



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge PERMIT NO. 19-1442



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Rd. Space 42

2. Name of Owner in Fee: Federal Realty
Tel. (973) 933-9382 e-mail Ncain@FederalRealty
Address 50 E. Wynnwood Wynnwood Pa
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☐ Public

4. Principal Contractor: National Maintenance and Repair Tel. 267-986-9853
Address 1044 Pulinski Rd e-mail jkorhney@NMA.com
Trvlgand Pa 19976

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer Kellenyi Johnson Wagner Eric Wagner
Address 21 Peter Place Red Bank NJ e-mail _____
Tel. (732) 741-5270 FAX: () _____

6. Responsible Person in Charge once Work has Begun
Tel. () _____ FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1300</u>		
2. Electrical	\$ <u>150</u>		
3. Plumbing		<u>200</u>	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>400</u>	<u>3</u>	
10. Subtotal	\$ <u>215</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>1591</u>	<u>203</u>	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	<u>1</u>	
2. Height of Structure	<u>27</u> 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 ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 18 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES
(Check all that apply)

☐ Building ☒ Electrical ☐ Plumbing

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>[Signature]</u>			<u>06/05/19</u>	<u>NEK</u>			
				<u>5/13/19</u>	<u>RTK</u>			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

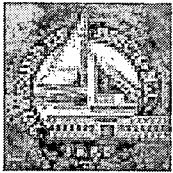
2. Use Group, Proposed: _____

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)



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/15/2020
Control Number C-19-001540
Permit Number 19-1442
Permit Issue Date 6/7/2019
Certificate Number 19-1442

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual: _____
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone: (973) 933-8382
Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD Ivyland PA 18974
Telephone: (215) 442-2538 Fax: (215) 442-5679 Federal Emp. Number: 300020638
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: FACADE RENOVATION - - SPACE 42 - VACANT

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 NJACS: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:

Fee: \$0.00

Check Number: _____

Collected By: _____

Construction Official

Date Printed: 9/15/2020

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

7/30/19 dm - Archive not ready lower section not complete

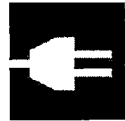
Complete

yes

3



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 071 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambers bridge Rd. Brick NJ space 42

Owner in Fee: Federal Realty

Tel. 973-933-9382 e-mail Ncain@federal Realty.com

Address 50 E. Wynnewood Wynnewood Pa
street municipality zip code

Contractor: MJM Electric Inc Tel. 732 859-0314

Address 7 South Tamarack Dr e-mail nike@mymetech.com
Berkely NJ 08730 NJ GM

Contractor License No. 1015P Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-3485794 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 9200

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval Initial
[] No Plans Required		Rough			9/24/19 PJR
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[X] Electric Plans Approved		Temp. Serv.			
Date: <u>5/13/19</u> Approved by: <u>PJR</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>5/13/19</u>		Final			8/19/2019
Approved by: _____		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>5/19/2020</u>		Annual Pool Inspection			
Approved by: <u>WH</u>		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: _____

Print name here: Michael J. McKen

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

D. TECHNICAL SITE DATA

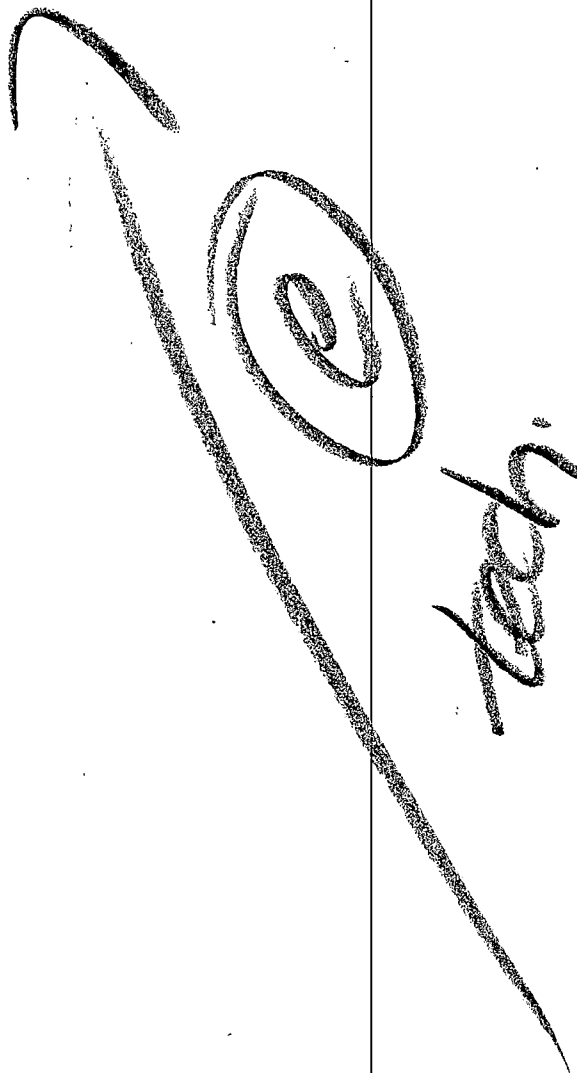
DESCRIPTION OF WORK: Lighting 30'x42' space 42

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>6</u>		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>6</u>		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	

444 3533

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

9/9/19 - ABOVE CEILING -
CANOPY + COLUMNS.
PJC





PLUMBING SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____
 Work Site Location 56 CHAMBERSBURG RD. BRICK Space 42
 Owner in Fee: FEDERAL REALTY INVESTMENT LLC.
 Tel. _____ e-mail _____

Address _____
 Contractor: Pinnacle Plumbing & Heating Tel. 732 816-0508
 Address 915 Rt 9 N Unit 2 e-mail _____
BAYVILLE, N.J. 08721

Contractor License No. 10508 Exp. Date 6-30-2021

Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. 81-0591940 FAX: 732 504-7428

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size 4" Public Sewer 4" Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ 1500.00

JOB SUMMARY (Office Use Only)		Dates (Month/Day)			
PLAN REVIEW					
☐ No Plans Required					
☐ Partial - Underslab Utilities Approved					
Date: _____	Approved by: _____	Type:	Failure	Failure	Approval
☒ Plumbing Plans Approved		Slab			
Date: <u>8-9-19</u>	Approved by: <u>[Signature]</u>	Rough			
Joint Plan Review Required:		Water			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Sewer			
SUBCODE APPROVAL for PERMIT		Fixtures			
Date: <u>8-9-19</u>	Approved by: <u>[Signature]</u>	Gas Equipment			
SUBCODE APPROVAL for CERTIFICATE		Gas Piping			
IN CO <u>8</u> CCO <u>1</u> CA <u>1</u>		LPGas Tank			
Date: <u>8-27-20</u>	Approved by: <u>[Signature]</u>	Fuel Oil Piping			
		Solar			
		TCO			
		Final			

* previously Inspected
2019

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: SIMON FORSTER
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW SEWER LATERAL TO SPACE 42

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

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



PERMIT UPDATE

Date Update Issued _____
Control # C-19-001540+A
Permit # 19-1442+A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD Ivyland PA 18974
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX
76092 Telephone: (215) 442-2538
Telephone: (973) 933-8382 Lic. No. or Bldrs. Reg. No. 13vh07302100
Federal Employee No. 300020638

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:

FACADE RENOVATION - SPACE 42 ...UPDATE +A - SANITARY SEWER EXTENSION

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 \$1,500

Construction Official [Signature]

Date 2/12/19

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building _____ \$0
Electrical _____ \$0
Plumbing _____ \$200
Fire Protection _____ \$0
Elevator Devices _____ \$0
Other _____ \$0.00
DCA Training Fee _____ \$3
CO Fee _____
Other _____ \$0
Total _____ \$203
Check No. 14729
Cash _____ \$0
Credit _____ \$0
Collected By [Signature]

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



CONSTRUCTION PERMIT

Date Issued 12/17/19
Control # C-19-001540
Permit # 19-1442

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor National Maintenance & Buildout
Address 1044 PULINSKI RD. Ivyland PA 18974
Owner in Fee FEDERAL REALTY INVESTMENT TRUST %
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX
76092 Telephone: (215) 442-2538
Telephone: (973) 933-8382 Lic. No. or Bldrs. Reg. No. 13vh07302100
Federal Employee. No. 300020638

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:

FACADE RENOVATION - SPACE 42 - VACANT

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 \$35,200

D. Neuman
Construction Official

Date 6/6/19

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,300
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$66
CO Fee	
Other	\$0
Total	\$1,516
Check No.	<u>0557</u>
Cash	\$0
Credit	\$0
Collected By	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 516 chambersbridge Rd. Brick NJ**IDENTIFICATION:**

1. WORK SITE ADDRESS: 516 chambersbridge Rd. Brick NJ Space 42
2. NAME OF OWNER IN FEE: Federal Realty
ADDRESS: 50 E Wynnewood PHONE #: (973) 933-9382
Wynnewood Pa FAX #: () _____
3. PRINCIPAL CONTRACTOR: National Maintenance and build
ADDRESS: 1044 Pulinski Rd. PHONE #: (215) 442-5380
Ivyland Pa 19976 FAX #: () _____
4. ARCHITECT OR ENGINEER: Kellengy Johnson wagner
ADDRESS: 21 Peters Place Red Bank PHONE #: (732) 741-5290
5. RESPONSIBLE PERSON FOR WORK: Mr Joe Kornsey
ADDRESS: 1044 Pulinski Rd Ivyland Pa
PHONE #: (267) 966 5239 FAX #: () _____ E-MAIL: j.kornsey@Nmboc.com

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

FEE SUMMARY:

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

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: COMMERCIAL
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____

D.E.P. PERMITS:BOARD APPROVAL: ☐ PB ☐ ZB

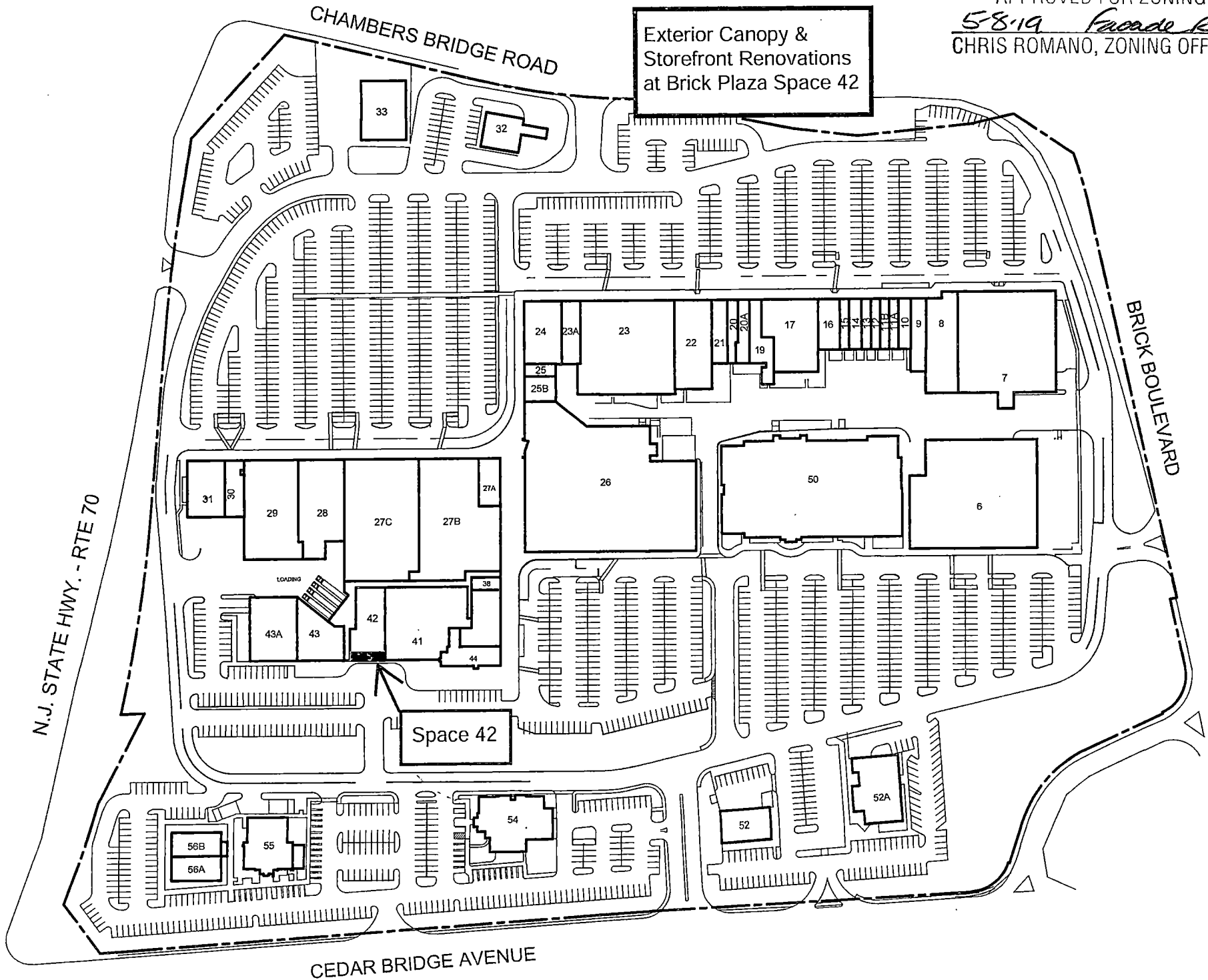
APPLICATION NUMBER: _____

APPROVED DATE: _____

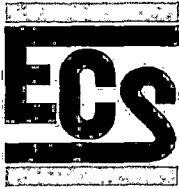
ENGINEERING REVIEW:

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

APPROVED FOR ZONING
5-8-19 Facade Ren
CHRIS ROMANO, ZONING OFFICER



Permit 19-1442



ECS Mid-Atlantic, LLC

2 Executive Drive
Suite 11
Moorestown, NJ 08057
(609) 832-3910 [Phone]
(484) 840-5586 [Fax]

FIELD REPORT

Project **Brick Plaza - Space 42**
Location **Brick, NJ**
Client **Federal Realty Investment Trust - Neil Cain**
Contractor **National Maintenance Build Out Company - Joe**

Project No. **44:1160-E**
Report No. **1**
Day & Date **Thursday 08/15/2019**
Weather **74° Cloudy**
On-Site Time **2.75**
Lab Time **0.00**
Travel Time* **1.25**
Total **4.00**
Re Obs. Time **0.00**

Remarks

Trip Charges* **45.00** Tolls/Parking* **\$2.15** Mileage*

Time of Arrival **10:00A** Departure **12:45P**

Chargeable Items

* Travel time and mileage will be billed in accordance with the contract.

Summary of Services Performed (field test data, locations, elevations & depths are estimates) & Individuals Contacted.

The undersigned arrived on site, as requested, to observe:

1. Structural steel framing and field welded connections at the store front canopy of space 42 (Permit number 19-1442) bound by L.6-M/1-3.6. Please see the attached sketch. Prior to today's observations approved structural drawings were reviewed and appeared to be in order.

Reference Documents:

-For Construction Plan Set titled "Storefront & Canopy Renovations at Space #42," drawn by Kellenyi Johnson Wagner, dated 4/22/2019

Steel members were observed for size, shape, and plumbness. Structural HSS columns to HSS beams, HSS beams to existing columns, angle to girder, angle to column, and angle to beam weld connections were observed on this date. Field welded fillet connections were visually observed for weld size, configuration, and weld quality compliance with AWS D1.1 SMAW weld quality requirements. Field welds and structural steel framing observed on this date appeared to be in general accordance with approved project plans and specifications.

~~It should be noted that the shear reinforcing angles had not been installed at the time of this visit. The steel erector was still working on completing structural steel construction. The undersigned will need to return on a later date to observe the shear reinforcements.~~

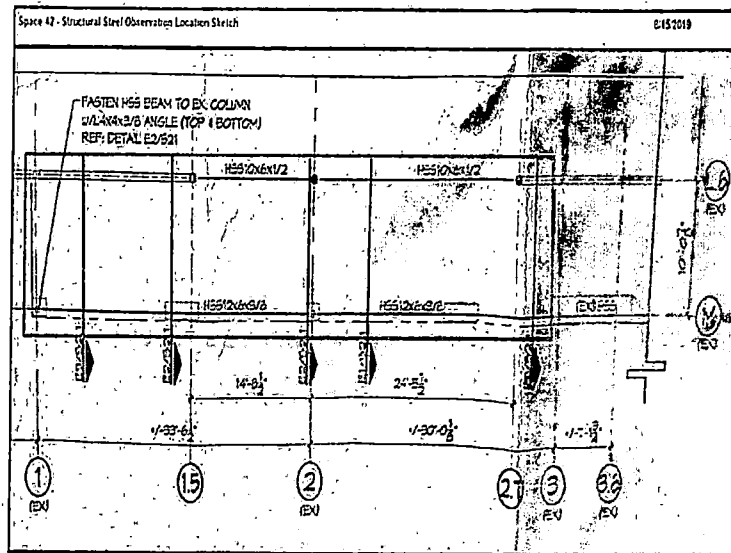
*Need follow up letter
8/26/19 PG*

By **Stephen Gulas**, — Material Testing Staff Project Manager

7101

25552

ATTACHMENTS



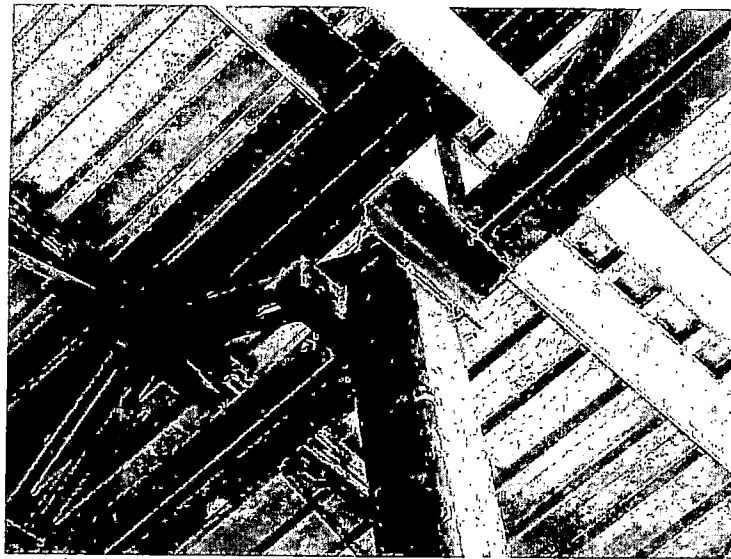
Attachment No. 1
Space 42 - Structural Steel Observation Sketch 8.15.19



Attachment No. 2
Space 42 - New HSS Beam to Existing Column Weld Connections 8.15.19



ATTACHMENTS



Attachment No. 3
Space 42 - New HSS Beam to Existing Girder Connection 8.15.19



Attachment No. 4
Space 42 - New HSS Beam to HSS Column Weld Connections 8.15.19

THESE DOCUMENTS SONT
DEPOSES EN VERTU DE LA
LOI DU 15 JANVIER 1981
RELATIVE A L'ACCES
AU DOCUMENT OFFICIEL
ET SONT MISES A DISPOSITION
DU PUBLIC EN VERTU DE LA
LOI DU 17 JULI 1978
RELATIVE A L'ACCES
AU DOCUMENT OFFICIEL

RECEIVING CLERK

DATE REC'D

ZONING PERMIT APPLICATION

PERMIT #

ZP-19-00615

DATE ISSUED

6/27/19

BLOCK: 671 LOT: 1.01 QUALIFIER: SITE ADDRESS: 56 Chambers bridge Rd. Space 42

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty
COMPLETE ADDRESS: 50 E. Wymewood
Wymewood Pa
PHONE # 933-932-8382 EMAIL: Ncain@Federal Realty.com
2. NAME OF APPLICANT: National Maintenance and build out Co.
APPLICANT ADDRESS: 1044 Pulinski Rd.
Ivyland Pa 19976
PHONE # 267-966-5239 EMAIL: JKornsey@Nmboc.com
3. RESPONSIBLE PERSON FOR WORK: Jbe Kornsey
PHONE# 267-966-5239 FAX# _____
4. SIGNATURE OF APPLICANT: Amanda Fiesto

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ _____

OTHER: \$ _____

TOTAL: \$ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____

COMMERCIAL: ☒ _____EXISTING USE: COMMERCIALPROPOSED USE: Space 42 - Vacant

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: Canopy and store front

ZONING REVIEW:

DATE REVIEWED: 5-8-19

DATE DENIED: _____

DATE APPROVED: 5-8-19INTLS: ce

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Four (4) copies of plot plan containing:

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

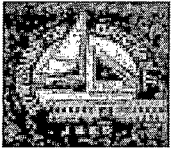
2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1041

Date Issued: _____
Application Number: ZA-19-00543
Application Date: 5/6/2019
Project Number: _____
Permit Number: _____
Fee: \$75.00

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Space #42**
Brick Township, NJ 08723

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

Applicant: **National Maintenance & Buildout**
Address: **1044 PULINSKI RD**
Ivyland, NJ 18974

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: Nightclub

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Commercial

Work Description:

Rehabilitation - Storefront and Canopy renovations for space #42.

Additional Zoning Permit is required for additional work.

Application Approved Date: 5/8/2019

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

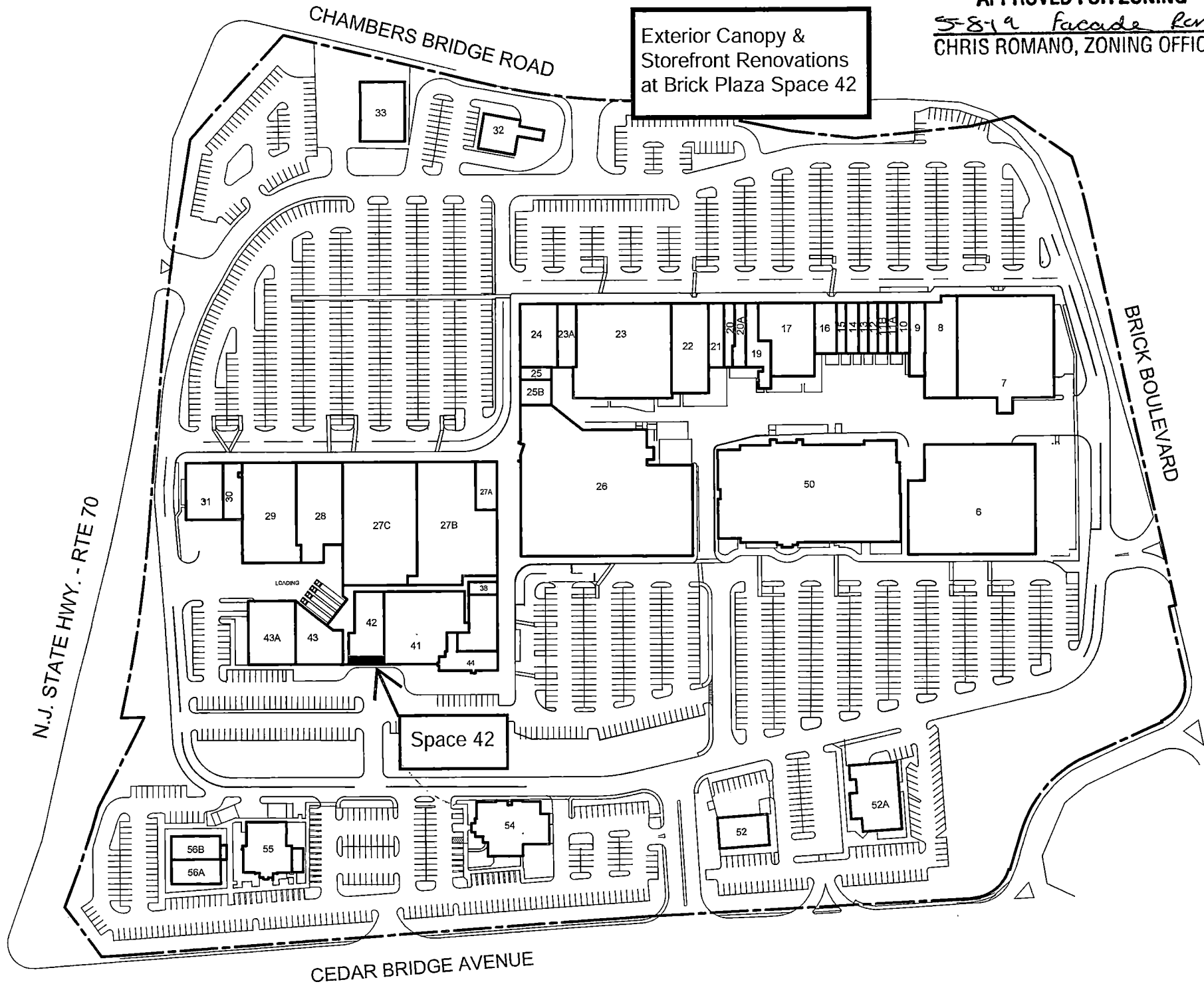
5/8/2019

Date

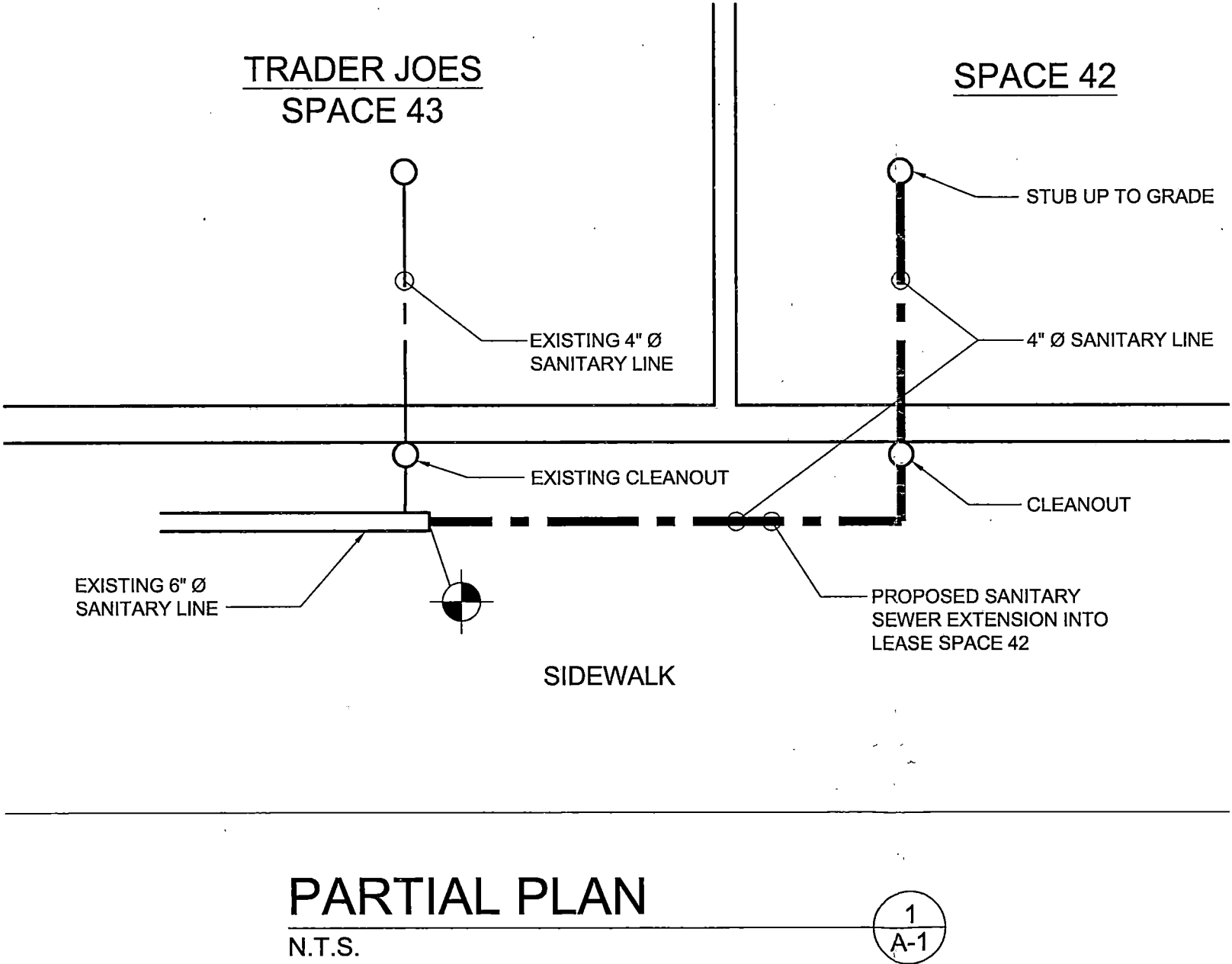
APPROVED FOR ZONING

5-8-19 Facade Ren
CHRIS ROMANO, ZONING OFFICER

Exterior Canopy &
Storefront Renovations
at Brick Plaza Space 42



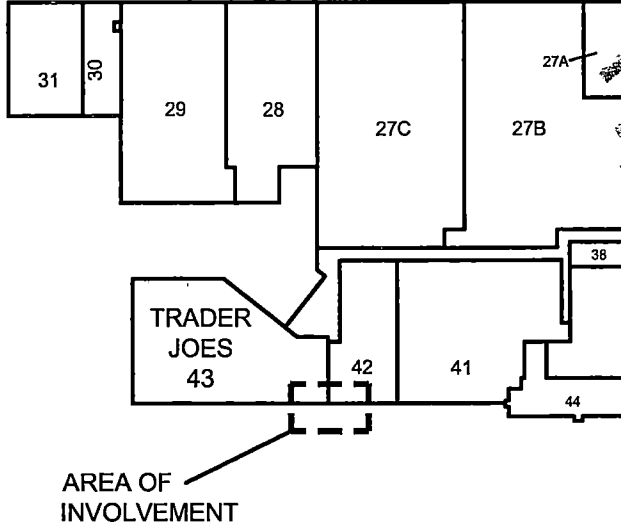
FILE COPY



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Review		
Plans Released		
Construction Official		

UPDATE



KEY PLAN
N.T.S.

FILE COPY

2
A-1

JD #8.6 - PLUMBING

BRICK PLAZA - SPACE 42

56 CHAMBERS BRIDGE ROAD

BRICK, NEW JERSEY

KELLEY JOHNSON WAGNER

21 PETERS PLACE RED BANK, NJ

ERIC L. WAGNER AIA 10366

RICHARD R. KANE AIA 12809

DATE 8/6/19

architects

2715.9

