BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 80 BRICK PLAZA (FORMER BON TON) PERMIT NO. 19-2072

CONSTRUCTION PERMIT APPLICATION

C9-002391

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

Owner

Spirit Halloween

I. IDENTIFICATION

1. Proposed Work Site at: 80 BRICK PLAZA SPACE #26
2. Name of Owner in Fee FEDERAL REALTY INVESTMENT TRUST
   Tel. (732) 822 1977 e-mail KDOLAN@METROVATION.COM
   Address 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
   street municipality zip code
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: SPIRIT HALLOWEEN Tel. (732) 915 8568
   Address 6826 BLACKHORSE PIKE e-mail paul.favaloro@spirithalloween.com
   EGG HARBOR TWP. NJ 08234
   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. 75 3052377 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150-		
2. Electrical	150-		
3. Plumbing			
4. Fire Protection	116-		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	11		
10. Subtotal	2 $ 75-		
11. Cert. of Occupancy	150-		
12. Other			
13. TOTAL	$ 652-		

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 1,558	
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 ____	

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work Light Up ☐ 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		06/7/19			07/29/19	MAK			
☑ Electrical					7/19/19	PJC			
☐ Plumbing									
☐ Fire Protection				7/5/19	7/8/19	QD	8/5/19		MR
☐ Elevator		Eng Exempt			7/9/19	RR & CC			
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 _____

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 PAUL FAVALORO

Address 84 HOMESTEAD CIR.
MARLBORO NJ 07746

Telephone (732) 915 8568

Signature _____

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

Tenant

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
8/6/24	Called Paul Ready for P/U.	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/03/2019
Control Number C-19-002391
Permit Number 19-2072
Permit Issue Date 08/07/2019
Certificate Number 19-2072

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Telephone: (732) 822-1977

Contractor SPIRIT HALLOWEEN - PAUL

Address 6826 BLACKHORSE PIKE EGG HARBOR TOWNSHIP NJ 08234

Telephone: (732) 915-8568 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 358

Description of Work/Use: TENANT FIT UP - - SPIRIT HALLOWEEN (SPACE #26)

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $150.00
Check Number: 692
Collected By: Christopher Winters

Date Printed: 09/03/2019

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

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

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
Emailed MUA on 8/30/19 MFF Ok per MUA on 8/30/19 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

APPLICATION FOR CERTIFICATE

Date Received 06/27/2019
Date Permit Issued 08/07/2019
Control # C-19-002391
Permit # 19-2072
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

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

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

Telephone (732) 822-1977

Contractor SPIRIT HALLOWEEN - PAUL
Address 6826 BLACKHORSE PIKE EGG HARBOR TOWNSHIP NJ 08234
Telephone (732) 915-8568
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 M Previous M Current

FINAL COST OF CONSTRUCTION: $ 5400
(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:
Alteration TENANT FIT UP - SPIRIT HALLOWEEN (SPACE #26)

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

Spirit Halloween

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/b/19
Control #

Date Issued
Permit # 19-2072

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 80 BRICK PLAZA (FORMER BONTON) SPACE #26

Owner in Fee: FEDERAL REALTY/INVESTMENT TRUST

Tel. 732 822-1977 e-mail KDOLAN@METROVATION.COM

Address 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
street municipality zipcode

Contractor: SPIRIT HALLOWEEN Tel. 732 915 8568

Address 6826 BLACK HORSE PIKE e-mail PAUL.FAVALORO@SPIRITHALLOWEEN.COM
EGG HARBOR TWP. NJ 08234

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. 75-3052377 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 $ 1000

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: PAUL FAVALORO

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

DESCRIPTION OF WORK: TENANT FIT UP

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		See Attachments
[ ] 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)		
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 _____		

COMMERCIAL

Call for walk thru Inspection PRIOR

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: _____
[ ] Fire Protection Plans Approved
Date: 8/15 Approved by: KW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-6-19
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/26/19
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		8/26	9/13/19	KW
Other _____				

Spirit Halloween

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/7/19
Control #
Date Issued
Permit # 19-2072

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 80 BRICK PLAZA (FORMER BONTON) SPACE #26

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Tel. 732 822 1977 e-mail KDOLAN@METROVATION.COM
Address 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
street municipality zip code

Contractor: MID ATLANTIC CONTRACTORS Tel. 917699 7195
Address 11 TAYLOR RD e-mail MIDATLANTIC@OPTONLINE.NET
MARLBORO NJ 07746

Contractor License No. 16061 Exp. Date 3/21
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 208255949 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2400.00

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: Ralph Campisi

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MINOR WORK
INSTALL QTY 5 QUAD CORD DROPS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
5		Receptacles CORD DROP	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
5		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	

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/7/19
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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

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

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

Spirit Halloween

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/7/19
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 621 Lot 1.01 Qualification Code
Work Site Location 80 BRICK PLAZA (FORMER BONTON) SPACE #26

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Tel. 732 822 1977 e-mail K.DOLAN@METROVATION.COM
Address 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
(street) (municipality) (zip code)
Contractor: MID ATLANTIC CONTRACTORS Tel. 917699 7195
Address 11 TAYLOR RD e-mail MID-ATLANTIC@OPTONLINE.NET
MARLBORO NJ 07746
Contractor License No. 16061 Exp. Date 3/21
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 208255949 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2400.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Conroy
[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL QTY 5 CROWN [illegible]

QTY.	SIZE	ITEMS
		Lighting Fixtures
5		Receptacles CORD DROP (8-ACTUAL)
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
5		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
[illegible]		KW Elec. Sign/Outline Light

COMMERCIAL

FEE (Office Use Only)

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] 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: 8/26/19
Approved by: PSE
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/30/19	PSE
Barrier-Free	8/26/19			PSE
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

8/26/19 - NEED EGRESS REMOTE HEADS

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

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

Spirit Halloween

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/7/19

Date Issued / Permit # 19-2072

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 SPIRIT HALLOWEEN 80 BRICK PLAZA (FORMER BON TON) SPACE #26

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 732 822 1977 e-mail KDOLAN@METROVATION.com

Address 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
(street / municipality / zip code)

Contractor: SPIRIT EAST Tel.

Address 6826 BUCKHORSE PIKE e-mail paul.favaloro@spirithalloween.com
EGG HARBOR TWP NJ 08234

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 07/29/19 MRM
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 07/29/19
Approved by: MRM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-30-19
Approved by: SG

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO 8-26-19				
Other				
Final			8-30-19	SG
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 $ 1000 SIGN
3. Total (1+ 2) $ 1000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: PAUL FAVALORO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT UP
INSTALL RACKING
+INSTALL STOREFRONT SIGN

COMMERCIAL

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 $

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

CONSTRUCTION PERMIT

Date Issued 9/6/19
Control # C-19-002391
Permit # 19-2072

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: (732) 822-1977
Contractor: SPIRIT HALLOWEEN - PAUL
Address: 6826 BLACKHORSE PIKE EGG HARBOR TOWNSHIP NJ 08234
Telephone: (732) 915-8568
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - SPIRIT HALLOWEEN (SPACE #26)

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	$150.00
Other	$0
Total	$577
Check No.	641
Cash	$0
Credit	$0
Collected By	CW

+75
652

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 $5,400

Construction Official
Date 9/6/19

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.

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 8/7/19
Application Number: ZA-19-00812
Application Date: 7/3/2019
Project Number:
Permit Number: ZP-19-00869
Fee: $75.00

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Unit 26
Brick Township, NJ 08723

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

Applicant: **Spirit Halloween**
Address: **84 Homestead Cir**
Marlboro, NJ 07746

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: **Retail Store (Spirit Halloween)**

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations to create a "Spirt Halloween" retail store. Former Bon-Ton location.

Additional Zoning permit is required for additional work or signage.

Application Approved Date: 7/9/2019

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, Zoning Officer — 7/9/2019 Date

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP19-00369
DATE ISSUED 8/7/19

BLOCK: 671 LOT: 1.01 QUALIFIER: — SITE ADDRESS: 80 Brick Plaza (Former Bon Ton) Space #26

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment Trust
   COMPLETE ADDRESS: 1626 East Jefferson St. Rockville, MD 20852
   PHONE # 732 822 1977 EMAIL: KDOLAN@METROVATION.com
2. NAME OF APPLICANT: Spirit Halloween Paul Favaloro
   APPLICANT ADDRESS: 84 Homestead Cir Marlboro NJ 07746
   PHONE # 732 915 8568 EMAIL: paul.favaloro@spirithalloween.com
3. RESPONSIBLE PERSON FOR WORK: Paul Favaloro
   PHONE# 732 915 8568 FAX# paul.favaloro@spirithalloween.com
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Retail Bon Ton
PROPOSED USE: Retail Spirit Halloween

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 _____

DESCRIPTION: Tenant Fit Up + 1 Storefront Sign

ZONING REVIEW:
DATE REVIEWED: 7-9-19 DATE DENIED: _____ DATE APPROVED: 7-9-19 INTLS: _____

(SEE BACK PAGE)

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]

	Minimum Lot Size						Minimum Required Yard Depth												
	Interior Lots			Corner Lots			Principal Building				Accessory Building		Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
Zone	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%	–	26			–	
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%	–	26	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	26	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	26	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	26	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	26	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	26	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%	–	26	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 §245-10B.

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 80 BRICK PLAZA (FORMER BON TON) SPACE #26

IDENTIFICATION:

1. WORK SITE ADDRESS: 80 BRICK PLAZA (FORMER BON TON)
2. NAME OF OWNER IN FEE: FEDERAL REALTY INVESTMENT TRUST
   ADDRESS: 1626 E. JEFFERSON ST. PHONE #: (732) 822 1977
   ROCKVILLE, MD 20852 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: SPIRIT HALLOWEEN
   ADDRESS: 6826 BLACK HORSE PIKE PHONE #: (732) 915 8568
   EGG HARBOR TWP NJ 08234 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: ARC VISION INC.
   ADDRESS: 8991 W. FLAMINGO RD STE 100B LAS VEGAS NV 89147 PHONE: # (702) 507 1101
5. RESPONSIBLE PERSON FOR WORK: PAUL FAVALORO
   ADDRESS: 84 HOMESTEAD CIR MARLBORO NJ 07746
   PHONE #: (732) 915 8568 FAX #: (__) N/A E-MAIL: paul.favaloro@spirithalloween.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

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: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

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

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

Brick Township

CORRECTION NOTICE

ADDRESS 56 CHAMBERS Bridge Rd

PERMIT NUMBER 19-2072 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) All Emergency Door operating with Panic Device
2) All Exterior Egress lighting Req.
3) All Emergency exit lights working
4) All Egress Paths to Be Floor taped + Caution taped Both sides.
5) ADD Two way Direction exit @ Front ~~Right~~ Left of store
6) ADD EXIT SIGN'S IN Hallway Rear of store Left side
7) Remove Directional Arrow @ small Egress Path above
8) Lock all Doors in Egress Paths.

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

DATE 8-21-19 INSPECTOR JG

Rick Orlando

From: Rick Orlando <rorlando@brickfire.org>
Sent: Friday, August 02, 2019 3:00 PM
To: Rick Orlando
Subject: Re: FW: Spirit Halloiween 80 Brick Plaza

Sir,

Nicole stopped me on the way out this morning and filled me in. I see no problem. I will be back in the office Monday and take care of it. Have a nice weekend.

On Fri, Aug 2, 2019 at 11:08 AM Rick Orlando <rorlando@twp.brick.nj.us> wrote:

From: Favaloro, Paul
Sent: Friday, August 2, 2019 11:07:08 AM (UTC-05:00) Eastern Time (US & Canada)
To: Rick Orlando
Cc: Nichol Ponsi
Subject: Spirit Halloiween 80 Brick Plaza

Richard,

This morning I dropped off all of the paperwork you requested except for the display "Cut Sheets". We have a new company manufacturing and supplying this year's displays. Unfortunately, they are late in getting us the MSDS sheets, because they are made oversees. We expect them any day now. They will be in Nicole's hands the minute I receive them. In past years, we must have supplied this info and it met with your satisfaction.

I'm hoping that you'll work with us. We will not be building those displays for about a week after we enter the space, which at this juncture may be 1-2 weeks out from us receiving the permits. We have other set-up work to do once we enter the space. If you'd grant us your approval, contingent upon receiving those cut sheets, we can start our other work. I can only assure you that I personally will be accountable for us complying with those and all building department needs. My personal cell number is below.

If you look over what was left this morning, hopefully you'll note that I went a bit above and beyond to meet your requests, even getting our architect to "seal" their letter. I understand that there may have been some compliance issues with our store several years ago. Please know that I am the one responsible for this year's set-up, and have started the process very early so we could meet all requirements efficiently. I believe that Nicole can attest that we are trying to meet all requirements perfectly.

We look forward to doing business again in Brick, as we add to the town's tax base and temporarily employee many unemployed residents both young and old alike.
Appreciate your time to read this, Thank You!

Paul Favaloro
Special Projects District Sales Manager
Spirit Halloween/Spencer Gifts
732-915-8568

8/1/19

Brick Township

Building Department

Attn: Fire Inspector

Please know that all of this year's displays and signage will be built to a height that will not create obstructions to the fire system. I understand past inspections indicate that this was an issue.

Please rest assured that I am personally overseeing this year's store display set-up. The number below is my personal cell number should I need to be reached for questions.

Thank you for consideration of this memo, and know that we are glad to once again be conducting business in Brick.

Sincerely,

Paul Favaloro
Special Projects District Sales Manager
Spirit Halloween/Spencer Gifts
732-915-8568

SO MUCH FUN IT'S SCARY!

SPIRITHALLOWEEN.COM

Detailed Activity Report

Date Range: 6/26/2019 00:00 - 7/26/2019 23:59
Account Group:
System #: Z930268

Brick Plaza Bon Ton (Fire Alarm)

56 Chambers Bridge Rd

Brick, NJ 08723

Account # Z930268

Day	Date	Event / Operator Action	Opr User	User Name	Signal	Area	Zone	Zone Description	Comment
Wed	06/26/2019 12:03:47AM	*T E373 - FIRE TROUBLE			E373	0	992		
Wed	06/26/2019 12:04:22AM	R373 - RESTORAL- FIRE TROUBLE			R373	0	992		
Wed	06/26/2019 01:31:47AM	*T E373 - FIRE TROUBLE			E373	0	992		
Wed	06/26/2019 12:18:27PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Wed	06/26/2019 02:19:33PM	R373 - RESTORAL- FIRE TROUBLE			R373	0	992		
Wed	06/26/2019 04:30:26PM	EXPTEST - Expired Test							Scheduled Date: Jun 26 2019 4:30PM
Thu	06/27/2019 09:24:05AM	EXPTEST - Expired Test							Scheduled Date: Jun 27 2019 9:24AM
Thu	06/27/2019 12:18:33PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Fri	06/28/2019 12:18:41PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Sat	06/29/2019 12:18:45PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Sun	06/30/2019 12:18:49PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Mon	07/01/2019 12:19:46PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Tue	07/02/2019 08:13:48AM	E373 - FIRE TROUBLE			E373	0	992		
Tue	07/02/2019 08:14:20AM	R373 - RESTORAL- FIRE TROUBLE			R373	0	992		Alarm Aborted

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

Brick Township

CORRECTION NOTICE

ADDRESS 50 Chambridge Rd

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER FI-2072

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. Add evidence remote egress lights to all exit doors
2. Add exit lighting as discussed
3. Repair all exit egress + flood lights to working order
4. All exit door to be clear + working
5. All egress paths to be marked with reflective tape
6. Caution Tape along rail - support caution Tape
7. Exit flood lights to be focused on egress path
8. Supply Fire sprinkler test (current)
9. egress rec hallway to be clear

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

DATE 8/26/15 INSPECTOR _____

Detailed Activity Report

Date Range: 6/26/2019 00:00 - 7/26/2019 23:59

Account Group:

System #: Z930268

Account # Z930268

Day	Date	Event / Operator Action	Opr User	User Name	Signal	Area	Zone	Zone Description	Comment
Wed	07/17/2019 12:20:26PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Thu	07/18/2019 12:20:31PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Fri	07/19/2019 12:20:37PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Sat	07/20/2019 12:20:41PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Sun	07/21/2019 12:21:38PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Mon	07/22/2019 12:20:53PM	E602 - PERIODIC TEST REPORT			E602	0	TT890		
Mon	07/22/2019 06:28:43PM	E373 - FIRE TROUBLE			E373	0	992		
Mon	07/22/2019 06:34:36PM	Access on Dispatch Window	IVR						
Mon	07/22/2019 06:34:37PM	No phone numbers to call for recipient type	IVR						No phone number listed
Mon	07/22/2019 06:34:38PM	Call 111-111-1111-	IVR						
Mon	07/22/2019 06:34:38PM	Call -No Phone Listed	IVR	No Phone Listed					No phone number listed
Mon	07/22/2019 06:34:39PM	Call -No Phone Listed	IVR	No Phone Listed					
Mon	07/22/2019 06:34:47PM	No premises phone recipients	IVR						
Mon	07/22/2019 06:34:50PM	Call 732-933-8393-	IVR						
Mon	07/22/2019 06:35:31PM	Call 917329338393-IVR - Phone Error	IVR	Kerry Dolan					Call Disposition = Phone Error
Mon	07/22/2019 06:35:37PM	Call 732-933-8393-	IVR						
Mon	07/22/2019 06:35:44PM	Call 917329338393-IVR - Phone Error	IVR	Kerry Dolan					Call Disposition = Phone Error
Mon	07/22/2019 06:35:53PM	Call 732-822-1977-	IVR						
Mon	07/22/2019 06:36:15PM	Call 917329221977-Contact Made	IVR	Kerry Dolan					Call Disposition = OK
Mon	07/22/2019 06:36:16PM	Contact call recipient notified	IVR						

DESIGN
INSTALLATION
INSPECTION
SERVICE

Streamline Industries, LLC.

201 N. 4TH AVE.
ROYERSFORD, PA 19468
PH: 1-855-393-1567
FAX: 1-855-393-1567

Inspection, Testing and Maintenance of Wet Fire Sprinkler Systems

Information on this form covers the minimum requirements of NFPA 25 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: **Federal Realty Investment Trust** Owner's Phone Number: **800-658-8908**

Owner's Address: **1626 E. Jefferson Street Rockville, MD 20852**

Property Being Inspected: **Brick Plaza Shopping Center -Bon Ton (Space 26)**

Property Address: **56 Chambersbridge Road, Brick NJ**

Date of Inspection: 8/27/2018 All responses refer to the current inspection performed on this date.

This inspection is (check one): Daily Weekly Monthly Quarterly X Annual Third Year Fifth Year

Notes: 1) All questions are to be answered Yes, No or Not Applicable.

2) Inspection, Testing and Maintenance is to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I – Owner's Section	Y	N
A. Is the building occupied?	X	
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	X	
C. Are all fire protection systems in service?	X	
D. Have there been any modifications to the system since the last inspection?		X
E. Was the system free of actuations of devices or alarms since the the last inspection?		X

Owner or Representative (Print Name) Signature and Date

Part II – Inspection	Y	N
1. Proper number and type of spare sprinklers?	X	
2. Visible sprinklers:		
A. Free of corrosion?	X	
B. Free of obstructions to spray patterns?	X	
C. Free of foreign materials including paint?	X	
D. Free of physical damage?	X	
3. Valve enclosures appear to be maintained above 40 degrees F?	X	
4. Valve supervisory switches indicate movement?	X	
5. Backflow prevention device present:		X
A. Control or Isolation valves in correct position?		X
B. Sealed, locked or supervised & accessible?		X

	Y	N	N/A
6. Alarm devices free from physical damage?	X		
7. Adequate heat in accesible areas with wet piping?	X		
8. Sprinkler wrench with spare sprinkler?	X		
9. Gauges on wet-pipe system in good condition?	X		
A. Calibrated or replaced within last 5 years?	X		
B. If no, were they replaced?			X
10. Hydraulic nameplate attached to riser and legible?		X	
11. Visible pipe:			
A. Free of damage and not leaking?	X		
B. No external corrosion?	X		
C. Properly aligned and no apparent external loading?	X		
D. Hangers and seismic bracing not damaged or loose?	X		
12. Fire Department Connection:			
A. Visible, accessible, undamaged?	X		
B. Properly identified?	X		
C. Operating properly, free from leakage, with caps in place?	X		

	Y	N	N/A
12. Reduced pressure backflow relief port discharging continuously?			X
13. Alarm valves:			
A. Gauges in good condition showing normal supply water pressure?			X
B. Valves in correct position?			X
C. No leakage from retarding chamber or drains?			X

FREDERICK J. GOGLIA

ARCHITECT, NCARB, RDI

July 29th, 2019

RE: Spirit Halloween
Brick Plaza
80 Brick Plaza
Brick, NJ 08723
ARCV Project No. 190492
Permit No. C-19-002391

To Whom It May Concern,

Per our understanding of the scope of this project, as a temporary specialty retail store going into an existing space within Brick Plaza, no work shall be performed on the existing fire alarm or fire sprinkler systems within this location. All temporary fixtures shall be free standing and placed following code requirements under the 2015 IFC w/ New Jersey amendments.

If you have any questions, comments or need any additional information regarding this letter please contact me at ArcVision Inc. (800) 489-2233

Sincerely,

Frederick J. Goglia, NCARB, ISP
President

7-29-19

CC: File

DESIGN
INSTALLATION
INSPECTION
SERVICE

Streamline Industries, LLC.

201 N. 4TH AVE.
ROYERSFORD, PA 19468
PH: (484)369-8406
FAX:(484)369-8409

Inspection, Testing and Maintenance of Wet Fire Sprinkler Systems

Information on this form covers the minimum requirements of NFPA 25 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: **Federal Realty Investment Trust** Owner's Phone Number: **800-658-8908**

Owner's Address: **1626 E. Jefferson Street Rockville, MD 20852**

Property Being Inspected: **Brick Plaza Shopping Center -Spirit Halloween (Space 26)**

Property Address: **56 Chambersbridge Road, Brick NJ**

Date of Inspection: 8/23/2019 All responses refer to the current inspection performed on this date.

This inspection is (check one): •Daily •Weekly •Monthly •Quarterly X Annual •Third Year •Fifth Year

Notes: 1) All questions are to be answered Yes, No or Not Applicable.

2) Inspection, Testing and Maintenance is to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I – Owner's Section

	Y	N
A. Is the building occupied?	X	
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	X	
C. Are all fire protection systems in service?	X	
D. Have there been any modifications to the system since the last inspection?		X
E. Was the system free of actuations of devices or alarms since the the last inspection?		X

Owner or Representative (Print Name) Signature and Date

Part II – Inspection

	Y	N
1. Proper number and type of spare sprinklers?	X	
2. Visible sprinklers:		
A. Free of corrosion?	X	
B. Free of obstructions to spray patterns?	X	
C. Free of foreign materials including paint?	X	
D. Free of physical damage?	X	
3. Valve enclosures appear to be maintained above 40 degrees F?	X	
4. Valve supervisory switches indicate movement?	X	
5. Backflow prevention device present:		X
A. Control or Isolation valves in correct position?		X
B. Sealed, locked or supervised & accessible?		X

	Y	N	N/A
6. Alarm devices free from physical damage?	X		
7. Adequate heat in accesible areas with wet piping?	X		
8. Sprinkler wrench with spare sprinkler?	X		
9. Gauges on wet-pipe system in good condition?	X		
A. Calibrated or replaced within last 5 years?	X		
B. If no, were they replaced?			X
10. Hydraulic nameplate attached to riser and legible?		X	
11. Visible pipe:			
A. Free of damage and not leaking?	X		
B. No external corrosion?	X		
C. Properly aligned and no apparent external loading?	X		
D. Hangers and seismic bracing not damaged or loose?	X		
12. Fire Department Connection:			
A. Visible, accessible, undamaged?	X		
B. Properly identified?	X		
C. Operating properly, free from leakage, with caps in place?	X		

	Y	N	N/A
12. Reduced pressure backflow relief port discharging continuously?			X
13. Alarm valves:			
A. Gauges in good condition showing normal supply water pressure?			X
B. Valves in correct position?			X
C. No leakage from retarding chamber or drains?			X

DESIGN
INSTALLATION
INSPECTION
SERVICE

201 N. 4TH AVE.
ROYERSFORD, PA 19468
PH: (484)369-8406
FAX:(484)369-8409

Part II – Inspection Continued	Y	N	N/A
14. Pressure reducing valves present?		X	
A. Open with properly operating handles?			X
B. Free of damage or leakage?			X
C. Maintaining downstream pressure as designed?			X
15. Fifth Year Items:			
A. Alarm valves passed internal inspection?			X
B. Check valves passed internal inspection?			X
16. Antifreeze loops or systems present?		X	
A. Free of damage or leakage?			X
B. Accessible?			X
C. Antifreeze agent listed on tag?			X

Part III – Testing & Maintenance	Y	N	N/A
17. Inspectors test:			
A. Was flow observed?	X		
B. Did audible waterflow alarm sound?	X		
C. Was signal confirmed with central monitoring?	X		
D. Time to first audible alarm_45/20_Sec.			
18. Main drain test:			
A. Was flow observed?	X		
B. Drain Size 2"			
C. Location_Stock room			
D. Static_75_psi.; Residual_60_psi.; Return_75_psi.			
E. Comparable to previous tests?	X		
19. Control Valves:			
A. Qty._1_			
B. Type__WPIV__			
C. Qty._1_			
D. Type__Butterfly____			
E. All operated through full range of motion?	X		
F. All returned to normal position?	X		
G. Tamper signal confirmed and returned to normal?	X		
20. Backflow devices: (See supplemental forms if applicable)			
A. Passed backflow test?			X
B. Device passed forward flow test?			X

Part III – Testing Section	Y	N	N/A
21. Are all sprinklers dated 1920 or later?	X		
22. Sprinklers fast response operating elements 20 years or older present?		X	
A. Tested within last 10 years?			X
23. Standard response sprinklers 50 years or older present?		X	
A. Tested within last 10 years?			X
24. Standard response sprinklers 75 years or older present?		X	
A. Tested within last 5 years?			X
25. Was antifreeze tested?			X
A. Specific gravity_____			
B. Concentration_____			
C. Approximate freeze point_____			
26. Post indicating valves operated through full range of motion?	X		
27. Post indicating valves indicating properly?	X		
28. Operating stems of valves lubricated?			X
29. If sprinklers were replaced, were they proper replacements?			X
30. Was an obstruction investigation performed?		X	

Part III – Comments

Additional fifth year inspection testing and maintenance items, dry, pre-action, and deluge specific items included on separate form if applicable.

Part IV – Inspector's Information

Inspector: James T. Gibbons CET#124400

Company : Streamline Industries,LLC.

Company's Address : 201 N 4th Ave

Royersford, Pa 19468

I state that the information on this form is correct at the time and place of my Inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____

Date: 8/29/2019

INSPECTION AND TESTING FORM

DATE: 8/28/2019

TIME: 14:00

Service Organization

NAME: Electronic Security Solutions

ADDRESS: 5115 Campus Drive
Plymouth Meeting, PA 19462

REPRESENTATIVE: Steve Nice

LICENSE NO: P01299

TELEPHONE: 215-277-5248

Propert Name (User)

NAME: Spirit Halloween

ADDRESS: 100 Cedar Bridge Avenue
Brick, NJ 08723

OWNER CONTACT: Kerry Dolan

TELEPHONE: 732-822-1977

MONITORING AGENCY

CONTACT: Stanley

TELEPHONE: 877-476-4968

MONITORING ACCOUNT REF NO: 1117883785

APPROVING AGENCY

CONTACT: Brick Township

TELEPHONE:

TYPE TRANSMISSION

	- Mc Cullogh
	- Multiplex
X	- Digital
	- Reverse Priority
	- RF
	- Other (Specify)

SERVICE

	- Weekly
	- Monthly
	- Quarterly
	- Semi Annually
X	- Annually
	- Other (Specify)

PANEL MANUFACTURER: Notifier

MODEL NO: System 500

CIRCUIT CLASS: B

NO. OF CIRCUITS: 8

SOFTWARE REV: N/A

LAST DATE THAT SYSTEM HAD ANY SERVICE PERFORMED: On File

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: On File

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT CLASS	
5	B	MANUAL STATIONS
1	B	PHOTO DETECTORS
		ION DETECTORS
5	B	DUCT DETECTORS
2	B	HEAT DETECTORS
2	B	WATERFLOW SWITCHES
3	B	SUPERVISORY SWITCHES
		OTHER (SPECIFY)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT CLASS	
		SPEAKER/STROBES
20	B	HORN/STROBES
		CHIMES
20	B	STROBES
		SPEAKERS
		OTHER (SPECIFY):

NO. OF ALARM INDICATING CIRCUITS: 2

ARE ALL CIRCUITS SUPERVISED: [X] YES [ ] NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
N/A		BUILDING TEMPERATURE
N/A		SITE WATER TEMPERATURE
N/A		SITE WATER LEVEL
N/A		FIRE PUMP POWER
N/A		FIRE PUMP RUNNING
N/A		FIRE PUMP AUTO
N/A		FIRE PUMP OR FIRE PUMP CONTROLLER IN TROUBLE
N/A		FIRE PUMP PHASE REVERSAL
N/A		GENERATOR IN AUTO
N/A		GENERATOR OR CONTROLLER TROUBLE
N/A		SWITCH TRANSFER
N/A		GENERATOR RUNNING
N/A		OTHER (SPECIFY):

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) fo signaling line circuits connected to system:

QUANTITY: 0 CLASS:

POWER SUPPLIES

a.Primary(Main) Nominal Voltage 120 , Amps 4

Overcurrent Protection: Type Breaker , Amps 20

Location (Panel Number): Electric Room LA

Disconnecting Means Location: 21

b. Secondary (Standby):

12VDC x 2 Storage Battery Amp Hr. Rating 12

Calculated capacity to operate system, in hours: 24

N/A Engine driven generator dedicated to the fire alarm system

Location of Fuel Storage N/A

TYPE BATTERY

[ ]	Dry Cell
[ ]	Nickel Cadmium
[X]	Sealed Lead-Acid
[ ]	Other (Specify)

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

N/A Emergency system describe in NFPA 70, Article 700

N/A Legally required standby described in NFPA, Article 701

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

ESS
Electronic Security Solutions

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	X			
BUILDING OCCUPANTS	X			
BUILDING MANAGEMENT	X			
OTHER (SPECIFY)				
AHJ NOTIFIED OF ANY IMPAIRMENTS				

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	X	X	
INTERFACE EQ	X	X	
LAMPS/LED	X	X	
FUSES	X		
PRIMARY POWER SUPPLY	X	X	
TROUBLE SIGNALS	X	X	
DISCONNECT SWITCHES	X	X	
GROUND FAULT MONITORING	X	X	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	X		
LOAD VOLTAGE		X	
DISCHARGE TEST			
CHARGER TEST		X	
SPECIFIC GRAVITY			N/A
TRANSIENT SUPPRESSORS	X		
REMOTE ANNUNCIATORS	X	X	

NOTIFICATION APPLIANCES

AUDIBLE	X	X	
VISUAL	X	X	
SPEAKERS			N/A
VOICE CLARITY			N/A

COMMENTS: _____

EMERGENCY COMMUNICTATION EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET			N/A
PHONE JACKS			N/A
OFF-HOOK INDICATOR			N/A
AMPLIFIER(S)			N/A
TONE GENERATOR(S)			N/A
CALL IN SIGNAL			N/A
SYSTEM PERFORMANCE			N/A

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
(SPECIFY) _____			
(SPECIFY) _____			
(SPECIFY) _____			
(SPECIFY) _____			
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____			

(SPECIFY)			
(SPECIFY)			

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISIS MONITORING	YES	NO	COMMENTS
ALARM SIGNAL	X		
ALARM RESTORAL	X		
TROUBLE SIGNAL	X		
TROUBLE RESTORAL	X		
SUPERVISORY SIGNAL	X		
SUPERVISORY RESTORAL	X		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	COMENTS
BUILDING MANAGEMENT	X		
MONITORING AGENCY	X		
BUILDING OCCUPANTS	X		
OTHER (SPECIFY)			

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RETURNED TO NORMAL OPERATION **DATE:** 8/28/2019 **TIME:**

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR: Steve Nice

DATE: 8/28/2019

SIGNATURE: Thomas Capie, SET, CFPS

NAME OF OWNER REPRESENTATIVE: Kerry Dolan

DATE: 8/28/2019

SIGNATURE:

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Friday, August 30, 2019 1:19 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: RE: Spirit Halloween - 56 Chambers Bridge Rd. Block: 671 Lot: 1.01

HEY MATT. I SPOKE WITH JOANN & THEY DID NOT ADD ANY NEW FIXTURES. WE WERE OUT THERE JULY 3 & EVERYTHING WAS OK.

From: Matthew Fagen <mfagen@twp.brick.nj.us>
Sent: Friday, August 30, 2019 11:52 AM
To: Susan Stanisz <sstanisz@brickmua.com>; Bev O'Neill <boneill@brickmua.com>
Subject: Spirit Halloween - 56 Chambers Bridge Rd. Block: 671 Lot: 1.01

Good afternoon. We are close to issuing a CO for Spirit Halloween located at 56 Chambers Bridge Rd. Block: 671 Lot: 1.01. It was previously Bon Ton. The contact person is Paul and his phone number is (732) 915-8568. Please let me know when this is approved.

Thanks,
Matt

Matthew F. Fagen
Division of Inspections
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

---

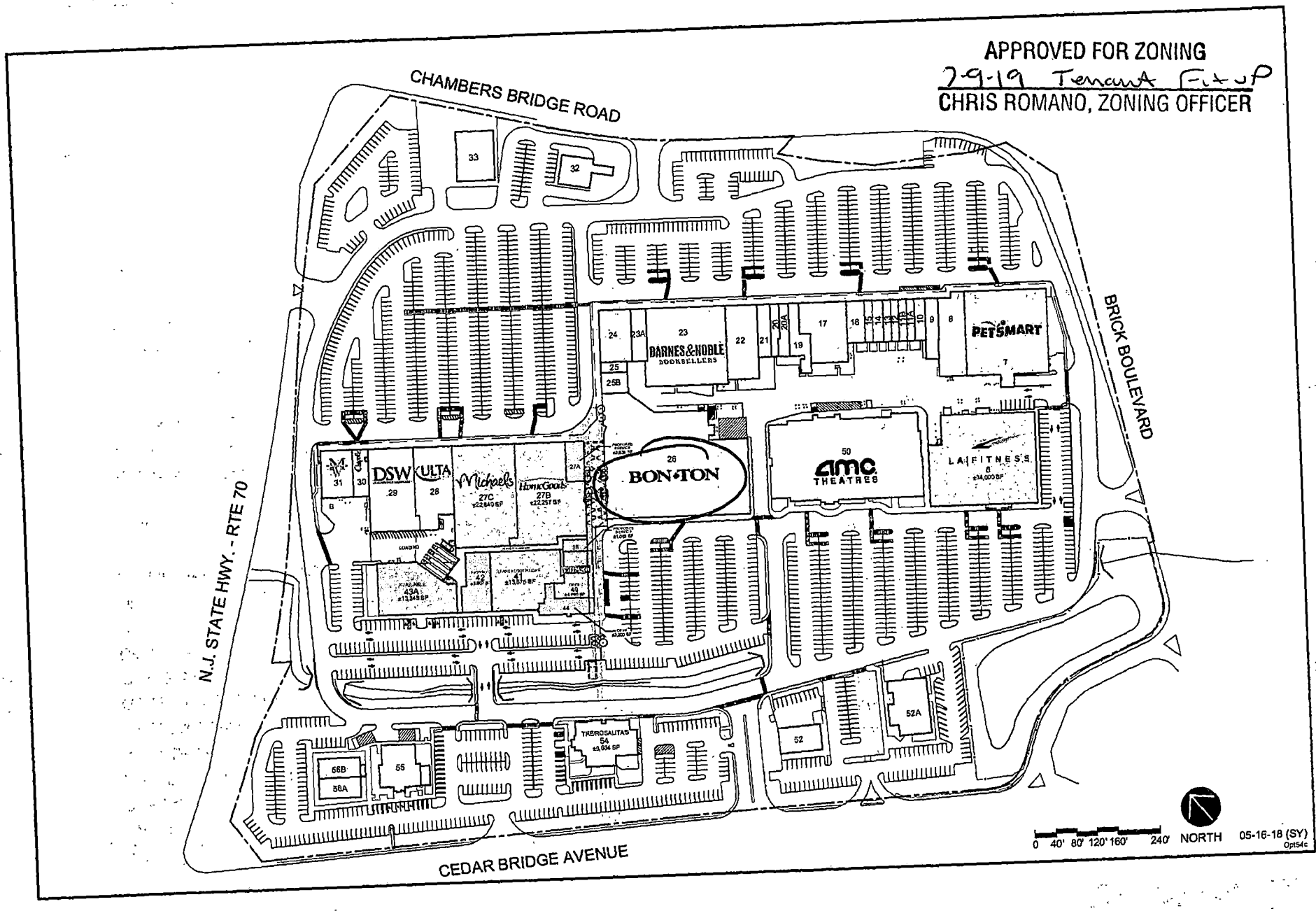
56 Chambers Bridge Rd → Spirit Halloween

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 358
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

APPROVED FOR ZONING
2-9-19 Tenant Fit-up
CHRIS ROMANO, ZONING OFFICER



Emailed Paul 7/15

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

Subcode Official Review

Date: Monday, July 15, 2019

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS-BRIDGE-RD
Permit Number: Control Number: C-19-002391
Last Submit Date: Wednesday, July 10, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

1..Structure has exisiting fire alarm and fire sprinkler systems. Plan states any fire alarm or fire sprinkler system work to be under seperate permit. Need to update permit for any fire alarm or fire sprinkler system work.

If no work being performed, please submit current fire alarm and fire sprinkler testing reports along with letter from design prifessional that no work is being perfomed to comply with new floorplan.

2. Please submit cut sheets on any combustable displays that are being utilized with the locations. Past inspections have indicated that these displays create obstructions to the fire systems. Please comply with clearance requirements.

Sincerely,

Richard Orlando, Subcode Official

CC:

Southern Yellow Pine Wood and Wood Products

Safety Data Sheet

According to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

Revision Date: 09/02/2014 Date of issue: 09/02/2014 Version: 1.0

SECTION 1: IDENTIFICATION

1.1. Product Identifier

Product Name: Southern Yellow Pine Wood and Wood Products

Formula: Southern Yellow Pine, consisting of Loblolly, Long Leaf, and Short leaf pine.

Synonyms: Boards, Lumber, Timbers, Pattern Stock, Chips, Shavings

1.2. Intended Use of the Product

Use of the substance/mixture: Building / Construction / Paper Products / Landscaping / Poles

1.3. Name, Address, and Telephone of the Responsible Party

Company

West Fraser, Inc.
1900 Exeter Rd.
Ste. 105
Germantown, TN 38138
901-620-4200
www.westfraser.com

1.4. Emergency Telephone Number

Emergency Number : 901-620-4200

SECTION 2: HAZARDS IDENTIFICATION

2.1. Classification of the Substance or Mixture

Classification (GHS-US)

Comb. Dust	H232
Resp. Sens. 1	H334
Skin Sens. 1	H317
Carc. 1A	H350
STOT SE 3	H335

2.2. Label Elements

GHS-US Labeling

Hazard Pictograms (GHS-US) :

GHS07 GHS08

Signal Word (GHS-US) : Danger

Hazard Statements (GHS-US) : H232 - May form combustible dust concentrations in air.
H317 - May cause an allergic skin reaction.
H334 - May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335 - May cause respiratory irritation.
H350 - May cause cancer (Inhalation).

Precautionary Statements (GHS-US) : P201 - Obtain special instructions before use.
P202 - Do not handle until all safety precautions have been read and understood.
P261 - Avoid breathing dust, vapors.
P271 - Use only outdoors or in a well-ventilated area.
P272 - Contaminated work clothing must not be allowed out of the workplace.
P280 - Wear protective gloves, protective clothing, eye protection.
P284 - In case of inadequate ventilation, wear respiratory protection.
P302+P352 - If on skin: Wash with plenty of water
P304+P340 - IF INHALED: Remove person to fresh air and keep at rest in a position comfortable for breathing.
P308+P313 - If exposed or concerned: Get medical advice/attention.
P312 - Call a poison center or doctor if you feel unwell.
P321 - Specific treatment (see Section 4).
P333+P313 - If skin irritation or rash occurs: Get medical advice/attention.
P342+P311 - If experiencing respiratory symptoms: Call a poison center or doctor

P362+P364 - Take off contaminated clothing and wash it before reuse.
P403+P233 - Store in a well-ventilated place. Keep container tightly closed.
P405 - Store locked up.
P501 - Dispose of contents/container according to local, regional, national, territorial, provincial, and international regulations.

2.3. Other Hazards

Other Hazards: Dust generated from material cutting may cause a slight irritation. Slivers may be generated, which could cause mechanical irritation or injure the eye.

2.4. Unknown Acute Toxicity (GHS-US)

No data available

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

3.1. Substance

Not applicable

3.2. Mixture

Name	Product identifier	%	Classification (GHS-US)
Wood dust, all soft and hard woods	(CAS No) RR-00514-1	100	Comb. Dust, H232 Resp. Sens. 1, H334 Skin Sens. 1, H317 Carc. 1A, H350 STOT RE 1, H372

Full text of H-phrases: see section 16

SECTION 4: FIRST AID MEASURES

4.1. Description of First Aid Measures

First-aid Measures General: Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice (show the label where possible).

First-aid Measures After Inhalation: When symptoms occur: go into open air and ventilate suspected area. Call a POISON CENTER/doctor/physician if you feel unwell.

First-aid Measures After Skin Contact: Brush off loose particles from skin. Remove contaminated clothing. Drench affected area with water for at least 15 minutes.

First-aid Measures After Eye Contact: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Do not rub. Obtain medical attention if irritation develops or persists.

First-aid Measures After Ingestion: Rinse mouth. Do NOT induce vomiting.

4.2. Most important symptoms and effects, both acute and delayed

Symptoms/Injuries: Irritation to eyes, skin and respiratory tract.

Symptoms/Injuries After Inhalation: May cause allergy or asthma symptoms or breathing difficulties if inhaled. May cause cancer by inhalation.

Symptoms/Injuries After Skin Contact: Prolonged contact with large amounts of dust may cause mechanical irritation. Exposure may produce an allergic reaction.

Symptoms/Injuries After Eye Contact: Dust generated from material cutting may cause a slight irritation. Slivers may be generated, which could cause mechanical irritation or injure the eye.

Symptoms/Injuries After Ingestion: Gastrointestinal irritation.

Chronic Symptoms: Repeated or prolonged inhalation may damage lungs. May cause cancer by inhalation. Inhalation may cause allergic respiratory reaction with asthma-like symptoms and difficulty breathing. May cause an allergic skin reaction.

4.3. Indication of Any Immediate Medical Attention and Special Treatment Needed

If you feel unwell, seek medical advice (show the label where possible).

SECTION 5: FIRE-FIGHTING MEASURES

5.1. Extinguishing Media

Suitable Extinguishing Media: dry chemical powder, alcohol-resistant foam, carbon dioxide (CO2).

Unsuitable Extinguishing Media: Do not use a heavy water stream. Use of heavy stream of water may spread fire.

5.2. Special Hazards Arising From the Substance or Mixture

Fire Hazard: Combustible Dust.

Explosion Hazard: Dust clouds can be explosive.

Reactivity: Stable at ambient temperature and under normal conditions of use.

5.3. Advice for Firefighters

Precautionary Measures Fire: Fight fire with normal precautions from a reasonable distance.

Firefighting Instructions: Use water spray or fog for cooling exposed containers.

Protection During Firefighting: Do not enter fire area without proper protective equipment, including respiratory protection.

SECTION 6: ACCIDENTAL RELEASE MEASURES

6.1. Personal Precautions, Protective Equipment and Emergency Procedures

General Measures: Avoid all contact with skin, eyes, or clothing. Do not breathe dust. Avoid generating dust. Ensure adequate ventilation.

6.1.1. For Non-emergency Personnel

Protective Equipment: Use appropriate personal protection equipment (PPE).

Emergency Procedures: Evacuate danger area. Eliminate ignition sources.

6.1.2. For Emergency Responders

Protective Equipment: Equip cleanup crew with proper protection.

Emergency Procedures: Eliminate ignition sources. Ventilate area. If possible, stop flow of product.

6.2. Environmental Precautions No additional information available

6.3. Methods and Material for Containment and Cleaning Up

For Containment: Avoid generation of dust during clean-up of spills. Use only non-sparking tools.

Methods for Cleaning Up: Clear up spills immediately and dispose of waste safely. Vacuum must be fitted with HEPA filter to prevent release of particulates during clean-up.

6.4. Reference to Other Sections

See heading 8, Exposure Controls and Personal Protection.

SECTION 7: HANDLING AND STORAGE

7.1. Precautions for Safe Handling

Additional Hazards When Processed: Dust deposits should not be allowed to accumulate on surfaces, as these may form an explosive mixture if they are released into the atmosphere in sufficient concentration.

Precautions for Safe Handling: When dry sawing or grinding, use dustless systems for handling, storage, and clean up so that airborne dust does not exceed the PEL. Use adequate ventilation and dust equipment. Practice good housekeeping. Do not permit dust to collect on walls, floors, sills, ledges, machinery, or equipment. Maintain, clean, and fit test respirators in accordance with OSHA regulations. Maintain and test ventilation and dust collection equipment. Wash or vacuum clothing which has become dusty.

Hygiene Measures: Handle in accordance with good industrial hygiene and safety procedures. Wash hands and other exposed areas with mild soap and water before eating, drinking, or smoking and again when leaving work.

7.2. Conditions for Safe Storage, Including Any Incompatibilities

Storage Conditions: Store in a dry, cool and well-ventilated place. Keep container closed when not in use.

Incompatible Products: Strong acids. Strong bases. Strong oxidizers.

7.3. Specific End Use(s) No additional information available

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

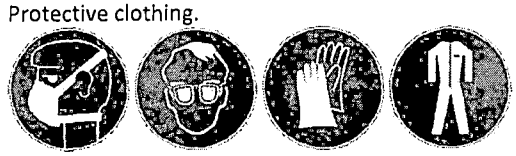
8.1. Control Parameters

Southern Yellow Pine Wood and Wood Products		
USA NIOSH	NIOSH REL (TWA) (mg/m³)	1 mg/m³
USA OSHA	OSHA PEL (TWA) (mg/m³)	15 mg/m³ (total) or 5 mg/m3 (resp)
Wood dust, all soft and hard woods (RR-00514-1)		
USA NIOSH	NIOSH REL (TWA) (mg/m³)	1 mg/m³

8.2. Exposure Controls

Appropriate Engineering Controls : Ensure all national/local regulations are observed. Proper grounding procedures to avoid static electricity should be followed. Use explosion-proof equipment. Provide adequate ventilation to minimize dust concentrations.

Personal Protective Equipment : Dust formation: dust mask. In case of dust production: protective eyewear. Gloves. Protective clothing.



Hand Protection : Leather gloves.

Eye Protection : In case of dust production: protective eyewear.

Skin and Body Protection : Wear suitable protective clothing. Wash contaminated clothing before reuse.

Respiratory Protection : Use NIOSH-approved air-purifying or supplied-air respirator where airborne concentrations of dust are expected to exceed exposure limits.

Other Information : When using, do not eat, drink or smoke.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

9.1. Information on Basic Physical and Chemical Properties

Physical State	: Solid
Appearance	: Light Wood
Odor	: Pine
Odor Threshold	: No data available
pH	: No data available
Evaporation rate	: No data available
Melting Point	: No data available
Freezing Point	: No data available
Boiling Point	: No data available
Flash Point	: No data available
Auto-ignition Temperature	: No data available
Decomposition Temperature	: No data available
Flammability (solid, gas)	: No data available
Vapor Pressure	: No data available
Relative Vapor Density at 20 °C	: No data available
Relative Density	: No data available
Solubility	: Insoluble
Partition coefficient: n-octanol/water	: No data available
Viscosity	: No data available

9.2. Other Information No additional information available

SECTION 10: STABILITY AND REACTIVITY

10.1 Reactivity: Stable at ambient temperature and under normal conditions of use.

10.2 Chemical Stability: Dust clouds can be explosive.

10.3 Possibility of Hazardous Reactions: Hazardous polymerization will not occur.

10.4 Conditions to Avoid: Direct sunlight. Extremely high or low temperatures. Avoid formation of dust.

10.5 Incompatible Materials: Strong acids. Strong bases. Strong oxidizers.

10.6 Hazardous Decomposition Products: Carbon oxides (CO, CO_2).

SECTION 11: TOXICOLOGICAL INFORMATION

11.1. Information On Toxicological Effects

Acute Toxicity: Not classified

Skin Corrosion/Irritation: Not classified

Serious Eye Damage/Irritation: Not classified

Respiratory or Skin Sensitization: May cause allergy or asthma symptoms or breathing difficulties if inhaled. May cause an allergic skin reaction.

Germ Cell Mutagenicity: Not classified

Carcinogenicity: May cause cancer (Inhalation).

Southern Yellow Pine Wood and Wood Products	
IARC group	1
National Toxicity Program (NTP) Status	Known Human Carcinogens.

Wood dust, all soft and hard woods (RR-00514-1)	
IARC group	1
National Toxicity Program (NTP) Status	Known Human Carcinogens.

Reproductive Toxicity: Not classified

Specific Target Organ Toxicity (Single Exposure): May cause respiratory irritation.

Specific Target Organ Toxicity (Repeated Exposure): Not classified

Aspiration Hazard: Not classified

Symptoms/Injuries After Inhalation: May cause allergy or asthma symptoms or breathing difficulties if inhaled. May cause cancer by inhalation.

Symptoms/Injuries After Skin Contact: Prolonged contact with large amounts of dust may cause mechanical irritation. Exposure may produce an allergic reaction.

Symptoms/Injuries After Eye Contact: Dust generated from material cutting may cause a slight irritation. Slivers may be generated, which could cause mechanical irritation or injure the eye.

Symptoms/Injuries After Ingestion: Gastrointestinal irritation.

Chronic Symptoms: Repeated or prolonged inhalation may damage lungs. May cause cancer by inhalation. Inhalation may cause allergic respiratory reaction with asthma-like symptoms and difficulty breathing. May cause an allergic skin reaction.

SECTION 12: ECOLOGICAL INFORMATION

12.1. Toxicity No additional information available

12.2. Persistence and Degradability

Southern Yellow Pine Wood and Wood Products	
Persistence and Degradability	Not established.

12.3. Bioaccumulative Potential

Southern Yellow Pine Wood and Wood Products	
Bioaccumulative Potential	Not established.

12.4. Mobility in Soil No additional information available

12.5. Other Adverse Effects

Other Information : Avoid release to the environment.

SECTION 13: DISPOSAL CONSIDERATIONS

13.1. Waste treatment methods

Waste Disposal Recommendations: Dispose of waste material in accordance with all local, regional, national, provincial, territorial and international regulations.

SECTION 14: TRANSPORT INFORMATION

14.1 In Accordance with DOT Not regulated for transport

14.2 In Accordance with IMDG Not regulated for transport

14.3 In Accordance with IATA Not regulated for transport

SECTION 15: REGULATORY INFORMATION

15.1 US Federal Regulations

Southern Yellow Pine Wood and Wood Products	
SARA Section 311/312 Hazard Classes	Fire hazard Delayed (chronic) health hazard

15.2 US State Regulations

Wood dust, all soft and hard woods (RR-00514-1)	
U.S. - California - Proposition 65 - Carcinogens List	WARNING: This product contains chemicals known to the State of California to cause cancer.

Wood dust, all soft and hard woods (RR-00514-1)
U.S. - New Jersey - Right to Know Hazardous Substance List

SECTION 16: OTHER INFORMATION, INCLUDING DATE OF PREPARATION OR LAST REVISION

Revision date : 09/02/2014

Indication of Changes : Revision date.

Other Information : This document has been prepared in accordance with the SDS requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200.

GHS Full Text Phrases:

Carc. 1A	Carcinogenicity Category 1A
Comb. Dust	Combustible Dust
Resp. Sens. 1	Respiratory sensitisation Category 1
Skin Sens. 1	Skin sensitization Category 1
STOT RE 1	Specific target organ toxicity (repeated exposure) Category 1
STOT SE 3	Specific target organ toxicity (single exposure) Category 3

H232	May form combustible dust concentrations in air
H317	May cause an allergic skin reaction
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled
H335	May cause respiratory irritation
H350	May cause cancer
H372	Causes damage to organs through prolonged or repeated exposure

This information is based on our current knowledge and is intended to describe the product for the purposes of health, safety and environmental requirements only. It should not therefore be construed as guaranteeing any specific property of the product.

SDS US (GHS HazCom)

GREEN BAY PACKAGING INC.
SMART PARTNERS... SMARTER SOLUTIONS

CORPORATE OFFICE
1700 NORTH WEBSTER COURT
GREEN BAY, WI 54302
PHONE: 920.433.5111
WWW.GBP.COM

August 2, 2019

Aimee Bensene
Baird Display
W220N507 Springdale Road
Waukesha, WI 53186

This correspondence is for corrugated packaging products manufactured by Green Bay Packaging Inc. for Baird Display.

Full Material Disclosure Declaration Sheet

Date	2019			
Product Description	Corrugated Shipping Containers			
Contact Information	**Company**	Green Bay Packaging Inc.		
	Address	P.O. Box 19017		
		Green Bay, WI 54307-9017		
Subcomponent	**Raw Material Average % of Product**	**Substances**	**CAS Number**	**Purpose and Location**
Liner (Kraft liner, Recycled Liner, bleached liner - per customer specification)	71.04%	Kraft Pulp	NA	Outer layer of corrugated box
		Recycled Fiber	NA	
		Bleached Fiber	NA	
		Paper Making Additives	proprietary	
Medium (Kraft medium or Recycled medium)	27.00%	Kraft Pulp	NA	Middle layer of corrugated box
		Recycled Fiber	NA	
		Paper Making Additives	proprietary	
Starch Adhesive	1.80%	Water	7732-18-5	Adhesive used to glue liner and medium together
		Corn Starch	9005-25-8	
		Caustic Soda 50%	1310-73-2	
		Borax	1303-96-4	
		Starch adhesive additive	proprietary	
Ink	0.10%	Water	7732-18-5	Water-based inks used for graphics (per customer specifications) and box stamps
		Non-hazardous VOC ingredients	varies	
		Proprietary ingredients	proprietary	
		NOTE: Inks are variable and will not add up to 100%		
Box joint glue	0.06%	Proprietary	proprietary	Water-based adhesive used to glue box flaps.

SDS (Safety Data Sheet)
Green Bay Packaging's interpretation of OSHA's Hazard Communication Standard - 29 CFR 1910.1200 is that Safety Data Sheets are designed to identify chemicals and other mixtures which are considered to be of a physical and/or health hazard in the work place. This standard does not apply to finished "articles" such as corrugated shipping containers that are not considered hazardous chemicals as defined by the Occupational Safety and Health Administration; therefore, a Safety Data Sheet is not required.

CONEG CERTIFICATION / MODEL TOXICS in PACKAGING COMPLIANCE
Green Bay Packaging Inc. certifies that the corrugated shipping containers manufactured and supplied comply in all respects to the package requirements for heavy metals of the CONEG Model Legislation; namely, that the sum of the concentration levels of lead, cadmium, mercury, and hexavalent chromium present in any package or package component do not exceed 100 parts per million by weight (effective 1/1/1994).

CALIFORNIA PROPOSITION 65
Green Bay Packaging Inc. has evaluated our raw materials for compliance with California's Proposition 65. Corrugated shipping containers manufactured by GBP do not require a warning statement.

REACh (SVHC)
Regulation (EC) 1907/2006, Article 57, Registration, Evaluation, Authorisation, and Restriction of Chemicals Candidate List. Based on review of our supplier data and knowledge of ingredients, Green Bay Packaging Inc. does not knowingly add or use, above 0.1% Substances of Very High Concern (SVHC) listed as of July 16 2019.

If you have any questions regarding this correspondence, please do not hesitate to contact Garlyn Kligora at (920) 433-5157 or email gkligora@gbp.com.

Respectfully,

GREEN BAY PACKAGING INC.

Garlyn Kligora
Product Safety and Quality Compliance Manager

C: R. Mattes

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

Subcode Official Review

Date: Monday, July 15, 2019

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-19-002391
Last Submit Date: Wednesday, July 10, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

1. Structure has exisiting fire alarm and fire sprinkler systems. Plan states any fire alarm or fire sprinkler system work to be under seperate permit. Need to update permit for any fire alarm or fire sprinkler system work.

If no work being performed, please submit current fire alarm and fire sprinkler testing reports along with letter from design prifessional that no work is being perfomed to comply with new floorplan.

2. Please submit cut sheets on any combustable displays that are being utilized with the locations. Past inspections have indicated that these displays create obstructions to the fire systems. Please comply with clearance requirements.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 8/2/19

Township of Brick

~~SINGLE FAMILY DWELLING~~ Tenant Fit Up.

REVISED 09/29/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for Single Family Dwelling.	Yes ✔	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ✔	NO ___
3. Engineering Form completely filled out (All Sections) Single Family Dwelling Checklist Major Sub Division	Yes ✔	NO ___
~~4.~~ Copy of Ocean County Soils Certification (609)971-7002 714 Lacey Road, Forked River, NJ 08731	Yes ___	NO ___
5. ~~Four true size SEALED Plot Plans with Topography~~ Siteplan (4) (Refer to the Engineering Plot Plan checklist & Zoning Plot Plan Requirements)	Yes ✔✔✔	NO ___
6. Bldg/Plbg/Electrical/Fire Subcode Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath. **If requesting a partial release we will need an extra set of the footing/foundation plans SEALED. Partial release includes Zoning, Engineering, Affordable Housing and Building.** Incl. Fixtures	Yes ✔✔	NO ___
~~8.~~ If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
~~9.~~ Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
~~10.~~ Manufacturer brochures indicating specs and install (~~Furnace, Boiler, A/C, Fireplace~~)	Yes ___	NO ___
~~11.~~ Two gas pipe drawings– Indicate Tee's, BTU's, Hook-ups, length of run and size of pipe.	Yes ___	NO ___
~~12.~~ Two Drain Waste Vent schematic – Sealed if prepared by a licensed professional.	Yes ___	NO ___
~~13.~~ BTMUA Availability Statement – (732)458-7000	Yes ___	NO ___
14. Completed debris form	Yes ✔	NO ___
~~15.~~ Copy of current Home Builders Warranty	Yes ___	NO ___
~~16.~~ Modular Homes – Separate the cost – The house is new SFD. Site prep & all other work onsite – Alteration	Yes ___	NO ___
~~17.~~ Heat Loss Calculation	Yes ___	NO ___

Fire Alarm - + Sprinklers. ✔

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 80 Brick Plaza (Former Bon Ton) Space #26

BLOCK: 671 **LOT:** 1.01

CONTRACTOR: Waste Mgmt Of NJ

CONTRACTOR'S ADDRESS: 415 Day Hill Rd. Windsor, CT 06095

Type of Construction(minor, new home): No Construction Install Temp. Fixtures Only

Type of Debris (shingles, siding, wood, etc.): Mixed Trash + Cardboard

Party responsible for removal: Paul Favaloro (732 915 8568)

Dumpster Size: Trash 8 yd. Cardboard 8 yd.

Destination of Debris: Ocean Gty Landfill Northern Ocean Gty Recycling

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

5/8/19
Date

Paul Favaloro
Print Name

DESIGN
INSTALLATION
INSPECTION
SERVICE

Streamline Industries, LLC.

201 N. 4TH AVE.
ROYERSFORD, PA 19468
PH: 1-855-393-1567
FAX: 1-855-393-1567

Inspection, Testing and Maintenance of Wet Fire Sprinkler Systems

Information on this form covers the minimum requirements of NFPA 25 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: **Federal Realty Investment Trust** Owner's Phone Number: **800-658-8908**

Owner's Address: **1626 E. Jefferson Street Rockville, MD 20852**

Property Being Inspected: **Brick Plaza Shopping Center -Bon Ton (Space 26)**

Property Address: **56 Chambersbridge Road, Brick NJ**

Date of Inspection: 8/27/2018 All responses refer to the current inspection performed on this date.

This inspection is (check one): Daily Weekly Monthly Quarterly **X** Annual Third Year Fifth Year

Notes: 1) All questions are to be answered Yes, No or Not Applicable.

2) Inspection, Testing and Maintenance is to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I – Owner's Section	Y	N
A. Is the building occupied?	X	
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	X	
C. Are all fire protection systems in service?	X	
D. Have there been any modifications to the system since the last inspection?		X
E. Was the system free of actuations of devices or alarms since the the last inspection?		X

Owner or Representative (Print Name) Signature and Date

Part II – Inspection	Y	N
1. Proper number and type of spare sprinklers?	X	
2. Visible sprinklers:		
A. Free of corrosion?	X	
B. Free of obstructions to spray patterns?	X	
C. Free of foreign materials including paint?	X	
D. Free of physical damage?	X	
3. Valve enclosures appear to be maintained above 40 degrees F?	X	
4. Valve supervisory switches indicate movement?	X	
5. Backflow prevention device present:		X
A. Control or Isolation valves in correct position?		X
B. Sealed, locked or supervised & accessible?		X

	Y	N	N/A
6. Alarm devices free from physical damage?	X		
7. Adequate heat in accesible areas with wet piping?	X		
8. Sprinkler wrench with spare sprinkler?	X		
9. Gauges on wet-pipe system in good condition?	X		
A. Calibrated or replaced within last 5 years?	X		
B. If no, were they replaced?			X
10. Hydraulic nameplate attached to riser and legible?		X	
11. Visible pipe:			
A. Free of damage and not leaking?	X		
B. No external corrosion?	X		
C. Properly aligned and no apparent external loading?	X		
D. Hangers and seismic bracing not damaged or loose?	X		
12. Fire Department Connection:			
A. Visible, accessible, undamaged?	X		
B. Properly identified?	X		
C. Operating properly, free from leakage, with caps in place?	X		

	Y	N	N/A
12. Reduced pressure backflow relief port discharging continuously?			X
13. Alarm valves:			
A. Gauges in good condition showing normal supply water pressure?			X
B. Valves in correct position?			X
C. No leakage from retarding chamber or drains?			X

DESIGN
INSTALLATION
INSPECTION
SERVICE

201 N. 4TH AVE.
ROYERSFORD, PA 19468
PH: 1-855-391-1567
FAX: 1-855-393-1567

DESIGN
INSTALLATION
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ROYERSFORD, PA 19468
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Part II – Inspection Continued	Y	N	N/A
14. Pressure reducing valves present?		X	
A. Open with properly operating handles?			X
B. Free of damage or leakage?			X
C. Maintaining downstream pressure as designed?			X
15. Fifth Year Items:			
A. Alarm valves passed internal inspection?			X
B. Check valves passed internal inspection?			X
16. Antifreeze loops or systems present?		X	
A. Free of damage or leakage?			X
B. Accessible?			X
C. Antifreeze agent listed on tag?			X

Part III – Testing & Maintenance	Y	N	N/A
17. Inspectors test:			
A. Was flow observed?	X		
B. Did audible waterflow alarm sound?	X		
C. Was signal confirmed with central monitoring?	X		
D. Time to first audible alarm 120/52 Sec.			
18. Main drain test:			
A. Was flow observed?	X		
B. Drain Size 2"			
C. Location Stock Room			
D. Static 80 psi.; Residual 75 psi.; Return 80 psi.			
E. Comparable to previous tests?	X		
19. Control Valves:			
A. Qty. 1			
B. Type WPIV			
C. Qty. 1			
D. Type Butterfly			
E. All operated through full range of motion?	X		
F. All returned to normal position?	X		
G. Tamper signal confirmed and returned to normal?	X		
20. Backflow devices: (See supplemental forms if applicable)			
A. Passed backflow test?			X
B. Device passed forward flow test?			X

Part III – Testing Section	Y	N	N/A
21. Are all sprinklers dated 1920 or later?	X		
22. Sprinklers fast response operating elements 20 years or older present?		X	
A. Tested within last 10 years?			X
23. Standard response sprinklers 50 years or older present?		X	
A. Tested within last 10 years?			X
24. Standard response sprinklers 75 years or older present?		X	
A. Tested within last 5 years?			X
25. Was antifreeze tested?			X
A. Specific gravity_____			
B. Concentration_____			
C. Approximate freeze point_____			
26. Post indicating valves operated through full range of motion?	X		
27. Post indicating valves indicating properly?	X		
28. Operating stems of valves lubricated?			X
29. If sprinklers were replaced, were they proper replacements?			X
30. Was an obstruction investigation performed?		X	

Part III – Comments

Additional fifth year inspection testing and maintenance items, dry, pre-action, and deluge specific items included on separate form if applicable.

Part IV – Inspector's Information

Inspector: James T. Gibbons; CET 124400

Company: Streamline Industries, LLC.

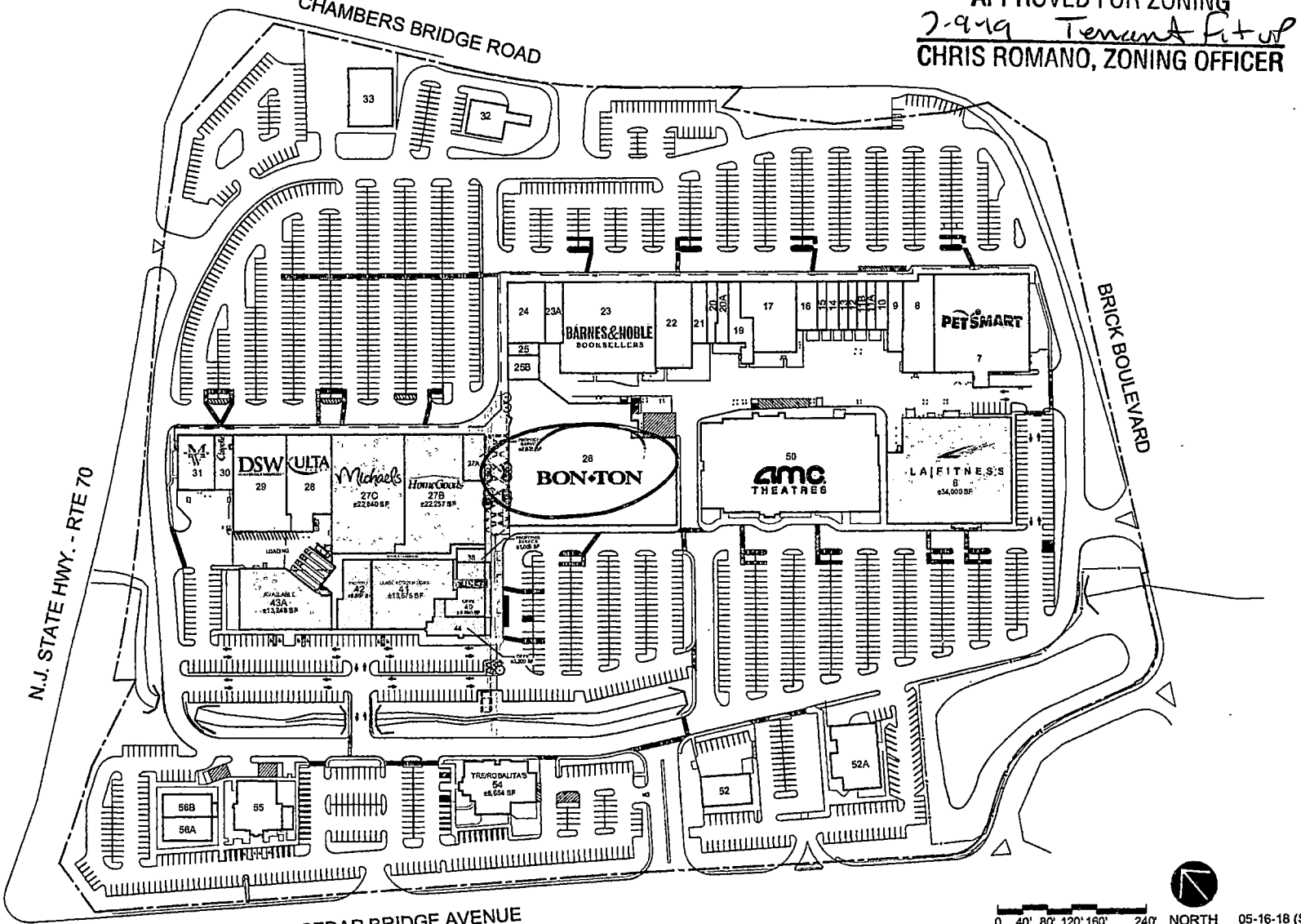
Company's Address: 201 N 4th Ave.
Royersford, Pa 19468

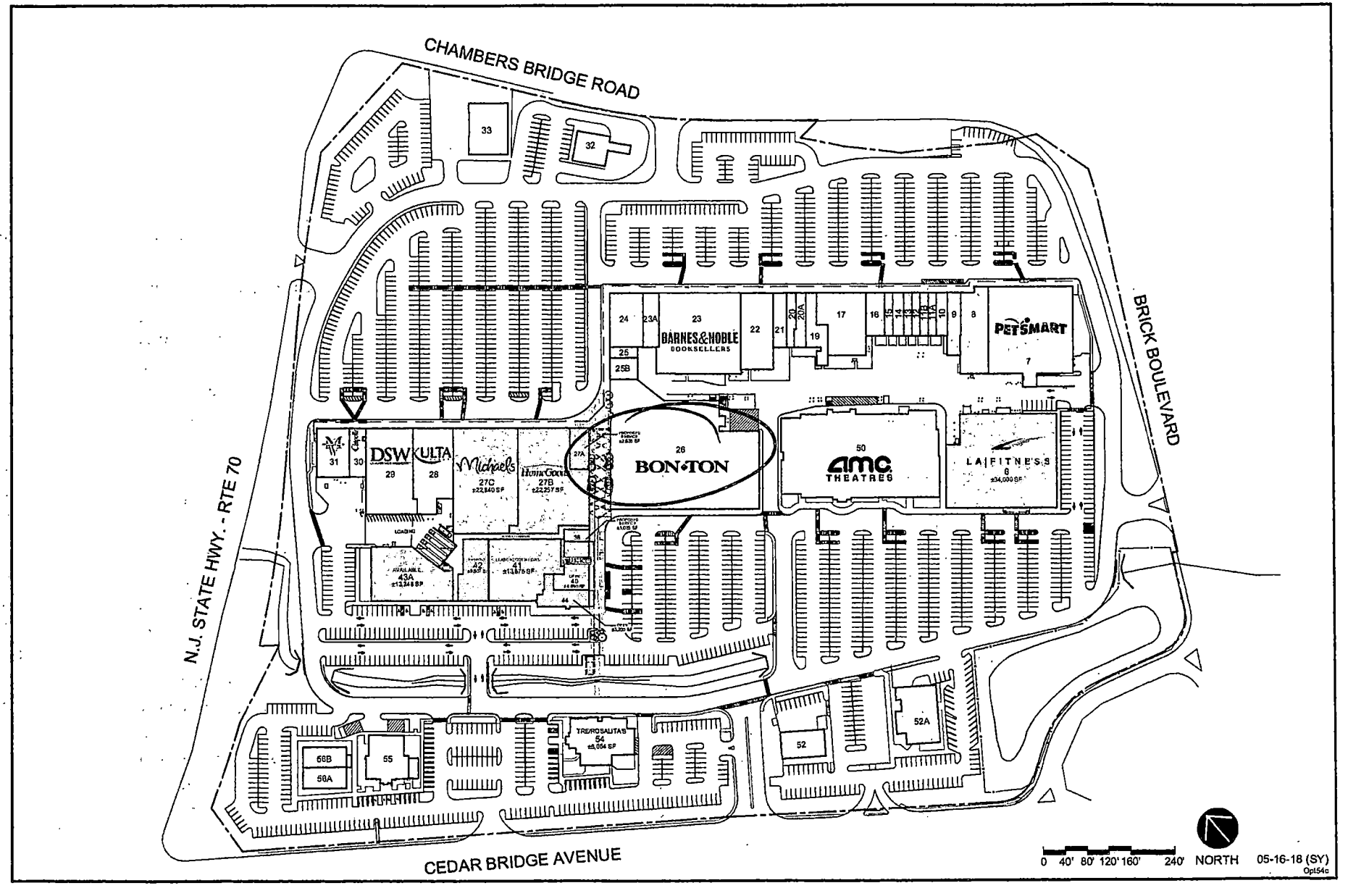
I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____

Date: [redacted] 8/27/2018

APPROVED FOR ZONING
2-9-19 Tenant fit-up
CHRIS ROMANO, ZONING OFFICER




CHAMBERS BRIDGE ROAD
BRICK BOULEVARD
N.J. STATE HWY. - RTE 70
CEDAR BRIDGE AVENUE
BARNES & NOBLE BOOKSELLERS
PETSMART
DSW
KULTA
Michaels
HomeGoods
BON-TON
amc THEATRES
LA FITNESS
TRE/ROSALITAS
0 40' 80' 120' 160' 240'
NORTH
05-16-18 (SY)
Opt54c

BRICK PLAZA

Brick, NJ

Federal Realty INVESTMENT TRUST

RETAIL

UNIT	TENANT	SQ. FT.
6	L.A. Fitness	34,028
7	PetSmart	25,678
8	Immediate Care Medical Walk-In	8,033
9	Amara Dental	2,859
10	Jersey Mike's Subs	1,608
11A	General Nutrition Center	1,200
11B	GameStop	1,206
12	Brick Nails	1,145
13	Supercuts	1,200
14	Liberty Travel	1,615
15	Marfori Family Eye Care, LLC	1,208
16	Sprint	2,794
17	Chuck E. Cheese	9,325
19	Available	3,456
20	European Wax Center	1,538
20A	Weight Watchers	2,000
21	Hand & Stone Massage & Facial	2,584
22	Available	8,424
23	Barnes & Noble	22,800
23A	Solid Wood Cabinet Co	2,973
24	Applebee's Neighborhood Grill	6,000
25	Available	989
25B	Available	2,013

UNIT	TENANT	SQ. FT.
26	Available	53,781
27A	MeeMoms	2,520
27B	HomeGoods	22,257
27C	Michaels	22,840
28	ULTA Beauty	10,457
29	DSW	13,968
30	Chipotle Mexican Grill	2,717
31	Men's Wearhouse	5,409
32	PNC Bank	3,398
33	AutoZone	6,786
38	Bubbles07	1,053
40	Ikko Hibachi Steak House	4,690
41	Gravity Vault Brick	13,575
42	Available	5,543
43A	TBD	13,760
44	Available	3,352
50	AMC Theatres	44,962
52	Atlanta Bread Company, Int'l.	4,000
52A	Quaker Steak and Lube	6,897
54	Rosalita's; Tre	8,664
55	Red Robin GourmetBurgers&Brews	6,000
56A	AT&T	3,000
56B	Smashburger	3,000

LEASING CONTACT:

Jeff Fischer | jfischer@federalrealty.com | (484) 419-1205

Chris Cole | ccole@metrovation.com | (732) 933-8382

www.federalrealty.com/brick

GLA	ACREAGE	COUNTY	TYPE	PARKING SPACES
406,000 SF	46	Ocean	Community	2,124

BRICK PLAZA

Brick, NJ

Federal Realty INVESTMENT TRUST

RETAIL

UNIT	TENANT	SQ. FT.
6	L.A. Fitness	34,028
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UNIT	TENANT	SQ. FT.
26	Available	53,781
27A	MeeMoms	2,520
27B	HomeGoods	22,257
27C	Michaels	22,840
28	ULTA Beauty	10,457
29	DSW	13,968
30	Chipotle Mexican Grill	2,717
31	Men's Wearhouse	5,409
32	PNC Bank	3,398
33	AutoZone	6,786
38	Bubbles07	1,053
40	Ikko Hibachi Steak House	4,690
41	Gravity Vault Brick	13,575
42	Available	5,543
43A	TBD	13,760
44	Available	3,352
50	AMC Theatres	44,962
52	Atlanta Bread Company, Int'l.	4,000
52A	Quaker Steak and Lube	6,897
54	Rosalita's; Tre	8,664
55	Red Robin GourmetBurgers&Brews	6,000
56A	AT&T	3,000
56B	Smashburger	3,000

LEASING CONTACT

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www.federalrealty.com/brick

GLA	ACREAGE	COUNTY	TYPE	PARKING SPACES
406,000 SF	46	Ocean	Community	2,124

ADDRESS 84 HOMESTEAD CIR. MARLBORO NJ 07746

CONTRACTOR SPIRIT HALLOWEEN PHONE 732 915 8568

ADDRESS 6826 BLACK HORSE PIKE EGG HARBOR TWP NJ 08234

TYPE OF WORK _____ ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

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