



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/11/2018
Control Number C-17-004578
Permit Number 18-1152
Permit Issue Date 4/27/2018
Certificate Number 18-1152

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual:
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: _____
Contractor A-General Sewer & Plumbing
Address 125 Adelphia Road PO BOX 386 Farmingdale NJ 07727
Telephone: (732) 566-5000 Fax: (732) 938-7699
License Number or Builders Registration Number: _____ Federal Emp. Number: 33-1063645
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: A-1 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: WATER HEATER - - AMC THEATRE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

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

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

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

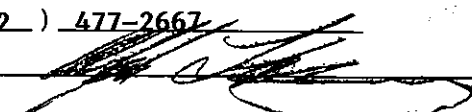
☒ Check if contractor.

Agent Name A-General Plumbing & Sewer Service, Inc.

Address P.O. Box 335

Farmingdale, NJ 07727

Telephone (732) 477-2667

Signature 

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



AMC MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____
Work Site Location 56 Chambers Bridge Road
Brick, NJ 08723

Owner in Fee: Federal Realty Investment/AMC
Tel. (732) 935-0789 Joe _____ e-mail _____

Address 1626 East Jefferson St., Rockville, MD 20852
Contractor: A-General Plumbing & Sewer Service Tel. (732) 477-2667
P.O. Box 335 125 Adolphia Rd _____
Farmingdale, NJ 07727 _____

Contractor License No. or Builder Registration No. 8596 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 33-1063645 FAX: (732) 938-7699

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)
Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement
Type: [] Hydronic [] Hot Air

Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other _____
Estimated Cost of Mechanical Work \$ 2775.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Mechanical Plans Approved	Gas Piping				
Date: _____	Appliance				
Joint Plan Review Required:	Chimney/Vent				
[] Bldg. [] Elec. [] Plumb. [] Fire.	Oil Piping				
[] Elev.	Oil Tank				
SUBCODE APPROVAL for PERMIT	LPG Tank				
Date: _____	Hydronic Piping				
Approved by: _____	Fireplace				
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.				
Date: <u>5-6-18</u>	Other <u>WUC</u>				
Approved by: _____					

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
EMERGENCY: Supply & Install 480 Volt, 3 Phase, 32 KW Remax electric tankless water heater.

COMMERCIAL

Date Received _____
Control # _____

Date Issued 4/27/18
Permit # 18-1152

NO. 1

NO.	FIXTURE/EQUIPMENT	DATE
1	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

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



PLUMBING SUBCODE
TECHNICAL SECTION



AMC

Date Received
Control #
Permit #

18-1152

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 Chambers Bridge Road

Brick, NJ 08723

Owner In Fee: Federal Realty Investment/AMC Theatre

Tel. (732) 935-0789 Joe e-mail

Address 1626 East Jefferson st., Rockville, MD 20852 zip code

Contractor: A-General Plumbing & Sewer Service Tel. (732) 477-2667 P.O. Box 335

Address Farmingdale, NJ 07727 e-mail

Contractor License No. 8596 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 33-1063645 FAX: (732) 938-7699

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 \$ 2775.00

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: Approved by:

☐ CO ☐ LCCO ☐ CA

Date: 5-5-18 AMC

Approved by: AMC

INSPECTIONS

Type: Slab Rough Water Sewer

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of contractor or owner) 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: [X] Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
EMERGENCY: Supply & Install 480 Volt, 3 Phase,

32 KW Remax electric tankless water heater.

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

COMMERCIAL



AMC ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambers Bridge Road

Brick, NJ 08723

Owner in Fee: Federal Realty Investment/AMC Theatre

Tel. (732) 935-0789 Joe e-mail _____

Address 1626 East Jefferson St., Rockville, MD 20852

Contractor: Scott's Electric street 1626 East Jefferson St., Rockville, MD 20852 municipality Tel. (732) 616-0933 zip code

Address P.O. Box 1082 e-mail _____

Ocean Gate, NJ 08740

Contractor License No. 12123 Exp. Date 3/2018

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

Federal Emp. ID No. 155-70-2476 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Commercial Proposed _____

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

Building Occupied as _____ Utility Co. SC PL

Est. Cost of Elec. Work \$ 700.00

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO

Date: _____

Approved by: _____

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.

Print name here: _____

[X] Licensed Elec. Contractor [] Certifd Landscape Architect [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Wiring of electric tankless water heater.

FEE (Office Use Only)

QTY. SIZE ITEMS

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 UV 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 \$ _____

Date Received
Control #
Date Issued
Permit #



CONSTRUCTION PERMIT

Date Issued 4/27/18
Control # C-17-004578
Permit # 18-1152

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor A-General Sewer & Plumbing
Address 125 Adelpia Road PO BOX 386 Farmingdale NJ 07727
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD Telephone: (732) 566-5000
20852 Lic. No. or Bldrs. Reg. No. 8596 8596 8596
Telephone: _____ Federal Employee No. 33-1063645

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:

WATER HEATER - AMC THEATRE

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 \$2,975

D. Newman Jr. / JRP
Construction Official

4/18/18
Date

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.

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$150
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$305
Check No.	<u>1790</u>
Cash	\$0
Credit	\$0
Collected By	<u>TS</u>

04/27/18 0115587/177 305 SERV 005

ELC 2307	\$150.00
PLUMBING	\$150.00
DCA	\$5.00
TOTAL	\$305.00

Three Phase Series

Triple module, commercial/industrial thermostatic 3-phase heater

Specifications

Electric Tankless Hot Water Heater

Applications

- Eye/face wash
- Where tepid water is needed
- Multiple lavatories
- Restaurants and other food service requirements
- Booster applications
- Manufacturing and wash down processes
- Commercial and industrial

Performance Features

- Hot or cold water feed
- Available electrical models are 480V Delta (ED models) or 208V Delta (EX models) no neutral leg required
- Fitted with 1/2" compression fittings and electrical entry on the bottom
- Built in over temp protection
- Flow switch activates heater only on demand (no standby heat loss) – 99% efficient
- Save water – "Point of use application"
- Continuous hot water – no storage capacity to run out
- Factory set temperature available. Range ambient to 180°F
- Capacity to 5 GPM (T3 only), 4 GPM (T2T)
- Thermostatic control. Microprocessor provides precise outlet temperatures
- Reduces calcification, liming and sedimentation
- Warranty – Five (5) years leaks and one (1) year on parts – Field serviceable replaceable cartridge element, one (1) year

Optional Features

- Emergency eye/face wash ANSI Z358.1 (EE)
- Factory set ambient to 180°F (FS)
- Multi lavs 0.3 turn on. Staged up to 4 lavs 105°F-110°F temp setting, aerators supplied (ML)
- Sanitation 180°F (S)
- N4, N4X (304SS) enclosures

Product Specifications:

Dimensions	15 1/4" x 12 1/4" x 4 1/4"
Weight	15 lbs.
Cover	Powder Coated Steel
Color	White
Element	Triple replaceable Ni Chrome cartridge elements insert
Fittings	1/2" compression fittings at BOTTOM of unit
Pressure	Min. 25 PSI, max. 150 PSI

U.S. Patent #'s: 4,762,980 and 4,960,976

Special Design Service

Inquiries for units for unique applications are welcome.
Call our Technical Service department at **1-800-543-6163**.



NO LEAD

The wetted surface of this product contacted by water contains less than 0.25% lead and meets ANSI/NSF 372



Electrical configuration and requirements

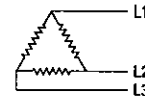
All Eemax three phase units are custom made to order and as such, are non-returnable and non-refundable. We urge you, therefore, to check your electrical supply, making sure all criteria for operating your Eemax water heater are met.

Eemax 600v, 480v and 208v

Three Phase Units

Delta Configuration

Requires: 3 Lives and 1 Ground (earth)



Suggested Specification

Tankless water heater shall be an Eemax "Three Phase" model number _____.

Element shall be replaceable cartridge insert. Element shall be iron free, Nickel Chrome material. Heater shall be fitted with 1/2" compression fittings. Heater shall be installed upright with water connections on bottom. Hot water storage tanks prohibited. Unit shall be Eemax or approved equal.

NOTE: Refer to rating chart for product information.

Enclosure to be fitted with the following features:

- ___ **EE** Emergency Eyewash. Meets ANSI tepid water requirements
- ___ **FS** Factory Set. Customer specified factory-set not to exceed temperature ambient to 180°F
- ___ **ML** Multi lavs 0.3 GPM turn on, staged up to 4 lavs 105°F-110°F temp setting, aerators supplied
- ___ **S** Sanitation. Factory preset not to exceed temperature of 180°F
- ___ **N4** NEMA 4 waterproof cabinet w/powder coat finish
- ___ **N4X** NEMA 4 stainless steel waterproof corrosion-resistant cabinet

Three Phase Series

Triple module, commercial/industrial thermostatic 3-phase heater

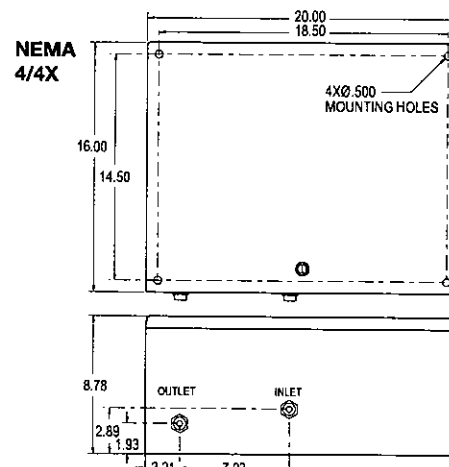
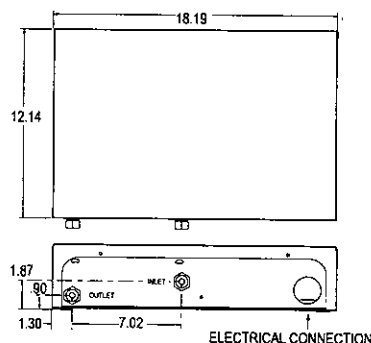
Specifications

Electric Tankless Hot Water Heater

Suffix Definitions

- EE** Meets ANSI Z358.1 emergency eye/face wash tepid water requirements
- FS** Factory set ambient to 180°F
- ML** Multi lavs 0.3 turn on. Staged up to 4 lavs 105°F-110°F temp setting
- S** Sanitation 180°F

MODEL NUMBER	KW	AMPS PER PHASE	TURN-ON (GPM)	RECOMMENDED WIRE SIZE (CU)	TEMPERATURE RISE °F				
					2.0 GPM	2.5 GPM	3.0 GPM	4.0 GPM	5.0 GPM
VOLTS 208v/3 0									
EX180T2T	18kW	50A/phase	0.7	6 AWG	61°	49°	41°	32°	–
EX180T2T EE	18kW	50A/phase	0.7	6 AWG	61°	49°	41°	32°	–
EX180T2T S	18kW	50A/phase	0.7	6 AWG	61°	49°	41°	32°	–
EX180T2T ML	18kW	50A/phase	0.3	6 AWG	61°	49°	41°	32°	–
EX180T2T FS	18kW	50A/phase	0.7	6 AWG	61°	49°	41°	32°	–
EX180T3	18kW	50A/phase	1.8	6 AWG	61°	49°	41°	32°	25°
EX180T3 EE	18kW	50A/phase	1.8	6 AWG	61°	49°	41°	32°	25°
EX180T3 S	18kW	50A/phase	1.8	6 AWG	61°	49°	41°	32°	25°
EX180T3 FS	18kW	50A/phase	1.8	6 AWG	61°	49°	41°	32°	25°
EX240T2T	24kW	67A/phase	0.7	6 AWG	82°	66°	55°	43°	–
EX240T2T EE	24kW	67A/phase	0.7	6 AWG	82°	66°	55°	43°	–
EX240T2T S	24kW	67A/phase	0.7	6 AWG	82°	66°	55°	43°	–
EX240T2T ML	24kW	67A/phase	0.3	6 AWG	82°	66°	55°	43°	–
EX240T2T FS	24kW	67A/phase	0.7	6 AWG	82°	66°	55°	43°	–
EX240T3	24kW	67A/phase	1.8	6 AWG	82°	66°	55°	43°	34°
EX240T3 EE	24kW	67A/phase	1.8	6 AWG	82°	66°	55°	43°	34°
EX240T3 S	24kW	67A/phase	1.8	6 AWG	82°	66°	55°	43°	34°
EX240T3 FS	24kW	67A/phase	1.8	6 AWG	82°	66°	55°	43°	34°
VOLTS 480v Delta									
ED020480T2T	20kW	24A/phase	0.7	10 AWG	68°	55°	46°	34°	–
ED020480T2T S	20kW	24A/phase	0.7	10 AWG	68°	55°	46°	34°	–
ED020480T2T ML	20kW	24A/phase	0.3	10 AWG	68°	55°	46°	34°	–
ED020480T2T FS	20kW	24A/phase	0.7	10 AWG	68°	55°	46°	34°	–
ED020480T3	20kW	24A/phase	1.8	10 AWG	68°	55°	46°	34°	27°
ED020480T3 EE	20kW	24A/phase	1.8	10 AWG	68°	55°	46°	34°	27°
ED020480T3 S	20kW	24A/phase	1.8	10 AWG	68°	55°	46°	34°	27°
ED024480T2T	24kW	29A/phase	0.7	10 AWG	82°	66°	55°	41°	–
ED024480T2T S	24kW	29A/phase	0.7	10 AWG	82°	66°	55°	41°	–
ED024480T2T ML	24kW	29A/phase	0.3	10 AWG	82°	66°	55°	41°	–
ED024480T2T FS	24kW	29A/phase	0.7	10 AWG	82°	66°	55°	41°	–
ED024480T3	24kW	29A/phase	1.8	10 AWG	82°	66°	55°	41°	33°
ED024480T3 EE	24kW	29A/phase	1.8	10 AWG	82°	66°	55°	41°	33°
ED024480T3 S	24kW	29A/phase	1.8	10 AWG	82°	66°	55°	41°	33°
ED032480T2T	32kW	38A/phase	0.7	8 AWG	109°	87°	73°	55°	–
ED032480T2T S	32kW	38A/phase	0.7	8 AWG	109°	87°	73°	55°	–
ED032480T2T ML	32kW	38A/phase	0.3	8 AWG	109°	87°	73°	55°	–
ED032480T2T FS	32kW	38A/phase	0.7	8 AWG	109°	87°	73°	55°	–
ED032480T3	32kW	38A/phase	1.8	8 AWG	109°	87°	73°	55°	43°
ED032480T3 EE	32kW	38A/phase	1.8	8 AWG	109°	87°	73°	55°	43°
ED032480T3 S	32kW	38A/phase	1.8	8 AWG	109°	87°	73°	55°	43°
ED032480T3 FS	32kW	38A/phase	1.8	8 AWG	109°	87°	73°	55°	43°



Information and product specifications contained in this document are subject to change without notice.



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Administrative Plan Review

Control Number: C-17-004578 Permit Number: Tube Number:
Application Date: 10/13/2017 Permit Issue Date:
Received Date: 10/13/2017 Result: Incomplete Result Date: 10/13/2017

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Block: 671 Lot: 1.01 Qualifier:
Owner: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone:
Agent: A-General Sewer & Plumbing
Agent Address: 125 Adelpia Road PO BOX 386 Farmingdale NJ 07727
Telephone: (732) 566-5000
Contractor:
Contractor Address:
Telephone:
Engineer:
Engineer Address:
Telephone:
Architect:
Architect Address:
Telephone:

Plan Review Comments: Needs to submit a Plumbing Tech & needs a physical address for Scotts Electric. NP

Plan Review Subcode
Notes