BLOCK 671 LOT 101 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 19-2378

CONSTRUCTION PERMIT APPLICATION

CP-002519

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

PNC BANK

I. IDENTIFICATION

1. Proposed Work Site at: PNC BANK 50 CHAMBER/BRIDGE RD
2. Name of Owner in Fee: PNC BANK / FEDERAL REALTY
   Tel. (412) 768 5923 e-mail _____
   Address 620 LIBERTY AV (street) PITTSBURGH (municipality) PA 15222 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PARKO ROURKE INC. Tel. (610) 608 8367
   Address 529 WARRINGTON XING RD e-mail _____
   NEWTOWN PA 18940
   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. 232836093 FAX: (215) 968 9526
5. Architect or Engineer MACALUSO ARCH. Contact DOMINIC
   Address 7 VILLAGE DR, HAZLET, NJ e-mail _____
   Tel. (732) 219 3197 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun NORM O'ROURKE
   Tel. 610 608 8367 FAX: (215) 968 9526

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 4100 ✓		
2. Electrical	150 ✓	150 ✓	
3. Plumbing	150 ✓		
4. Fire Protection		1916 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	200	2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 4600	2168	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

- ☐ Minor Work — Alt. Com.
- ☐ 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	90,000	MFF	7/8/19		08/13/19	KEK			
☒ Electrical	15,000				7/19/19	RJC			
☒ Plumbing	5,000			7-12-19		JW	8-20-19	JW	
☐ Fire Protection				7/25/19		MR	9/6/19		
☐ Elevator	$								
TOTAL COST	110,000								

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: —
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.

(X) Check if contractor.

Agent Name NORMAN O' ROURKE

Address 529 WASHINGTON CROSSING RD
NEWTOWN PA 18940

Telephone (610) 608 8369

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/25/2019
Control Number C-19-002519
Permit Number 19-2378
Permit Issue Date 9/10/2019
Certificate Number 19-2378

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 50 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:

Contractor Park O'Rourke Associates

Address 579 Wahington Xing Road Newtown PA 18940

Telephone: (610) 608-8367 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 232406700

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - - PNC BANK ...CREATING OFFICE & ACCESSIBLE BATHROOM

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:

David J. Newman Jr
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/25/2019

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 9/10/19

Date Issued / Permit # 19-2378

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

Block 6071 Lot 1.01 Qualification Code _____

Work Site Location PNC BANK
50 E HAMBER BRIDGE RD

Owner in Fee: PNC BANK

Tel. 412 768 5923 e-mail _____

Address 620 LIBERTY AV PITTSB, PA 15222
street municipality zip code

Contractor: PARK O ROURKE Tel. 610 608 8369

Address 509 WASHINGTON XING RD e-mail _____
NEWTOWN PA 18940

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. 232836093 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 $ _____

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: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: 9/16/19 Approved by: JW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-6-19
Approved by: FCO

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/18/19	JW
Other			10/18/19	JW

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: NORMAN O'ROURKE

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

DESCRIPTION OF WORK:

Water Supply Source NONE

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		Code 6.
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
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

Paid Farrow

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/10/19
Control #
Date Issued
Permit # 19-2378 +A

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 50 Chambersbridge Rd PNC Brick NJ 08723

Owner in Fee: PNC Bank

Tel. ( ) e-mail

Address

Contractor: Checkpoint Alarm Systems (street / municipality) Tel. (732) 899-7660 (zip code)

Address 521 Old Adamston Rd e-mail checkpointalarmsystems@gmail.com

Brick NJ 08723

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00142

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153247

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00393400

Federal Emp. ID No. 22-2203820 FAX: 732-714-6172

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 $ 400

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: Richard Kisley

Print name here: Richard Kisley

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

DESCRIPTION OF WORK: Add strobe to bathroom hard wired c/o detector over stairway

Water Supply Source

Method of Alarm/Suppression System Supervision to existing alarm

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	1	
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		

paper later

Codet 11

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 9/6/19 Approved by: KD

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9-6-19

Approved by: KD

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10-8-19

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			9/23/19	
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

PNC BANK

Date Received 9/10/19
Control #

Date Issued
Permit # 19-2378

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 PNC BANK 50 CHAMBER BRIDGE RD BRICK NJ

Owner in Fee: PNC BANK / FEDERAL REALTY

Tel. (412) 768 5923 e-mail

Address 620 LIBERTY AV PITTSBURGH PA 15222
street municipality zip code

Contractor: POBRON ELECTRIC Tel. (609) 586 3400

Address 25 STENWOOD AV e-mail

HAMILTON NJ

Contractor License No. 2547 Exp. Date ~~6/20~~ 3/31/21

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

Federal Emp. ID No. 22-3131901 FAX: ( ) 13

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 7/19/19 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/19/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-17-19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough UNITS			9/23/19	
Barrier-Free				
Trench				
Temp. Serv. Ceiling			10/16/19	
Constr. Serv.				
TCO				
Other				
Service				
Final			10/16/19	
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature, Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR RENOVATION

COMMERCIAL

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/10/19
Control #
Date Issued
Permit # 19-2378 +A

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

Block 671 Lot 101 Qualification Code

Work Site Location 50 Chambersbridge Rd Brick NJ 08723

Owner in Fee: PNC Bank

Tel. e-mail

Address

Contractor: Checkpointalarm Systems (street / municipality) Tel. 732 899-7660 (zip code)

Address 521 Old Adamston Rd Brick NJ 08723 e-mail checkpointalarmsystems@gmail.com

Contractor License No. 13VH00393400 Exp. Date 3/31/20

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-2203820 FAX: 732 714-6172

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved Date: Approved by:

[✓] Electric Plans Approved SPECS Date 9/9/19 Approved by: RT

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

SUBCODE APPROVAL for PERMIT Date: 9/9/19 Approved by:

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [X] CA Date: 10-17-19 Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval (Initial)
Type:			
Rough			9/24/19 R
Barrier-Free			
Trench			
Temp. Serv.			
Constr. Serv.			
TCO			
Other			
Service			
Final			10/16/19 TO
Barrier-Free			
Temp. Cut-in-Card Date Issued			
Final Cut-in-Card Date Issued			
Annual Pool Inspection			
Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Richard Kisley

Print name here: Richard Kisley

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Add strobe to new bathroom hardwired c/o detector to stairway to existing alarm system.

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/10/19
Control #
Date Issued
Permit # 19-2378

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 PNC BANK 50 CHAMBERS BRIDGE RD BRICK, N.J.

Owner in Fee: PNC BANK / FEDERAL REALTY

Tel. (412) 768 5923 e-mail

Address 620 LIBERTY AV PITTSBURGH PA 15222
street municipality zip code

Contractor: MJ HENRY Tel. (267) 566 5442

Address 855 FERNWOOD AV e-mail
LANGHORNE, PA

Contractor License No. 13095 Exp. Date 6/19

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

Federal Emp. ID No. 162460157 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: MJ Henry

Print name here: MJ HENRY

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW ADA BATHROOM

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 9-20-19 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-20-19
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9-23-19	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-16-19	WM

* Replace Fernco's in Basement check on FINAL OK.

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

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

To reorder call:
Allegra Marketing, Print & Mail
609-390-1400

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/10/19

Date Issued / Permit # 19-2378

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 PNC BANK
50 CHAMBERSBRIDGE RD

Owner in Fee: PNC BANK / FEDERAL REALTY

Tel. 412 768 5923 e-mail

Address 620 LIBERTY AV PITTSBURGH PA 15222
street municipality zip code

Contractor: PARK O ROURKE Tel. 6106088367

Address 509 WASHINGTON XING RD e-mail
NEWTOWN PA 18940

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

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

Federal Emp. ID No. 232836093 FAX: 2159689526

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/13/19	KRK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/13/19
Approved by: KRK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/21/19
Approved by: KRK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			9-2619	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/21/19	
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 $ 90,000
3. Total (1+ 2) $ 90,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: NORMAN O' ROURKE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

COMMERCIAL
INTERIOR RENOVATION
- CREATING OFFICE & ADA BATHROOM

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

FEE (Office Use Only)

$

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

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

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

CONSTRUCTION PERMIT

Date Issued 9/11/19
Control # C-19-002519
Permit # 19-0378

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 50 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Contractor: Park O'Rourke Associates
Address: 579 Wahington Xing Road Newtown PA 18940
Telephone: (610) 608-8367
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 232406700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - PNC BANK ...INTERIOR ALTERATION CREATING OFFICE AND ADA BATHROOM

PAYMENTS (Office Use Only)

Building	$4,100
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$209
CO Fee	
Other	$0
Total	$4,609
Check No.	6269
Cash	$0
Credit	$0
Collected By	M. Egan

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 $110,000

D Hartman Jr. 9/9/19
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

- [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.

PERMIT UPDATE

Date Update Issued 9/10/19
Control # C-19-002519+A
Permit # 19-2378 +A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 50 CHAMBERS BRIDGE RD. Brick Township, NJ

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

Telephone:

Contractor: Park O'Rourke Associates
Address: 579 Wahington Xing Road Newtown PA 18940
Telephone: (610) 608-8367
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 232406700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - PNC BANK ...UPDATE +A - ALARMS

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 $800

Construction Official: D. Naumann Jr. (signature) Date 9/9/19

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$268
Check No.	6369
Cash	$0
Credit	$0
Collected By	M. (signature)

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.

09/10/19 ... 0015588755
... SERV ...
ELECTRIC ...
FIRE ...

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

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

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

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

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

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

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

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of July 10, 2019 10:45 AM

Return to Search Results

Name: MICHAEL J HENRY

Address: Langhorne,PA

Profession/License Type: Master Plumbers,Master Plumber

License No: 36BI01309500

License Status: Active

Status Change Reason: License Issuance

Issue Date: 2/20/2014

Expiration Date: 6/30/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Master Plumbers - (973) 504-6420

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of July 10, 2019 10:41 AM

Return to Search Results

Name: GLENN A DOBRON

Address: TRENTON,NJ

Profession/License Type: Electrical Contractors,Electrical Contractor

License No: 34EI00754700

License Status: Active

Status Change Reason:

Issue Date: 6/1/1984

Expiration Date: 3/31/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Electrical Contractors (973)504-6410

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: PNC BANK 50 CHAMBER/BRIDGE RD.

BLOCK: 67 | **LOT:** 1.01 |

CONTRACTOR: PARK O ROURKE ASSOCIATES

CONTRACTOR'S ADDRESS: 529 WASHINGTON XING RD NEWTOWN PA 18940

Type of Construction(minor, new home): INTERIOR COMMERCIAL

Type of Debris (shingles, siding, wood, etc.): DRYWALL

Party responsible for removal: PARK O' ROURKE

Dumpster Size: 30 YD.

Destination of Debris: OCEAN COUNTY LANDFILL

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."

ROR

Signature

7/8/19

Date

NORMAN O' ROURKE

Print Name

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

Subcode Official Review

Date: Monday, July 22, 2019

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
50 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-19-002519
Last Submit Date: Monday, July 22, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

Structure has exisiting fire alarm system. How will work impact system. If no impact to system, a letter from licensed design professional to state same.

Carbon Monoxide alarms as per DCA Bulletin 2017-1 shall be required

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 7/31

5 August 2019

Mr. Daniel F. Newman Jr.
Construction Subcode Official
Brick Township
401Chambers Bridge Road
Brick, NJ 08723

Dear Mr. Newman,

Please accept this correspondence respectfully submitted for your review and consideration in response to your Objections memo's dated 7/12/19 and 7/22/19 (attached) for the proposed renovation of the PNC Bank renovation at 50 Chambers Bridge Road in Brick, NJ.

Item #1 - Plumbing Facilities
It is respectfully submitted that the plumbing fixtures delineated in the submitted plans provide for new plumbing fixtures that are additional to the required number of fixtures for the building, as a (2) water closet and (2) lavatory restroom exists for both men and women, as well as a service sink and filtered water system in the Break Room in the basement level of the branch below (copy of plan attached). The Ground Floor branch level is a transient space for customers and the restroom has been provided for customer convenience without the need to have them access secure banking areas.

Item #2 – Fire Alarm impact statement
As part of this renovation, we will be adding a new restroom on the first floor. We have revised Power + Comm Plan, drawing A-4, to reflect a new fire alarm strobe (attached). PNC fire alarm vendor will provide any documentation regarding wiring diagrams, etc. There is no other change to the existing fire alarm devices.

Item #3 – Carbon Monoxide Detector
While there are no fuel burning equipment or devices proposed as part of this application, the Reflected Ceiling Plan, drawing A-2, has been revised to indicate the provision for a new hard wired ceiling mounted carbon monoxide to be installed in proximity to the stairwell.

Please feel free to call with any questions or concerns, or if you require and additional clarification or information relative to this application.

Sincerely,

Dominick Macaluso, RA

cc: S. Mangine – PNC Project Manager
File M19034

BRICK TOWNSHIP
RECEIVED
AUG - 7 2019
BUILDING DEPARTMENT

Dominick Macaluso – Architect, LLC • 7 Village Court, Hazlet, New Jersey 07730
Phone: (732) 217-3197 • Fax: (732) 217-3205 • Email: dmacaluso@dm-arch.com

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

Subcode Official Review

Date Friday, July 12, 2019

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

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual
50 CHAMBERS BRIDGE RD
Permit Number: Control Number: C-19-002519
Last Submit Date: Wednesday, July 10, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

The following comments were made during the Plan Review process:
NJAC 5:23-6.1(d)6 includes basic requirements for alteration based on group
The B group basic requirements NJAC 5:23-6.17(k) Identifies the required plumbing fixtures This application does not have the required minimum plumbing fixtures.
#1 A single unisex bathroom for an occupancy of 2/3 of the egress occupancy is allowed (34-11= 23) but the plans do not show a drinking water facility and it does not show a service sink.

Please indicate any existing plumbing fixtures that are being removed on the demolition plan and any that exist and are remaining.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

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

Subcode Official Review

Date: Monday, July 22, 2019

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

RE Fire Subcode
Block: 671 Lot. 1 01 Qual.
50 CHAMBERS BRIDGE RD
Permit Number Control Number. C-19-002519
Last Submit Date. Monday, July 22, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions

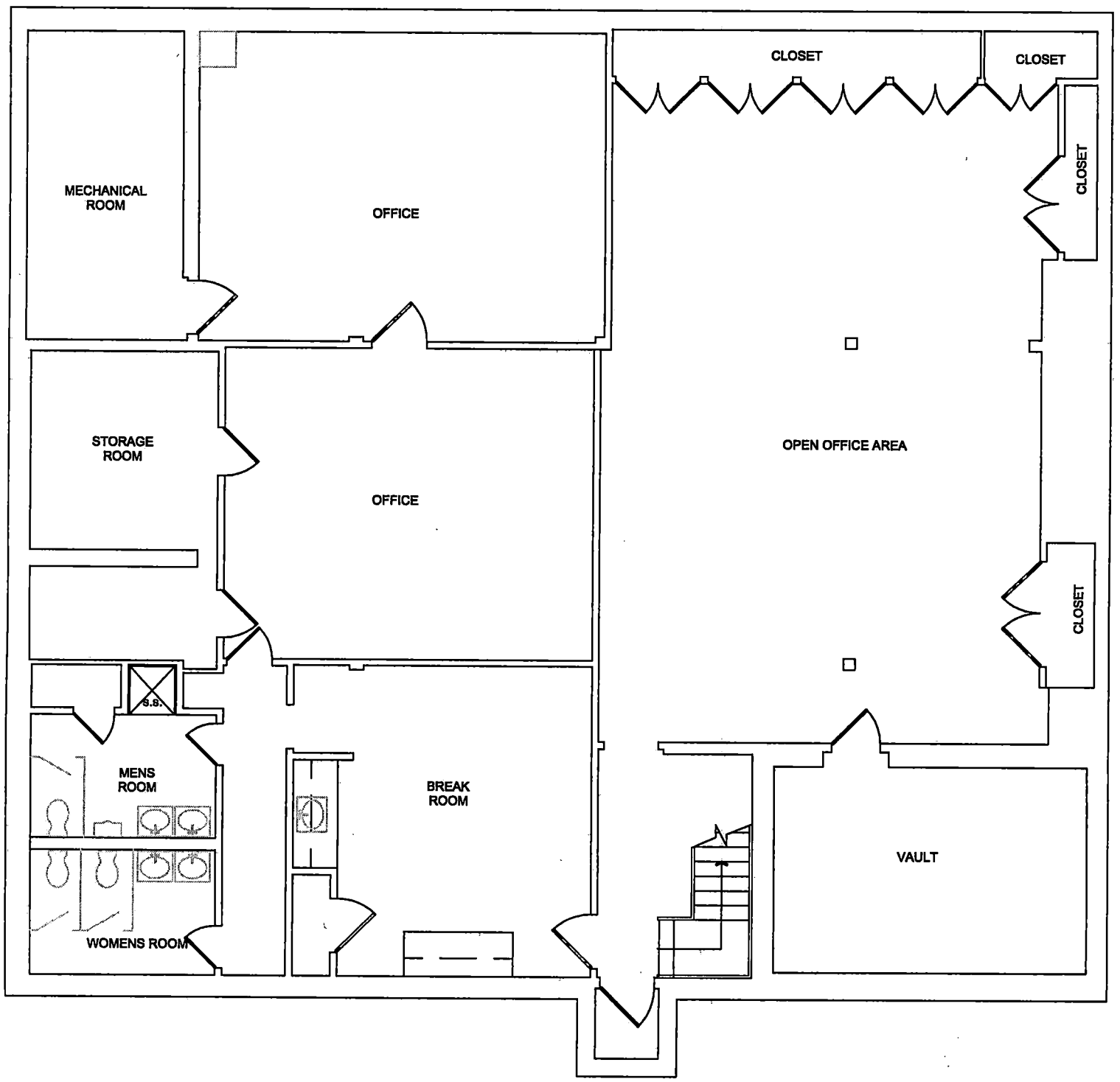
#2 Structure has exisiting fire alarm system. How will work impact system If no impact to system, a letter from licensed design professional to state same.

#3 Carbon Monoxide alarms as per DCA Bulletin 2017-1 shall be required

Sincerely,

Richard Orlando, Subcode Official

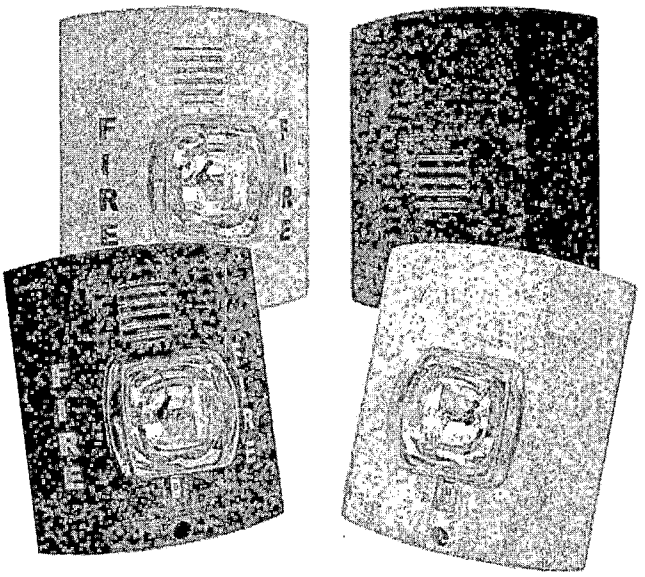
CC:



Brick Plaza - basement level

SYSTEM SENSOR®

Indoor Selectable-Output Horns, Strobes, and Horn Strobes for Wall Applications



SPECTRAlert ADVANCE
from System Sensor

SpectrAlert® Advance audible visible notification products are rich with features guaranteed to cut installation times and maximize profits.

Features

- Plug-in design with minimal intrusion into the back box
- Tamper-resistant construction
- Automatic selection of 12- or 24-volt operation at 15 and 15/75 candela
- Field-selectable candela settings on wall units: 15, 15/75, 30, 75, 95, 110, 115, 135, 150, 177, and 185
- Horn rated at 88+ dBA at 16 volts
- Rotary switch for horn tone and three volume selections
- Universal mounting plate for wall units
- Mounting plate shorting spring checks wiring continuity before device installation
- Electrically Compatible with legacy SpectrAlert devices
- Compatible with MDL3 sync module
- Listed for ceiling or wall mounting

The SpectrAlert Advance series offers the most versatile and easy-to-use line of horns, strobes, and horn strobes in the industry. With white and red plastic housings, wall and ceiling mounting options, and plain and FIRE-printed devices, SpectrAlert Advance can meet virtually any application requirement.

Like the entire SpectrAlert Advance product line, wall-mount horns, strobes, and horn strobes include a variety of features that increase their application versatility while simplifying installation. All devices feature plug-in designs with minimal intrusion into the back box, making installations fast and foolproof while virtually eliminating costly and time-consuming ground faults.

To further simplify installation and protect devices from construction damage, SpectrAlert Advance utilizes a universal mounting plate with an onboard shorting spring, so installers can test wiring continuity before the device is installed.

Installers can also easily adapt devices to a suit a wide range of application requirements using field-selectable candela settings, automatic selection of 12- or 24-volt operation, and a rotary switch for horn tones with three volume selections.

Agency Listings

SIGNALING UL LISTED
S4011 (chimes, horn strobes, horns)
S5512 (strobes)

FM APPROVED
3023572

MEA approved
MEA452-05-E

7125-1653:186 (indoor strobes)
7125-1653:188 (horn strobes, chime strobes)
7135-1653:189 (horns, chimes)

SpectrAlert Advance Specifications

Architect/Engineer Specifications

General

SpectrAlert Advance horns, strobes, and horn strobes shall mount to a standard 4 x 4 x 1½-inch back box, 4-inch octagon back box, or double-gang back box. Two-wire products shall also mount to a single-gang 2 x 4 x 17/8-inch back box. A universal mounting plate shall be used for mounting ceiling and wall products. The notification appliance circuit wiring shall terminate at the universal mounting plate. Also, SpectrAlert Advance products, when used with the Sync•Circuit™ Module accessory, shall be powered from a non-coded notification appliance circuit output and shall operate on a nominal 12 or 24 volts. When used with the Sync•Circuit Module, 12-volt-rated notification appliance circuit outputs shall operate between 8.5 and 17.5 volts; 24-volt-rated notification appliance circuit outputs shall operate between 16.5 and 33 volts. Indoor SpectrAlert Advance products shall operate between 32 and 120 degrees Fahrenheit from a regulated DC or full-wave rectified unfiltered power supply. Strobes and horn strobes shall have field-selectable candela settings including 15, 15/75, 30, 75, 95, 110, 115, 135, 150, 177, and 185.

Strobe

The strobe shall be a System Sensor SpectrAlert Advance Model _____ listed to UL 1971 and shall be approved for fire protective service. The strobe shall be wired as a primary-signaling notification appliance and comply with the Americans with Disabilities Act requirements for visible signaling appliances, flashing at 1 Hz over the strobe's entire operating voltage range. The strobe light shall consist of a xenon flash tube and associated lens/reflector system.

Horn Strobe Combination

The horn strobe shall be a System Sensor SpectrAlert Advance Model _____ listed to UL 1971 and UL 464 and shall be approved for fire protective service. The horn strobe shall be wired as a primary-signaling notification appliance and comply with the Americans with Disabilities Act requirements for visible signaling appliances, flashing at 1 Hz over the strobe's entire operating voltage range. The strobe light shall consist of a xenon flash tube and associated lens/reflector system. The horn shall have three audibility options and an option to switch between a temporal three pattern and a non-temporal (continuous) pattern. These options are set by a multiple position switch. On four-wire products, the strobe shall be powered independently of the sounder. The horn on horn strobe models shall operate on a coded or non-coded power supply.

Synchronization Module

The module shall be a System Sensor Sync•Circuit model MDL3 listed to UL 464 and shall be approved for fire protective service. The module shall synchronize SpectrAlert strobes at 1 Hz and horns at temporal three. Also, while operating the strobes, the module shall silence the horns on horn strobe models over a single pair of wires. The module shall mount to a 411/16 x 411/16 x 21/8-inch back box. The module shall also control two Style Y (class B) circuits or one Style Z (class A) circuit. The module shall synchronize multiple zones. Daisy chaining two or more synchronization modules together will synchronize all the zones they control. The module shall not operate on a coded power supply.

Physical/Electrical Specifications

Standard Operating Temperature	32°F to 120°F (0°C to 49°C)
Humidity Range	10 to 93% non-condensing
Strobe Flash Rate	1 flash per second
Nominal Voltage	Regulated 12 DC/FWR or regulated 24 DC/FWR[1]
Operating Voltage Range[2]	8 to 17.5 V (12 V nominal) or 16 to 33 V (24 V nominal)
Operating Voltage Range MDL3 Sync Module	8.5 to 17.5 V (12 V nominal) or 16.5 to 33 V (24 V nominal)
Input Terminal Wire Gauge	12 to 18 AWG
Wall-Mount Dimensions (including lens)	5.6″L x 4.7″W x 2.5″D (142 mm L x 119 mm W x 64 mm D)
Horn Dimensions	5.6″L x 4.7″W x 1.3″D (142 mm L x 119 mm W x 33 mm D)
Wall-Mount Trim Ring Dimensions (sold as a 5 pack) (TR-HS)	5.7″L x 4.8″W x 0.35″D (145 mm L x 122 mm W x 9 mm D)

Notes:

1. Full Wave Rectified (FWR) voltage is a non-regulated, time-varying power source that is used on some power supply and panel outputs.
2. P, S, PC, and SC products will operate at 12 V nominal only for 15 and 15/75 cd.

UL Current Draw Data

UL Max. Strobe Current Draw (mA RMS)

		8–17.5 Volts		16–33 Volts	
	Candela	DC	FWR	DC	FWR
Standard Candela Range	15	123	128	66	71
	15/75	142	148	77	81
	30	NA	NA	94	96
	75	NA	NA	158	153
	95	NA	NA	181	176
	110	NA	NA	202	195
	115	NA	NA	210	205
High Candela Range	135	NA	NA	228	207
	150	NA	NA	246	220
	177	NA	NA	281	251
	185	NA	NA	286	258

UL Max. Horn Current Draw (mA RMS)

		8–17.5 Volts		16–33 Volts	
Sound Pattern	dB	DC	FWR	DC	FWR
Temporal	High	57	55	69	75
Temporal	Medium	44	49	58	69
Temporal	Low	38	44	44	48
Non-temporal	High	57	56	69	75
Non-temporal	Medium	42	50	60	69
Non-temporal	Low	41	44	50	50
Coded	High	57	55	69	75
Coded	Medium	44	51	56	69
Coded	Low	40	46	52	50

UL Max. Current Draw (mA RMS), 2-Wire Horn Strobe, Standard Candela Range (15–115 cd)

	8–17.5 Volts		16–33 Volts						
DC Input	15	15/75	15	15/75	30	75	95	110	115
Temporal High	137	147	79	90	107	176	194	212	218
Temporal Medium	132	144	69	80	97	157	182	201	210
Temporal Low	132	143	66	77	93	154	179	198	207
Non-Temporal High	141	152	91	100	116	176	201	221	229
Non-Temporal Medium	133	145	75	85	102	163	187	207	216
Non-Temporal Low	131	144	68	79	96	156	182	201	210
FWR Input									
Temporal High	136	155	88	97	112	168	190	210	218
Temporal Medium	129	152	78	88	103	160	184	202	206
Temporal Low	129	151	76	86	101	160	184	194	201
Non-Temporal High	142	161	103	112	126	181	203	221	229
Non-Temporal Medium	134	155	85	95	110	166	189	208	216
Non-Temporal Low	132	154	80	90	105	161	184	202	211

UL Max. Current Draw (mA RMS), 2-Wire Horn Strobe, High Candela Range (135–185 cd)

	16–33 Volts					16–33 Volts			
DC Input	135	150	177	185	FWR Input	135	150	177	185
Temporal High	245	259	290	297	Temporal High	215	231	258	265
Temporal Medium	235	253	288	297	Temporal Medium	209	224	250	258
Temporal Low	232	251	282	292	Temporal Low	207	221	248	256
Non-Temporal High	255	270	303	309	Non-Temporal High	233	248	275	281
Non-Temporal Medium	242	259	293	299	Non-Temporal Medium	219	232	262	267
Non-Temporal Low	238	254	291	295	Non-Temporal Low	214	229	256	262

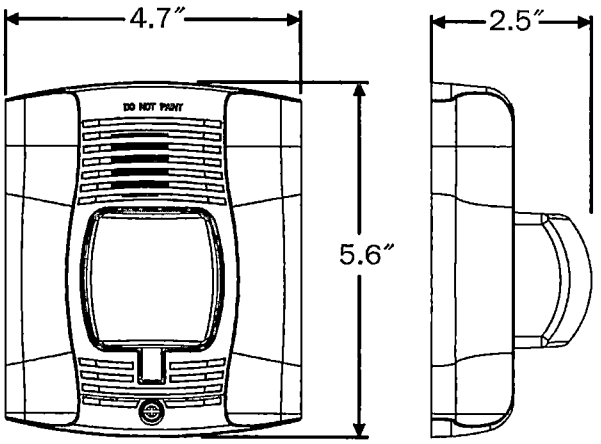
Horn Tones and Sound Output Data

Horn and Horn Strobe Output (dBA)

			8–17.5 Volts		16–33 Volts		24-Volt Nominal			
							Reverberant		Anechoic	
Switch Position	Sound Pattern	dB	DC	FWR	DC	FWR	DC	FWR	DC	FWR
1	Temporal	High	78	78	84	84	88	88	99	98
2	Temporal	Medium	75	75	80	80	86	86	96	96
3	Temporal	Low	71	71	76	76	83	80	94	89
4	Non-Temporal	High	82	82	88	88	93	92	100	100
5	Non-Temporal	Medium	78	78	85	85	90	90	98	98
6	Non-Temporal	Low	73	74	81	81	88	84	96	92
7†	Coded	High	82	82	88	88	93	92	101	101
8†	Coded	Medium	78	78	85	85	90	90	97	98
9†	Coded	Low	74	75	81	81	88	85	96	92

†Settings 7, 8, and 9 are not available on 2-wire horn strobes.

SpectrAlert Advance Dimensions



Wall-mount horn strobes

SpectrAlert Advance Ordering Information

Model	Description
Wall Horn Strobes	
P2R	2-Wire Horn Strobe, Standard cd, Red
P2R-P	2-Wire Horn Strobe, Standard cd, Red, Plain
P2R-SP	2-Wire Horn Strobe, Standard cd, Red, "FUEGO"
P2RH	2-Wire Horn Strobe, High cd, Red
P2RH-P	2-Wire Horn Strobe, High cd, Red, Plain
P2W	2-Wire Horn Strobe, Standard cd, White
P2W-P	2-Wire Horn Strobe, Standard cd, White, Plain
P2WH	2-Wire Horn Strobe, High cd, White
P2WH-P	2-Wire Horn Strobe, High cd, White, Plain
P4R	4-Wire Horn Strobe, Standard cd, Red
P4R-P	4-Wire Horn Strobe, Standard cd, Red, Plain
P4RH	4-Wire Horn Strobe, High cd, Red
P4W	4-Wire Horn Strobe, Standard cd, White
Wall Strobes	
SR	Strobe, Standard cd, Red
SR-P	Strobe, Standard cd, Red, Plain
SR-SP	Strobe, Standard cd, Red, "FUEGO"

Model	Description
Wall Strobes (cont.)	
SRH	Strobe, High cd, Red
SRH-P	Strobe, High cd, Red, Plain
SRH-SP	Strobe, High cd, Red, "FUEGO"
SW	Strobe, Standard cd, White
SW-P	Strobe, Standard cd, White, Plain
SWH	Strobe, High cd, White
SWH-P	Strobe, High cd, White, Plain
Horns	
HR	Horn, Red
HW	Horn, White
Accessories	
TR-HS	Trim Ring, Wall, Red
SBBR	Indoor Surface Mount Back Box, Red
SBBW	Indoor Surface Mount Back Box, White

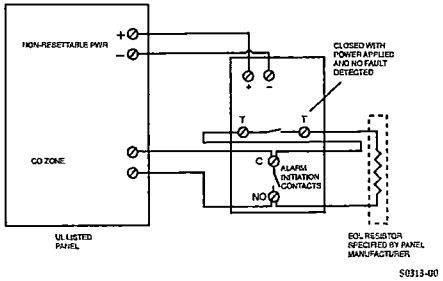
Notes:
All -P models have a plain housing (no "FIRE" marking on cover)
All -SP models have "FUEGO" marking on cover
"Standard cd" refers to strobes that include 15, 15/75, 30, 75, 95, 110, and 115 candela settings.
"High cd" refers to strobes that include 135, 150, 177, and 185 candela settings.

SYSTEM SENSOR®
3825 Ohio Avenue • St. Charles, IL 60174
Phone: 800-SENSOR2 • Fax: 630-377-6495
www.systemsensor.com

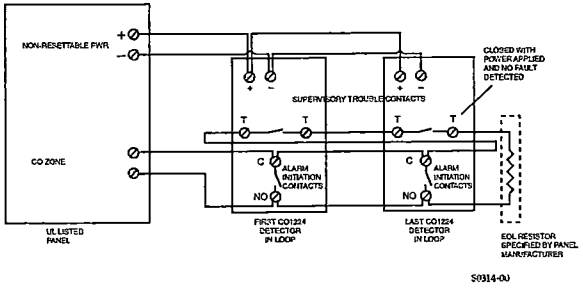
AVDS10201 • 1/14

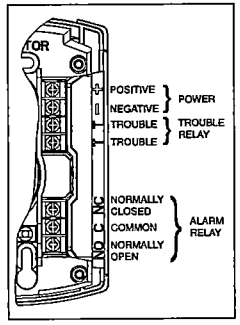
Figure 4. Wiring Diagram:

SINGLE UNIT, SINGLE ZONE, 4 CONDUCTOR CABLE



MULTIPLE UNIT, SINGLE ZONE, 6 CONDUCTOR CABLE





Input powered (12 or 24 VDC) from UL Listed Fire/Burg Control Panel (Class 2).

⚠CAUTION

It should be noted the installation, operation, testing and maintenance of the CO1224 is different than System Sensor conventional 4-wire smoke detectors, such as the i3 Series. Below are specific installation requirements for the CO1224:

- Connect to a non-resettable power supply
- Connect to a non-fire zone: Per NFPA 720 section 5.3.7.2 the CO1224 shall not be connected to a zone that signals a fire condition
- Per NFPA 720 section 5.3.7, do not connect the CO1224 on a zone with other fire or intrusion initiating devices - i.e. do not connect on the same zone as smoke detectors
- Wiring of the trouble relay is mandatory: Per UL Standard 2075 section 17.1.1 a detector shall send a trouble signal to the control panel upon an open circuit, a ground fault, sensor removal or sensor end of life
- If wiring one CO1224 per zone: Use 4 conductors
- If wiring multiple CO1224 detectors per zone: Use 4 conductors from panel to first CO1224, then use 6 conductors from the second CO1224 to other detectors on the zone

Please refer to insert for the limitations of Carbon Monoxide Detectors

FCC Statement

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.
NOTE: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

Three-Year Limited Warranty

System Sensor warrants its enclosed product to be free from defects in materials and workmanship under normal use and service for a period of three years from date of manufacture. System Sensor makes no other express warranty for the enclosed product. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligations or limitations of this Warranty. The Company's obligation of this Warranty shall be limited to the replacement of any part of the product which is found to be defective in materials or workmanship under normal use and service during the three year period commencing with the date of manufacture. After phoning System Sensor's toll free number 800-SENSOR2 (736-7672) for a Return Authorization number, send defective units postage prepaid to: System Sensor, Returns Department, RA #_____, 3825 Ohio Avenue, St. Charles, IL 60174. Please include a note describing the malfunction and suspected cause of failure. The Company shall not be obligated to replace units which are found to be defective because of damage, unreasonable use, modifications, or alterations occurring after the date of manufacture. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty, expressed or implied whatsoever, even if the loss or damage is caused by the Company's negligence or fault. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

INSTALLATION AND MAINTENANCE INSTRUCTIONS

SYSTEM SENSOR®

3825 Ohio Avenue, St. Charles, Illinois 60174
1-800-SENSOR2, FAX: 630-377-6495
www.systemsensor.com

CO1224
Carbon Monoxide Detector

Specifications

Electrical Specifications

System Voltage	
Nominal:	12/24 VDC
Min:	10 VDC
Max:	33 VDC
Avg. Standby Current:	20 mA
Max Alarm Current:	40 mA (75 mA test)
Alarm Contact Ratings:	30 VDC @ 0.5 A
Trouble Contact Ratings:	30 VDC @ 0.5 A
Audible Signal (temp 4 tone):	85 dBA min. in alarm (at 10ft)
Max. Start-up Capacitance:	20 uF

Physical Specifications

Operating Temperature Range:	0° to 40°C (32° to 104°F)
Operating Humidity Range:	22 – 90% %RH
Length:	5.1"
Width:	3.3"
Height:	1.3"
Weight:	7 oz
Wire Gauge Acceptance:	14-22 AWG

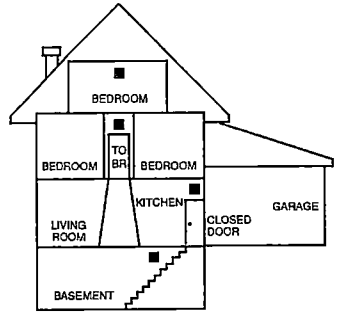
NOTICE: This manual shall be left with the owner/user of this equipment.

WARNING: This product is intended for use in ordinary indoor locations of dwelling units, including homes, residential buildings, hotels, schools, dormitories, and day care centers. It is not intended for use in industrial factories or commercial parking garages.

General Description

- Listed to UL standard 2075
- 4 wire, system monitored
- Local sounder
- Low current draw
- Alarm relay, Form C
- Trouble relay, Form A
- Dual LED's
- Test/Hush button
- SEMS wiring terminals
- Mount to single gang electrical box or surface mount to wall or ceiling
- Optional drywall anchors included

Figure 1. Alarm Location Diagram:



■ – CARBON MONOXIDE ALARM LOCATION FOR MULTI-LEVEL RESIDENCE

Table 1. Detector Operation Modes:

Operation Mode	Green LED	Red LED	Sounder
Normal (standby)	Blink 1 per minute	-	-
Alarm	-	Blink in temp 4* pattern	Sound in temp 4* pattern

*Temp 4 pattern is repeated pattern of four short indications followed by a five second pause.

When the detector has been in alarm for 30 minutes the alarm signal will be given once every minute.

If ambient conditions return to normal, the detector will self-restore out of alarm and into Normal (standby) mode.

Hush feature: If required, the audible alarm can be silenced for 5 minutes by pushing the button marked "Test/Hush". The red alarm light will continue to flash in temp-4 pattern. If carbon monoxide is still present after the 5 minute hush period, the audible alarm will sound. The hush facility will not operate at levels above 350 ppm (parts per million) carbon monoxide.

Trouble feature: When the sensor supervision is in a trouble condition (such as a sensor that has been tampered with), the detector will send a trouble signal to the panel. The detector must then be replaced.

End of Life Timer feature: When the detector has reached the end of its life, the trouble contact will open. This indicates that the CO sensor inside the detector has passed the end of its life and must be replaced. This detector's lifespan is approximately six years from the date of manufacture. Refer to Detector Replacement on page 3.

Per UL 2075, it is mandatory that a trouble signal be sent to the panel upon CO cell trouble or cell end of life. Refer to Figure 4 for wiring of the trouble relay.

Installation Guidelines

In a wall location, the detector should be at least as high as a light switch, and at least six inches from the ceiling. In a ceiling location, the detector should be at least 12 inches from any wall.

Where to install, ideally:

- Within 10 feet of all sleeping areas
- Inside the bedroom if it contains a fuel burning appliance
- On every floor of the building
- Ideally, install in any room that contains a fuel burning appliance
- If the appliance in the room is not normally used, such as the boiler room, the detector should be placed just outside the room so the alarm can be heard more easily

Where **NOT** to install, ideally:

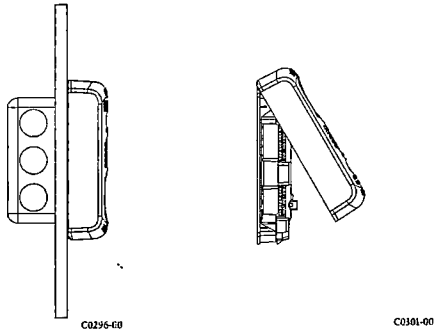
- Detectors operate best if not installed within 10 feet of any cooking appliance
- Directly above a sink, cooker, stove or oven
- Next to a door or window that would be affected by drafts i.e. extractor fan or air vent
- Outside
- Do not install in any environment that does not comply with the detector's environmental specifications
- In or below a cupboard
- Where air flow would be obstructed by curtains or furniture
- Where dirt or dust could collect and block the sensor
- Where it could be knocked, damaged, or inadvertently removed

Mounting

The CO1224 can be wall- or ceiling-mounted:

1. To a single gang box, or
2. Direct mount to wall or to ceiling using drywall fasteners.

Figure 2. Mounting of Detector:



C0296-00 C0301-00

Wiring Installation Guidelines

All wiring must be installed in compliance with the NFPA 70, National Electrical Code, applicable state and local codes, and any special requirements of the local Authority Having Jurisdiction (AHJ).

Proper wire gauges should be used. The conductors used to connect carbon monoxide detectors to the alarm control panel and accessory devices should be color-coded to reduce the likelihood of wiring errors. Improper connections can prevent a system from responding properly in the event of a CO.

The screw terminals in the mounting base will accept 14-22 gauge wire. Wire connections are made by stripping approximately 1/4" of insulation from the end of the feed wire, inserting it into the proper base terminal, and tightening the screw to secure the wire in place. Do not put wires more than 2 gauge apart under the same clamping plate.

WARNING: This product does not have a local audible trouble signal, and may fail without supervision if trouble loop remains unconnected.

WARNING: Gas detectors on a zone that is bypassed may not signal a trouble condition. Do not bypass zones used for gas detectors.

Wiring diagrams located on page 4, Figure 4.

Installation

⚠WARNING

Remove power from alarm control unit or initiating device circuits before installing detectors.

1. Using a small, flat head screw driver, push in the small tab located on the underside of the detector. Once the snap is loosened, lift the bottom end of the cover up and unhinge the top to remove the cover.
2. Wire the detector base screw terminals per **Figure 4.**
3. Screw the base of the detector onto a single gang electrical box, or to the surface of the wall or ceiling. Use the hardware included in the packaging.
4. Hinge the top portion of the cover onto the base; with the cover at a 45 degree angle, fit the hinges into the slots of the base.
5. Push the unhinged bottom portion of the cover down until it snaps into place.
6. After all detectors have been installed, apply power to the alarm control unit.
7. Test each detector as described in Testing.
8. Notify the proper authorities that the system is in operation.

⚠CAUTION

Airborne dust particles can enter the detector. System Sensor recommends the removal of detectors before beginning construction or any other dust producing activity.

Carbon monoxide detectors are not to be used with detector guards unless the combination has been evaluated and found suitable for that purpose.

Testing

Detector must be tested after installation.

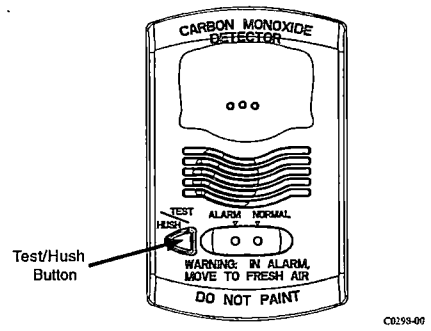
NOTE: Before testing, notify the proper authorities that maintenance is being performed and the system will be temporarily out of service. Disable the zone or system undergoing maintenance to prevent any unwanted alarms.

Ensure proper wiring and power is applied. After power up, allow 80 seconds for the detector to stabilize before testing.

Test the CO1224 detector as follows:

1. A test button is located on the detector housing (See **Figure 3**).
2. Use the tip of your finger to press and hold the test button.
3. If the sounder beeps and the LED's light up after 1-4 seconds, the detector is operational.

Figure 3. Test Button Location and Operation:



C0293-00

If a detector fails the above test method, its wiring should be checked. If the detector still fails after rewiring, it should be replaced.

The manufacturer cannot recommend a specific agent with which to test the detector.

Testing the detector will activate the alarm relay and send a signal to the panel.

CAUTION: This carbon monoxide detector is designed for indoor use only. Do not expose to rain or moisture. Do not knock or drop the detector. Do not open or tamper with the detector as this could cause malfunction. The detector will not protect against the risk of carbon monoxide poisoning if not properly wired. The detector will only indicate the presence of carbon monoxide gas at the sensor. Carbon monoxide gas may be present in other areas.

This carbon monoxide detector is NOT:

- Designed to detect smoke, fire or any gas other than carbon monoxide
- To be seen as a substitute for the proper servicing of fuel-burning appliances or the sweeping of chimneys.
- To be used on an intermittent basis, or as a portable alarm for the spillage of combustion products from fuel-burning appliances or chimneys.

Carbon monoxide gas is a highly poisonous gas which is released when fuels are burnt. It is invisible, has no smell and is therefore impossible to detect with the human senses. Under normal conditions in a room where fuel burning appliances are well maintained and correctly ventilated, the amount of carbon monoxide released into the room by appliances should not be dangerous.

Symptoms of carbon monoxide poisoning: Carbon monoxide bonds to the hemoglobin in the blood and reduces the amount of oxygen being circulated in the body. The following symptoms are related to carbon monoxide poisoning and should be discussed with all members of the household:

- Mild exposure: Slight headache, nausea, vomiting, fatigue (often described as "flu-like" symptoms).
- Medium exposure: Sever throbbing headache, drowsiness, confusion, fast heart rate.
- Extreme exposure: Unconsciousness, convulsions, cardio respiratory failure, death.

Many causes of reported carbon monoxide poisoning indicate that while victims are aware that they are not well, they become so disoriented that they are unable to save themselves by either exiting the building or calling for assistance.

Also young children and pets may be the first to be affected.

What to do if the carbon monoxide detector goes into alarm:

Immediately move to a spot where fresh air is available, preferably outdoors. Find a phone in an area where the air is safe and call your security service provider. Tell your provider the detector alarm status, and that you require professional assistance in ridding your home of the carbon monoxide.

IMPORTANT: This detector should be tested and maintained regularly following National Fire Protection Association (NFPA) 720 requirements.

Maintenance

Occasionally clean the outside casing with a cloth. Ensure that the holes on the front of the alarm are not blocked with dirt and dust.

Do not paint, and do not use cleaning agents, bleach, or polish on the detector.

Detector Replacement

This detector is manufactured with a long-life carbon monoxide sensor. Over time the sensor will lose sensitivity, and will need to be replaced with a new System Sensor carbon monoxide detector. This detector's lifespan is approximately six years from the date of manufacture.

Periodically check the detector's replacement date. Remove the detector cover and refer to the sticker placed on the inside of the detector. The sticker will indicate the date that the detector should be replaced.

This detector is also equipped with a feature that will open the trouble relay once it has reached the end of its useful life. If this occurs, it is time to replace the detector.

NOTE: Before replacing the detector, notify the proper authorities that maintenance is being performed and the system will be temporarily out of service. Disable the zone or system undergoing maintenance to prevent any unwanted alarms. Dispose of detector in accordance with any local regulations.

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
CHECKPOINT ALARM SYSTEMS, INC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/20/2019 TO 03/31/2020
VALID

Richard Kisley
SIGNATURE

13VH00393400
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

CHECKPOINT ALARM SYSTEMS INC

And is authorized to provide services on the following systems: FAS

10/25/2018 to 10/31/2021
Date Issued Lapse Date

P00142
Permit ID

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that: RICHARD J KISLEY

Has been certified as: C4-FAS

10/23/2018 to 10/31/2021
Issue Date Lapse Date

153247
DFSID Number

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
CHECKPOINT ALARM SYSTEMS, INC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/20/2019 TO 03/31/2020 Richard Kisley
VALID SIGNATURE

13VH00393400 Paul Rodriguez
License/Registration/Certificate # ACTING DIRECTOR

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

CHECKPOINT ALARM SYSTEMS INC.

And is authorized to provide services on the following systems: FAS

10/25/2018 to 10/31/2021 P00142
Date Issued Lapse Date Permit ID

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that: RICHARD J KISLEY

Has been certified as: C4-FAS

10/23/2018 to 10/31/2021 153247
Issue Date Lapse Date DFSID Number

8/29/19
Faxed Norm Fire letter of denial. The confirmation letter is attached.
CW

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

Subcode Official Review

Date: Thursday, August 22, 2019

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
[redacted] CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-19-002519
Last Submit Date: Tuesday, August 20, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.

Second Review 8-22-2019

Letter dated 8-5-2019 from design professional states fire alarm and carbon monoxide alarms being installed and plan has been updated.

Need fire tech update indicating licensed fire alarm contractor and specifications of devices being installed. Please include a copy of the fire alarm contractor license.

Sincerely,

Richard Orlando, Subcode Official

CC:

* * * Communication Result Report (Aug. 29. 2019 9:11AM) * * *

1)
2)

Date/Time: Aug. 29. 2019 9:10AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5480	Memory TX	912159689526	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

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

Subcode Official Review

Date: Thursday, August 22, 2019

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
60 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-19-002519
Last Submit Date: Tuesday, August 20, 2019

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Sincerely,

Richard Orlando, Subcode Official

CC:

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

Subcode Official Review

Date: Friday, July 12, 2019

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

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
50 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-19-002519
Last Submit Date: Wednesday, July 10, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

The following comments were made during the Plan Review process:
NJAC 5:23-6.1(d)6 includes basic requirements for alteration based on group.
The B group basic requirements NJAC 5:23-6.17(k) Identifies the required plumbing fixtures. This application does not have the required minimum plumbing fixtures.
A single unisex bathroom for an occupancy of 2/3 of the egress occupancy is allowed (34-11= 23) but the plans do not show a drinking water facility and it does not show a service sink.

Please indicate any existing plumbing fixtures that are being removed on the demolition plan and any that exist and are remaining.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC: Resubmit 8/7/19

New pages A-2 & A-4
Put into plans