

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 17-1894



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C17-001556

I. IDENTIFICATION

1. Proposed Work Site at: Chambers Bridge Road & Route 70 (Spaces 27A, 27B & 27C)
2. Name of Owner in Fee: Federal Realty Investment Trust
Tel. (240) 478-9791 e-mail JFMiller@federalrealty.com
Address 50 E Wynnewood Road, Wynnewood, PA. 19096
3. Ownership in Fee: Public Private municipality zip code
4. Principal Contractor: Kane Builders S&D, Inc. Tel. (215) 517-5511
Address 145 Willow Grove Avenue e-mail Perry@KaneBuilders.com
Glenside, PA. 19038
License No. OR, if new home, Builder Reg. No. _____ 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 George Nick
Address 21 Peters Place, Red Bank, NJ e-mail GNick@KJW.com
Tel. (716) 807-2727 FAX: _____
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)

1. Building	\$ 3900	Update 150	Update 2100
2. Electrical	2510	150	175
3. Plumbing	1200	150	360
4. Fire Protection	100		325
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ 15		
8. Subtotal	577	4	147
9. State Permit Surcharge Fee			
10. Subtotal			75
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 8362	324	3742

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	1	(office use only)
2. Height of Structure		ft.
3. Area — Largest Floor	49,300	sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved		HUD
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
11. Base Flood Elevation		ft.
12. Wetlands	yes	no

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☒ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
85,000.00	4/14/17			6-1-17	7B			
				4/25/17	RE			
18,500.00				4-26-17	OFF			
22,500.00								
	Eng 4/24/17			4/24/17	100	spk		80

TOTAL COST \$0

III. PLAN REVIEW (optional)

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

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

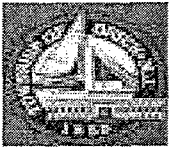
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: Total Units Income-restricted
Gained, Sale _____
Gained, Rental _____
Lost, Sale _____
Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: Select Group Select Group
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present
Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/20/2018
Control Number C-17-001556
Permit Number 17-1894
Permit Issue Date 06/08/2017
Certificate Number 17-1894

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual:
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: (240) 478-9791
Contractor National Maintenance & Buildout
Address 48A Vincent Circle Ivyland PA 18974
Telephone: (215) 442-2538 Fax: (215) 442-5679
License Number or Builders Registration Number: _____ Federal Emp. Number: 300020638

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL, VANILLA BOX - - FORMER A&P ...SUBDIVISION OF PRIOR SUPERMARKET INTO (3) SEPARATE UNITS

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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



Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

BLOCK 071 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____

PERMIT NO. 17-1894



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers Bridge Rd

2. Name of Owner in Fee: Federal Realty

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

Address 1606 East Jefferson Road Rockville MD 20852

3. Ownership in Fee: ☒ Public ☐ Private ☐ Municipality ☐ Zip code

4. Principal Contractor: National Maintenance Builders Tel. (215) 442-5380

Address 482 James Avenue Ignad Pa e-mail skousky@numboc 18974

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

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

Federal Emp. ID No. 300020638 FAX: (215) 442-5380

5. Architect or Engineer Kellen Y. Shynowich contact _____

Address 81 Peters Place Red Bank MD e-mail _____

Tel. (732) 741-8270 FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Joe Kauscy

Tel. (267) 966-5239 FAX: (_____) _____

IIa. PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. - Subch. 8

IIb. SUBCODES

(Check all that apply)

☐ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

☐ TOTAL COST

☐ New Building

☐ Alteration

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Annual Permit

☐ Addition

☐ Renovation

☐ Reconstruction

☐ Demolition

☐ Re-Viewer

☐ Re-Viewer

☐ Re-Viewer

☐ Re-Viewer

☐ Re-Viewer

☐ Re-Viewer

☐ Re-Viewer

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1

2. Height of Structure _____ ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

13. TOTAL _____

14. TOTAL _____

15. TOTAL _____

16. TOTAL _____

17. TOTAL _____

18. TOTAL _____

19. TOTAL _____

20. TOTAL _____

21. TOTAL _____

22. TOTAL _____

23. TOTAL _____

24. TOTAL _____

25. TOTAL _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

V. FEE SUMMARY (for office use only)

1. Building \$ _____ Update _____

2. Electrical \$ _____ Update _____

3. Plumbing \$ _____ Update _____

4. Fire Protection \$ _____ Update _____

5. Elevator Devices \$ _____ Update _____

6. Subtotal \$ _____ Update _____

7. Less 20% for State Plan Review \$ _____ Update _____

8. Subtotal \$ _____ Update _____

9. State Permit Surcharge Fee \$ _____ Update _____

10. Subtotal \$ _____ Update _____

11. Cert. of Occupancy \$ _____ Update _____

12. Other \$ _____ Update _____

13. TOTAL \$ _____ Update _____

14. TOTAL \$ _____ Update _____

15. TOTAL \$ _____ Update _____

16. TOTAL \$ _____ Update _____

17. TOTAL \$ _____ Update _____

18. TOTAL \$ _____ Update _____

19. TOTAL \$ _____ Update _____

20. TOTAL \$ _____ Update _____

21. TOTAL \$ _____ Update _____

22. TOTAL \$ _____ Update _____

23. TOTAL \$ _____ Update _____

24. TOTAL \$ _____ Update _____

25. TOTAL \$ _____ Update _____

26. TOTAL \$ _____ Update _____

27. TOTAL \$ _____ Update _____

28. TOTAL \$ _____ Update _____

29. TOTAL \$ _____ Update _____

30. TOTAL \$ _____ Update _____

31. TOTAL \$ _____ Update _____

32. TOTAL \$ _____ Update _____

33. TOTAL \$ _____ Update _____

34. TOTAL \$ _____ Update _____

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/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm



Former A+D

BUILDING SUBCODE

TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____
 Work Site Location Chambers Bridge Road & Route 70 (spaces 27A, 27B & 27C)
 Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

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

Address 50 E Wynnwood Road, Wynnwood, PA. 19096

Contractor: Kane Builders S&D, Inc. ^{zip code} PA. 19096 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	INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>6-1-17</u>	<u>TS</u>	☐ Footing	<u>Footings</u>	<u>Bonding</u>	<u>12-11-17</u>	<u>TS</u>
☐ All			☐ Footings/Foundations	<u>Foundation</u>	<u>Slab</u>	<u>8-22-17</u>	<u>TS</u>
☐ Structural/Framework			☐ Exterior	<u>Truss Sys./Bracing</u>	<u>Barrier-Free</u>	<u>9-12-17</u>	<u>TS</u>
☐ Interior			☐ Joint Plan Review Required:	<u>Insulation</u>	<u>Finishes - Base Layer</u>	<u>12-11-17</u>	<u>TS</u>
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>SubCODE APPROVAL for PERMIT</u>	<u>Energy</u>	<u>Mechanical</u>	<u>1-12-17</u>	<u>TS</u>
Date: <u>06/03/17</u>			<u>SubCODE APPROVAL for CERTIFICATE</u>	<u>TCO</u>	<u>Final Floor wall</u>	<u>1-12-17</u>	<u>TS</u>
Approved by: <u>TS</u>			<u>Barrier-Free</u>	<u>Final Floor wall</u>	<u>Final Floor wall</u>	<u>1-12-17</u>	<u>TS</u>
			<u>Barrier-Free</u>	<u>Final Floor wall</u>	<u>Final Floor wall</u>	<u>1-12-17</u>	<u>TS</u>

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure _____ ft.

Area — Largest Floor 49,300 sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. _____

2. Rehabilitation _____

3. Total (1+2) \$ 87,000.00

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.

Sign here: Peter Plunny

Print name here: Peter Plunny

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior shell work consisting of demising partitions, perimeter drywall, Utility stub ins, electrical, sprinkler

COMMERCIAL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ 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 \$ _____

Date Received
 Control #

Date Issued
 Permit #

6/28/17
 17-1894



BUILDING SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code (274,273-272)
Work Site Location Chamber Bldg Rd + Rt 70
Owner In Fee: Federal Realty Invest. Trust
Tel. (210) 4728 9791 e-mail JFM.116@Federalrealty.com
Address 50 E Wynwood Rd Wynwood RA 19096
Contractor: Kam Bldg S+D Inc Tel. (215) 517 5511 zip code 19106
Address 1415 W. 11th Ave e-mail planny@kamblg.com
Glasgow RA 19038
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): FAX: ()
Federal Emp. ID No. Exp. Date

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☒ All	<u>07/01/17</u>	<u>HE</u>	Footings/Bonding				
☐ Footings/Foundations			Foundation				
☐ Structural/Framework			Slab				
☐ Exterior			Frame				
☐ Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL for PERMIT	<u>8/5/17</u>		Finishes - Base Layer				
Date:			Finishes - Final				
Approved by:	<u>HE</u>		Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
☐ CO ☐ CCO	<u>1/1/18</u>	<u>CA</u>	TCO				
Date:	<u>06/18/18</u>	<u>HE</u>	Other				
Approved by:	<u>HE</u>		Final	<u>1-14-18</u>			<u>HE</u>
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		
Area — Largest Floor			sq. ft.		
New Bldg. Area/All Floors			sq. ft.		
Volume of New Structure			cu. ft.		
Max. Live Load			1. New Bldg.		
Max. Occupancy Load			2. Rehabilitation		
			3. Total (1+2)		

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Pave concrete slabs

Per.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



Update 11/9/12

Date Received
Control #

11/2/18

Date Issued
Permit #

17-1894 +B

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

Block 571 Lot 1.01 Qualification Code _____

Work Site Location Chambers Bridge Road & Route 70

Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

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

Address 50 E Wynnwood Road, Wynnwood, PA. 19096

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

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	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☒ No Plans Required			Type: Footing					
☒ All			Footing Bonding					
☐ Footings/Foundations			Foundation					
☐ Structural/Framework			Slab					
☐ Exterior			Frame					
☐ Interior			Truss Sys./Bracing					
Joint Plan Review Required:			Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation					
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer					
Date: <u>01/17/18</u>			Finishes -Final					
Approved by: <u>PKK</u>			Energy					
SUBCODE APPROVAL for CERTIFICATE			Mechanical					
☐ CO ☐ CCO			TCO					
Date: <u>01/18/18</u>			Other					
Approved by: <u>PKK</u>			Final <u>1-18-18</u>					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Const. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 55,000.00

2. Rehabilitation \$ 55,000.00

3. Total (1 + 2) \$ 110,000.00

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

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

UPGRADE Common Corridor,
Includes Lighting, Parting, (2)
Door Units.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Radon Remediation
- ☒ Other Int. Demo
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



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

Block C71 Lot 1.01 Qualification Code _____

Work Site Location SE Chambers Bridge Rd

Owner In Fee: Federal Realty INV. TRUST

Tel. 240 478 9791 e-mail _____

Address 50E Wynnewood Rd. Wynnewood PA

Contractor: Hugh Gibbons Tel. 610 500-0177 Zip code _____

Address Thornton, PA 19373 e-mail hughboat@hotmail.com

Contractor License No. 10501 Exp. Date 6/31/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 23-2866762 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size 1.500, 00 Private Well _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

1. No Plans Required _____

1. Partial-Underslab Utilities Approved _____

Date: _____ Approved by: _____

1. Plumbing Plans Approved _____

Joint Plan Review Required: _____

1. 1 Bldg. 1 1 Elec. 1 1 File 1 1 Elec _____

SUBCODE APPROVAL FOR PERMIT _____

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE _____

1. 1 CO 1 1 ECO 1 1 CA _____

Date: 3-2-18 _____

Approved by: _____

INSPECTIONS

Type: _____ Failure: _____ Dates (Month/Day): _____ Approval: _____ Initial: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor _____

sign and seal here: _____

Print name here: Hugh Gibbons

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

3 unit heaters in

server corridor

QTY. _____

FIXTURE/EQUIPMENT _____

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Graesetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

3 Condensate

Date Received 11/7/18

Control # _____

Date Issued _____

Permit # 1171891718



CONTRACTOR

FIRE PROTECTION SUBCODE

TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location 56 Chamber Bridge Rd

Owner In Fee: Britt N.S. Federal Twp. Trust

Tel. 240 478 9791 e-mail _____

Address _____

Contractor: KANE BROS Municipality Glenside PA Tel. 215 517 5511

Address 145 Willow Grove Ave e-mail _____

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 _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 1560

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ INSPECTIONS _____ Dates (Month/Day) _____

[] No Plans Required _____ Type: _____ Failure _____ Approval _____ Initial _____

[] Partial -Underslab Utilities Approved _____ Alarm System _____

Date: _____ Approved by: _____ Suppression Sys. _____

[] Fire Protection Plans Approved _____ Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: _____ Pre-Eng. System _____

[] Bldg. [] Elec. [] Plumb. [] Elev. _____ Mechanical _____

SUBCODE APPROVAL for PERMIT _____ Smoke Control _____

Date: 11/9/17 _____ TCO _____

Approved by: [Signature] _____ Flamm/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE _____ Fireplace Venting _____

[] CO [] LCCO _____ Final _____

Date: 11/9/17 _____ Other _____

Approved by: [Signature] _____

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: _____

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

DESCRIPTION OF WORK: add wall to receiving load dock

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/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 _____

Fuel-Fired Appliances 3 Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

11/9/17 Updat

Date Received _____

Control # _____

Date Issued _____

Permit # _____

17-1894+B

11/17/18

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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 permit 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.

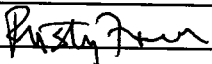
(X) Check if contractor.

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

Address 145 Willow Grove Avenue

Glenside, PA. 19038

Telephone (215) 517-5511

Signature 

- 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.



ELECTRICAL SUBCODE TECHNICAL SECTION



CORELIDAR

11/11/17 Update

11/17/18

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 14-1894 HB

Work Site Location 56 Chambers Bridge Rd

Owner in Fee: Federal Realty Inv. + D&T

Tel. (240) 478 9791 e-mail

Address 50 E Wymorewood Rd Wymorewood PA 19096

Contractor: MJM Electric Inc Tel. (703) 555-0314 zip code

Address 7 South Tanagerack Dr e-mail Mike Grynclastic

Contractor License No. 120157 Exp. Date 03/18

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Phase 2

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 19500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
[] Partial -Underslab Utilities Approved	Rough	
Date: <u>12/28/17</u> Approved by: <u>PSC</u>	Barrier-Free	
[V] Electric Plans Approved	Trench	
Date: <u>12/28/17</u> Approved by: <u>PSC</u>	Temp. Serv.	
Joint Plan Review Required:	Const. Serv.	
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO	
SUBCODE APPROVAL FOR PERMIT	Other	
Date: <u>12/28/17</u>	Service	
Approved by: <u>PSC</u>	Barrier-Free	
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued	
Date: <u>12/28/17</u>	Annual Pool Inspection	
Approved by: <u>PSC</u>	Date of Grounding and Bonding Certification	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Michael D. McKee

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Phase 2 Conductor electric

QTY SIZE ITEMS

2 6 1 Lighting Fixtures

3 7 Receptacles

39 39 Switches

39 39 Detectors

39 39 Light Poles

39 39 Motors—Fract. HP

39 39 Emergency & Exit Lights

39 39 Communications Points

39 39 Alarm Devices/F.A.C. Panel

39 39 TOTAL NUMBERS

39 39 Pool Permit/with UW Lights

39 39 Storable Pool/Spa/Hot Tub

39 39 KW Elec. Range/Receptacle

39 39 KW Oven/Surface Unit

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



PLUMBING SUBCODE



6-20-18
COPY

Date Received 04/14/2017
Control # C-17-001556
Date Issued 06/08/2017
Permit # 17-1894

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

Block 621 Lot 1.01 Qualification Code See
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

Tel. (240) 478-9791 Email

Contractor: Kennedy Plumbing Heating Mechanical

Address 1733 Madison Ave. Toms River NJ 08757

Tel. (732) 684-0742

Email

Fax

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

Contractor License No. 12708

Expiration Date: 06/30/2019

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group

Present

M

Proposed

M

Building Sewer Size

Public Sewer

Private Septic

Water Service Size

Public Water

Private Well

Estimated Cost of Plumbing Work \$18,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building

☐ Electrical

☐ Fire

☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 6-20-18

Approved by:

INSPECTIONS

Type:

Failure

Failure

Approval

Initial

Slab

7-5-17

WM

Rough

7-2-17

JP

Water

7-2-17

JP

Sewer

7-2-17

JP

Fixtures

7-2-17

JP

Gas Equipment

7-2-17

JP

Gas Piping

7-2-17

JP

LP Gas Tank

7-2-17

JP

Fuel Oil Piping

7-2-17

JP

Solar

7-2-17

JP

TCO

7-2-17

JP

Final

7-2-17

JP

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

DESCRIPTION OF WORK
ALTERATION - COMMERCIAL, VANILLA BOX - FORMER A&P
...SUBDIVISION OF PRIOR SUPERMARKET INTO (3) SEPARATE UNITS

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventor

Greasetrap

Sewer Connector

Water Service Connection

Stacks

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

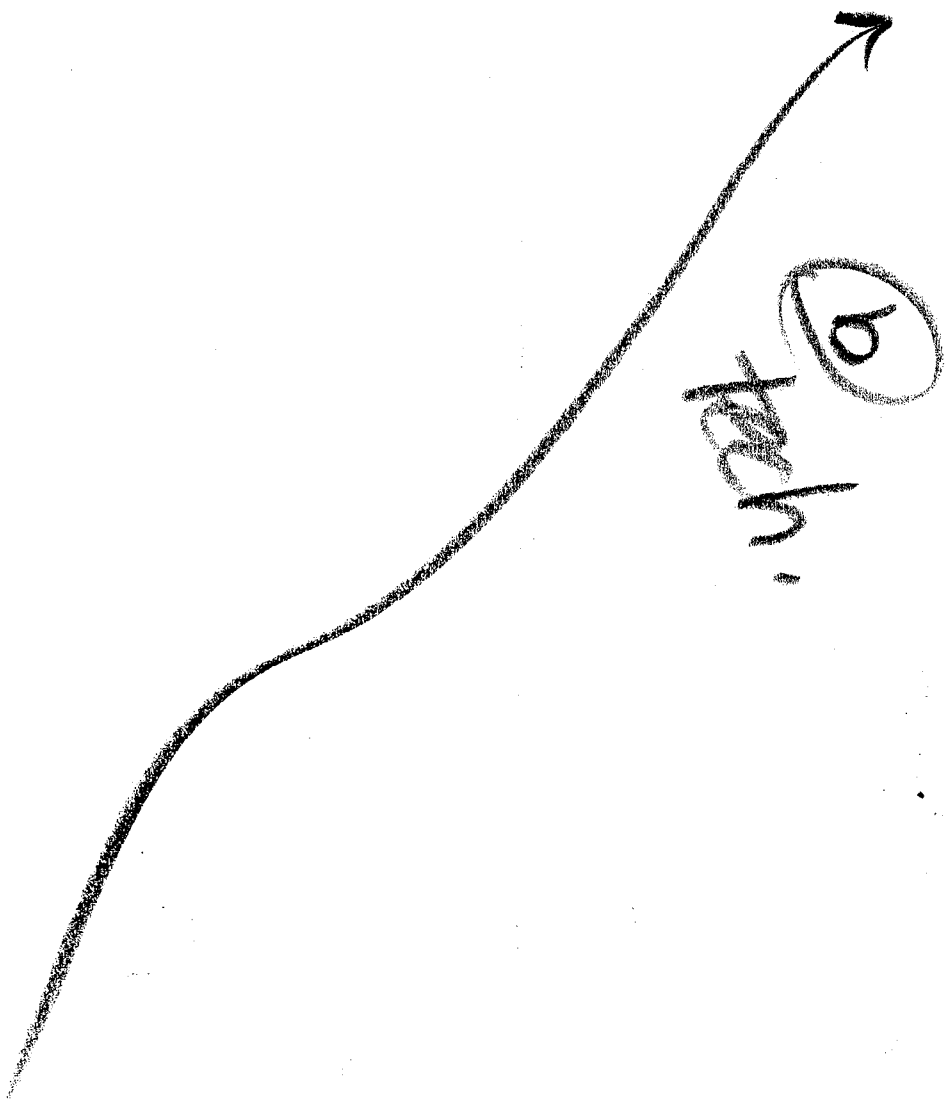
U.C.C. F130 (rev. 11/09)

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

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

1-19-18, final PA - see construction notes





FIRE PROTECTION SUBCODE TECHNICAL SECTION



Change of Contract

Date Received 2/14/18
Control # 17-1894
Date Issued
Permit #

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

Block 671 Lot 101 Qualification Code
Work Site Location %6 Chambers Bridge Rd Brick NJ

Owner in Fee: Federal Realty

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

Address 1626 east Jefferson Rockville MD 20852

Contractor: National Maintenance and Build Out Municipality Tel. (215) 442-2538

Address 48 A Vincent Circle e-mail ikornsey@nmboc.com

Ivlyland Pa 18974

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fuel Storage Tank:

Constr. Class: Present Proposed Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement

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

[] Other Location of Main Control Valve: Fire Suppression/Standpipe System:

Total Cost of Fire Protection Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial—Under-slab Utilities Approved

Date: Approved by:

[] Fire Protection Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO CA

Approved by: Chad

INSPECTIONS

Type: Alarm System Failure Failure Approval Initial

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, 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

CO₂ 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

D. TECHNICAL SITE DATA

Print name here: Joseph K. Kaus

Water Supply Source [] Certified Contractor [] Exempt Applicant

Method of Alarm/Suppression System Supervision

NUMBER

FEE (Office Use Only)

Administrative Surcharge \$

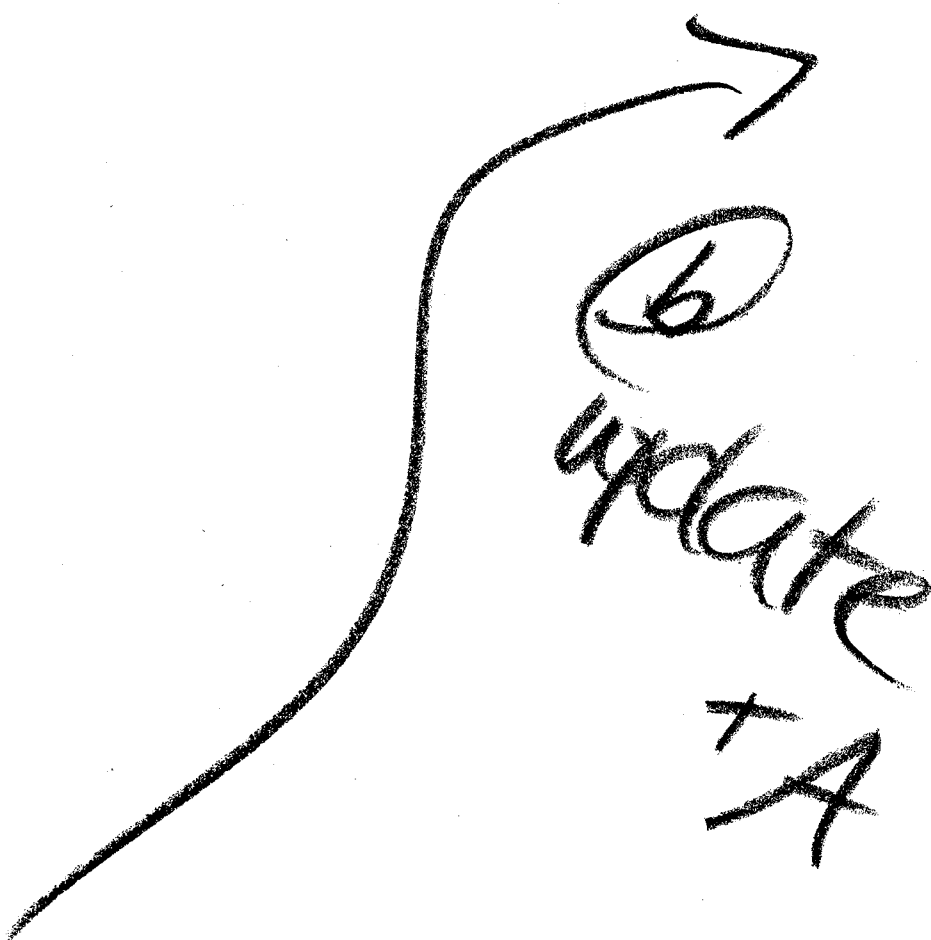
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1-19-18 JPM Chase - see connection notice

⑥
update
+ A





BOXES 1 unit to 3 former AP spaces
274, 275, 276

**FIRE PROTECTION SUBCODE
TECHNICAL SECTION**



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

Block 621 Lot 1.01 Qualification Code _____
Work Site Location 56 Chambers Bridge Rd space 274, 275, 276

Owner in Fee: Federal Realty Tr. Trust

Tel. 240 478 9791 e-mail _____

Address 50 E Wynne wood Rd Wynwood PA 19096

Contractor: Kawa Bldgs S&D Inc ^{municipally} Tel. 215 517 3511 zip code _____
Address 145 Wilson Green Ave e-mail _____

Calendside 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. 80047 2851 FAX: 215 517 7787

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____
[] Other _____ Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 81.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

[] No Plans Required Type: Alarm System Failure Failure Approval Initial

[] Partial Under-slab Utilities Approved Suppression System _____

Date: _____ Approved by: _____ Standpipe _____

[] Fire Protection Plans Approved Fire Pump _____

Date: 5/14/17 Approved by: [Signature] Pre-Eng. System _____

Joint Plan Review Required: _____ Mechanical _____

[] Bldg. [] Elec. [] Plumb. [] Elev. Smoke Control _____

SUBCODE APPROVAL for PERMIT 522417 JCO _____

Date: _____ Approved by: _____ Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE _____ Fireplace Venting _____
[] CO [] CCO Final _____
Date: 5/14/17 Other _____
Approved by: [Signature] 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 Rusty Fowl Rusty Fowl

Print name here: Rusty Fowl Rusty Fowl

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

DESCRIPTION OF WORK: Change unit into 3 units

Water Supply Source Change unit into 3 units

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems [] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, puls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high) _____

Signaling Devices (i.e., horns/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 _____

Fuel-Fired Appliances [] Gas [] Oil [] Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 611 Lot 1.0 Qualification Code 6-1845
Work Site Location 56 Chambers Bridge rd Brick New Jersey

Owner in Fee: Federal Realty

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

Address 1626 east Jefferson Street Rockville MD 20852

Contractor: National Maintenance and Build Out Tel. (215) 442-5380

Address 48 A vincent circle e-mail jkornsey@nmboc.com

Ivyland PA 18974

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 300020638 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required								
☐ All				Footings				
☐ Footings/Foundations				Footings Bonding				
☐ Structural/Framework				Foundation				
☐ Exterior				Slab				
☐ Interior				Frame				
Joint Plan Review Required:				Truss Sys./Bracing				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Barrier-Free				
SUBCODE APPROVAL for PERMIT				Insulation				
Date:				Finishes -Base Layer				
Approved by:				Finishes -Final				
				Energy				
SUBCODE APPROVAL for CERTIFICATE				Mechanical				
☐ CO ☐ CCO				TCO				
Date:				Other				
Approved by:				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 1 Proposed

No. of Stories

Height of Structure 28.6 ft.

Area — Largest Floor 22,331 sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Const. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Rehabilitation \$

3. Total (1+2) \$ 0

Change of Cont.
Date Received 2/14/18
Control # 14-1894

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Joseph Kornsey

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

*Change of Cont. for Shell Permit.
Semiing walls.*

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6') <u> </u>
☐ Sign	Sq. Ft. <u> </u>
☐ Pool	
☐ Retaining Wall	Sq. Ft. <u> </u>
☐ 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 \$	



BUILDING SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambersbridge Rd

Brick Plaza - Brick, NJ

Owner in Fee: Federal Realty Investment Trust

Tel. (240) 4789791 e-mail jfmiller@federalrealty.com

Address 50 E. Wynnewood, Wynnewood, PA 19096

*Contractor: NMBoc Tel. (215) 442-5380

*Address 48 Vincent Circle e-mail j.kornsey@NMBoc.com

Ivyland, PA 18974

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

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

Federal Emp. ID No. 300020638 FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

INSPECTIONS

Dates (Month/Day)

[] No Plans Required 05/18/18 Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

[] All _____ Footing _____ Footing Bonding _____ Foundation _____

[] Footings/Foundations _____ Foundation _____ Slab _____

[] Structural/Framework _____ Frame _____ Truss Sys./Bracing _____

[] Exterior _____ Truss Sys./Bracing _____ Barrier-Free _____

[] Interior _____ Barrier-Free _____

Joint Plan Review Required: _____ Insulation _____

[] Elec. [] Plumb. [] Fire [] Elevator _____

SUBCODE APPROVAL FOR PERMIT 05/18/18 _____

Date: _____ _____

Approved by: WCK _____

SUBCODE APPROVAL FOR CERTIFICATE _____

[] CO [] CCO 06/18/18 _____

Date: 06/18/18 _____

Approved by: WCK _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Const. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ 2500-

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: JANE MILLER

Print name here: JANE MILLER

TECHNICAL SITE DATA

DESCRIPTION OF WORK

Relocate door on
shed permit.

TYPE OF WORK:

[] New Building

[] Addition

[] Rehabilitation

[] Roofing

[] Siding

[] Fence _____ Height (exceeds 6') _____

[] Sign _____ Sq. Ft. _____

[] Pool _____

[] Retaining Wall _____ Sq. Ft. _____

[] Asbestos Abatement Subchapter 8 _____

[] Lead Haz. Abatement NJAC 5:17 _____

[] Radon Remediation _____

[] Other _____

[] Demolition _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received

Control #

Date Issued

Permit #

177-1894

5/21/18

update 5/10/18

5/21/18

177-1894

RECEIVING CLERK MS
DATE REC'D 4/11/17

ZONING PERMIT APPLICATION

PERMIT # 22-17-00224
DATE ISSUED 10/8/17

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: Chamberlaine Bulbee Rd & Route 70 (SHEES ST & B&E)

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Inc. Trust
COMPLETE ADDRESS: 50 E WYNEWOOD ROAD
WYNEWOOD, PA 19096
PHONE # 240-478-9791 EMAIL: JEM.MILLEN@FederalRealty.Com

2. NAME OF APPLICANT: Kane Builders S&D Inc
APPLICANT ADDRESS: 145 WILLOWS GROVE AVENUE
GLENSIDE, PA 19038
PHONE # 215-517-5511 EMAIL: Planning@KaneBuilders.Com

3. RESPONSIBLE PERSON FOR WORK: Peter Lunny - Kane Builders
PHONE # 215-517-5511 FAX # 215-517-7787

4. SIGNATURE OF APPLICANT: Peter Lunny

FOR OFFICE USE ONLY	
FEE SUMMARY:	
APPLICATION FEE: \$	<u>75-</u>
OTHER: \$	<u>75-</u>
TOTAL: \$	<u>75-</u>

REQUIRED BY APPLICANT	
RESIDENTIAL: _____	✓
COMMERCIAL: _____	✓
EXISTING USE: <u>A+D</u>	
PROPOSED USE: <u>shell</u>	
BOARD APPROVAL: _____	PB _____ ZB _____
RESOLUTION#: _____	
APPROVAL DATE: _____	

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ☒ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER: Convert Unit into 3 separate units

DESCRIPTION: Interior Shell Work

ZONING REVIEW: 4-17-17 DATE REVIEWED: 4-17-17 DATE DENIED: _____ DATE APPROVED: 4-17-17 INTLS: cu (SEE BACK PAGE)

ENGINEERING PERMIT APPLICATION

1/04/05
RECEIVING CLERK: AB

BLOCK: 671 LOT: 1.01 ADDRESS: 56 Chambers Bridge Rd

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambers Bridge Rd

2. NAME OF OWNER IN FEE: Federal Realty, INC., Trust
ADDRESS: 50 Edmondswood Rd PHONE #: ()
Wynnewood PA. 19096 FAX #: ()

3. PRINCIPAL CONTRACTOR: KANE Bldgs
ADDRESS: 145 W. 11th St. Ga. Rd PHONE #: ()
Glenview Pa 19038 FAX #: ()

4. ARCHITECT OR ENGINEER: KJM
ADDRESS: _____ PHONE #: ()

5. RESPONSIBLE PERSON FOR WORK: Patty Foul
ADDRESS: KANE Bldgs
PHONE #: 904 236 8388 #: () E-MAIL: _____

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

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

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

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

RECEIVED
APR 18 2017
ZONING

DATE REVIEWED: 4/18/17 DATE DENIED: — DATE APPROVED: 4/18/17 INTLS: MS20

[illegible]

INITIALS:

4/18/77	SENT TO COUN
---------	--------------

[illegible]

Update + \$

RECEIVING CLERK [Signature] **ZONING PERMIT APPLICATION**
DATE REC'D 11/17/11 PERMIT # _____ DATE ISSUED _____
BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 56 Chambers bridge Rd.

FOR OFFICE USE ONLY	
FEE SUMMARY:	
APPLICATION FEE: \$	<u>75</u>
OTHER: \$	
TOTAL: \$	<u>75</u>

REQUIRED BY APPLICANT	
RESIDENTIAL:	
COMMERCIAL:	☒
EXISTING USE:	<u>Brick Plaza</u>
PROPOSED USE:	<u>Brick Plaza</u>
BOARD APPROVAL:	____ PB ____ ZB ____
RESOLUTION#:	
APPROVAL DATE:	

IDENTIFICATION:	
1. NAME OF OWNER IN FEE:	<u>Federal Realty Inv. Trust</u>
COMPLETE ADDRESS:	<u>50 E. Wynnwood Rd.</u>
	<u>Wynnewood, PA 19096</u>
PHONE #	<u>240-478-9791</u> EMAIL: _____
2. NAME OF APPLICANT:	<u>Federal Realty Inv. (Jane Miller)</u>
APPLICANT ADDRESS:	<u>50 E. Wynnwood Rd.</u>
	<u>Wynnewood, PA 19096</u>
PHONE #	<u>240-478-9791</u> EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK:	<u>Jane Miller</u>
PHONE #	<u>240-478-9791</u> FAX# _____
4. SIGNATURE OF APPLICANT:	<u>[Signature]</u>

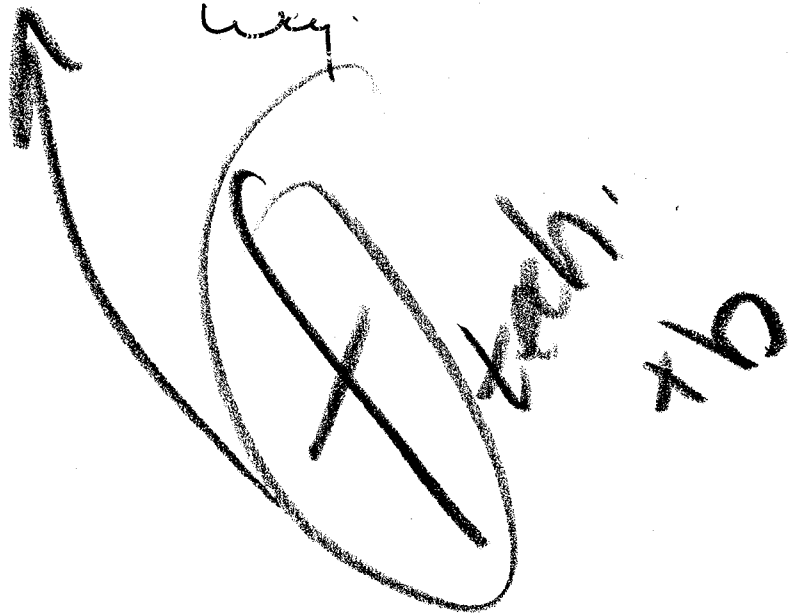
PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)	
*NEW BUILDING: _____	*ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____
POOL: ABOVE GROUND _____	IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____
HEIGHT: _____	(*IF APPLICABLE)
OTHER _____	
DESCRIPTION: <u>Proposed Compactor to be installed by Property Managers</u>	
ZONING REVIEW: _____	
DATE REVIEWED: <u>11-22-11</u>	DATE DENIED: _____ DATE APPROVED: <u>11-22-11</u> INTLS: <u>a</u>

Corridor

- 1) Need exit light from bar door area
 - 2) Need spinner AB Pipe cent joint
 - ✓ 3) Lines on glass from Michael's?
 - ✓ 4) No smoke signs
 - ✓ 5) Exit lights from Tenants?
 - 6) Fire Alarm?
- (3) AV Jan?

3/8/19

- glass in doors
- See pipe end of hall way



RECEIVED

NOV 20 2017

~~ZONING~~

ZONING REVIEW:

DATE REVIEWED: 11/20/17 DATE DENIED: DATE APPROVED: 11/20/17 INTLS:

-DATE DENIED:

DATE APPROVED: _____

INTLS

DATE: COMMENTS:

INITIALS:

11/20/17	✓ SENT TO Anna
----------	----------------

25-28

2-6-18 DJR

Not Doded

Pipe Not To Rent Sizing

No Shims at WHTS Put your corks

✓ Test OK

Instructions

Set meter Turn on Gas for 5 min

Ⓟ
+ b update

M.J.M. ELECTRIC INC.

LIC./BUS. PERMIT #12715B

7 SOUTH TAMARACK DRIVE
BRIELLE, NJ 08730
732-223-9732
732-223-9733 - Fax

April 12, 2017

Federal Realty Investment Trust
1626 East Jefferson Street
Rockville, MD 20852
240-478-9791

RE: Electrical Permit Continuation Sheet
56 Chambers Bridge Road
Brick Township, NJ
Spaces 27 A, B, C and 40
Block 671, Lot 1.01

Service #1

- 9-28-17 ^{um}
9-28-17 ^{me}
1. (2) 200 amp, 277/480 volt - tenants 27A & 40
 2. (1) 200 amp service upgrade - landlord
 - ③ (1) 400 amp service, 277/480 volt - tenant 27C

Service #2

1. (1) 600 amp, 277/480 volt - tenant 27B
2. (2) 400 amp, 277/480 volt - future
3. (2) 200 amp, 277/480 volt - future

Subpanels Service #1

1. (1) 200 amp subpanel - landlord
2. (1) 200 amp panel - tenant 27A
3. (2) 100 amp subpanels - landlord

600 - 1
400 - 111
200 Amp - 11111
100 - 11

Page 2

Transformers

1. (1) 30 KVA
2. (1) 112.5 KVA



Michael J. McKiever
M.J.M. Electric Inc.
Lic./Bus. Permit #12715B

MJM:le
6931

9-28-17 1st service 200A House of Amb

left 4C with Jopl & Contractor

looked at 3 more services 2 200 1 400 amp
Unit 27A, 40 and 27C we
note mjm will call with 3 more d/r's

I will send we



Jopl

Brick Township
Building Department (732) 262-1030



DRIUR # 337978643

MUNICIPALITY Brick Township

CUT-IN-CARD

LOCATION 56 CHAMBERS BRIDGE RD.

UTILITY CO _____

Brick Township, NJ

BLK 671

LOT 1.01

OWNER FEDERAL REALTY INVESTMENT TRUST

OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL

☐ TEMPORARY

This approval void after _____ days

DESCRIPTION OF SERVICE

200 amp Space 27 A

INSTALLED BY MJM ELECTRIC INC

LICENSE NO 34EIO1271500

DATE 9/28/2017

PERMIT # 17-1894

INSPECTOR Marcel Renson

☒ FAXED IN 10/20/2017

Lic. No: 9373

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

400A

Space 27 C 337 978 649

200A

Space 40 337 978 710

8+ 1292121

1-29-18 final Bk - spoke to contractor the said owner
3-9-18 final Bk then Miller deleted the Paintly license.
extract was consider common law not permitted.

Justin Folsom

update
P

* * * Communication Result Report (Oct. 20. 2017 1:42PM) * * *

1)
2)

Date/Time: Oct. 20. 2017 1:41PM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
1658	Memory TX	918889149140	P. 1	OK	

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

Brick Township
Building Department (732) 282-1030

MUNICIPALITY Brick Township

LOCATION 36 CHAMBERS BRIDGE RD. UTILITY CO. _____

Brick Township, NJ BLK RT1 LOT 1.01

OWNER FEDERAL REALTY INVESTMENT TRUST OCCUPANT FEDERAL REALTY INVESTMENT TRUST

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 200 AMP Space 27 A

INSTALLED BY JMM ELECTRIC INC. LICENSE NO. 34E01271500

DATE 8/28/2017 PERMIT # 17-1854 INSPECTOR Marcel Burren

☒ FAXED IN 10/20/2017 Lic. No. 9373

U.D.C. Form PB228 equal 1 WHITE UTILITY 2 CANARY OFFICER FILE 3 PINK OFFICER CONTRACTOR

400A Space 27 C 337 978 649
 200A Space 40 337 978 710

Marcel Renson

From: Mike McKiever <mike@mjmelectricnj.com>
Sent: Thursday, October 19, 2017 4:19 PM
To: Marcel Renson
Subject: MJM Electric DR 3 brick plaza

Marcel

Hello listed below are the dr3's from the other night.

Space 27 A DR# 337 978 643 200 A 277/480

Space 27C DR# 337 978 649 400A 277/480

Space 40 DR# 337 978 710 200 A 277/480

Thank You

Michael J. McKiever

MJM Electric Inc.

7 S Tamarack Dr.

Brielle, NJ 08730

B: 732 223-9732

F: 732 223-9733

C: 732 859-0314



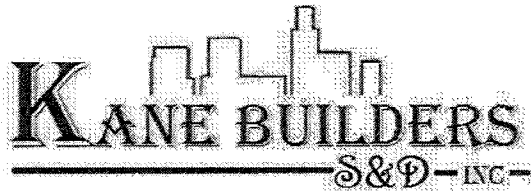
Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 17-1894

Permit Number
17-1894

		Owner					
Inspection Date	Inspection Type	Inspector	Subcode	Result	Location	Work Type	Work Description
07/05/2017	SLAB	William Mortimer	Plumbing	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL VANILLA BOX
				partial inspection for sanitary laterals inside tenant areas water test okay			
07/12/2017	WATER SERVICE	Joseph DiRosa	Plumbing	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL VANILLA BOX
				water service for Michaels store only			
07/12/2017	SLAB	Joseph DiRosa	Plumbing	Cancelled	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL VANILLA BOX
01/19/2018	Final	William Mortimer	Plumbing	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL VANILLA BOX
				SEE MATT for information Rusty said he did not call for these inspections only tenant fit out.			



May 15, 2017

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Attention: Building Department

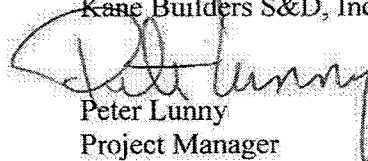
RE: Brick Demising Walls
Spaces 27A, 27B and 27C

We have submitted a set of plans related to the above referenced project location in order to build the demising partitions for the spaces. This letter is to confirm that the existing space as it is today is fully covered by a sprinkler system and will be as the demising walls are installed.

We will be submitting full permit applications including building, sprinkler, plumbing fire alarm and electrical with the tenant fit out plans for each space as they are documented. There will also be separate permit applications made for each facade component for each tenant. Please let us know if you require any further information.

We trust the above will be of use to you.

Respectfully yours,
Kane Builders S&D, Inc.


Peter Lunny
Project Manager



145 Willow Grove Avenue Glenside, PA 19038 Ph:215-517-5511 Fx:215-517-7787

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

RE: Landlord Work Brick Plaza
To: Brick Township

May 15, 2017

To whom it may concern,

Streamline Fire Protection, LLC. has submitted drawings for a shell space in Brick Plaza Spaces 27A-C to accommodate upcoming Tenants. We will not proceed with the work shown on these drawings until Brick Township has approved tenant fit-out plans or Brick Township otherwise directs us to proceed.

If you should have further questions, please feel free to contact me at 601-405-3520.

Respectfully yours,
STREAMLINE FIRE PROTECTION, LLC.

James T. Gibbons
James T. Gibbons
President





Thomas Capie, SET CFPS
5115 Campus Drive
Plymouth Meeting, PA 19462
T 215-277-5248
F 215-277-5263
C 267-838-1753
tcapie@essfiresys.com

Brick Township
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Brick Plaza Old A&P space

October 2, 2015

To Whom It May Concern,

Please be advised that no fire alarm work will be done until the tenant fitout plans are submitted and approved by your office.

Sincerely,



Thomas Capie, SET,
CFPS

Thomas Capie, SET, CFPS
VP of Operations





**KELLENYI
JOHNSON
WAGNER**

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

May 29, 2018

Kenneth E. Kiseli, Building Subcode Official
Brick Township Construction Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Exterior Façade at Brick Plaza Shopping Center
Permit # 16-1889C
Chambers Bridge Road & Route 70, Brick, NJ (KJW #2715)

Dear Mr. Kiseli:

We are the project architects for the subdivision and fit-out of the former A&P Food Store at Brick Plaza. This project created the Michaels and Home Goods stores as well as the service corridor extending across the rear of these spaces.

As the Home Goods project nears completion, there is only one remaining lease space left unimproved at this time. Space #27A is located in the northeast corner, across from BonTon's north entrance. The Home Goods space wraps around this corner lease space and is separated from Space #27A by one hour rated partitions extending full height from slab to underside of roof deck.

Because the Landlord has not yet identified a tenant for Space #27A (totaling approximately 2,500 square feet) they plan to leave the space unoccupied and as-is for the time being. This includes the exterior façade where the painted plywood panel fascias and brick veneer walls will be left in place.

We recently submitted plans for a new door on the north side of this space that will provide access into the area and the space is fully protected with an active fire sprinkler system. The landlord is aware that, should a tenant not be identified by the fall, they will need to install temporary heating for the space to protect the fire sprinkler system from freezing.

I trust that this letter will clarify the status of improvements to Space #27A and allow for final approvals to be issued when appropriate for the Home Goods project. Please feel free to contact me if you have any questions or comments regarding this matter or require any additional information from me.

Very Truly Yours,

Eric L. Wagner AIA
NJ license #A1-10236

J Robert Johnson
Eric L Wagner
Richard R Kane



ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: Ken H
 PERMIT #: 1001007-29

BLOCK: 671 LOT: 101 ADDRESS: Chawees Pkwy Road + Route 70 (State 37A Blvd)

IDENTIFICATION:

1. WORK SITE ADDRESS: Chawees Pkwy Road + Route 70 (State 37A Blvd)

2. NAME OF OWNER IN FEE: Federal Realty Inc. Trust

ADDRESS: 50 E Wynnewood Road PHONE #: 209 478-9791

Wynnewood, CA 90096 FAX #: ()

3. PRINCIPAL CONTRACTOR: Kane Builders S&B Inc

ADDRESS: 145 Willow Grove Ave PHONE #: 215 517-5511

Glenview, IL 60038 FAX #: 215 517-7787

4. ARCHITECT OR ENGINEER: Kelleny Johnson Wagner

ADDRESS: 21 Petes Place, Redford PHONE: # ()

5. RESPONSIBLE PERSON FOR WORK: Kane Builders - Pete Lunny

ADDRESS: 145 Willow Grove Ave, Glenview, IL 60038

PHONE #: 215 517-5511 FAX #: 215 517-7787 E-MAIL: plunny@kanebu.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☒ OTHER Interior Shell Work

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 4/24/77 DATE REJECTED: _____ DATE APPROVED: 7/24/77 INITIALS: LS

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER: \$ _____

BONDS: \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.B.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____



PERMIT UPDATE

Date Update Issued 5/21/18
Control # C-17-001556+C
Permit # 17-1894+C

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: National Maintenance & Buildout
Address: 48A Vincent Circle Ivyland PA 18974
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST. ROCKVILLE MD Telephone: (215) 442-2538
20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: (240) 478-9791 Federal Employee No. 300020638

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER A&P ...UPDATE +C - RELOCATE
ENTRY DOOR

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

Estimated Cost of Work \$2,500

D. Korman
Construction Official

5/21/18
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$155
Check No.	<u>1981705201</u>
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

05/21/18 2:38 PM 0015567813
BUILDING
DECK
\$150.00
\$5.00
\$155.00



**KELLENYI
JOHNSON
WAGNER**

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

FILE COPY

May 3, 2018

Jane Miller, Senior Project Manager - Tenant Services
Federal Realty Investment Trust
50 E Wynnewood Rd, Suite 200
Wynnewood, PA 19096

Re: Exterior Façade at Brick Plaza Shopping Center
Permit # 16-1889C
Chambers Bridge Road & Route 70, Brick, NJ (KJW #2715)

Dear Ms. Miller:

This letter will serve to inform you of changes that we have detailed for the location of the entry access door for Lease Space #27A adjacent to the Home Goods store that is currently under construction at Brick Plaza.

Our firm had prepared plans showing two proposed entry doors into lease Space #27A. At this time since a tenant has not yet been identified for this space it has been decided that only one entry door is needed and that the best location for this door is on the north side of the space, facing the main parking lot.

Attached please find Job Detail #5.3 (comprised of 3 pages) that indicates the new door location and provides details for the installation.

Please share this letter with the Brick Twp Building Subcode Official for his records on this project and let me know if there are any additional questions or comments regarding this matter.

Very Truly Yours


Eric L. Wagner, AIA
NJ License #A1-10366

TOWNSHIP OF BRICK	
RELEASED FOR PERMIT	INITIAL DATE
Building Subcode _____	<u>KJW</u> <u>05/18/18</u>
Plumbing Subcode _____	
Fire Subcode _____	
Electrical Subcode _____	
Plan Reviewer _____	
Plans Released _____	
Construction Official _____	

J Robert Johnson
Eric L Wagner
Richard R Kane

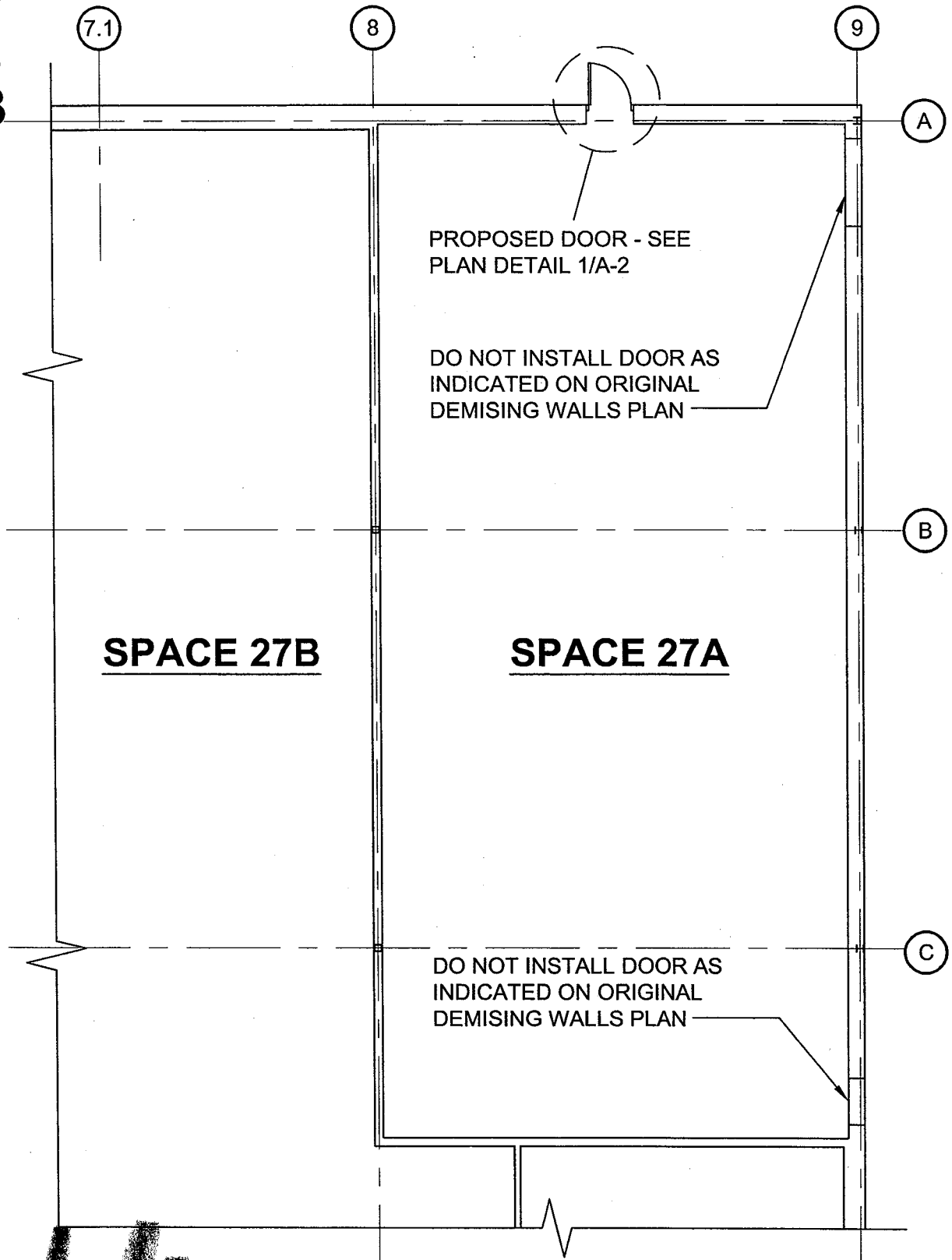
FILE COPY





architects

1 of 3



KEY PLAN

PARTS

KELLENYI JOHNSON WAGNER

21 PETERS PLACE RED BANK, NJ 08053

ERIC L. WAGNER, AIA #0366

RICHARD R. KANE, AIA #2869

on gn DATE 5/3/18

JD #5.3 PARTIAL KEY PLAN

BRICK PLAZA - SPACE 27A

FEDERAL REALTY INVESTMENT TRUST

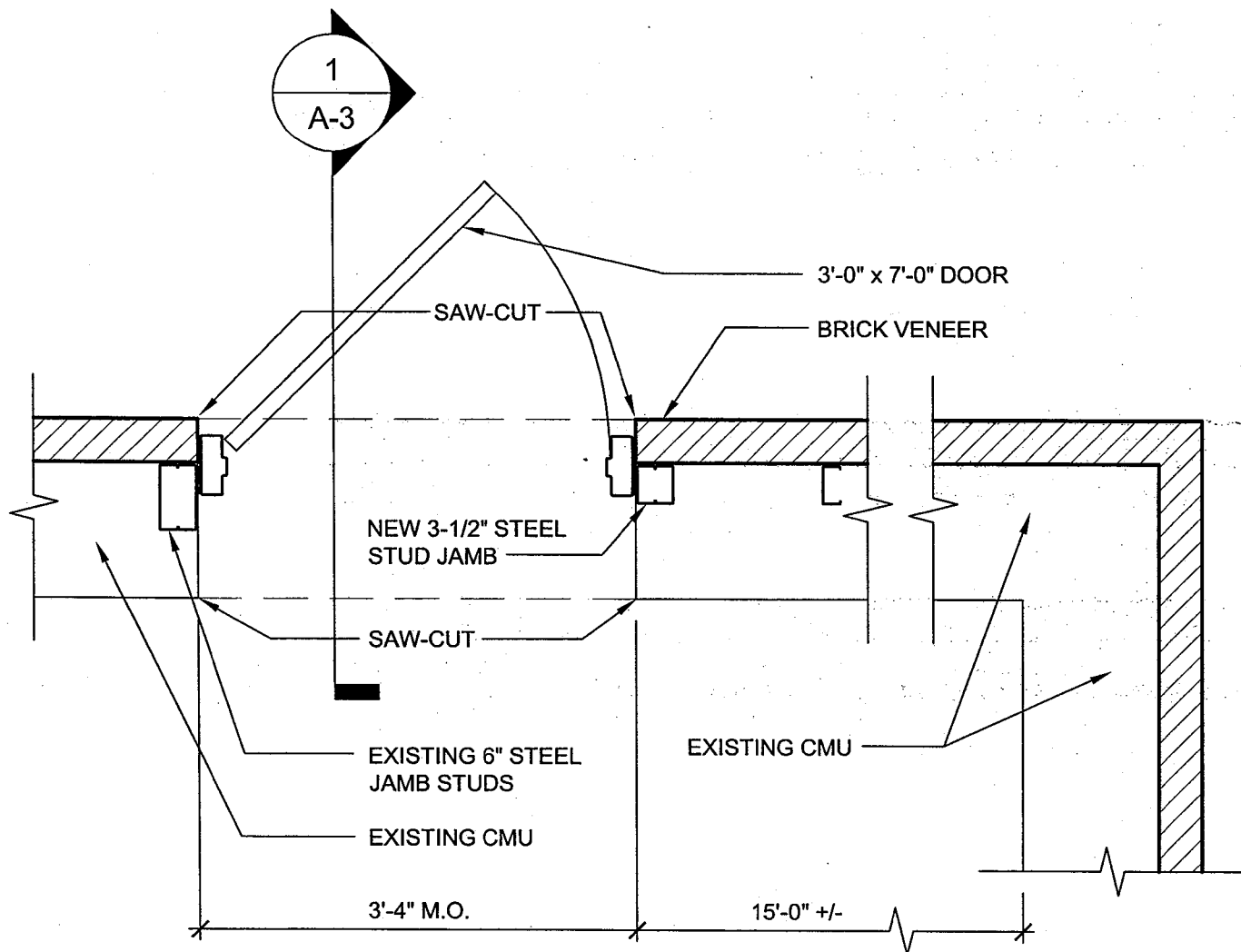
CHAMBERS BRIDGE ROAD & ROUTE 70

BRICK, NEW JERSEY



architects

2 of 3



PLAN DETAIL

3'-4" M.O.

1

A-2

KELLENYI JOHNSON WAGNER

21 PETERS LANE, SUITE 200, NEW JERSEY

WAGNER AVE. SUITE 200, KANE PA 12809

DATE 5/3/18

JD #5.3 PLAN DETAIL

BRICK PLAZA - SPACE 27A

FEDERAL REALTY INVESTMENT TRUST

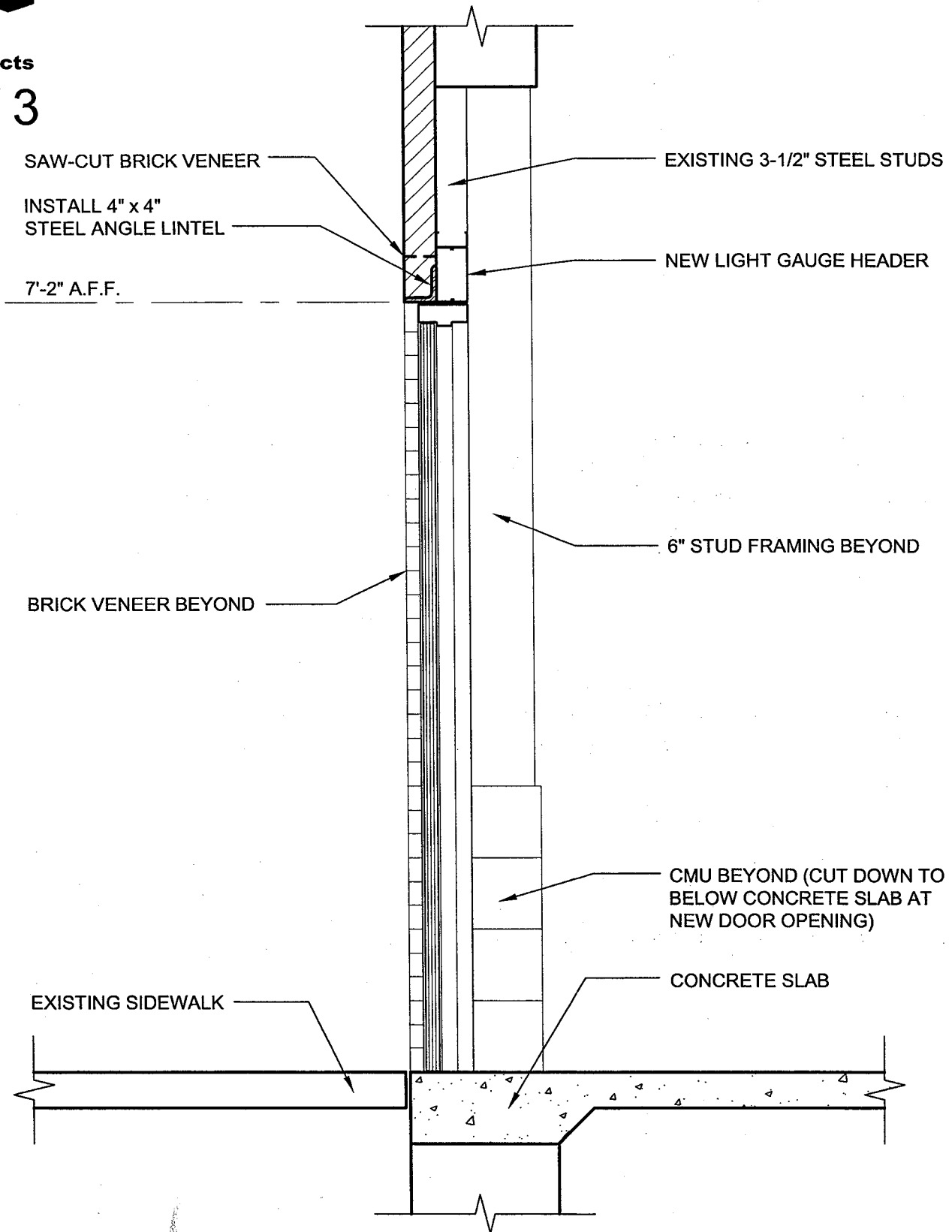
CHAMBERS BRIDGE ROAD & ROUTE 70

BRICK, NEW JERSEY



architects

3 of 3



SECTION AT DOOR

3/4" = 1'-0"

1
A-3

KELLYNYL JOHNSON WAGNER

21 PETERS PLAZA, 5TH FLOOR, BANK, NJ

ARCHITECT

10366

12809

DATE 5/5/18

JD #5.3 SECTION AT DOOR

BRICK PLAZA - SPACE 27A

FEDERAL REALTY INVESTMENT TRUST

CHAMBERS BRIDGE ROAD & ROUTE 70

BRICK, NEW JERSEY



PERMIT UPDATE

Date Update Issued 11/17/18
Control # C-17-001556+B
Permit # 17-1894+B

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: KANE BUILDERS S&D INC
Address: 145 WILLOW GROVE AVE GLENSIDE PA 19038
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST. ROCKVILLE MD Telephone: (215) 517-5511
20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: (240) 478-9791 Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL - FORMER A&P ...UPDATE +B - COMMON CORRIDOR
REVISION

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

Estimated Cost of Work \$77,500

D. J. Newman
Construction Official

11/17/18
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$2,700
Electrical	\$175
Plumbing	\$360
Fire Protection	\$285
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$147
CO Fee	
Other	\$0
Total	\$3,667
Check No.	<u>30133</u>
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

01/17/18 11:19AM 00155845029

Y210 SERV. 010

BUILDING	\$2,700.00
ELECTRICAL	\$175.00
PLUMBING	\$360.00
FIRE	\$285.00
DCA	\$147.00
CO	\$0.00
CHECK	\$3,742.00

Kenneth Shafer

From: Kevin Batzel <kbatzel@brickfire.org>
Sent: Thursday, November 30, 2017 7:14 AM
To: Kenneth Shafer
Cc: Kerry Dolan; Kurt J. Otto; Kevin Batzel; Nichol Ponsi; Marilyn Kaczka; Jane F. Miller
Subject: Re: Trash Compactor behind AMC

Kerry, Ken is correct..this issue is with 2 dumpsters being relocated in the fire lane behind the movie theater. They need to be removed or relocated to an approved area. (it appears a compactor is now placed where the dumpsters were approved and I am sure this is something the theater undertook on its own.) As you know we have been working to correct many past indiscretions of improper or unapproved dumpster and trash locations.

We also have taken issue with a proposed dumpster/trash location outside of an egress hallway door of the old A&P (Michael's/ Home Goods) which should also be addressed.



On Wed, Nov 29, 2017 at 5:00 PM, Kenneth Shafer <kshafer@twp.brick.nj.us> wrote:

Kerry ,

Kevin is in this thread and I am hoping he responds, perhaps he did not speak with Paul yet. I was told it has something to do with Dumpsters in the Fire Lanes and Striping behind the Movie Theater. That's all I know as of this moment. As I said before I guess I was comingling things. Sorry.

From: Kerry Dolan [mailto:KDolan@metrovation.com]
Sent: Wednesday, November 29, 2017 4:23 PM
To: Kenneth Shafer; Kurt J. Otto; Kevin Batzel; Nichol Ponsi

Cc: Marilyn Kaczka; Jane F. Miller
Subject: RE: Trash Compactor behind AMC

Hi Ken,

Ah...that's the compactor going behind the old A&P. It was noted on the Approved Site plans for the build out of Michaels and HomeGoods.

Hi Ken,

Not sure what you are referring to as we did not request a Compactor behind AMC (movie theatre) . Maybe the tenant did without my knowledge....

Can you advise who submitted the Permit?

Kerry

Kerry Dolan

Metrovation

25 Bridge Avenue

Suite 150

Red Bank, NJ 07701

732-933-8382

From: Kenneth Shafer [mailto:kshafer@twp.brick.nj.us]
Sent: Wednesday, November 29, 2017 3:57 PM
To: Kerry Dolan <KDolan@metrovation.com>; Kurt J. Otto <kotto@twp.brick.nj.us>; Kevin Batzel <kbatzel@twp.brick.nj.us>
Cc: Marilyn Kaczka <mkaczka@twp.brick.nj.us>
Subject: Trash Compactor behind AMC

Kerry,

Hope all is well with you. I received a message from the Fire Official Paul ho has issues with striping at the above noted area. I also understand that apparently I have the Permit Application in my " In bin" awaiting my review. That being said as part of my approval the Fire Inspector input will be required and in the future we should wait until a Permit is issued prior to starting work. I do have some old notes on this area pertaining to Dumpster Placement and particularly that Compactor Pad area. I will go over this information with Kurt and Kevin. If there are other issues I will have them communicate with you directly. Thank you.



PERMIT UPDATE

Date Update Issued 7/12/17
Control # C-17-001556+A
Permit # 17-1894+A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: KANE BUILDERS S&D INC
Address: 145 WILLOW GROVE AVE GLENSIDE PA 19038
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD Telephone: (215) 517-5511
20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: (240) 478-9791 Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER A&P ... UPDATE +A - CONCRETE
SLAB w/ UNDERGROUND PLUMBING DRAINS

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

Estimated Cost of Work \$2,000

D. DiGioman J.
Construction Official

7/12/17
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$0
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$304
Check No.	<u>2467</u>
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

Understand any of this information, please ask.

Jane and I are meeting Nicole and Pam next week to further discuss as we thought the permit was already approved- we were not aware that we had to file a separate permit for just the compactor. Since it was noted on the drawings already approved.

Can you advise what issue the Fire Marshal has with the existing striping? We didn't change any of the striping nor requesting additional striping.

Kerry

Kerry Dolan

Metrovation

25 Bridge Avenue

Suite 150

Red Bank, NJ 07701

732-933-8382

From: Kenneth Shafer [<mailto:kshafer@twp.brick.nj.us>]
Sent: Wednesday, November 29, 2017 4:12 PM
To: Kerry Dolan <KDolan@metrovation.com>; Kurt J. Otto <kotto@twp.brick.nj.us>; Kevin Batzel <kbatzel@twp.brick.nj.us>; Nichol Ponsi <nponsi@twp.brick.nj.us>
Cc: Marilyn Kaczka <mkaczka@twp.brick.nj.us>; Jane F. Miller <JFMiller@federalrealty.com>
Subject: RE: Trash Compactor behind AMC

I may have some of the facts skewed, however I remember Nicole of the Bldg. Dept. saying that she was having a meeting with Jane about re installing a Compactor that was formerly removed. This was maybe a week or two ago. I think Nicole has left for the day but I will catch up with her in the AM and discuss it and advise you.

From: Kerry Dolan [<mailto:KDolan@metrovation.com>]
Sent: Wednesday, November 29, 2017 4:01 PM
To: Kenneth Shafer; Kurt J. Otto; Kevin Batzel
Cc: Marilyn Kaczka; Jane F. Miller
Subject: RE: Trash Compactor behind AMC



CONSTRUCTION PERMIT

Date Issued 4/8/17
Control # C-17-001556
Permit # 17-1894

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor KANE BUILDERS S&D INC
Address 145 WILLOW GROVE AVE. GLENSIDE PA 19038
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST. ROCKVILLE MD Telephone: (215) 517-5511
20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: (240) 478-9791 Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - COMMERCIAL, VANILLA BOX - FORMER A&P ...SUBDIVISION OF PRIOR
SUPERMARKET INTO (3) SEPARATE UNITS

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

Estimated Cost of Work \$303,501

Construction Official D. Guzman Jr./np

Date 6/5/17

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$3,900
Electrical	\$2,510
Plumbing	\$1,200
Fire Protection	\$100
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$577
CO Fee	
Other	\$0
Total	\$8,287
Check No.	<u>27958</u>
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

06/08/17 3:00 PM 0015560214
XX10 SERV.010
#1894
\$3900.00
\$2510.00
\$1200.00
\$100.00
\$577.00
\$75.00
CHECK \$8362.00



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:

Application Number: ZA-17-00459

Application Date: 04/17/2017

Project Number: _____

Permit Number: _____

Fee: \$75.00

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Units 27A, 27B, 27C**
Brick Township, NJ 08723

Block: **671**

Lot: **1.01**

Qualifier: _____

Zone: **B-3**

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, MD 20852

Applicant: **KANE BUILDERS S&D INC**
Address: **145 Willow Grove Ave.**
GLENSIDE, PA 19038

Application Approved Date: 04/17/2017

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

Use is: Commercial Vanilla Boxes-Formerly A&P)

Nonconforming Use is: _____

Work Description:

Rehabilitation - Interior alterations to existing tenant space to include demising partitions, perimeter drywall, utility stub ins, electrical, and sprinklers. Converting 1 unit into three separate units.

Additional Zoning Permit is required for additional work.

A tenant fit up application must be submitted and approved before the tenant/tenants can occupy the space.

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Valid Nonconforming Use is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

04/17/2017

Date

Christopher J. Romano
Christopher J. Romano, Assistant Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer

4/18/17
Date

FILE COPY

M.J.M. ELECTRIC INC.

LIC./BUS. PERMIT #12715B

7 SOUTH TAMARACK DRIVE
BRIELLE, NJ 08730
732-223-9732
732-223-9733 - Fax

April 12, 2017

Federal Realty Investment Trust
1626 East Jefferson Street
Rockville, MD 20852
240-478-9791

RE: Electrical Permit Continuation Sheet
56 Chambers Bridge Road
Brick Township, NJ
Spaces 27 A, B, C and 40
Block 671, Lot 1.01

Service #1

1. (2) 200 amp, 277/480 volt - tenants 27A & 40
2. (1) 200 amp service upgrade - landlord
3. (1) 400 amp service, 277/480 volt - tenant 27C

Service #2

1. (1) 600 amp, 277/480 volt - tenant 27B
2. (2) 400 amp, 277/480 volt - future
3. (2) 200 amp, 277/480 volt - future

Subpanels Service #1

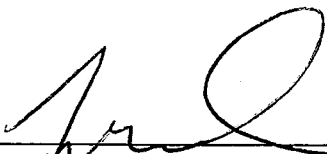
1. (1) 200 amp subpanel - landlord
2. (1) 200 amp panel - tenant 27A
3. (2) 100 amp subpanels - landlord

600 - 1
400 - 111
200 Amp - 1111
100 - 11

Page 2

Transformers

1. (1) 30 KVA
2. (1) 112.5 KVA


Michael J. McKiever
M.J.M. Electric Inc.
Lic./Bus. Permit #12715B

MJM:le
6931



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

Subcode Official Review

Date: Thursday, April 27, 2017

To: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-17-001556
Last Submit Date: Wednesday, April 26, 2017

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

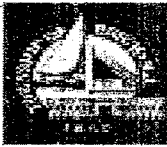
1. Building is fully fire sprinkled and alarmed. Need fire sprinkler plan and fire alarm plan for the vanilla boxes. Will need additional plans when tenant fit out permits are obtained.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit - 5/22/17
Letters attached 



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: _____
Application Number: ZA-17-01442
Application Date: 11/16/2017
Project Number: _____
Permit Number: _____
Fee: \$75.00

Zoning Permit

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

Block: 671
Lot: 1.01
Qualifier: _____
Zone: B-3

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, NJ 20852

Applicant: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, NJ 20852

Application Approved Date: 11/17/2017

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

Use is: Commercial (Brick Plaza)

Nonconforming Use is: _____

Work Description:

Rehabilitation, Compactor - Installation of an exterior compactor in the existing loading area in the rear of the building.

Construct 2 new exit doorways on the common corridor.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
☐ Zoning Board of Adjustment
☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

11/17/2017

Date

Sean Kinnevy, Zoning Officer

11/20/17

Date