LA Fitness Sales Trailer

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Rd PERMIT NO. 18-3514

ABANDON

CONSTRUCTION PERMIT APPLICATION 18003838

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Rd
2. Name of Owner in Fee: Federal Realty (Jane Miller)
   Tel. (240) 478-9791 e-mail jfmiller@federalrealty.com
   Address 50 E Wynnewood Ste 200 (street) Wynnewood (municipality) PA 19096 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~NMBOC~~ Gleeson (Gene Stone) Tel. (248) 251-8556
   Address 484 Livernois e-mail _____
   Troy, MI 48083
   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 _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Gene Stone
   Tel. (248) 251-8556 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 500 -		
2. Electrical	150		
3. Plumbing	150 -		
4. Fire Protection	85 -		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2 $ 45		
10. Subtotal			
11. Cert. of Occupancy	180		
12. Other			
13. TOTAL	$ 1114		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

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		MP		10/23/18		KEK	11/20/18		KEK
☑ Electrical		MP			10/25/18	RF			
☐ Plumbing		MP			N/A				
☐ Fire Protection					10/25/18	LS			
☐ Elevator		Only Excavation No Site Work			10/16/18	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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 10-10-18

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 - Wynnewood, PA 19096

Telephone (240) 478-9791

Signature _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/27/18
Control #
Date Issued
Permit #

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 56 Chamersbridge Road
Brick NJ

Owner in Fee: Federal Realty

Tel. e-mail jfmiller@federalrealty.com

Address 50 Wynnewood Suite 200 (street) Wynnewood, PA (municipality) 19096 (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 06/01/2019

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 $ 1 -

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: 7-27-18
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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
PORTABLE RESTROOM WITH POTABLE WATER

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

[redacted]

Date Received 12/27/18
Control # [redacted]
Date Issued [redacted]
Permit # 18-3514

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 56 Chambersbridge Rd.
Brick, NJ

Owner in Fee: Federal Realty

Tel. 240 478-9291 e-mail JFMiller@federalrealty.com

Address 50 Wynnewood St. 200 Wynnewood PA 19096
street municipality zip code

Contractor: Daves Electric Tel. 609 361-0236

Address 816 LB Blvd e-mail
SHIP Bottom NJ

Contractor License No. 5828 Exp. Date 3/20

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 810 716 753 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. JCP&L

Est. Cost of Elec. Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/25/18
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
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

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: [redacted]

Print name here: David [redacted]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Temp Power Sales Trailer

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/27/18

Date Issued / Permit # 18-3514

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 56 Chambersbridge Rd Brick, NJ

Owner in Fee: Federal Realty

Tel. 240 478-9791 e-mail jfmiller@federalrealty.com

Address 50 E Wynnewood (street) Ste 200 Wynnewood (municipality) PA (zip code) 19096

Contractor: Gleeson Constructors Tel. 248-251-8556

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

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

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

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/20/18	TEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/20/18
Approved by: TEK

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 10,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: JANE MILLER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Temporary Sales Trailer

TYPE OF WORK:
- [ ] 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 $

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12/27/18

Date Issued / Permit # 18-3514

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 56 Chambersbridge Rd Brick, NJ — LA Fitness Tenant

Owner in Fee: Federal Realty

Tel. 240 478-9791 e-mail jfmiller@federalrealty.com

Address 50 E Wynnewood Ste 200 Wynnewood, PA 19096 (street / municipality / zip code)

Contractor: Gleeson Contractor Tel. 248 251-8556

Address _____ e-mail gene@gleesonconstructors.com

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 1.00

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: _____

Print name here: JANE MILLER

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Temp Trailer

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] 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)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 1/29/19 Approved by: [illegible]

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-25-19

Approved by: [illegible]

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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

CONSTRUCTION PERMIT

Date Issued 12/27/18
Control # C-18-003838
Permit # 18-3514

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

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone: (240) 478-9791

Telephone: (248) 647-5500 / (248) 752-3848
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TEMPORARY SALES TRAILER - LA FITNESS

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

Estimated Cost of Work $15,002

D. Newman (signature) Construction Official — Date 12/24/18

PAYMENTS (Office Use Only)

Building	$125
Electrical	$38
Plumbing	$38
Fire Protection	$21
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$29
CO Fee	
Other	$0
Total	$251
Check No.	33562
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 56 Chambersbridge Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty
   COMPLETE ADDRESS: 50 ~~Chambersbridge~~ E Wynnewood Ste 200
   Wynnewood, PA ~~19010~~ 19096
   PHONE # 240-478-9791 EMAIL: jfmiller@federalrealty.com
2. NAME OF APPLICANT: LA Fitness (Sales Trailer) Gene Stone
   APPLICANT ADDRESS: 56 Chambersbridge Rd
   Brick, NJ
   PHONE # 248-251-8556 EMAIL: gene@gleesonconstructors.com
3. RESPONSIBLE PERSON FOR WORK: Gene Stone
   PHONE# 248-251-8556 FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $ _____
TOTAL: $ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Brick Plaza Retail
PROPOSED USE: Temp Sales trail. La Fitness Fitness center

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER Sales Trailer (Temp)

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 10-15-18 DATE DENIED: _____ DATE APPROVED: 10-15-18 INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 10/16/18 DATE DENIED: — DATE APPROVED: 10/16/18 INTLS: JG

DATE:	COMMENTS:	INITIALS:
10/16/18	SENT TO Chris	JG

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-18-01274
Application Date: 10/15/2018
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

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

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

Applicant: **LA Fitness - Gene Stone**
Address: **56 Chambers Bridge Rd. Brick, NJ 08723**

Block: **671** Lot: **1.01** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Fitness Center (LA Fitness)**

Work Description:

Temporary Sales Trailer - Installation of a prefabricated temporary sales trailer with required striping, landings and stairs.
(44' X11')

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/15/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 10/15/2018 Date

Sean Kinnevy, Zoning Officer — 10/16/18 **Date**

LA | FITNESS

December 11, 2018

Township of Brick Building Department

Re: LA Fitness Sales Trailer
1 Brick Plaza
Brick Township, NJ 08723

Attn: Nichol Ponsi

Per our conversation this morning please except this letter informing the Brick Township Building Department the LAFitness temporary trailer will be removed and not used. Please see the attached confirmation from Williams Scotsman the unit will be picked up Monday Dec 17 from the address above.

If you have any questions or concerns, please contact me at 949-255-7415, or charlesc@fitnessintl.com

Sincerely,

Charles Criner
Presale Development Manager | FITNESS INTERNATIONAL, L.L.C.
3161Michelson Drive| Suite 600| Irvine, CA 92612
Direct: 949.255.7415 | E-Fax: 866.566.2006 | **charlesc@fitnessintl.com**

CONSTRUCTION PERMIT

Date Issued
Control # C-18-003838
Permit #

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone: (240) 478-9791

Contractor: C. E. GLEESON CONSTRUCTORS
Address: 984 LIVERNOIS TROY MI 48083
Telephone: (248) 647-5500 / (248) 752-3848
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TEMPORARY SALES TRAILER - LA FITNESS

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

Estimated Cost of Work $15,002

Construction Official — Date 11/20/18

PAYMENTS (Office Use Only)

Building	$500
Electrical	$150
Plumbing	$150
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$29
CO Fee	$150.00
Other	$0
Total	$1,064
Check No.	
Cash	$0
Credit	$0
Collected By	

+50 $1114

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

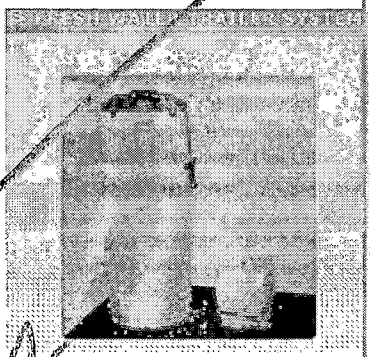
The Aqua Flush 100 / 250 / T System

All the comforts of a permanent facility with temporary convenience.

The Aqua Flush temporary restroom system is perfectly suited for locations where water and sewer connections are not available, typically sales trailers and remote field office locations. It features a fresh water flushing porcelain commode, 100 gallon fresh water holding tank and a 250 gallon secured waste container.

Fresh water is filled from the outside of the trailer so our Field Service Technicians will not to have drag the hose through the trailer.

* When there is no sink connection, the tank may be filled with blue deodorizer solution upon request.



> Features

- Fits most trailer restrooms
- Fresh water is filled from the outside of the trailer
- Operates on electricity with no other hook-ups required
- Accommodates up to six people during a regular work week with once a month service
- 100 gallon freshwater tank
- 250 gallon waste holding tank

> Specifications

Holding Tank Specifications

- Height: 18"
- Width: 56"
- Length: 94"

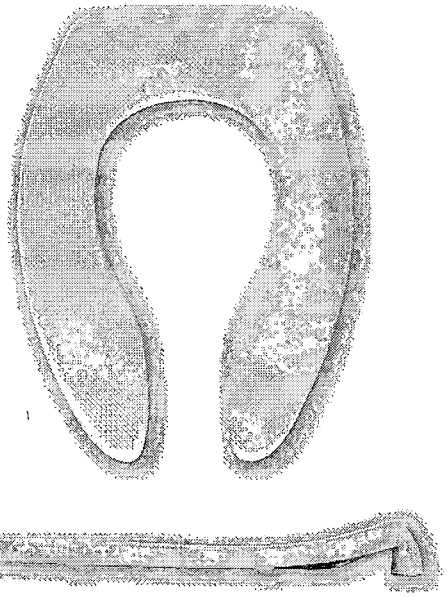
Toilet Specifications

- Height: 17¾"
- Width: 17¼"
- Length: 20½"

Water Tank Specifications

- Diameter: 23"
- Height: 60"

COMMERCIAL HEAVY-DUTY PLASTIC TOILET SEAT



MODEL # COLOR #

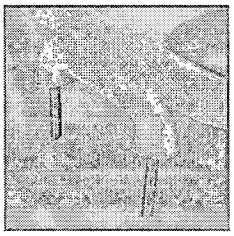
95CT/95SSCT

DESCRIPTION

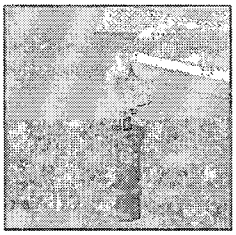
Open front less cover, elongated, heavy-duty, injection molded solid plastic toilet seat. Features four molded-in bumpers, non self-sustaining (95CT) or self-sustaining (95SSCT) check hinges with non-corrosive 300 Series stainless steel posts and pintles and STA-TITE® Commercial Fastening System™. This seat complies with IAPMO/ANSI Z124.5-2013 Plastic Toilet Seats as a class Commercial Heavy Duty.

SPECIFICATIONS

Size:	Elongated
Material:	Plastic
Style:	Open Front less Cover
Bumpers:	Four
Hinges:	Plastic Non Self-Sustaining (95CT) or Self-Sustaining (95SSCT) with 300 Series Stainless Steel Posts and Pintles
Fastening System:	STA-TITE® Commercial Fastening System™



PLASTIC HINGES WITH STAINLESS STEEL POSTS AND PINTLES



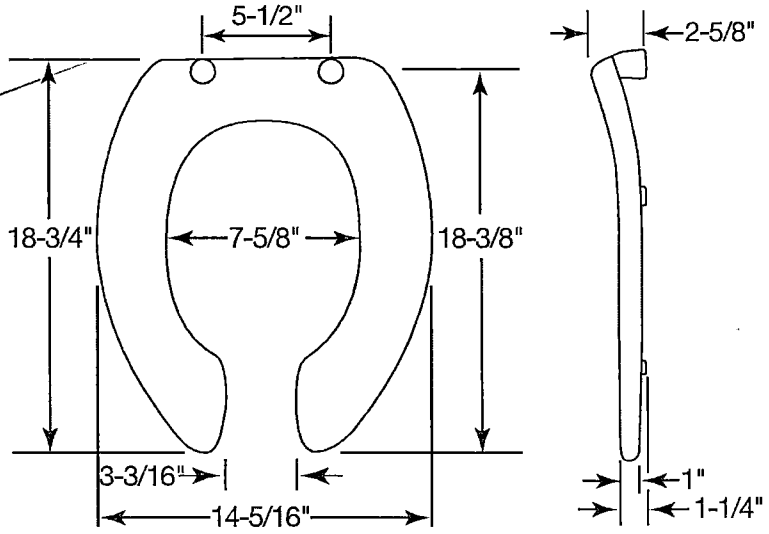
STA-TITE® COMMERCIAL FASTENING SYSTEM™

FEATURES

STA-TITE® Commercial Fastening System™

Non-Corrosive 300 Series Stainless Steel Posts and Pintles

DIMENSIONS

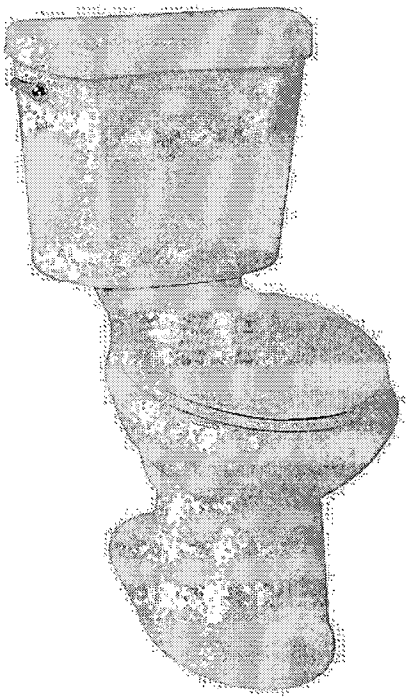


Proudly Made in the USA

Bemis Manufacturing Co., Sheboygan Falls, WI 53085
www.ToiletSeats.com
Phone: 800-558-7651 Fax: 800-292-3647

1.28 GPF
HIGH-EFFICIENCY ELONGATED
All-In-One Toilet

USN: 1034392



FEATURES

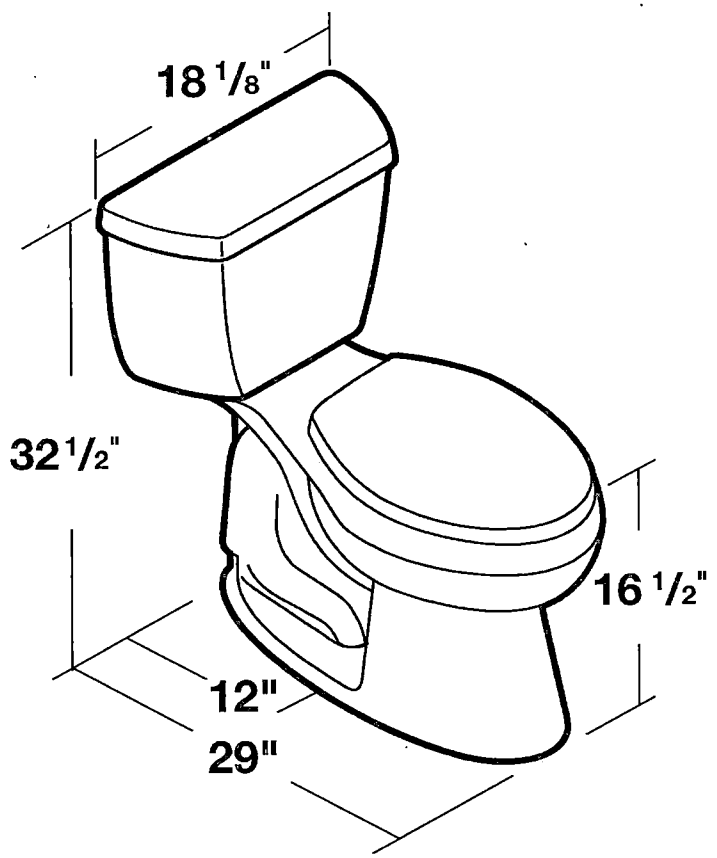
- Saves money and uses 20% less water than a 1.6 GPF toilet and 60% less water than a 3.5 GPF toilet
- Meets HET rebate standards - high rebate dollars
- QuickConnect™ Installation System
- High performance bowl design
- Large water spot for a clean bowl
- 12" rough-in
- 2" fully glazed trapway
- Large 10.25" x 20.25" footprint, excellent for retrofitting
- Fluidmaster tank trim
- Limited Lifetime Warranty

FLUSH POWER | CHAIR HEIGHT | ELONGATED BOWL

INCLUDES:	
⊙ TANK	⊙ BOLTS/CAPS
⊙ BOWL	⊙ WAX RING
⊙ SEAT	⊗ SUPPLY LINE

⊙ *Included* ⊗ *Not Included*

PLUMBING
NOV 01 2018
APPROVED



ASSEMBLED SIZE:

29" Length
18 1/8" Width
32 1/2" Height

WARRANTY INFO

Premier products are manufactured with superior quality standards and workmanship and are backed by our limited lifetime warranty. Premier products are warranted to the original consumer purchaser to be free of defects in materials or workmanship. We will replace FREE OF CHARGE any product or parts that proves defective. Simply, return the product / part to original purchase point or call 1-800-831-8383 to receive the replacement item. Proof of purchase (original sales receipt) from the original purchase must be made available for all Premier warranties. This warranty excludes incidental/inconsequential damages and failures due to misuse, abuse or normal wear and tear. This warranty excludes all industrial, commercial and business usage, whose purchasers are hereby, extended a five year limited warranty from the dateof purchase, with all other terms of this warranty applying except the duration of warranty. Some states and provinces do not allow the exclusion or limitation of incidental or consequential damages, so the above limitations may not apply to you. This warranty gives you specific legal rights and you may also have other rights that vary from state to state and province to province. Please see a store or contact 1-800-831-8383 for more details.

Contact the Customer Service Team at 1-800-831-8383 or visit www.PremierFaucets.com.

INSTALLATION NOTES

Install this product according to the installation guide. For back-to-back toilet installations: Use only a 45° double wye fitting. Will comply with the Americans with Disabilities Act (ADA) when installed per the requirements of the 2010 ADA Standards of Accessible Design, Section 604 Water Closets, of the Act. The Model Plumbing Codes require the installation of elongated open-front toilet seats in public bathrooms. Will comply with CSA B651 when installed per Clause 4.3.6 of the standard. Will comply with OBC Barrier Free requirements when installed per Clause 3.8.3.8 and 3.8.3.9.

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

Subcode Official Review

Date: Tuesday, October 23, 2018

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

RE: Building Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-18-003838
Last Submit Date: Tuesday, October 16, 2018

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

10/23/2018 - FAILED

1. Submit TWO (2) Signed/Sealed sets of Plans for Accessible Ramp that contain all Details/Specs for Construction and/or Assembly of same that indicate compliance with Barrier-Free Requirements as specified in ANSI ICC A117.1-2009.

2. Submit Details/Specs for furnishings in Sales Floor Area that include compliant Accessible Sales/Service Counter.

Sincerely,

Kenneth Kiseli, Subcode Official

CC:

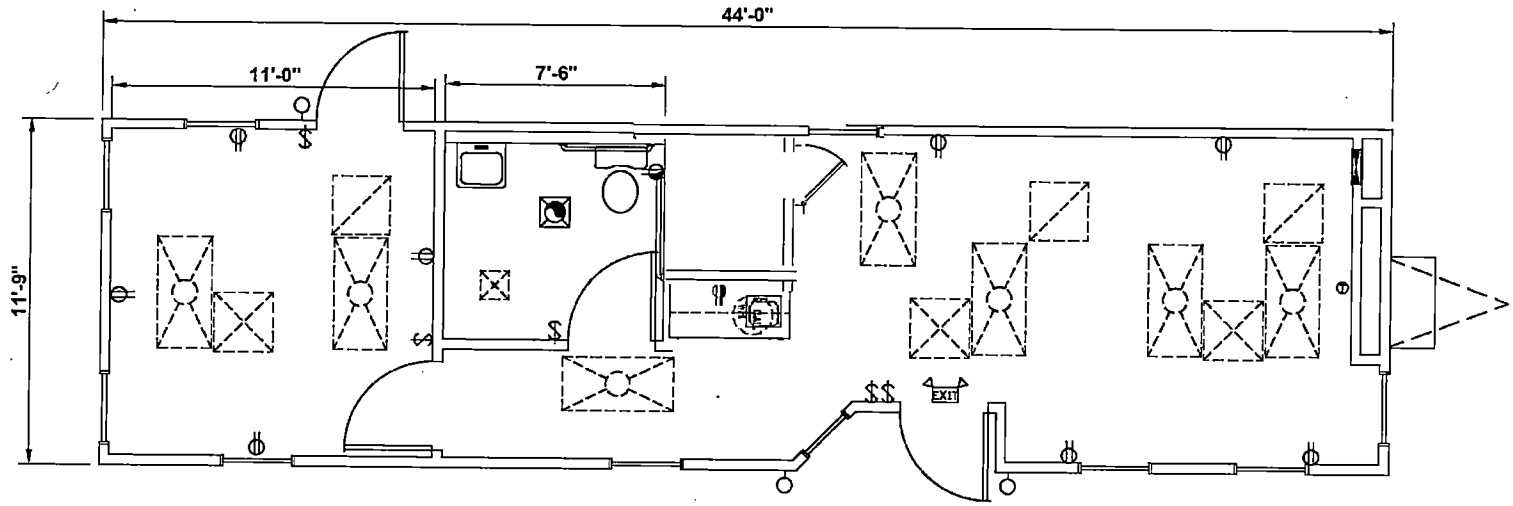
RESUBMIT MFP
SUBCODES Building
DATES 11/13/18

WILLIAMS SCOTSMAN

800.782.1500
www.willscot.com

SO4812

SALES OFFICE
FLOOR PLAN



Specifications

Size
- 48' Long (including hitch)
- 44' Box size
- 12' Wide nominal
- 8' Ceiling height nominal
- Multi-section sizes are available

Interior Finish
- Large display/reception area
- Carpet floors
- 2X2 grid ceiling
- Vinyl covered gyp walls
- Private office(s)

Electric
- Fluorescent ceiling lights
- 110/240 volt single phase electric
- 100 AMP breaker panel

Windows/Doors
- Vertical slider windows
- French Doors inside and out

Exterior Finish/Frame
- Wood vertical siding
- Mansard
- I-Beam outrigger frame
- Standard drip rail gutters

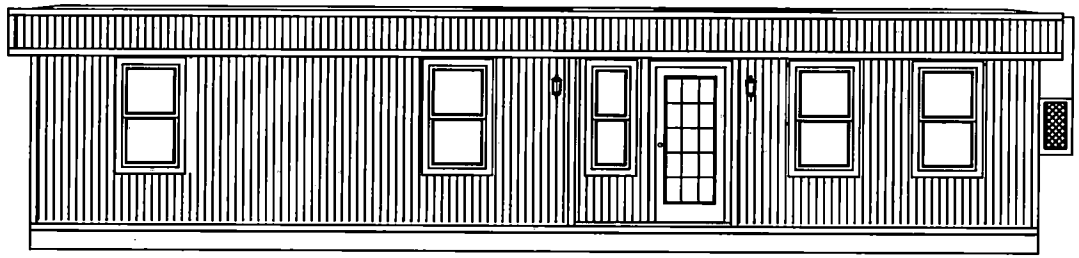
Heating and Cooling
- Central A/C
- Heat in A/C unit

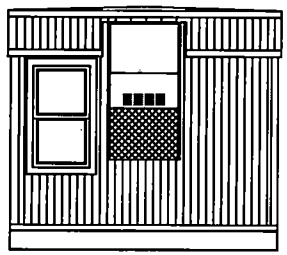
WILLIAMS SCOTSMAN

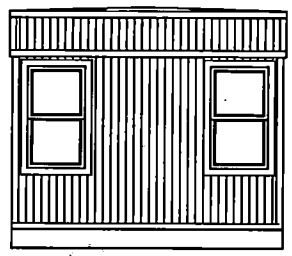
800.782.1500
www.willscot.com

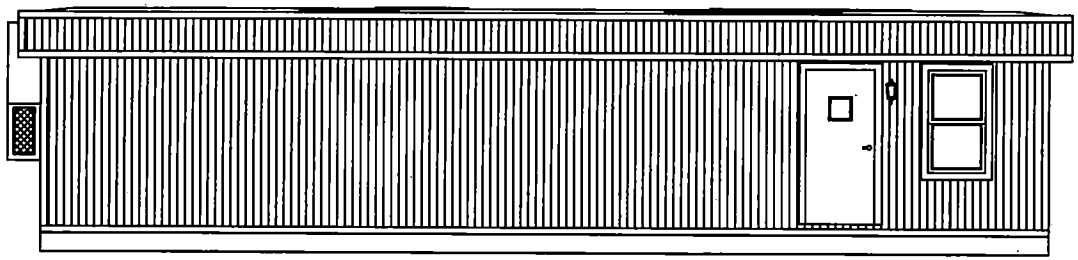
SO4812

SALES OFFICE
FLOOR PLAN









CAD FILE:	DWG #	REV#	REP:	APPROVAL:
	A-1	0	.	
SCALE:	SERIAL#:	DATE	DWN BY:	APVL DATE:
1/8"=1'				

The Aqua Flush 100 / 250 / T System

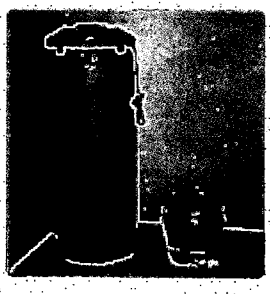
> FRESH WATER TRAILER SYSTEM

All the comforts of a permanent facility with temporary convenience...

The Aqua Flush temporary restroom system is perfectly suited for locations where water and sewer connections are not available, typically sales trailers and remote field office locations. It features a fresh water flushing porcelain commode, 100 gallon fresh water holding tank and a 250 gallon secured waste container.

Fresh water is filled from the outside of the trailer so our Field Service Technicians will not to have drag the hose through the trailer.

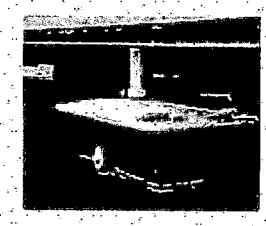
* When there is no sink connection, the tank may be filled with blue deodorant solution upon request.



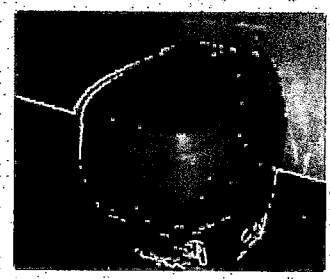
> FEATURES & SPECIFICATIONS

> Features

- Fits most trailer restrooms
- Fresh water is filled from the outside of the trailer
- Operates on electricity with no other hook-ups required
- Accommodates up to six people during a regular work week with once a month service
- 100 gallon freshwater tank
- 250 gallon waste holding tank



> Specifications



Holding Tank Specifications

- Height: 18"
- Width: 56"
- Length: 94"

Toilet Specifications

- Height: 17¾"
- Width: 17¼"
- Length: 20½"

Water Tank Specifications

- Diameter: 23"
- Height: 60"

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 56 Chambersbridge Rd Brick, NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambersbridge
2. NAME OF OWNER IN FEE: Federal Realty

   ADDRESS: 50 E Wynnewood Ste 200 PHONE #: (610) 478-9791

   Wynnewood, PA FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Gleeson

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Gene Stone

   ADDRESS: _____

   PHONE #: (248) 251-8556 FAX #: (__) _____ E-MAIL: gene@gleesonconstructors.com

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ _____
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Sales Trailer for LA Fitness

LENGTH: 44' WIDTH: 12' HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-18-01274
Application Date: 10/15/2018
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

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

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

Applicant: **LA Fitness - Gene Stone**
Address: **56 Chambers Bridge Rd. Brick, NJ 08723**

Block: **671** Lot: **1.01** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Fitness Center (LA Fitness)**

Work Description:

Temporary Sales Trailer - Installation of a prefabricated temporary sales trailer with required striping, landings and stairs.
(44' X11')

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/15/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 10/15/2018 Date

Sean Kinnevy, Zoning Officer — 10/16/18 **Date**