BLOCK 671 LOT 1.01 QUALIFICATION CODE ADDRESS (SITE) 56 Chambers Bridge PERMIT NO. 17-2307

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C17-002190

I. IDENTIFICATION

1. Proposed Work Site at: Chambers Bridge Road & Route 70 (Spaces 27C)
2. Name of Owner in Fee: Federal Reakty Investment Trust (Michaels)
   Tel. (240) 478-9791 e-mail JFMiller@federalrealty.com
   Address 50 E Wynnewood Road, Wynnewood, PA. 19096
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Kane Builders S&D, Inc. Tel. (215) 517-5511
   Address 145 Willow Grove Avenue e-mail PLunny@KAneBuilders.
   Glenside, PA. 19038 RFowler@
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason ____
   Federal Emp. ID No. 800472851 FAX: (215) 517-7787
5. Architect or Engineer Kellenyi Johnson Wagner Contact Eric Wagner
   Address 21 Peters Place, Red Bank, NJ e-mail EWagner@KJW.com
   Tel. (732) 741-5270 FAX: (732) 741-8439
6. Responsible Person in Charge once Work has Begun Peter Lunny-Kane Builders
   Tel. (215) 517-5511 FAX: (215) 517-7787

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$30,400		
2. Electrical	1970	150-	
3. Plumbing	1895		
4. Fire Protection	855-	116-	290-
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2113-	34-	43-
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	ft.	
3. Area — Largest Floor	22,972 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load	338	
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Tenant fit up

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	848,700	4/10			07/06/17				
☒ Electrical	235,000	5/18/17			6/5/17	PJS			
☒ Plumbing	35,000				6-8-17				
☒ Fire Protection	22,500								
☐ Elevator		Eng Exempt			6/11/17 ECC				
TOTAL COST	1,141,200.00								

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group M
3. Change in Use Group, Indicate Presen Select Group

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

PLANS ROLLED

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/19/2018
Control Number C-17-002190
Permit Number 17-2307
Permit Issue Date 07/10/2017
Certificate Number 17-2307

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791

Contractor KANE BUILDERS S&D INC

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038

Telephone: (215) 517-5511 Fax: (215) 517-7787

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 338

Description of Work/Use: TENANT FIT UP - MICHAEL'S

Certificate Comments: Construction Workers and NO MORE THAN 10 PEOPLE MERCHANDISING. No Training. No Use of Front Door. Tripping Hazard Must Be Clearly Marked.

☐ **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: 01/29/2018 or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 01/29/2018
Conditions to be met:

Needs Final Building, Electric, Plumbing, and Fire Inspections. Needs Final Engineering Approval. Safety Plan Needed. Note: Open permit for shell (17-1894) Needs to be closed out to receive Final CO.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/25/2018
Control Number C-17-002190
Permit Number 17-2307
Permit Issue Date 07/10/2017
Certificate Number 17-2307

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST.

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791

Contractor KANE BUILDERS S&D INC

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038

Telephone: (215) 517-5511 Fax: (215) 517-7787

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 338

Description of Work/Use: TENANT FIT UP - MICHAEL'S

Certificate Comments: For Stocking and Training ONLY

☐ **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.

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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

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☐ 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: 02/25/2018
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 02/25/2018
Conditions to be met:

Needs Final Building and Fire Inspections. Needs Final Engineering Approval.
Note: Open permit for shell (17-1894) Needs to be closed out to receive Final CO.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/25/2018

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/30/2018
Control Number C-17-002190
Permit Number 17-2307
Permit Issue Date 07/10/2017
Certificate Number 17-2307

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791

Contractor KANE BUILDERS S&D INC

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038

Telephone: (215) 517-5511 Fax: (215) 517-7787

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 338

Description of Work/Use: TENANT FIT UP - MICHAEL'S

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.

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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**
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☐ **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**
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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: 04/30/2018
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 04/30/2018
Conditions to be met:

Needs Final Building Inspection.
Note: Open permit for shell (17-1894) Needs to be closed out to receive Final CO.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/20/2018
Control Number C-17-002190
Permit Number 17-2307
Permit Issue Date 07/10/2017
Certificate Number 17-2307

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791

Contractor KANE BUILDERS S&D INC

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038

Telephone: (215) 517-5511 Fax: (215) 517-7787

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 338

Description of Work/Use: TENANT FIT UP - - MICHAEL'S

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**
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Conditions to be met:

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

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

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

Construction Official

Fee: $150.00
Check Number: 29439
Collected By: Nichol Ponsi

Date Printed: 06/20/2018

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

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

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

(X) Check if contractor.

Agent Name Peter Lunny- KAne Builders S&D, Inc.

Address 145 Willow Grove Avenue

Glenside, PA. 19038

Telephone (215) 517-5511

Signature Peter Lunny

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Michaels

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 7/10/17

Date Issued Permit # 17-2307 + 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 101 Qualification Code

Work Site Location 56 CHAMBERSBRIDGE RD, FORMER A&P BRICK TOWNSHIP, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (240) 478-9791 e-mail JFMiller@FederalRealty.com

Address 1626 EAST JEFFERSON ST, ROCKVILLE, MD 20852
street municipality zip code

Contractor: STREAMLINE FIRE PROTECTION Tel. 855 393-1567

Address P.O. BOX 1110 (10 Caernarvon Rd) e-mail JIM@STREAMLINEFIREPROTECTION.COM
EXTON, PA 19341

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 $ 22,500

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: SEE PLAN

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: JAMES T. GIBBONS

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision MICHAELS VAULT BOX

	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 HP/Type	-	
Dry Pipe/Alarm Valves	-	
Pre-action Valves	-	
Sprinkler Heads (Dry and Wet)	135	
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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 6/15/17 Approved by: RD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-7-17
Approved by: KCR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-30-18
Approved by: B

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1/29/18	MM
Flam/Combust Tanks				
Fireplace Venting				
Final			1/29/18	MM
Other				

Michaels

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7/10/17
Control #
Date Issued
Permit # 17-2307+A

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 Michaels - Brick Plaza
56 Chambersbridge Road Brick, NJ

Owner in Fee: Federal Reality

Tel. (301) 998-8100 e-mail

Address 1626 East Jefferson Street Rockville, MD 20852
(street) (municipality) (zip code)

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

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. PO1299 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: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 9,000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Electrical Room

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Thomas Capie

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Fire Alarm Fit Out
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)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	10	
Other Devices		
TOTAL	16	
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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 7/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7-7-17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] 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			12/5/18	
Flam/Combust Tanks				
Fireplace Venting				
Final			12/5/18	
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.

Michaels

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 7/10/17

Date Issued / Permit # 17-2307

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

Owner in Fee: Federal Realty Inv. Trust

Tel. 240 478-9791 e-mail _____

Address 50 E Wynnwood Rd. (street) Wynnwood (municipality) PA 19096 (zip code)

Contractor: Kam Bldrs Tel. 215 517 5511

Address 145 Willow Grove Ave e-mail plumy@kambuilders.com

Glenside PA 19038

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 $ 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: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 7/7/17 Approved by: JW

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 7-7-17

Approved by: KM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 1-25-18

Approved by: KM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1/25/18	LS
Flam/Combust Tanks				
Fireplace Venting				
Final			1/25/18	LK
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: Rusty Fowler

Print name here: RUSTY FOWLER

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: HVAC Duct Detectors

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	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 [X] Gas [ ] Oil [ ] Solid	9	
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 5/19/2017
Control # C-17-002190+B
Date Issued 7/10/2017
Permit # 17-2307+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. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852 Email

Tel. (240) 478-9791

Contractor: Streamline Fire Protection, LLC Tel. (855) 393-1567

Address 10 Caernarvon Ct. Exton PA 19341 Email jim@streamlineprotection.com

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

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

Fire Alarm Contractor No. 179613 Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 45-297465 Fax. (855) 393-1567

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

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:

Total Cost of Fire Protection Work $22,500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP, - MICHAEL'S ...UPDATE +B - SPRINKLERS

Water Supply Source

Method of Alarm/Suppression System Supervision

	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 (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	135	$290
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$43
TOTAL FEE	$333

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☑ CA

Date: 1-30-18 by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1/25/18	LA
Flam/Cumbust Tank				
Fireplace Venting				
Final			1/29/18	DA
Other			11/15	

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

FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 5/19/2017
Control # C-17-002190+A
Date Issued 7/10/2017
Permit # 17-2307+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: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852 Email

Tel. (240) 478-9791

Contractor: ELECTRONIC SECURITY SOLUTION LLC Tel. (215) 277-5248

Address 5115 CAMPUS DRIVE PLYMOUTH MEETING PA 19462 Email

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax. (215) 277-5263

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $9,000

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☑ Existing

Location of Panel: ELECTRICAL ROOM

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP, - MICHAEL'S ...UPDATE +A - ALARMS

Water Supply Source

Method of Alarm/Suppression System Supervision

	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)	6	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)	10	
Other Devices		
TOTAL	16	$116.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$133

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☑ CA

Date: 1-30-18 by: KER

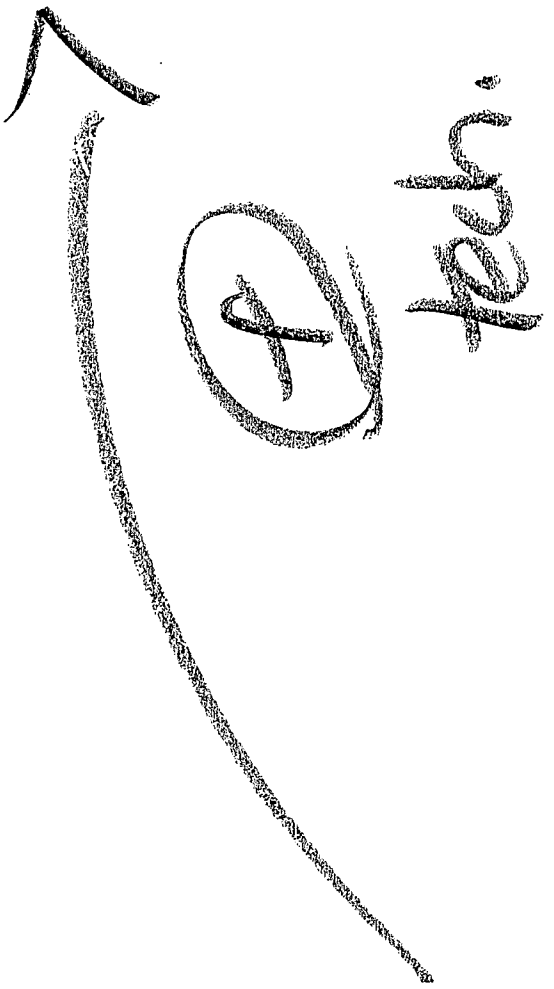
INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			1/25/18	KER
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

Dates (Month/Day)

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

1-3-18 NOT READY FOR 9:27



FIRE SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 5/19/2017
Control # C-17-002190
Date Issued 7/10/2017
Permit # 17-2307

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, Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852 Email

Tel. (240) 478-9791

Contractor: KANE BUILDERS S&D INC Tel. (215) 517-5511

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038 Email PLUNNY@KANEBUILDERS.COM

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax. (215) 517-7787

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☑ Replacement

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $2,500

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT UP, - MICHAEL'S

Water Supply Source

Method of Alarm/Suppression System Supervision

	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 (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	9	$855
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5
TOTAL FEE	$860

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing ☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

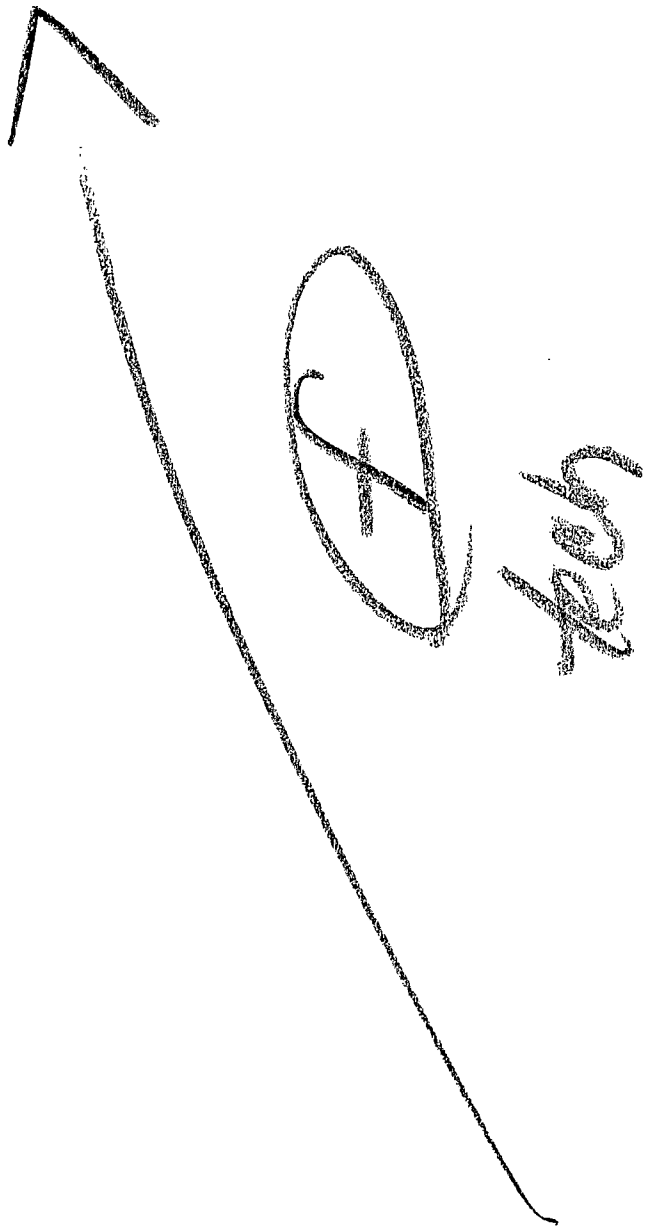
☐ CO ☐ CCO ☑ CA

Date: 1-30-18 by: KR

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			12/18 DM	
Flam/Cumbust Tank				
Fireplace Venting			12/9/17 DM	
Final				
Other			1/17/18 DM	

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

1-3-18 NOT READY (KR) 9:27



Michael's

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/10/17
Control #

Date Issued
Permit # PM-23009

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 CHAMBERS BRIDGE ROAD (SPACE 27C) BRICK, NJ.

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. 240 478-9791 e-mail

Address 50 E WYNNEWOOD ROAD, WYNNEWOOD, PA 19096
(street, municipality, zip code)

Contractor: Hugh Gibbons P&H, Inc Tel. (610) 500-0177

Address 28 Timber Lane e-mail
Thornton, PA. 19373

Contractor License No. B10501 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 282677262 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 35,000

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: 6-8-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-22-18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9-12-17	WM
Rough	10-4-17		10-5-17	WM
Water			10-5-17	WM
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11-15-17	WM
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	1-3-18		1-18-18	WM

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: HUGH GIBBONS

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TENANT FITOUT OF SPACE FOR NEW Michael's RETAIL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	
1	Urinal/Bidet	
4	Bath Tub	
4	Lavatory	
3	Shower	
3	Floor Drain	
2	Sink	
1 Hi/Low	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Water Heater	
9 ~~DOLE~~	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
X	Sewer Connection	
X	Water Service Connection	
	Stacks	
1	Other MOP RECEPTOR	
9	A/C (RTU-5)	

COMMERCIAL

on Vanella Shell

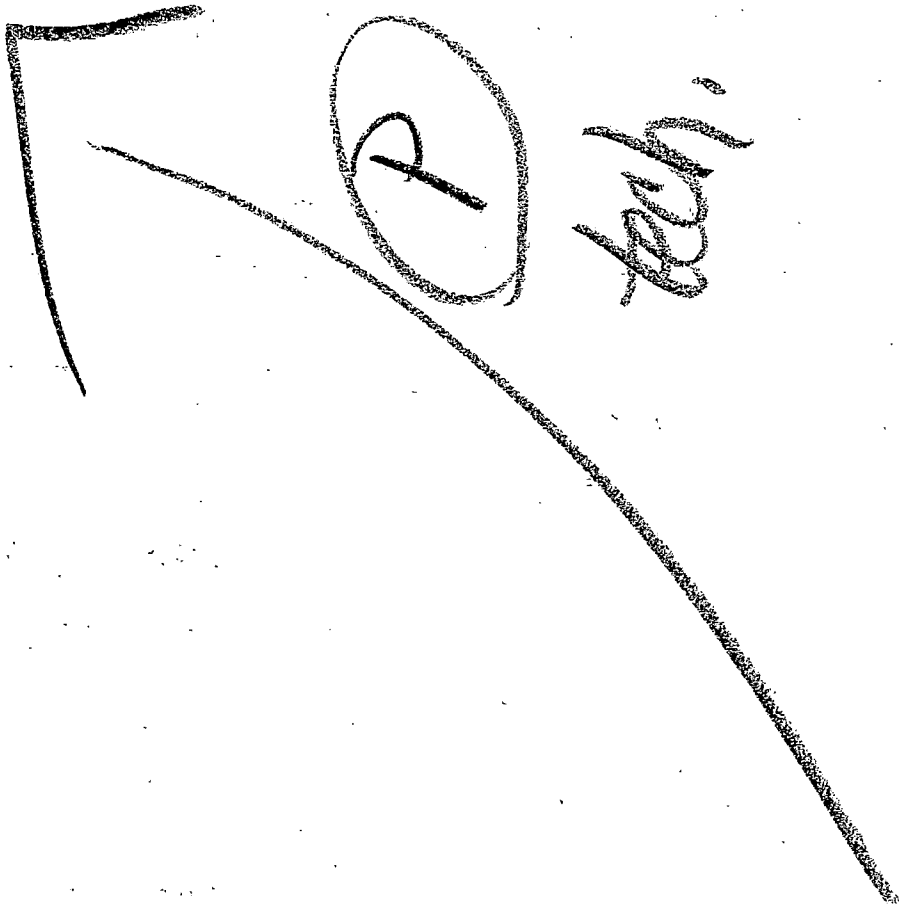
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

10-4-17 WM
TEST WATER 80 PSI
BACK VENT ON SINK ARM
WATER HAMMER ARRESTER.
1ST AM THURS 10-5-17

1-3-18-W4

WATER HAMMER
FLOWMETER VACUUM BREAKERS 6" HOOD RUN



Vpdate 1/2/18 (MP)

Date Received 1/5/18
Control #
Date Issued
Permit # 17-2307+D

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 MICHAELS
64 BRICK PLAZA

Owner in Fee: ~~MICHAELS~~ Federal Realty

Tel. 484 419-1221 e-mail

Address 1624 E. Jefferson St
street municipality zip code

Contractor: ESS SYSTEMS LLC Tel. 732 254-8457

Address 1744 ~~MT~~ ROEBLING LANE e-mail
TOMS RIVER N.J. 08753

Contractor License No. 34BA00040300 Exp. Date 8-31-2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 1/2/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1/2/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 1/2/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-19-18 MA	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: DANIEL CHIOCCHIO

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL VIDEO SECURITY CAMERAS/MONITORS

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

157

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update 12/29/17 — Date Received 1/5/18 — Control # — Date Issued — Permit # 17-2307+C

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

Block 6911 Lot 1.01 Qualification Code

Work Site Location Michaels 110 Back Plaza Back

Owner in Fee: Federal Realty Investment Trust

Tel. (484) 419-1221 e-mail

Address 11620 E. Jefferson St. Rockville, MD 20852
(street) (municipality) (zip code)

Contractor: Protocol Electric Security LLC Tel. (908) 875-6479

Address 418 Thomas Stewart Way Stewartsville NJ 08886 e-mail

Contractor License No. Lic # 17230 Exp. Date 3/2018

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

Federal Emp. ID No. 454122901 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000 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.

Burg System LLC

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certificate of Competency [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 1/2/18

Approved by: PC

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 1/22/18

Approved by: PC

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-19-18	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Michaels

7/10/17

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit # 17-2307-A

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

Block 6.11 Lot 1.01 Qualification Code

Work Site Location ~~Micheals~~ - Brick Plaza Michaels
56 Chambersbridge Road Brick, NJ

Owner in Fee: Federal Reality

Tel. (301) 998-8100 e-mail

Address 1626 East Jefferson Street (street) Rockville, MD (municipality) 20852 (zip code)

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

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

Contractor License No. PO1299 Exp. Date 10/31/2019

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 $ 9,000

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: Keith Freeman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fire Alarm — LOW VOLTAGE

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

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Electric Plans Approved
Date: 6/5/17 Approved by: DJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/5/17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1/3/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Alarm Cert			12-18-17 MW	
Service				
Final			1-3-18 MW	
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

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Michaels

Date Received 7/10/17
Control #
Date Issued
Permit # 17-2307

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

Block 6911 Lot 1.01 Qualification Code

Work Site Location Brick Plaza 56 Chambers Bridge

Owner in Fee: Federal Realty

Tel. (301) 998-8100 e-mail

Address 1626 E. Jefferson St. Rockville, MD 20852
street municipality zip code

Contractor: MJM Electric Inc Tel. (732) 223-9732

Address 7 South Tamarack Dr e-mail cell 859-0314
Brielle NJ 08730

Contractor License No. 12715 13 Exp. Date 3/18

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

Federal Emp. ID No. 22-3485744 FAX: (732) 223-9733

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 235,000.—

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 McKiever

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Electrical Installation complete power, Lighting, Distribution

QTY.	SIZE	ITEMS	FEE (Office Use Only)
262		Lighting Fixtures	
68		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
43		Emergency & Exit Lights	
42		Communications Points	
		Alarm Devices/ A.C. Panels	
435		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	4KW	KW Oven/Surface Unit	
1	4KW	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
1		HP Garbage Disposal	
4	4KW	KW Central A/C Unit	
4	4KW	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	2HP	HP Motors 1/+ HP	
1	75KW	KW Transformer/Generator	
1	400	AMP Service	
3	225	AMP Subpanels 1-225	
		AMP Motor Control Center	
1	15	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: 6/5/17 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/5/17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[√] CO [ ] CCO [ ] CA
Date: 1/3/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough Walls			10-9-17	MW
Barrier-Free				
Trench				
Temp. Serv. Open Ended			12-18-17	MW
Constr. Serv.				R
TCO				
Other				
Service				
Final			1-3-18	MW
Barrier-Free				

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

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

Michael's

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 7/10/17

Date Issued Permit # 17-2307

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 Chambers Bridge Road & Route 70 (spaces 27C)
Brick, NJ 08723

Owner in Fee: Federal Realty Invwestment Trust

Tel. (240) 478-9791 e-mail JFMiller@federalrealty.com

Address 50 E Wynnewood Road, Wynnewood, PA. 19096
(street, municipality, zip code)

Contractor: Kane Builders S&D, Inc. Tel. (215) 517-5511

Address 145 Willow Grove Avenue e-mail PLunny@KaneBuilders.com
Glenside, PA. 19038

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 800472851 FAX: (215) 517-7787

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	07/01/17	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 07/01/17
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 02/15/18
Approved by: KEH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	10/5/17 AA	12/14/17 AA		
Insulation				
Gas				
Plbg				
Energy				
Mechanical				
TCO				
Other				
Final	1-3-18 AM	1-19-18 AM	1/29/18 AM	

Above ceiling 12/14/17 AA

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure ft.

Area — Largest Floor 22,972 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 $ 840,000.00
3. Total (1+ 2) $ 840,000.00

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

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: Peter Lunny

Print name here: Peter Lunny

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior fit out for a new Michael's retail store. Includes partitions, painting, flooring, acoustical ceilings, millwork, storefront, HVAC, plumbing, Electrical, Fire Alarm and Sprinkler.

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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 $

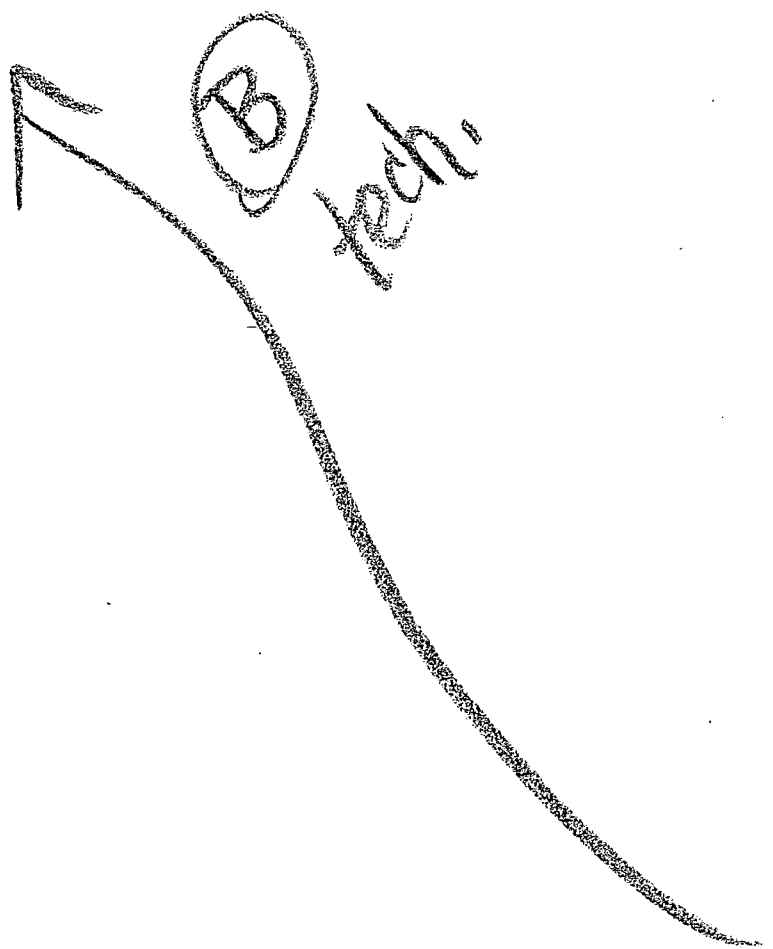
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

10-5-17 PM - Frame Interior Partial - offices - & Bathrooms, lunchroom and Part'n - not Ready. missing ADA Blocking in Bathroom, fire caller 2-pipes at Demise wall.

12-19-17 PM - Facade not Ready men still working also need steel cert. 3rd Rnd

1-3-18 - PM - not Ready

1-19-18 PM Final - See correction notice.



Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

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

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☑	☐
TCO for Training ONLY Passed for full use 1/29/18 rec'd in bldg. 1/30/18 MFF			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

pg 1 Ck to Stock Thru Rear Door Train employees only

Brick Township

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

CORRECTION NOTICE

ADDRESS _____

PERMIT NUMBER 17-2307 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric X Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Label Carbon monoxide alarm sign under sounding unit

3) Install Temp exterior E/S Front as discussed

2) Need approved plan for front door access — safety plan

4) Need Above ground Pipe Certform for fire sprinklers

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

DATE 1/19/18 INSPECTOR _____

PZ

Brick Township

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

CORRECTION NOTICE

ADDRESS 17-230

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1. Stockroom exit lights - remove shelves upper to move lights to ceiling
2. Sales floor exit lights to be 2 sided facing front + rear
3. ✓ permit (FireTech) for 9 leased appliances - possible update

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

DATE 1/12/16 INSPECTOR _____

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 1/19/18

NAME Federal Realty Investment Trust

ADDRESS PO Box 182601 Columbus OH 43215-2601

PROPERTY LOCATION Brick Plaza

Account No 3592814-26 Block 671 Lot 1.01

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

TB BATOW BLAS

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

Brick Township

CORRECTION NOTICE

~~ADDRESS~~ 17-1894/17-1894+A

PERMIT NUMBER 17-3969 172307 BLOCK _____ LOT _____

~~OWNER~~ Final

Upon inspection, violations of the X Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

(1) Exit Lights need to be 2-sided.
(2) Trip hazard around Rear Common Area. center door.
(3) Rear storage area. shed Blocking Emergency Lites.
(4) Rear common Area. door need to be Gasketed. Saddle.
(5) Safety Plan for Facade in Front Submit to Town for Approval

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

DATE 1-19-18 INSPECTOR _____

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. Protected Property Information

Name of property: Michael's ~ Brick Plaza

Address: 56 Chambersbridge Road, Brick, NJ 08723

Description of property: Retail Shop

Occupancy type: Mercantile

Name of property representative: Judy Maurer

Address:

Phone: 484-419-1200 Fax: E-mail: jmaurer@federalrealty.com

Authority having jurisdiction over this property: Brick Township Fire Subcode Official

Phone: 732-262-1030 Fax: E-mail:

2. Fire Alarm System Installation, Service, and Testing Information

Installation contractor for this equipment: Electronic Security Solutions, LLC

Address: 5115 Campus Drive, Plymouth Meeting, PA 19462

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@essfiresys.com

Service organization for this equipment: Electronic Security Solutions, LLC

Address: 5115 Campus Drive, Plymouth Meeting, PA 19462

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@essfiresys.com

Location of as-built drawings: On file Location of Historical Test Reports: On File

Location of system operation and maintenance manuals: On File

A contract for test and inspection in accordance with NFPA standards is in effect as of N/A

Contracted testing company: Telgian

Address: 4001 Kennett Pike, Suite 308, Wilmington, DE 19807

Phone: 302-300-1400 Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections: Annual

3. Type of Fire Alarm System or Service

NFPA 72®, Chapter Reference of System Type: Chapter 8

Name of organization receiving alarm signals with phone numbers *(if applicable)*:

Alarm: Vector Security Phone: 703-468-6100

Supervisory: Vector Security Phone: 703-468-6100

Trouble: Vector Security Phone: 703-468-6100

Entity to which alarms are retransmitted: Brick Township Dispatch Phone: 732-262-1100

Method of retransmission of alarms to that organization or location: DACT

If Chapter 8, note the means of transmission from the protected premises to the central station:

☒ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐ N/A

If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level: 4.0

Site-specific software revision date: 1/2/2018 Revision completed by: Steve Nice

4. Signaling Line Circuits

Characteristics of signaling line circuits connected to this system (see NFPA 72®, Table 6.6.1):

Quantity: 1 Style: 4.5 Class: B

5. Alarm-Initiating Devices and Circuits

Characteristics of initiating device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: N/A Style: Class:

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 8

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 1

Type of coverage: ☐ Complete area ☒ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 9

Type of coverage:

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 0

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☒ N/A

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☒ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 1

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: 0

Alarm verification on this system is: ☐ Enabled ☒ Disabled ☐ Set for seconds

6. Supervisory Signal-Initiating Devices and Circuits

6.1 Sprinkler System Number of valve supervisory switches: 0

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☒ N/A

6.2 Fire Pump

Type of fire pump: ☐ Electric ☐ Diesel

Type of fire pump supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☒ N/A

Fire Pump Functions Supervised

☐ Fire pump power ☐ Fire pump running ☐ Fire pump phase reversal ☐ Selector switch not in auto

☐ Engine or control panel trouble ☐ Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☒ N/A

☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel

Other: _____

7. Annunciators

7.1 Annunciator 1 ☐ Local ☒ Remote

Type: ☒ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: Main Entrance

7.2 Annunciator 2 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☒ N/A Location:

7.3 Annunciator 3 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☒ N/A Location:

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: N/A Number of multiple voice alarm channels: N/A

Number of speakers: N/A Number of speaker zones: N/A

8.2 Telephone Jacks

Number of telephone jacks installed: N/A Number of telephone handsets stored on site: N/A

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered ☒ N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: 6 Style: Y Class: B

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: With visual device: Horns: With visual device: 11

Chimes: With visual device: Bells: With visual device:

Visual devices without audible devices: 8 Other (describe):

9. Emergency Control Functions Activated

☐ Hold-open door releasing devices ☐ Smoke management or smoke control

☐ Door unlocking ☐ Elevator recall ☐ Other

10. System Power Supply

10.1 Primary Power

Nominal voltage: 120VAC Amps: 6

Overcurrent protection: Type: Breaker Amps: 20

Location (of primary supply panelboard): Electric Room

Disconnecting means location: Panel C Breaker #5

10.2 Secondary Power

Location: FACP Type: SLA Battery Nominal voltage: 24VDC Current rating: 7

Number of standby batteries: 2 Amp hour rating: 7

Location of emergency generator: N/A

Location of fuel storage: N/A

Calculated capacity of secondary power to drive the system

In standby mode: 24 In alarm mode: 5

11. Record of System Installation

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☒ *NFPA 72®* ☒ *NFPA 70®*, Article 760

☒ Manufacturer's published instructions ☐ Other (please specify):

System deviations from referenced NFPA standards:

Signed: Thomas Capie, SET, CFPS Printed name: Thomas Capie Date: 1/4/18

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

12. Record of System Operation

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☒ *NFPA 72®* ☒ *NFPA 70®*, Article 760

☒ Manufacturer's published instructions ☐ Other (please specify):

☒ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3 of *NFPA 72®*) is attached

Signed: Thomas Capie, SET, CFPS Printed name: Thomas Capie Date: 1/4/18

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

13. Certifications and Approvals

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: Thomas Capie, SET, CFPS Printed name: Thomas Capie Date: 1/4/18

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: Thomas Capie, SET, CFPS Printed name: Thomas Capie Date:

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: Printed name: Date:

Organization: Title: Phone:

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: Printed name: Date:

Organization: Title: Phone:

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: Printed name: Date:

Organization: Title: Phone:

2018 Fire Alarm Commissioning Report

For

Federal Realty

Michael's @ Brick Plaza

56 Chambersbridge Road
Brick NJ, 08723

INSPECTION DATE:
1/2/2018

INSPECTED BY:
Nice & Aversa

Electronic Security Solutions
5115 Campus Drive
Plymouth Meeting, PA 19462
Telephone 215-277-5248
Fax 215-277-5263

tcapie@essfiresys.com

Electronic Security Solutions
5115 Campus Drive
Plymouyth Meeting, PA 19462

FIRE ALARM INSPECTION REPORT

Inspection Date: 1/2/2018
Inspected By: Nice & Aversa

SUBMITTED TO: Federal Realty
LOCATION: Michael's @ Brick Plaza
56 Chambersbridge Road
Brick ,NJ 08723
Phone: 484-419-1200
Email: jmaurer@federalrealty.com

DEVICE KEY

SD-Smoke Detector, **HD**-Heat Detector, **MS**-Manual Pull Station, **DSD**-Duct Detector, **CO**-Carbon Monoxide, **BD**-Beam Detector, **TS**-Tamper Switch, **WF**-Waterflow, **PS**-Pressure Switch, **LA**-Low Air, **PR**-Pump Run, **PPWR**-Pump Power, **PT**-Pump Trouble, **PNA**-Pump Not In Auto, **PAA**-Pre Action Alarm, **PAT**-Pre Action Trouble, **PAS**-Pre Action Supervisory, **HO**-Horn, **STR**-Strobe, **SPK**-Speaker, **HS**-Horn/Strobe, **SS**-Speaker Strobe, **Bell, DH**-Door Holder, **AHU**-HVAC Shutdown, **DAMP**-Damper, **NC**-Nurse Call, **PRT**-Printer, **PWR**-Power Supply, **FACP**-Main Fire Panel, **ANN**-Anunciator, **NAC**-NAC Panel, **MSC**-Miscellaneous

DEVICE	FLOOR	LOCATION	PASS	ADDRESS	NOTES
SD		Above FACP	PASS	1	
DSD		RTU # 5	PASS	2	
DSD		RTU # 9	PASS	3	
DSD		RTU # 4	PASS	4	
DSD		RTU # 3	PASS	5	
DSD		RTU # 2	PASS	6	
DSD		RTU # 1	PASS	7	
DSD		RTU # 7	PASS	8	
DSD		RTU # 8	PASS	9	
DSD		RTU # 6	PASS	201	
MSC		Relay Trip For CO2 Dector Horn	PASS	202	
CO		Sales Floor Rear Right	PASS	203	
CO		Sales Floor Front Right	PASS	204	
CO		Sales Floor Rear Left	PASS	205	
CO		Sales Floor Main Entrance	PASS	206	
AHU		Relay For RTU # 5 Shutdown	PASS	207	
AHU		Relay For RTU # 9 Shutdown	PASS	208	
AHU		Relay For RTU # 4 Shutdown	PASS	209	
AHU		Relay For RTU # 3 Shutdown	PASS	210	
AHU		Relay For RTU # 2 Shutdown	PASS	211	
AHU		Relay For RTU # 1 Shutdown	PASS	212	
AHU		Relay For RTU # 7 Shutdown	PASS	213	
AHU		Relay For RTU # 8 Shutdown	PASS	214	
AHU		Relay For RTU # 6 Shutdown	PASS	215	
MS		Main Entrance	PASS	216	
MS		Ware House Exit	PASS	217	
CO		Kids Area	PASS	218	
CO		Frame Room	PASS	219	
WF		Trip From Riser Room	PASS	220	
MS		Rear Hallway	PASS	221	
CO		Managers Office	PASS	222	
CO		Rear Hallway	PASS	223	
ANN		Main Entrance	PASS	1	

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FIRE INSPECTION RECORDS

NO. 1

INSPECTION DATES

INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE
1	01/02/18								

BATTERY TESTING

LOCATION	SIZE / TYPE	DATE TESTED	CHARGER VOLTAGE	STATIC VOLTAGE	AMP HOUR	CONNECTION CHECK	DATE INSTALLED
FACP left	12VDC 7Ah	01/02/18	27.8	13.1	7	New	01/02/18
FACP Right	12VDC 7Ah	01/02/18	27.8	13.1	7	New	01/02/18
BPS Left	12VDC 7Ah	01/02/18	26.9	13.2	7	New	01/02/18
BPS Right	12VDC 7Ah	01/02/18	26.9	13.1	7	New	01/02/18

COMMUNICATOR TESTING

	PASS	FAIL		PASS	FAIL		PASS	FAIL		PASS	FAIL
TWO SEPARATE AND FUNCTIONS MEANS OF REPORTING				X		ALARM REPORTING WITH PRIMARY DISCONNECTED				X	
PRIMARY LINE FAIL REPORTING	X		PRIMARY LINE SEIZURE			X			SEC LINE FAIL REPORTING		

ESS
Electronic Security Solutions

NOTATIONS FAILURES, RECOMMENDATIONS/CONCERNS & NOTES ENCOUNTERED DURING INSPECTIONS AND TESTING	
	FAILURES:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
	RECOMMENDATIONS/CONCERNS:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

VERIFICATION OF SYSTEM TEST

The fire life safety system has been placed in operation and as the owner's representative, I have been instructed in the operation of the system.

Date _____ Name _____ Title _____

The undersigned ESS representative certifies that the equipment has been completely checked and performs in all respects as designed, and all auxiliary equipment functions as desired.

Date 1/2/18 ESS Steven Nice

INSPECTION AND TESTING FORM

DATE: 1/2/2018

TIME: 14:00

Service Organization

NAME: Electronic Security Solutions

ADDRESS: 5115 Campus Drive
Plymouth Meeting, PA 19462

REPRESENTATIVE: Nice & Aversa

LICENSE NO: P01299

TELEPHONE: 215-277-5248

Property Name (User)

NAME: Michael's @ Brick Plaza

ADDRESS: 56 Chambersbridge Road
Brick , NJ 08723

OWNER CONTACT: Judy Mauer

TELEPHONE: 484-419-1200

MONITORING AGENCY

CONTACT: Vector

TELEPHONE: 703-468-6100

MONITORING ACCOUNT REF NO: 466-0674

APPROVING AGENCY

CONTACT: Brick Township Fire Subcode Official

TELEPHONE: 732-262-1030

TYPE TRANSMISSION

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

SERVICE

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

PANEL MANUFACTURER: Firelite MODEL NO: MS9200ULDS

CIRCUIT STYLES: 4.5 & Y

NO. OF CIRCUITS: 7

SOFTWARE REV: 4.0

LAST DATE THAT SYSTEM HAD ANY SERVICE PERFORMED: On File

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

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
3	4.5	MANUAL STATIONS
1	4.5	PHOTO DETECTORS
		ION DETECTORS
9	4.5	DUCT DETECTORS
0		HEAT DETECTORS
1	4.5	WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
8	4.5	OTHER (SPECIFY) Carbon Monoxide detectors

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		SPEAKER/STROBES
11	Y	HORN/STROBES
		CHIMES
8	Y	STROBES
		SPEAKERS
		OTHER (SPECIFY):

NO. OF ALARM INDICATING CIRCUITS: 6

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

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

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

QUANTITY: 1 STYLES: 4.5

POWER SUPPLIES

a.Primary(Main) Nominal Voltage 120 , Amps 6

Overcurrent Protection: Type Breaker , Amps 20

Location (Panel Number): Electric Room Panel C

Disconnecting Means Location: #5

b. Secondary (Standby):

12VDC x 2 Storage Battery Amp Hr. Rating 7

Calculated capacity to operate system, in hours: 24

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

Location of Fuel Storage N/A

TYPE BATTERY

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

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

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

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

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

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PRIOR TO ANY TESTING

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

SYSTEM TESTS AND INSPECTIONS

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

SECONDARY POWER

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

NOTIFICATION APPLIANCES

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

COMMENTS: _____

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

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

BRICK TOWNSHIP BUREAU OF FIRE SAFETY
253 Brick Boulevard, 2nd Floor
Brick Township, NJ 08723
(732) 458-4100 FAX (732) 458-4153
Email bureau@brickfire.org
Website www.brickfire.org

TO: Daniel Newman
Kurt Otto
Kenneth Shafer
Nichol Ponsi

FROM: Kevin C. Batzel, Bureau Chief/ Fire Marshal

DATE: January 22, 2018

REF: Michael's – 56 Chambers Bridge Road
Request for Occupancy

1. How long until the job is fully complete?
2. Are all rear exits (corridor) complete and operational?
3. Service corridor not to be used for construction or blocked with construction material.
4. Rear exit striping not installed nor signs up as approved previously.
5. Egress floor plan for rear stockroom needed (i.e. mark aisles on floor).
6. Front exit (secondary) not accessible but marked. Must provide an alternate route or block exit sign.
7. Must have all fire UCC items addressed and an inspection to confirm same.
8. All exterior lighting and fire strobe to be completed.

I trust the above adequately addresses your request. Should you have any further questions please feel free to contact our office.

KCB/jb

STREAMLINE FIRE PROTECTION, LLC. (SFP)

Material and Test Certificate for Aboveground Piping – Dry System

Procedure (Conforms to NFPA Pamphlet No.13-2002)

Upon completion of work, inspection and tests shall be made by SFP's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before SFP's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Name: Space 27B-Brick Plaza
Property Address: 100 Cedarbridge Rd, Brick, NJ
Date: 1/24/18

Plans

1 Accepted by Approving Authorities: Brick Township
2. Address: _____
3. Installation conforms to accepted plans — X Yes — No
4. Equipment used is approved — X Yes — No

Instructions

1. Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment — X Yes — No
2. Have copies of the following been left on the premises:
   a. System components instructions — X Yes — No
   b. Care and maintenance instructions — X Yes — No
   c. NFPA 25 — X Yes — No

Location of system – Supplies building _____

Sprinklers

Make	Model	Yr Made	Orifice	Quantity	Temp
Victaulic	V2704	2017	½"	10	155

Pipe and Fittings

1. Type of Pipe: Per NFPA No. 13-2002
2. Type of Fitting: Per NFPA No. 13-2002
3. _____

Flow Indicator

Type	Make	Model	Max Time to Operate thru Insp. Test
Press	SS		60sec

Dry-Pipe Valve

1. Make and Model: Victaulic NXT
2. Serial Number: _____

Quick Opening Device (Q.O.D)

1. Make and Model: N/A
2. Serial Number: _____

Dry-Pipe System Operating Test With Q.O.D.

1. Time to trip through test connection*: NA
2. Water pressure 0 psi. Air pressure 0 psi.
3. Trip point air pressure 0psi.
4. Time water reached test outlet*: 0
5. Alarm operated properly — X Yes — No

Dry-Pipe System Operating Test Without O.D

1. Time to trip through test connection*: 60sec
2. Water pressure 90 psi. Air pressure 18 psi.
3. Trip point air pressure 10 psi.
4. Time water reached test outlet*: 60sec
5. Alarm operated properly — X Yes — No

measured from time inspectors test connection is opened

Test Description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi for two hours or 50 psi above static pressure in excess of 150 psi for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped

Pneumatic: Establish 40 psi air pressure and measure drop, which shall not exceed 1.5 psi in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi in 24 hrs.

Tests

1. All piping hydrostatically tested at 200 psi for 2 hours
2. Dry piping pneumatically tested — X Yes — No
3. Equipment operates properly — X Yes — No
4. Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine or other corrosive chemicals were not used for testing systems or stopping leaks — X Yes — No
5. Drain Test
   a. Static pressure reading of gage located near water supply connection _____ psi.
   b. Residual pressure with valve in test connection open wide _____ psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of the Underground Test Certificate — Yes — X No
7. Flushed by installer of underground piping — X Yes — No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? — X Yes — No

Welded Piping – If welding piping was used in the system, complete the following:

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1 — X Yes — No
2. Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1 — X Yes — No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated — X Yes — No

Cutouts (Disks)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? — X Yes — No

Hydraulic Data Nameplate Provided — X Yes — No

Date left in service (with all control valves open): _____

Signatures

1. Name of sprinkler contractor: Streamline Fire Protection, LLC.
2. Tests witnessed by: _____
   (Signed): _____
   Title: _____ Date: _____
   For (Company): _____
   For SFP (Signed): _____
   Name: James T. Gibbons Title: Job Foreman Date: 1/24/18
   Company : Streamline Fire Protection, LLC.

STREAMLINE FIRE PROTECTION, LLC. (SFP)

Material and Test Certificate for Aboveground Piping – Wet System

Procedure (Conforms to NFPA Pamphlet No.13-2002)

Upon completion of work, inspection and tests shall be made by SFP's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before SFP's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Name: Michaels-Brick Plaza NJ
Property Address: 100 Cedarbridge Rd, Brick NJ
Date: 1/24/18

Plans

1. Accepted by Approving Authorities: Brick Township
2. Address: _____
3. Installation conforms to accepted plans — X Yes ☐ No
4. Equipment used is approved — X Yes ☐ No
   If no, explain _____

Instructions

1. Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? — X Yes ☐ No
2. Have copies of the following been left on the premises?
   a. System components instructions — X Yes ☐ No
   b. Care and maintenance instructions — X Yes ☐ No
   c. NFPA 25 — X Yes ☐ No

Location of system – Supplies buildings Habit Burger/Zoe's

Sprinklers

Make	Model	Yr Made	Orifice	Quantity	Temp
Viking	VK595	2017	1"	126	212
Viking	VK534	2017	3/4"	12	155
Viking	VK302	2017	3/4"	2	155
Viking	VK275	2017	1"	5	200

Pipe and Fittings

1. Type of Pipe: Per NFPA No.13-2002
2. Type of Fittings: Per NFPA No.13-2002

Alarm Valve or Flow Indicator

Type	Make	Model	Max Time to Operate thru Insp. Test
Vane	Potter	VSR	45sec

Pressure Reducing Valve Test

Location and Floor	Make and Model	Setting (PSI)	Static Pressure In / Out (PSI)	Residual Pressure (Flowing) In / Out (PSI)	Flow Rate (GPM)
N/A					

Test Description

Hydrostatic: Hydrostatic tests shall be made at not less than static pressure up to 200 psi (13.6 bar) for two hours. All aboveground piping leakage shall be stopped

Tests

1. All piping hydrostatically tested at static pressure or up to 200 psi (13.2 bar) for 2 hours.
   . Equipment operates properly — X Yes No
   If no, state reason: _____
2. Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine or other corrosive chemicals were not used for testing systems or stopping leaks — X Yes ☐ No
3. Drain Test
   a. Static pressure reading of gage located near water supply connection: 90 psi.
   b. Residual pressure with valve in test connection open wide: 75 psi.
4. Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping. Verified by copy of the Contractor Material and Test Certificate for Underground Piping — X Yes No
   If no, Explain: Existing

Date left in service (with all control valves open): 1/24/17

Signatures

1. Name of sprinkler contractor: Streamline Fire Protection, LLC.
2. Tests witnessed by: _____
   (Signed): _____
   Title: _____ Date: _____
   For (Company): _____
   For SFP (Signed): _____
   Name: Jim Gibbons Title: Job Foreman Date: 1/24/17
   Company : Streamline Fire Protection, LLC.

Additional explanations and notes

INSPECTOR: BUCK KELLY
JOB: BRICK PLAZA SECTION:
TEMPERATURE: 40
WEATHER: CLOUDY

DATE: 1/29/18
TYPE OF WORK: ~~FINAL~~ TENANT FIT UP
LOCATION: MICHAELS
BLOCK: 671 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	
9. As Built Survey/ Elevation Certificate	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☐ TEMP. C.O.
- ☒ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

ILARIO
MUNICIPAL ENGINEER

APPLICATION FOR CERTIFICATE

Date Received	05/19/2017
Date Permit Issued	07/10/2017
Control #	C-17-002190
Permit #	17-2307
Date Issued	01/19/2018

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

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

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone (240) 478-9791

Contractor KANE BUILDERS S&D INC

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038

Telephone (215) 517-5511

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☑ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous M Current

FINAL COST OF CONSTRUCTION: $ 1112500
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Minor issues to be corrected

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - MICHAEL'S

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

☐ OWNER

☑ AGENT

56 Chambers Bridge Rd → Michael's

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 338
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	**comment**	☐	☐
TCO for Training 60 Days			
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	**comment**	☐	☐
TCO 60 Days for Training			
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☑	☐
Approval from the Division of Engineering (If Applicable)	**comment**	☐	☐
TCO for Training ONLY			
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☐	☐
All Updates Have Been Approved	comment	☐	☐

This checklist has been given to: (edit)

INSPECTION: KURT OTTO / KEN SHAFER

JOB: MICHAELS SECTION:

TEMPERATURE: 30°

INSPECTION:

DATE: 1/25/13

TYPE OF WORK: TENANT FIT UP

LOCATION: BRICK PLAZA

BLOCK: 671 LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures		OUTSTANDING FOR FINAL
7. Note on going construction in immediate area		CURRENT FACADE CONSTRUCTION
8. Safety	✓	
9. As Built Survey/ Elevation Certificate		N/A

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

- ☒ TEMP. C.O. TRAINING EXP 2/25/18
- ☐ FINAL C.O.
- ☐ DETAILED REINSPECTION
- ☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED
- ☐ REQUIRES PERMIT UPDATE/ ADDITIONAL PERMITS
- ☐ $ 50.00 REINSPECTION FEE

MUNICIPAL ENGINEER

BUTLER BALANCING CO. INC.

AABC Certified Testing & Balancing

PROJECT	MICHAEL'S STORE AT BRICK PLAZA
LOCATION	BRICK, NJ.
ARCHITECT	KELLENYI JOHNSON WAGNER ARCHITECT
ENGINEER	JOHNSON & URBAN, LLC.
HIRING FIRM	B&B MECHANICAL

THE TEST REPORT PROJECT NUMBER #JAN18034

THIS IS TO CERTIFY THAT THE BUTLER BALANCING COMPANY HAS TESTED, PROPORTIONED & BALANCED THE SYSTEMS DESCRIBED WITHIN TO THEIR MAXIMUM BASED ON THE SYSTEM CONDITIONS MADE AVAILABLE FOR TAB. TAB (AS MADE AVAILABLE BY THE CONTRACT AND SCHEDULE) HAS BEEN PERFORMED AND THE RESULTS OF THESE TESTS ARE HEREIN RECORDED. ANY SYSTEM DEFICIENCIES ARE NOTED WITHIN.

REPORT SUBMISSION DATE: JANUARY 2018

CERTIFIED TEST & BALANCE ENGINEERS

DON BUTLER #91-07-28	PAUL THOMAS #03-07-35
Butler Balancing Co., Inc. ASSOCIATED AIR BALANCE COUNCIL TBE - 91-07-28 Donald Butler	

Address: PO Box 72256 Thorndale, PA 19372 Phone: 610-873-6905 Fax: 610-873-6908
www.butlerbalancing.com

AABC

Associated Air Balance Council

Annual Membership Certificate

Awarded to

Butler Balancing Company, Inc.

as a member in good standing of the Associated Air Balance Council for the year

2018

This member has met all requirements for membership and is entitled to all rights and privileges of AABC certification. This certificate is renewable on an annual basis and expires December 31, 2018.

ASSOCIATED AIR BALANCE COUNCIL
AABC
2018

Michael Delcamp

Michael Delcamp, *President*

Kenneth M Sufka

Kenneth M. Sufka, *Executive Director*

AABC

Associated Air Balance Council

Annual Certificate

Awarded to

Donald Butler

Butler Balancing Company, Inc.

In recognition of his qualifications as a

Certified Test and Balance Engineer

under the rules, regulations, and requirements of the Associated Air Balance Council. The above named is fully authorized to perform total system balance in accordance with the standards as established by the AABC and as a member of the Associated Air Balance Council for the year

2018

This registration number **91-07-28** *is fully recognized by the bylaws and charter of this professional association. Certification is renewable on an annual basis after examination of the agency's record for the preceding year. This certificate expires December 31, 2018.*

ASSOCIATED AIR BALANCE COUNCIL * AABC * 2018

Michael Delcamp

Michael Delcamp, *President*

Kenneth M Sufka

Kenneth M. Sufka, *Executive Director*