING GROUP.....: Not Regulated

DOT PRODUCT RQ lbs (kgs).....: Not Regulated

HAZARD LABEL(s).....: Not Regulated

HAZARD PLACARD(s).....: Not Regulated

Continued on page 6

14. TRANSPORTATION INFORMATION: (Continued)

IMO / IMDG CODE (OCEAN)

HAZARD CLASS DIVISION NUMBER.....: Not Regulated

ICAO / IATA (AIR)

HAZARD CLASS DIVISION NUMBER.....: Not Regulated

15. REGULATORY INFORMATION:

OSHA STATUS.....: Not Regulated.
TSCA STATUS.....: Not Regulated.

CERCLA REPORTABLE QUANTITY..: Not Regulated.

SARA TITLE III:
SECTION 302 EXTREMELY HAZARDOUS SUBSTANCES..: Not Regulated

SECTION 311/312
HAZARD CATEGORIES.....: No SARA Hazard.

SECTION 313
TOXIC CHEMICALS.....: Not subject to reporting requirements under Section 313.

RCRA STATUS.....: Not Regulated

The following chemicals are specifically listed by individual states; other product specific health and safety data in other sections of the MSDS may also be applicable for state requirements. For details on your regulatory requirements you should contact the appropriate agency in your state.

COMPONENT NAME	% BY WEIGHT	STATE CODE
N/A	N/A	N/A

CALIFORNIA PROPOSITION 65
This product contains no substances known to the State of California to cause cancer.

MASSACHUSETTS SUBSTANCE LIST (MSL)
Hazardous Substances and Extraordinarily Hazardous Substances on the MSL must be identified when present in products. To the best of our knowledge, this product contains no substances at a level which could require reporting under the statute.

Continued on page 7

16. OTHER INFORMATION:

HMIS RATINGS:	Health	Flammability	Reactivity
	0	1	0

0=Minimal 1=Slight 2=Moderate 3=Serious 4=Severe
*=Chronic Health Hazard

VOLTERRA's method of hazard communication is comprised of Product Labels and Material Safety Data Sheets. HMIS ratings are provided by VOLTERRA as a customer service.
REASON FOR ISSUE.....: 1st Issue
PREPARED BY.....: A.D. Skelhorn.
ISSUE DATE.....: 02/21/2006
SUPERSEDES DATE.....: N.A.
MSDS NUMBER. .....: VAP#0017

This information is furnished without warranty, expressed or implied, except that it is accurate to the best knowledge of VOLTERRA. The data on this sheet relates only to the specific material designated herein. VOLTERRA assumes no legal responsibility for use or reliance upon this data.

Trusses

Volterra HDF Product Specification

1.01 Scope

A. Provide all labor, materials, masking, tools and equipment necessary to install the Volterra HDF product.

1.02 Related Sections

A. 03 - Concrete
B. 04 - Unit Masonry
C. 05 - Light Gauge Cold-Formed Steel Framing
D. 06 - Carpentry
E. 07 - Exterior Insulation Finish System, Sealants, Flashing
F. 09 – Portland Cement Plaster, Gypsum Plaster

1.03 References

A. All work shall conform to local building codes and other regulations governing work performed at the job site.
B. All work shall conform to requirements and recommendations of Manufacturer's current installation guides.

1.04 Description

A. Volterra HDF is a two component mixture of urethane resin with a closed cell structure.
B. Acceptable manufacturer: Volterra Architectural Products LLC, Phoenix, Arizona.
C. Density requirements shall be a minimum of 8 lbs. per cubic foot for low traffic areas, 12 lbs. per cubic foot for medium traffic areas and 18 lbs. per cubic foot for high traffic areas.
D. Fire rated material may be used as an option. A Class A fire rated material that meets or exceeds ASTM E84-90 flame spread index.

1.05 Submittals

A. The contractor shall make/ construct and submit appropriate samples of the proposed material to the architect and/or owner for approval.
B. Manufacturer's Information:
    1. Submit manufacturer's product information including: shop drawings, specifications, warranty and installation instructions and (fire testing report if applicable).

1.06 Quality Assurance

A. Qualifications
    1. Manufacturer shall be Volterra Architectural Products LLC
    2. The Applicator or Contractor shall be licensed inn the state which work is required and have a minimum of 5 years experience installing decorative materials.

1.07 Delivery, Storage and Handling

A. all materials shall be delivered to the job site in the original, unopened packaging with labels intact. Upon arrival, materials shall be inspected for physical damage. Questionable material shall be discarded and not used.
B. All material shall be stored in a dry, covered location out of direct sunlight and protected from rain.

1.08 Job Conditions

A. Existing Conditions:
    1. The applicator shall have access to electric power, clean potable water and a clean area at the location where the Volterra HDF is to be installed.
B. Environmental Conditions:
    2. The ambient air temperature shall be determined by the adhesive manufacturer.
C. Protection:
    3. Adjacent areas and materials shall be protected from damage, spills and drops.
    4. The Volterra HDF adhesive and sealant must be protected from the elements until adhesive is

fully cured.

1.09 Design Responsibility

A. It is the responsibility of both the specifier and the purchaser to determine if the product is suitable for its intended use. The designer selected by the purchaser shall be responsible for all decisions pertaining to design detail, attachment details, shop drawings etc. Volterra Architectural Products LLC is not liable for any errors or omissions in design, detail, attachment methods etc., whether based upon the information prepared by Volterra Architectural Products LLC or otherwise, or for any changes made with the purchaser, specifier or designer.

1.10 Maintenance

A. Maintenance and repair shall follow the procedures in the Application Guide.
B. Volterra HDF was designed to eliminate most all maintenance. However, as all building materials will require some periodic cleaning.
C. Sealants and flashing should be inspected on a regular basis.
D. Extra material shall be delivered to owner from the same production run as products installed. Protect and store extra material indoors in a clean, dry area.

1.11 General

A. All products shall be supplied by Volterra Architectural Products LLC or its authorized dealers. Substitutions or additions of other manufacturer's material will void warranty.
B. Moisture resistance: non water absorbing.
C. Ultra Violet: if properly painted, no affect.
D. Solvent Resistance: resistant.
E. Insulation: higher R-value than fiberglass bat and EPS

1.12 Materials

A. Volterra HDF – decorative urethane elements
    1. Minimum solid wall thickness of ¾" for non solid back truss tails, corbels, brackets, quoins, tile vents etc
    2. Minimum solid thickness of 1" for product that spans a distance of 10" such as shutters, planking, beams etc.
B. Mechanical Fasteners
    3. (Specified by design professional)
C. Adhesive
    4. PL Premium Urethane Adhesive as manufactured by Chemrex.

1.13 Equipment

A. Conventional wood working tools such as table saw, miter saw, jig saw and hand saw as needed.

1.14 Inspection

A. Examination of substrate: Ensure substrate is suitable for the installation of Volterra HDF. It must be securely fastened, free of contaminants, dry etc.

1.15 Substrate Preparation

A. All substrates shall be fastened, attached, cured according to the manufacturer, ASTM, UBC or local building requirements.
B. All surfaces must be clean and free of bond-inhibiting materials such as dirt, dust, rust, grease, oil, efflorescence, mildew, fungus, form-release agents, or any other contaminants.
C. Remove and repair any loose paint, mortar, stucco, concrete or masonry before installation of Volterra HDF.

1.16 Installation

A. Install all materials in compliance to Volterra Architectural Products LLC installation guidelines.

1.17 Quality Control

A. The Contractor shall be responsible for the installation of the materials.
B. Volterra Architectural Products LLC assumes no responsibility for job site inspections unless otherwise contracted in writing prior to bidding process.

1.18 Clean-up

A. All surrounding areas, where the Volterra HDF materials were installed shall be left free of debris and foreign substances resulting from the contractor's work.
B. Repair and replace all damaged Volterra HDF product.

1.19Protection

A. The materials shall be protected from weather and other damage until permanent protection in the form of flashings, sealant etc. are installed.

Trusses

Volterra HDF Product Specification

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1.05 Submittals

A. The contractor shall make/ construct and submit appropriate samples of the proposed material to the architect and/or owner for approval.
B. Manufacturer's Information:
    1. Submit manufacturer's product information including: shop drawings, specifications, warranty and installation instructions and (fire testing report if applicable).

1.06 Quality Assurance

A. Qualifications
    1. Manufacturer shall be Volterra Architectural Products LLC
    2. The Applicator or Contractor shall be licensed inn the state which work is required and have a minimum of 5 years experience installing decorative materials.

1.07 Delivery, Storage and Handling

A. all materials shall be delivered to the job site in the original, unopened packaging with labels intact. Upon arrival, materials shall be inspected for physical damage. Questionable material shall be discarded and not used.
B. All material shall be stored in a dry, covered location out of direct sunlight and protected from rain.

1.08 Job Conditions

A. Existing Conditions:
    1. The applicator shall have access to electric power, clean potable water and a clean area at the location where the Volterra HDF is to be installed.
B. Environmental Conditions:
    2. The ambient air temperature shall be determined by the adhesive manufacturer.
C. Protection:
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