1.01 Space 38 Space 38

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Rd - PERMIT NO. 19-1690

CONSTRUCTION PERMIT APPLICATION

19-0014439

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Rd. - Space 38
2. Name of Owner in Fee: Federal Realty
   Tel. (973) 933 9382 e-mail Nrain@FederalRealty.com
   Address 50 E Wynnewood Rd Wynnewood Pa
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: National Maintenance Tel. (215) 442-5380
   Address 1044 Fulling Rd. e-mail jkorney@nmlec.com
   Ivyland Pa 18974
   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 Whitney Contact Eric Wagner
   Address Lionshead 21 Peters Place Red Bank e-mail _____
   Tel. (732) 741-5220 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Joe Kornney
   Tel. (215) 442-5380 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 2100 - ✓		
2. Electrical	1000 - ✓	1500	
3. Plumbing	350 - ✓		
4. Fire Protection	125 - ✓	110 - ✓	110 - ✓
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	16.5 -	14 -	5 -
10. Subtotal	$ 475		
11. Cert. of Occupancy	75		
12. Other			
13. TOTAL	$ 3819	880	121

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	1
2. Height of Structure	20 ft.	
3. Area — Largest Floor	650 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 ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

Shell

- ☐ Minor Work
- ☐ 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	42,000	MFF	4/19/19		06/14/19	KEK			
☑ Electrical	34,000				5/1/19	PJC			
☐ Plumbing	4500			5-2-19	5-22-19				
☐ Fire Protection	3500				5/16/19				
☐ Elevator		Exempt	Exempt		4/26/19	EG			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Joe Kouse

Address _____

_____

Telephone ( ) 267-966-5939

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 10/29/2019
Control Number C-19-001439
Permit Number 19-1690
Permit Issue Date 06/27/2019
Certificate Number 19-1690

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %

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

Telephone:

Contractor National Maintenance & Buildout

Address 1044 PULINSKI RD Ivyland PA 18974

Telephone: (215) 442-2538 Fax: (215) 442-5679

License Number or Builders Registration Number: Federal Emp. Number: 300020638

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: VANILLA BOX - - SPACE 38

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: 10/29/2019

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/27/19
Control #

Date Issued 19-1690E
Permit #

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

Block 671 Lot 1.01 Qualification Code

Work Site Location [redacted]
56 Chambersbridge Rd. Brick NJ

Owner in Fee: Federal Realty Joe K: 267-966-5239

Tel. 973-933-8382 e-mail

Address 50 E Wynnwood Wynnewood Pa
street municipality zip code

Contractor: National Maintenance and Build out Tel. 215-442-5300

Address 1044 Pulinski Rd. e-mail JKoRnsey@NmbDC.com
Ivyland Pa 18974

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

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

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required
[✓] All 06/14/19 KEK
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 06/14/19
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/04/19
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	Bath 2 walls 8/26/19			
Insulation				
Energy				
TCO				
Other				
Final			10/04/19	KEK

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: Amanda Presto

Print name here: Amanda Presto

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shell fit-out
Space 38

COMMERCIAL

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories 1
Height of Structure 20' ft.
Area — Largest Floor 1250 sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 42,000

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 6/27/19
Date Issued Permit # 19-1690

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambersbridge Rd. Brick NJ Space 38

Owner in Fee: Federal Realty

Tel. (973) 933 - 9302 e-mail

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 mikeGmjmelectric
Brick NJ 08723 NJ.com

Contractor License No. 12715B Exp. Date 3/21

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

Federal Emp. ID No. 22-3985744 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 34,000

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:

Print name here: Michael J McKeon

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ~~Temp~~ Conc Shell Services Lighting HVAC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixtures	
8		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
6		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
33		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	9.1	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	45 1-100	KW Transformer/Generator	
3	1-400 1-200	AMP Service	
2	1-125	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date 5/1/19 Approved by: RJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/1/19
Approved by: RJC
SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 9/11/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			7-30-19	MM
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Open Ceiling			7-30-19	MM
Service			8/2/19	RJC
Final			9/4/19	RJC
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			9/7/19	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Dates (Month/Day)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/27/19
Control #
Date Issued
Permit # 19-1690 +A

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

Block 6971 Lot 1.01 Qualification Code

Work Site Location Space #38
Brick Plaza, 56 Chambers Bridge Road

Owner in Fee: Federal Reality

Tel. (973) 967-0967 e-mail

Address 50 E. Wynnewood (street) Wynnewood, PA (municipality)

Contractor: ELECTRONIC SECURITY SOLUTIONS Tel. (215) 277-5248 (zip code)

Address 5115 Campus Drive e-mail jeffmitchell@essfiresys.com
Plymouth Meeting, PA 19462

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 25-189772 FAX: (215) 277-5263

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date 5/1/19 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/1/19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/12/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/12/19	RC
Barrier-Free				

Dates (Month/Day)

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:

Print name here: Tom Capie

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fire Alarm Fitout

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

COMMERCIAL

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Bubbles

Date Received / Control # 6/27/19

Date Issued / Permit # 19-1690

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

#38

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambersbridge Rd. Brick NJ Space 38

Owner in Fee: Federal Realty

Tel. 973-933-8382 e-mail

Address 50 E. Wynnewood Wynnewood Pa
street municipality

Contractor: Pinnacle Plumbing & Heating Inc. Tel. 732 818-6508
zip code

Address 915 Rt. 9 N Unit 2 e-mail

Bayville, N.J. 08721

Contractor License No. 10508 Exp. Date 6.30.2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 81-0571940 FAX: 732 574-7428

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 1" Public Water X Private Well

Est. Cost of Plumbing Work $ 4500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Shawn Forgea

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fitout for Bath Room

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

COMMERCIAL

FEE (Office Use Only)	
	$
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:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-22-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-13-19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7-10-19	
Rough			7-10-19	
Water				
Sewer				
Fixtures				
Gas ~~Equipment~~ Test only			7-10-19	
*Gas Piping Cal.			7-10-19	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9-13-19	

* paint All Altered Pipe ✓

Lease Space 38
V Box only

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 6/27/19

Date Issued / Permit # 19-1690

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

Block 6711 Lot 1.01 Qualification Code

Work Site Location 51 Chambers Bridge Rd Brick NJ Space 38

Owner in Fee: Federal Realty

Tel. 973-933-9362 e-mail

Address 50 E. Wynnewood Wynnewood Pa
street municipality

Contractor: National Maintenance and Building Tel. 215-442-5390
zip code

Address 1044 Pulaski Rd. e-mail

Ivyland Pa 18974

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 5,700

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/13/15
Approved by:

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

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				
Other				

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: Amanda Fu

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

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision

Remote key resets required

COMMERCIAL

	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)		
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 Roof top AC	1	

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

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

Lease Space 38 v Bay only

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 6/27/19

Date Issued Permit # 19-1690 + 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 Space #38
Brick Plaza, 56 Chambers Bridge Road

Owner in Fee: Federal Reality

Tel. (973) 967-0967 e-mail

Address 50 E. Wynnewood ave. Wynnewood, PA
(street) (municipality)

Contractor: Electronic Security Solutions Tel. (215) 277-5248
(zip code)

Address 5115 Campus Drive e-mail tcapie@essfiresys.com

Plymouth Meeting, PA 19462

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01299

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

Fire Alarm Contractor No. 34BF000377 Exp. Date 10/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 25-189772 FAX: (215) 277-5263

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present 11B Proposed 11B

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 $ 3,800

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel: Gravity Vault Space 41

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: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/16/19
Approved by:

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

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

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: Tom Capie

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	3	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	3	
Other Devices Annunciator	1	
TOTAL	8	
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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 02/11) Internet version

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

Lease Space 38
V Borough

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 6/27/19

Date Issued Permit # 19-1690 +B

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd Space 38

Owner in Fee: Federal Realty

Tel. 973 933 - 9382 e-mail

Address 50 E Wynnewood Rd. Wynnewood Pa
street municipality zip code

Contractor: Premier Fire Systems Tel. 8484485512

Address 2 Ilene Ct. e-mail

Hillsborough, NJ 08844

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00647

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

Fire Alarm Contractor No. Exp. Date 4/19

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223828273 FAX: 7322621780

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 $ 2500.-

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: Landlord Room

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: Mike Kelly

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reno for new [redacted]

Water Supply Source Existing

Method of Alarm/Suppression System Supervision Existing

	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)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	13	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required

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

SUBCODE APPROVAL for PERMIT

Date: 5/13/19

Approved by: SLA

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] COO [ ] CA

Date:

Approved by:

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

U.C.C. F140 (rev. 02/11) Internet version

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP19-00121
DATE ISSUED _____

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

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty
   COMPLETE ADDRESS: 50 E. Wynnewood Wynnewood Pa
   PHONE # 973-933-9392 EMAIL: NCain@FederalRealty.com
2. NAME OF APPLICANT: National Maintenance Build out Company
   APPLICANT ADDRESS: 1044 Pulinski Rd. Ivyland Pa 18974
   PHONE # 215-442-5300 EMAIL: Jkornsey@nmboc.com
3. RESPONSIBLE PERSON FOR WORK: Joe Kornsey
   PHONE# _____ FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 25-
OTHER: $ _____
TOTAL: $ 25-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: _____
PROPOSED USE: Shell -

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: Shell fit-out Space 38

ZONING REVIEW:
DATE REVIEWED: 4.25.19 DATE DENIED: _____ DATE APPROVED: 4.25.19 INTLS: CM

(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

01/2010

CONSTRUCTION PERMIT

Date Issued 6/27/19
Control # C-19-001439
Permit # 19-1690

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

Contractor: National Maintenance & Buildout
Address: 1044 PULINSKI RD Ivyland PA 18974
Telephone: (215) 442-2538
Lic. No. or Bldrs. Reg. No. 13vh07302100
Federal Employee. No. 300020638

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:
VANILLA BOX - SPACE 38

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 $86,200

D. Newman Jr. 6/14/19
Construction Official Date

PAYMENTS (Office Use Only)

Building	$2,100
Electrical	$1,000
Plumbing	$354
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$165
CO Fee	
Other	$0
Total	$3,744
Check No.	[illegible]
Cash	$0
Credit	$0
Collected By	

+75
3819

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 6/27/19
Control # C-19-001439+A
Permit # +A
17-1690+H

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

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

Contractor: National Maintenance & Buildout
Address: 1044 PULINSKI RD Ivyland PA 18974
Telephone: (215) 442-2538
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:
VANILLA BOX - SPACE 38 ...UPDATE +A - ALARMS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$14
CO Fee	
Other	$0
Total	$280
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $7,600

D. Numan 6/14/19
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.

☑ 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.

PERMIT UPDATE

Date Update Issued 6/27/19
Control # C-19-001439+B
Permit # +B
19-1690+B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX 76092
Telephone:
Contractor: National Maintenance & Buildout
Address: 1044 PULINSKI RD Ivyland PA 18974
Telephone: (215) 442-2538
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:
VANILLA BOX - SPACE 38 ...UPDATE +B - SPRINKLERS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$121
Check No.	
Cash	$0
Credit	$0
Collected By	

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $2,800

D V Hillman Jr 6/14/19
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:

☑ 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.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-19-00479
Application Date: 4/25/2019
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
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: _____

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

Present Use: **Commercial**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Commercial (Shell Fit-Out for Future Tenant)**

Work Description:
Rehabilitation - Interior alterations to the existing tenant space #38 for future tenant.

Additional Zoning Permit is required for additional work.

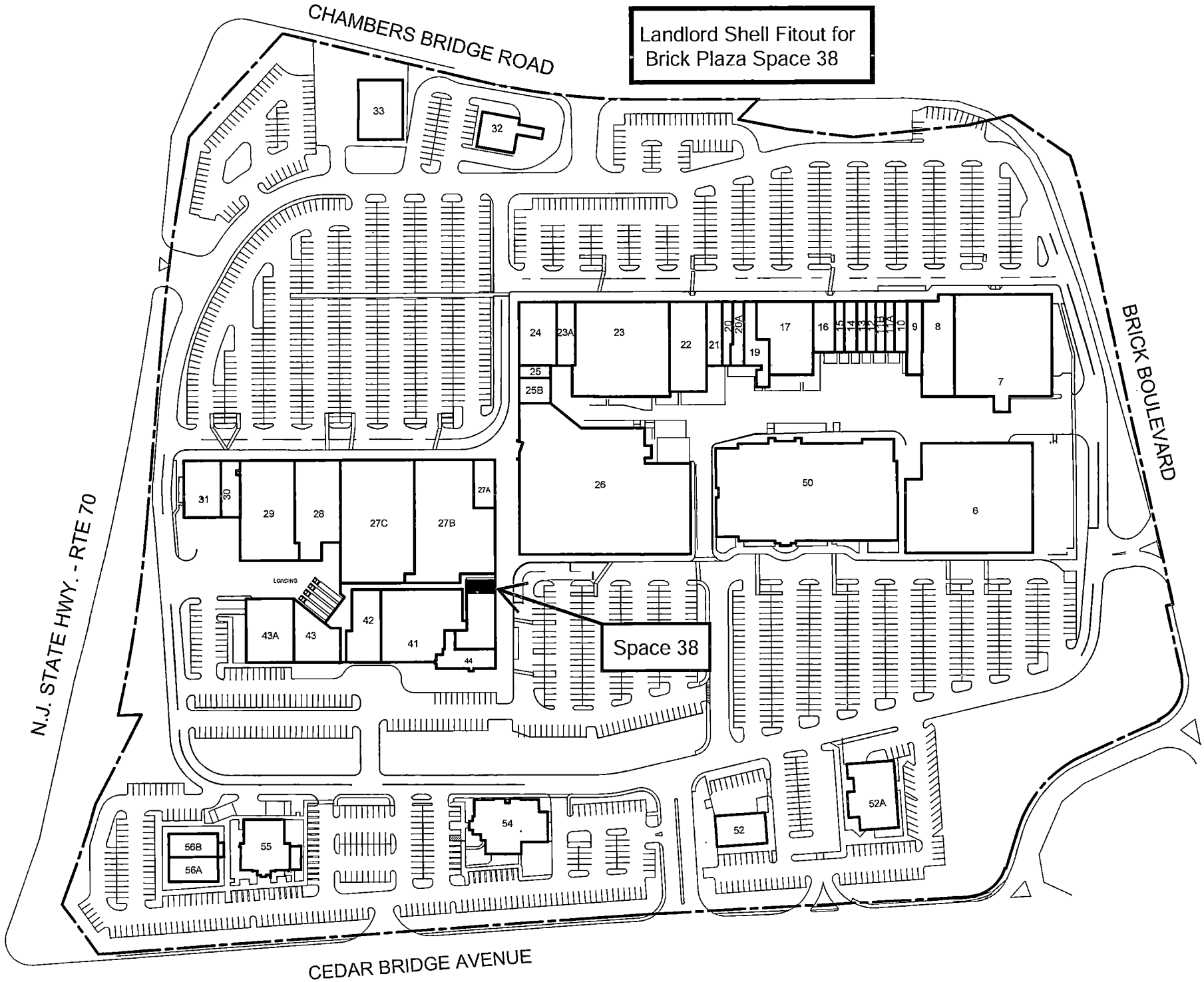
NOTE: A separate tenant fit up application must be submitted and approved before a tenant can occupy space.

Application Approved Date: 4/25/2019

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 — 4/25/2019 Date


Landlord Shell Fitout for
Brick Plaza Space 38
CHAMBERS BRIDGE ROAD
BRICK BOULEVARD
N.J. STATE HWY. - RTE 70
CEDAR BRIDGE AVENUE
Space 38
LOADING
33
32
24
23A
23
22
21
20
20A
19
17
16
15
14
13
12
11B
11A
10
9
8
7
25
25B
26
50
6
31
30
29
28
27C
27B
27A
43A
43
42
41
44
54
56B
56A
55
52
52A

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 101 LOT: 101 ADDRESS: 56 Chambersbridge Rd Brick NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambersbridge Rd Brick NJ
2. NAME OF OWNER IN FEE: Federal Realty
   ADDRESS: 50 E. Wynnewood PHONE #: (973) 933-9302
   Wynnewood Pa 19096 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: National Maintenance and build out
   ADDRESS: 1044 Pulinski Rd PHONE #: (215) 442-5380
   Ivyland Pa 19096 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Kellenyi Johnson Wagner
   ADDRESS: 21 Peters Place Red Bank NJ PHONE #: (732) 741-5270
5. RESPONSIBLE PERSON FOR WORK: Joe Kornsey
   ADDRESS: _____

PHONE #: (201) 996523 FAX #: (__) _____ E-MAIL: JKornsey@Nmbc.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ On file

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ Bond

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Shell Fit-out - Space 38

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

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

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

PREMIER FIRE SYSTEMS

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

P00647	04/30/2016 to 04/30/2019	
Permit ID	Date Issued	Lapse Date

Charles A. Richman
Commissioner

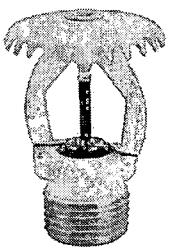
GLOBE
FIRE SPRINKLER CORPORATION

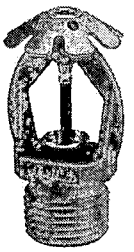
QUICK RESPONSE AUTOMATIC SPRINKLERS GL SERIES UPRIGHT • PENDENT VERTICAL SIDEWALL HORIZONTAL SIDEWALL CONVENTIONAL (OLD STYLE)

DESCRIPTION AND OPERATION

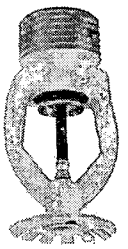
The Globe Quick Response Series GL-QR Sprinklers are a low profile yet durable design which utilizes a 3mm frangible glass ampule as the thermosensitive element. This provides sprinkler operation approximately six times faster than ordinary sprinklers. While the Quick Response Sprinkler provides an aesthetically pleasing appearance, it can be installed wherever standard spray sprinklers are specified when allowed by the applicable standards. It offers the additional feature of greatly increased safety to life and is available in various styles, orifices, temperature ratings and finishes to meet many varying design requirements. Quick Response Sprinklers should be used advisedly and under the direction of approving authorities having jurisdiction.

The heart of Globe's Series GL-QR sprinkler proven actuating assembly is a hermetically sealed frangible glass ampule that contains a precisely measured amount of fluid. When heat is absorbed, the liquid within the bulb expands increasing the internal pressure. At the prescribed temperature the internal pressure within the ampule exceeds the strength of the glass causing the glass to shatter. This results in water discharge which is distributed in an approved pattern depending upon the deflector style used.





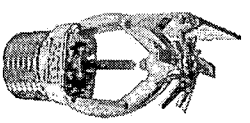
QUICK RESPONSE
SERIES GL-QR UPRIGHT
SERIES GL-QR/CNV CONVENTIONAL

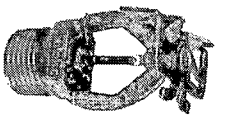


QUICK RESPONSE
SERIES GL-QR PENDENT
SERIES GL-QR/SW VERTICAL SIDEWALL

TECHNICAL DATA

- See reverse side for Approvals and Specifications.
- Temperature Ratings - 135°F (57°C), 155°F (68°C), 175°F (79°C), 200°F (93°C), 286°F (141°C)
- Water Working Pressure Rating - 175 psi (12 Bars)
- Factory tested hydrostatically to 500 psi (34 Bars)
- Maximum low temperature glass bulb rating is -67°F (-55°C)
- Frame - bronze • Deflector - brass • Screw - brass
- Lodgement Wire - stainless steel • Bulb seat - copper
- Spring - nickel alloy • Seal - teflon
- Bulb - glass with alcohol based solution, 3mm size





QUICK RESPONSE
HORIZONTAL SIDEWALL SERIES GL-QR/SW
LPCB/CE HORIZONTAL SIDEWALL SERIES GL-QR/SW

SPRINKLER TEMPERATURE RATING/CLASSIFICATION and COLOR CODING

CLASSIFICATION	AVAILABLE SPRINKLER TEMPERATURES	BULB COLOR	N.F.P.A. MAXIMUM CEILING TEMPERATURE
ORDINARY INTERMEDIATE HIGH	135°F/155°F 57°C/68°C 175°F/200°F 79°C/93°C 286°F 141°C	ORANGE/RED YELLOW/GREEN BLUE	100°F 38°C 150°F 66°C 225°F 107°C

QUICK RESPONSE
AUTOMATIC SPRINKLERS
UPRIGHT PENDENT VERTICAL SIDEWALL
HORIZONTAL SIDEWALL CONVENTIONAL (OLD STYLE)

SPECIFICATIONS

NOMINAL "K" FACTOR	THREAD SIZE	LENGTH[1]	FINISHES
2.8 (40 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	Factory Bronze Chrome White Polyester[3] Black Polyester[2,3]
4.2 (60 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	
5.6 (80 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	
8.0 (115 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	
8.0 (115 metric)	3/4"NPT (20mm)	2 7/16" (6.2cm)	

NOTE: METRIC CONVERSIONS ARE APPROXIMATE.
[1]HORIZONTAL SIDEWALL IS 2 9/16".
[2]FINISHES AVAILABLE ON SPECIAL ORDER.
[3]AVAILABLE AS cULus LISTED CORROSION RESISTANT WHEN SPECIFIED ON ORDER.

LISTINGS/APPROVALS

STYLE	SIN	K FACTOR	HAZARD[1]	TEMPERATURE					cULus	FM	LPCB[2]	CE	NYC - DOB MEA 101-92-E
				135°F (57°C)	155°F (68°C)	175°F (79°C)	200°F (93°C)	286°F (141°C)					
UPRIGHT	GL2815	2.8	LH	X	X	X	X	X	X	---	---	---	X
	GL4215	4.2	LH	X	X	X	X	X	X	---	---	---	X
	GL5615	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
	GL8115*	8.0* (½" NPT)	LH/OH	X	X	X	X	X	X	---	---	---	X
	GL8118	8.0	LH/OH	X	X	X	X	X	X	X	X	X	X
PENDENT	GL2801	2.8	LH	X	X	X	X	X	X	---	---	---	X
	GL4201	4.2	LH	X	X	X	X	X	X	---	---	---	X
	GL5601	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
	GL8101*	8.0* (½" NPT)	LH/OH	X	X	X	X	X	X	---	---	---	X
	GL8106	8.0	LH/OH	X	X	X	X	X	X	X	X	X	X
VERTICAL SIDEWALL†	GL5632	5.6	LH	X	X	X	X	X	X	X	---	---	---
	GL8133	8.0	LH	X	X	X	X	X	X	---	---	---	---
HORIZONTAL SIDEWALL	GL2826§	2.8	LH	X	X	X	X	X	X	---	---	---	X
	GL4226§	4.2	LH	X	X	X	X	X	X	---	---	---	X
	GL5626§	5.6	LH/OH	X	X	X	X	X	X	X	---	---	X
	GL5627¤	5.6	LH/OH	X	X	X	X	X	---	---	X	X	---
	GL8127§	8.0	LH/OH	X	X	X	X	X	X	---	---	---	---
CONVENTIONAL (OLD STYLE)	GL5624	5.6	LH/OH	X	X	X	X	X	---	---	X	X	---
	GL8125	8.0	LH/OH	X	X	X	X	X	---	---	---	X	---

[1]SPRINKLERS SHALL BE LIMITED AS PER THE REQUIREMENTS OF NFPA13 AND ANY OTHER RELATED DOCUMENTS.
§HORIZONTAL SIDEWALL cULus LISTED FOR DEFLECTOR 4" TO 12" BELOW THE CEILING, FM APPROVED 4" TO 6" BELOW THE CEILING.
¤INSTALL IN ACCORDANCE TO BS5306 AND ANY OTHER RELATED DOCUMENTS.
†PENDENT VERTICAL SIDEWALL cULus LISTED FOR 6' MIN. SPACING.
†UPRIGHT VERTICAL SIDEWALL cULus LISTED FOR 9' MIN. SPACING.
OH: ORDINARY HAZARD
LH: LIGHT HAZARD
*1/2" NPT, FOR RETROFIT ONLY
[2] LPCB REF. NO. 147c/05

ORDERING INFORMATION

SPECIFY

- Quantity • SIN • Style • Orifice
- Thread Size • Temperature • Finishes desired
- Quantity - Wrenches - P/N 325390 (1/2"); P/N 312366 (L.O.)

GLOBE® PRODUCT WARRANTY

Globe agrees to repair or replace any of its own manufactured products found to be defective in material or workmanship for a period of one year from date of shipment.

For specific details of our warranty please refer to Price List Terms and Conditions of Sale (Our Price List).

4077 AIRPARK DRIVE, STANDISH, MICHIGAN 48658
989-846-4583 FAX 989-846-9231
1-800-248-0278 www.globesprinkler.com

GLOBE FIRE SPRINKLER CORPORATION

MAR 2018 PRINTED U.S.A. GFS-100a (Formerly A-20)

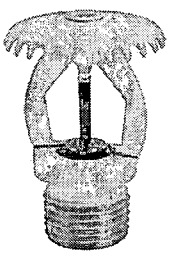
GLOBE
FIRE SPRINKLER CORPORATION

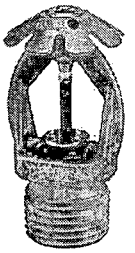
QUICK RESPONSE
AUTOMATIC SPRINKLERS
GL SERIES
UPRIGHT • PENDENT
VERTICAL SIDEWALL
HORIZONTAL SIDEWALL
CONVENTIONAL (OLD STYLE)

DESCRIPTION AND OPERATION

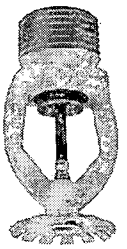
The Globe Quick Response Series GL-QR Sprinklers are a low profile yet durable design which utilizes a 3mm frangible glass ampule as the thermosensitive element. This provides sprinkler operation approximately six times faster than ordinary sprinklers. While the Quick Response Sprinkler provides an aesthetically pleasing appearance, it can be installed wherever standard spray sprinklers are specified when allowed by the applicable standards. It offers the additional feature of greatly increased safety to life and is available in various styles, orifices, temperature ratings and finishes to meet many varying design requirements. Quick Response Sprinklers should be used advisedly and under the direction of approving authorities having jurisdiction.

The heart of Globe's Series GL-QR sprinkler proven actuating assembly is a hermetically sealed frangible glass ampule that contains a precisely measured amount of fluid. When heat is absorbed, the liquid within the bulb expands increasing the internal pressure. At the prescribed temperature the internal pressure within the ampule exceeds the strength of the glass causing the glass to shatter. This results in water discharge which is distributed in an approved pattern depending upon the deflector style used.





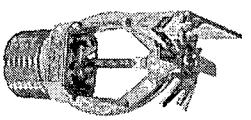
QUICK RESPONSE
SERIES GL-QR UPRIGHT — SERIES GL-QR/CNV CONVENTIONAL

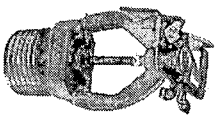


QUICK RESPONSE
SERIES GL-QR PENDENT — SERIES GL-QR/SW VERTICAL SIDEWALL

TECHNICAL DATA

- See reverse side for Approvals and Specifications.
- Temperature Ratings - 135°F (57°C), 155°F (68°C), 175°F (79°C), 200°F (93°C), 286°F (141°C)
- Water Working Pressure Rating - 175 psi (12 Bars)
- Factory tested hydrostatically to 500 psi (34 Bars)
- Maximum low temperature glass bulb rating is -67°F (-55°C)
- Frame - bronze • Deflector - brass • Screw - brass
- Lodgement Wire - stainless steel • Bulb seat - copper
- Spring - nickel alloy • Seal - teflon
- Bulb - glass with alcohol based solution, 3mm size





QUICK RESPONSE
HORIZONTAL SIDEWALL SERIES GL-QR/SW — LPCB/CE HORIZONTAL SIDEWALL SERIES GL-QR/SW

SPRINKLER TEMPERATURE RATING/CLASSIFICATION and COLOR CODING

CLASSIFICATION	AVAILABLE SPRINKLER TEMPERATURES	BULB COLOR	N.F.P.A. MAXIMUM CEILING TEMPERATURE
ORDINARY INTERMEDIATE HIGH	135°F/155°F 57°C/68°C 175°F/200°F 79°C/93°C 286°F 141°C	ORANGE/RED YELLOW/GREEN BLUE	100°F 38°C 150°F 66°C 225°F 107°C

QUICK RESPONSE
AUTOMATIC SPRINKLERS
UPRIGHT PENDENT VERTICAL SIDEWALL
HORIZONTAL SIDEWALL CONVENTIONAL (OLD STYLE)

SPECIFICATIONS

NOMINAL "K" FACTOR	THREAD SIZE	LENGTH[1]	FINISHES
2.8 (40 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	Factory Bronze Chrome White Polyester[3] Black Polyester[2,3]
4.2 (60 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	
5.6 (80 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	
8.0 (115 metric)	1/2"NPT (15mm)	2 1/4" (5.7cm)	
8.0 (115 metric)	3/4"NPT (20mm)	2 7/16" (6.2cm)	

NOTE: METRIC CONVERSIONS ARE APPROXIMATE.
[1]HORIZONTAL SIDEWALL IS 2 9/16".
[2]FINISHES AVAILABLE ON SPECIAL ORDER.
[3]AVAILABLE AS cULus LISTED CORROSION RESISTANT WHEN SPECIFIED ON ORDER.

LISTINGS/APPROVALS

STYLE	SIN	K FACTOR	HAZARD[1]	TEMPERATURE					cULus	FM	LPCB[2]	CE	NYC - DOB MEA 101-92-E
				135°F (57°C)	155°F (68°C)	175°F (79°C)	200°F (93°C)	286°F (141°C)					
UPRIGHT	GL2815	2.8	LH	X	X	X	X	X	X	---	---	---	X
	GL4215	4.2	LH	X	X	X	X	X	X	---	---	---	X
	GL5615	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
	GL8115*	8.0* (½" NPT)	LH/OH	X	X	X	X	X	X	---	---	---	X
	GL8118	8.0	LH/OH	X	X	X	X	X	X	X	X	X	X
PENDENT	GL2801	2.8	LH	X	X	X	X	X	X	---	---	---	X
	GL4201	4.2	LH	X	X	X	X	X	X	---	---	---	X
	GL5601	5.6	LH/OH	X	X	X	X	X	X	X	X	X	X
	GL8101*	8.0* (½" NPT)	LH/OH	X	X	X	X	X	X	---	---	---	X
	GL8106	8.0	LH/OH	X	X	X	X	X	X	X	X	X	X
VERTICAL SIDEWALL[1]	GL5632	5.6	LH	X	X	X	X	X	X	X	---	---	---
	GL8133	8.0	LH	X	X	X	X	X	X	---	---	---	---
HORIZONTAL SIDEWALL	GL2826§	2.8	LH	X	X	X	X	X	X	---	---	---	X
	GL4226§	4.2	LH	X	X	X	X	X	X	---	---	---	X
	GL5626§	5.6	LH/OH	X	X	X	X	X	X	X	---	---	X
	GL5627¤	5.6	LH/OH	X	X	X	X	X	---	---	X	X	---
	GL8127§	8.0	LH/OH	X	X	X	X	X	X	---	---	---	---
CONVENTIONAL (OLD STYLE)	GL5624	5.6	LH/OH	X	X	X	X	X	---	---	X	X	---
	GL8125	8.0	LH/OH	X	X	X	X	X	---	---	---	X	---

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OH: ORDINARY HAZARD
LH: LIGHT HAZARD
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[2] LPCB REF. NO. 147c/05

ORDERING INFORMATION

SPECIFY

- Quantity • SIN • Style • Orifice
- Thread Size • Temperature • Finishes desired
- Quantity - Wrenches - P/N 325390 (1/2"); P/N 312366 (L.O.)

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1-800-248-0278 www.globesprinkler.com

GLOBE FIRE SPRINKLER CORPORATION

MAR 2018 PRINTED U.S.A. GFS-100a (Formerly A-20)

architects

KELLENYI JOHNSON WAGNER

21 Peters Place
Red Bank, NJ
07701-1792
732-741-5270
Fax:741-8439
www.kjw.com

May 14, 2019

Bernie Reilly, Plumbing Subcode Official
Brick Township Building Dept.
401 Chambers Bridge Rd
Brick, NJ 08723

Re: Block 671, Lot 1.01
Permit #: Control #C-119-001439
Space 38, Landlord Fit Out
Brick Plaza Shopping Center
56 Chambers Bridge Road, Brick, NJ (KJW #2715.8)

Dear Mr Reilly:

I am in receipt of your plumbing code review comments dated May 2, 2019 for the above referenced project where you note that the floor drain in the proposed Lock-in Lavatory must have a trap primer or alternatively the floor drain can be omitted from the project.

Please note that the plumbing plans for this project call for a trap primer on sheet P101 (Key note #1). The trap primer is also scheduled and shown on the riser on sheet P-301 and further detailed on P-401 (detail 03).

Please let me know if you have any additional questions or comments regarding this project.

Very Truly Yours

Eric L. Wagner AIA
NJ License #AI-10366

J Robert Johnson
Eric L Wagner
Richard R Kane

architects

KELLENYI
JOHNSON
WAGNER

21 Peters Place
Red Bank, NJ
07701-1792
732-741-5270
Fax:741-8439
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Very Truly Yours

Eric L Wagner AIA
NJ License #AI-10366

J Robert Johnson
Eric L Wagner
Richard R Kane

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

Subcode Official Review

Date: Thursday, May 2, 2019

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

RE: Plumbing Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-19-001439
Last Submit Date: Wednesday, May 1, 2019

Dear FEDERAL REALTY INVESTMENT TRUST %,

Your request is hereby denied based upon the following infractions.The floor drain is not required when there is only 1 water closet in the toilet room. If you choose to install it a trap primer is required. please sumbit a letter indicating which way you chose to go. If a trap primer is used, please submit a detail sheet.

Sincerely,

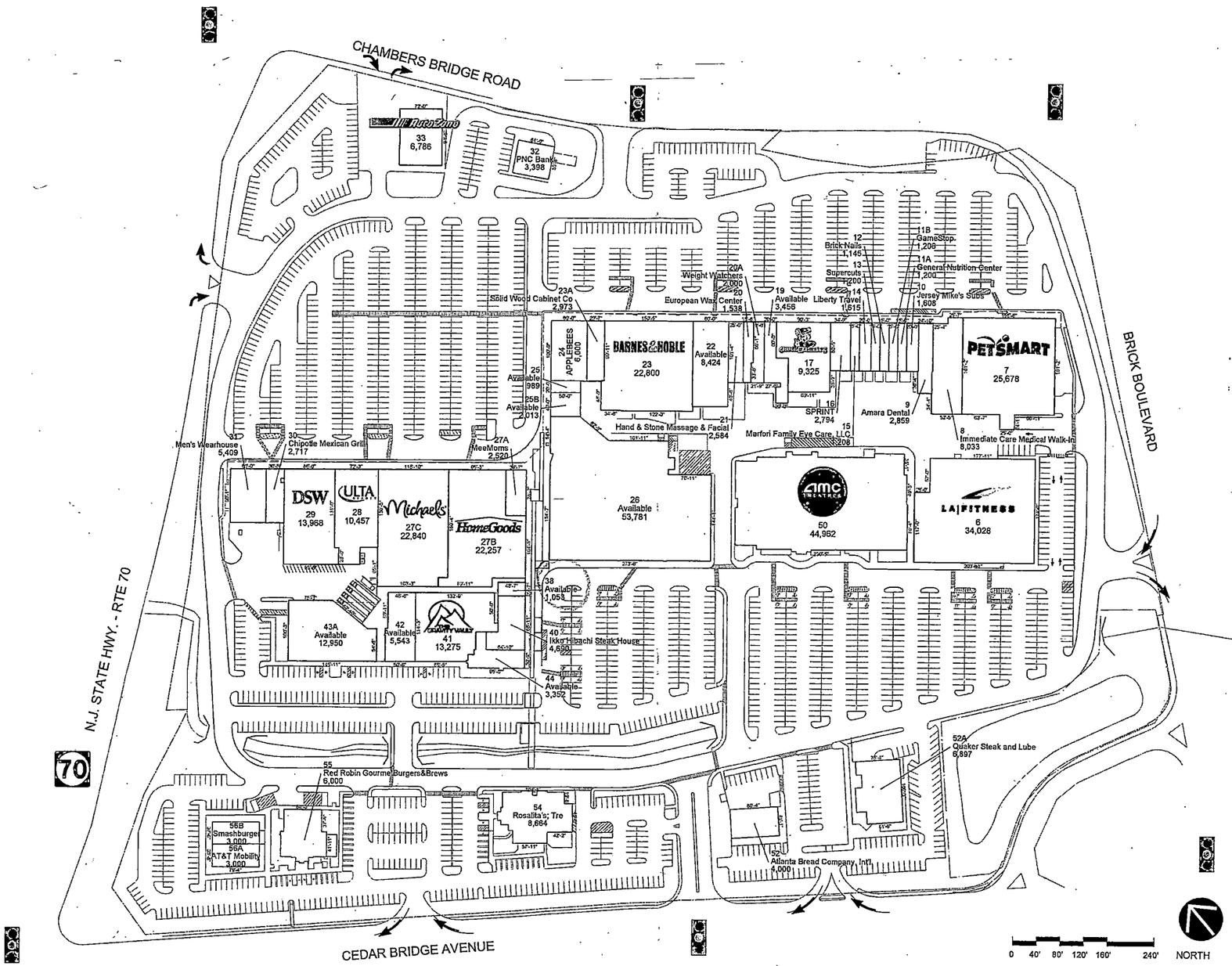
Bernie Reilly, Subcode Official

CC:

Resubmit 5/20/19

Brick Plaza

Federal Realty
INVESTMENT TRUST



APPROVED FOR ZONING
4.25.19 Shall Fr. out
CHRIS ROMANO, ZONING OFFICER