BLOCK 6071 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge PERMIT NO. 16-2692

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C16-001645

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~100 CEDARBRIDGE RD, BRICK, NJ 08723~~ 56 Chambers Bridge Rd.
2. Name of Owner in Fee: ULTA SALON, COSMETICS & FRAGRANCES INC.
   Tel. (630) 378-7137 e-mail rmyers@ulta.com
   Address 1135 ARBOR DRIVE (street) ROMEOVILLE, IL (municipality) 60446 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: COMMERCIAL CONTRACTORS Tel. (616) 850-1291
   Address 16745 COMSTOCK ST. e-mail scott.larsen@teamcci.net
   GRAND HAVEN, MI 49417
   License No. OR, if new home, Builder Reg. No. n/a Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason commercial work
   Federal Emp. ID No. 382613640 FAX: (616) 842-4549
5. Architect or Engineer CHIPMAN DESIGN ARCHITECTURE Contact ELENA AMOROSO
   Address 2700 S. RIVER ROAD SUITE 400 - DES PLAINES, IL 60018 e-mail eamoroso@chipman-design.com
   Tel. (847) 298-6900 FAX: (847) 298-6966
6. Responsible Person in Charge once Work has Begun Scott Larsen
   Tel. (616) 850-1291 FAX: (616) 842-4549

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 7388		
2. Electrical	1215 ✓	100	150
3. Plumbing	590 ✓		
4. Fire Protection	590	175	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	603	58	10
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	50		
13. TOTAL	$ 10,136		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	30 ft.	
3. Area — Largest Floor	10,527 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load	294	
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 X		

COMMERCIAL ULTA

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	182,519	Mail			06/15/16	[illegible]			
☒ Electrical	80,000			4/21/16		PE	6/27/16		PE
☒ Plumbing	40,000	4/5/16			4-28-16	[illegible]			
☐ Fire Protection				5/3/16		[illegible]	7/19/16		[illegible]
☐ Elevator		Eng Exempt			4/13/16	ECC			
TOTAL COST	$302,519								

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: MERCANTILE
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Presen Select Group

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

D. Construct. Classification: Present II-B
Proposed II-B

III. PLAN REVIEW (optional)

DO YOU WANT:
- ☐ Partial Releases
- ☐ 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

8/08

PLANS ROLLED

Rolled Plans

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/21/2016
Control Number C-16-001645
Permit Number 16-2692
Permit Issue Date 08/01/2016
Certificate Number 16-2692

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (630) 378-7137

Contractor COMMERCIAL CONTRACTORS

Address 16745 COMSTOCK STREET GRAND HAVEN MI 49417

Telephone: (616) 850-1291 Fax: (616) 842-4549

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 294

Description of Work/Use: TENANT FIT UP - ULTA SALON ...FORMER MY HOUSE YOUR HOME

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: $100.00
Check Number: 1010
Collected By: Nichol Ponsi

Date Printed: 12/21/2016

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/1/14
Control #

Date Issued
Permit # 16-2692

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 BRICK PLAZA
100 CEDARBRIDGE RD, BRICK, NJ 08723

Owner in Fee: ULTA SALON, COSMETICS & FRAGRANCES INC.

Tel. (630) 378-7137 e-mail rmyers@ulta.com

Address 1135 ARBOR DRIVE (street) ROMEOVILLE, IL (municipality) 60446 (zip code)

Contractor: COMMERCIAL CONTRACTORS Tel. (616) 850-1291

Address 16745 COMSTOCK ST. e-mail scott.larsen@teamcci.net
GRAND HAVEN, MI 49417 Jason - 616 403 7026

Contractor License No. or Builder Registration No. n/a Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason commercial work

Federal Emp. ID No. 382613640 FAX: (616) 842-4549

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 06/15/16 — MCH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 06/15/16
Approved by: MCH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/15/16
Approved by: MCH

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame X 8/26/16			8-31-16	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
~~Mechanical~~ ABOVE CEILING		9-30-16	10/11/16	
TCO				
Other * 11-9-16				
Final * 10-14-16			12-7-16	
~~Barrier-Free~~ 10/26/16				

B. BUILDING CHARACTERISTICS

Use Group Present N/A Proposed M

No. of Stories 1

Height of Structure 30 ft.

Area — Largest Floor 10,527 sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load 294

Constr. Class Present II-B Proposed II-B

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 182519
3. Total (1+ 2) $ 182519 0

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Scott Larsen

Print name here: Scott Larsen

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT IMPROVEMENT OF AN ULTA BEAUTY STORE - COSMETICS/FRAGRANCE/SKINCARE/HAIRCARE RETAILER AND HAIR SALON.

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

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

* 10-14-16 Final Fail 1) Need all Interior Finishes complete
2) Need Entry complete
3) Need Dryer vent to have a cleanout at Bottom and labled
4) Need HVAC Balancing Report submitted and approved.

Recommend T.C.O

* 10-26-16 PM
Final - no Body ground, no plants, still construction going on out side with Boom lift. Front Fender.

11-9-16 Final Fail 1) Need HVAC Balancing Report 2) Need Dryer vent Hood piped

(B) tech

ELECTRICAL SUBCODE
TECHNICAL SECTION

ULTA SALON 83621 302 Jacson

Date Received 8/1/16
Control #
Date Issued
Permit # 16-2692

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 Brick Plaza - Ulta Beauty

Owner in Fee: Federal Realty

Tel. ( ) e-mail

Address 11626 E. Jefferson St (street) Rockville (municipality), MD (zip code)

Contractor: Lords Electric Inc Tel. (732) 928-9681

Address 587 North Countyline Rd. e-mail

Jackson NJ. 08527

Contractor License No. 7088 Exp. Date 2018

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

Federal Emp. ID No. 22-3538256 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ✓

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 80,000.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Robert Gratton

Print name here: Robert Gratton

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: interior fit out

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
424		Lighting Fixtures	
171		Receptacles	
12		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP Hand Dryers	
65		Emergency & Exit Lights	
24		Communications Points	
		Alarm Devices/Fire Alarm Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	2.0	KW Elec. Water Heater	
1	1.5	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	3	~~HP~~/KW Space Heater/~~Air Handler~~	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
Existing		AMP Service	
Existing		AMP Subpanels	
Existing		AMP Motor Control Center	
Existing		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved Date: Approved by:

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

SUBCODE APPROVAL for PERMIT Date: 6/27/16 Approved by:

SUBCODE APPROVAL for CERTIFICATE [X] CO [ ] CCO [ ] CA Date: 11-9-16 Approved by:

INSPECTIONS Dates (Month/Day/Yr) 10-4-16

Type: Electrical Failure Failure Approved Initials

Rough Walls 8-25-16 [illegible]

Barrier-Free

~~French~~ above ceiling 10~~8~~ 16 [illegible]

Temp. Serv.

Constr. Serv.

~~TCO~~ SIA6 8-9-16 WR

Other TCO 10/13/16 PJC

Service

Final 10-24-16 [illegible] 11-9-16 [illegible]

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

OVER

277406550

9-1-16 Ladies Bath Room, HARD CEILING — TO SKIN CARE AREA — NEED 4- GFCI'S / SINK.
EGRESS LIGHTING + REMOTE HEAD NOT DONE.

PJ

10-24-16 MM

① Light Fixture out of Lady Woman RM

② Wire Hanging at Front Counter

③ low Voltage in Low Hdl. WM

10-24-16

① Light Hanging in Ladies RM
WM

@Tech

Update 7/7/16 NP

Date Received 8/1/16
Control #
Date Issued
Permit # 16-2692 +A

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 699 Lot 1.01 Qualification Code

Work Site Location Ulta - Brick Plaza
110 Brick Plaza Brick, NJ

Owner in Fee: Federal Realty Investment Trust

Tel. (301) 580-0116 e-mail

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

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

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

Contractor License No. 34BF000377 Exp. Date 01/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 15,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 7/8/16 Approved by: PJ

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

SUBCODE APPROVAL for PERMIT
Date: 7/8/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-9-16
Approved by: JMR

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9/16	TO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10-24-16 MM		11-9-16 MM	
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Keith Freeman

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Fire Alarm Fitout

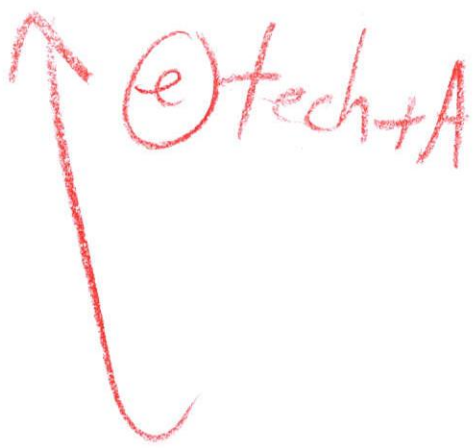
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
32		Alarm Devices/F.A.C. Panel	
32		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW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

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

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

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

10-24-16 Wires Harness



PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/1/16

Date Issued / Permit # 16-2692

ULTA

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 Brick Plaza 56 Chambersbridge Rd.
100 Cedarbridge Rd, Brick, NJ 08723

Owner in Fee: Ulta Salon, Cosmetics & Fragrances INC.

Tel. (630) 378-7137 e-mail rmyers@ulta.com

Address 1135 Arbor DR. (street) Romeoville, IL (municipality) 60446 (zip code)

Contractor: **Timothy Peters Plumb & Heat. Co., INC.** Tel. (732) 341-4414

Address ~~P.O. Box 1847~~ 2310 Route 34N e-mail 904-5622 Cell
~~Toms River, NJ 08754~~ Manasquan, NJ 08736

Contractor License No. BIO7116 Exp. Date 6/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00467500

Federal Emp. ID No. 22-314-5636 FAX: (732) 341-7614

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4 Public Sewer x Private Septic

Water Service Size 2 Public Water x Private Well

Est. Cost of Plumbing Work $ 40,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4-28-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO ~~[ ]~~ CA
Date: 10-31-16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Slab			8-10-16	
Rough			8-24-16	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			60 Days 10-13-16	
Final			10-28-16	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant fit up

COMMERCIAL

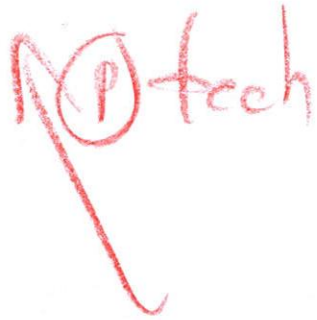
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
3	Lavatory	
	Shower	
4	Floor Drain	
7	Sink 1 mop	
	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping for water Heater	
1	Gas Piping connection for heater	
	LPGas Tank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

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

U.C.C. F130 (rev. 12/07)
Internet version

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

10-13-16
FCO 60 days,
Brace sink Arms / Hair sinks
check valve missing on cold Feed WH



2B const 294 occupants 10,527 sq Ft "N" Update 7/7/16 (NP)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 16-2692+A

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

Block 607 Lot 1.01 Qualification Code

Work Site Location Ulta - Brick Plaza
110 Brick Plaza Brick, NJ

Owner in Fee: Federal Realty Investment Trust

Tel. (301) 998-8100 e-mail

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

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

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

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

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

Fire Alarm Contractor No. 34BF000377 Exp. Date 01/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present 11B Proposed 11B

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

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

Location:

Total Cost of Fire Protection Work $ 15,500

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Thomas Capie

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

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

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	13	
Supervisory Devices (i.e., tampers, low/high air)	0	
Signaling Devices (i.e., horn/strobes, bells)	17	
Other Devices BPS/Annunciator	2	
TOTAL	32	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 7/19/16 Approved by: MC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-19-16
Approved by: (CCO)

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-25-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			10/11/16	KC
Flam/Combust Tanks				
Fireplace Venting				
Final	9/12/16		10/25/16	KC
Other				

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

9/12/16 walk thru
Not ready for occup
Cooktop

10/14/16
Need Above ground bell
Fire Alarm report

(F) tech

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	JC	4/14/16							ZA-16-00567
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
7/20/16	Called. (LM) Ready For P/U	
8/24/16	Called (LM) Ready For P/U	