2016 ECC

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Road PERMIT NO. 16-2572

CONSTRUCTION PERMIT APPLICATION

C16-002959

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Road
2. Name of Owner in Fee: Federal Realty
   Tel. (609) 645-3300 e-mail _____
   Address 1626 E. Jefferson St. (street) Rockville (municipality) NJ 20852 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KC Sign Company Tel. (610) 497-0111
   Address 142 Conchester Hwy e-mail _____
   Aston PA 19014
   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. 23-2811816 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Amber Scott
   Tel. (732) 573-5476 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
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 ____	

IIa. PROPOSED WORK

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

Grant lit up Spirit Halloween

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		CMP			07/12/16	KEH			
☐ Electrical		6/16/16							
☐ Plumbing									
☐ Fire Protection					7/5/16 (2)				
☐ Elevator		Eng Exempt			6/29/16	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

COMMERCIAL

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/29/2016
Control Number C-16-002959
Permit Number 16-2572
Permit Issue Date 07/25/2016
Certificate Number 16-2572

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. SPIRIT HALLOWEEN 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:

Contractor SPIRIT HALLOWEEN

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 609 6453300 Fax:

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: 422

Description of Work/Use: TENANT FIT UP - SPIRIT HALLOWEEN SUPERSTORES

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:

Date Printed: 08/29/2016

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/25/16
Control #

Date Issued
Permit # 16-2572

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd. Brick Twp NJ

Owner in Fee: Federal Realty

Tel. (609) 645-3300 e-mail

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

Contractor: Spirit Halloween Tel. (609) 645-3300

Address 6826 Black Horse pk e-mail
EHT NJ 08234

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

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

Federal Emp. ID No. 23-2811576 FAX: ( )

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: Michael Rosenthal

Print name here: Michael Rosenthal

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up For Spirit Halloween

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	07/12/16	VLP
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 07/12/16
Approved by: VLP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] TCO [ ] CA
Date: 08/29/16
Approved by: VLP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Progress * 8-19-16 VV				
Mechanical				
TCO				
Other				
Final			8-24-16	SLV
Barrier-Free				

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.

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 $ 500.00
3. Total (1+ 2) $

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 $

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

* ( ) Check if contractor.

Agent Name Amber Scott

Address 24 Anchorage Blvd

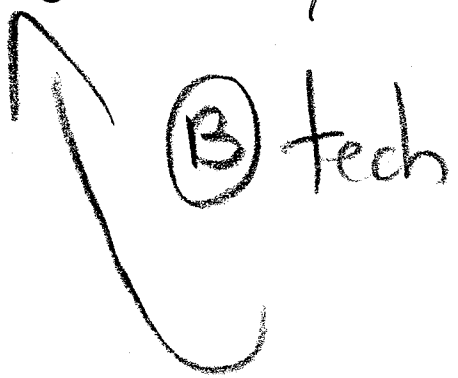
Bayville NJ 08721

Telephone (732) 573-5476

Signature Amber Scott

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

8-19-16 MV Progress in op – /Not Ready/.



Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
ok as per peg email on 8/26/16			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐

UCC Requirements

Final Building Inspection	comment	☑	☐
Final Electrical Inspection	comment	☐	☑
Final Plumbing Inspection	comment	☐	☑
Final Fire Inspection	comment	☑	☐
Final Elevator Inspection (If Applicable)	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

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

Brick Township

CORRECTION NOTICE

ADDRESS Halloween Store

PERMIT NUMBER _____ BLOCK _____ LOT _____

OWNER _____

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

1. Add two Luminescent light (Exits)
2. Remove all decals [redacted]
3. ADA Cash Register
4. 1- back up strobe at right side Entrance.
5. Clock Tower to be Determined By Fire Inspector.
6. Back closets 4" from sprinkler.

8-26-16 — All OK /PM

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

DATE 8/25/16 INSPECTOR PM

Matthew Fagen

From: Peg Mullen <pmullen@brickmua.com>
Sent: Friday, August 26, 2016 2:28 PM
To: Matthew Fagen
Subject: 56 Chambers Bridge Rd-Spirit Of Halloween

Hi Matt,

We checked the account and it's good to C/O-Thanks and have a good weekend!

Respectfully,

Peg Mullen
Customer Accounts Clerk
Brick Utilities
1551 Hwy 88 West
Brick, New Jersey 08724-2399
732-701-4224
pmullen@brickmua.com

N 12507 sq Ft 422 occupants

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

SPIRIT Halloween

Date Received Control # 7/25/16

Date Issued Permit # 16-2572

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

Block 671 Lot 1.01 Qualification Code

Work Site Location 56 Chambers Bridge Rd

Owner in Fee: Federal Realty

Tel. 609 645-3386 e-mail

Address 1626 E. Jefferson St. Rockville NJ
street municipality zip code

Contractor: Spirit Halloween Tel. (609) 645-3300

Address 6826 Blackhorse Pk e-mail
EHT NJ 08234

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 (if applicable):

Federal Emp. ID No. 45-3052377 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 50.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Emily Scott

Print name here: Amber Scott [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tenant Fit up for Spirit Halloween

Water Supply Source

Method of Alarm/Suppression System Supervision

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

Current fire alarm + fire sprinkler tests attached —

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: 7/26/16 Approved by: MO
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-19-16
Approved by: CR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8/23/16
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				
Flam/Combust Tanks				
Fireplace Venting				
Final		8/25/16	8/26/16	
Other				

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

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

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

Inspection, Testing and Maintenance of Wet Fire Sprinkler Systems

Information on this form covers the minimum requirements of NFPA 25 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: **Federal Realty Investment Trust** Owner's Phone Number: **800-658-8908**

Owner's Address: **1626 E. Jefferson Street Rockville, MD 20852**

Property Being Inspected: **Brick Plaza Shopping Center - UNIT 34 (Ethan Allen)**

Property Address: **56 Chambers Bridge Rd. Unit 34 Sector L**

Date of Inspection: **5/17/16** All responses refer to the current inspection performed on this date.

This inspection is (check one): Daily Weekly Monthly Quarterly **X** Annual Third Year Fifth Year

Notes: 1) All questions are to be answered Yes, No or Not Applicable.

2) Inspection, Testing and Maintenance is to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I – Owner's Section

	Y	N
A. Is the building occupied?	X	
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	X	
C. Are all fire protection systems in service?	X	
D. Have there been any modifications to the system since the last inspection?		X
E. Was the system free of actuations of devices or alarms since the the last inspection?	X	

Owner or Representative (Print Name) Signature and Date

Part II – Inspection

	Y	N
1. Proper number and type of spare sprinklers?	X	
2. Visible sprinklers:		
A. Free of corrosion?	X	
B. Free of obstructions to spray patterns?	X	
C. Free of foreign materials including paint?	X	
D. Free of physical damage?	X	
3. Valve enclosures appear to be maintained above 40 degrees F?	X	
4. Valve supervisory switches indicate movement?	X	
5. Backflow prevention device present:	X	
A. Control or Isolation valves in correct position?	X	
B. Sealed, locked or supervised & accessible?	X	

	Y	N	N/A
6. Alarm devices free from physical damage?	X		
7. Adequate heat in accesible areas with wet piping?	X		
8. Sprinkler wrench with spare sprinkler?	X		
9. Gauges on wet-pipe system in good condition?	X		
A. Calibrated or replaced within last 5 years?	X		
B. If no, were they replaced?			X
10. Hydraulic nameplate attached to riser and legible?	X		
11. Visible pipe:			
A. Free of damage and not leaking?	X		
B. No external corrosion?	X		
C. Properly aligned and no apparent external loading?	X		
D. Hangers and seismic bracing not damaged or loose?	X		
12. Fire Department Connection:			
A. Visible, accessible, undamaged?	X		
B. Properly identified?	X		
C. Operating properly, free from leakage, with caps in place?	X		

	Y	N	N/A
12. Reduced pressure backflow relief port discharging continuously?			X
13. Alarm valves:			
A. Gauges in good condition showing normal supply water pressure?			X
B. Valves in correct position?			X
C. No leakage from retarding chamber or drains?			X

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

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

Part II – Inspection Continued	Y	N	N/A
14. Pressure reducing valves present?		X	
A. Open with properly operating handles?			X
B. Free of damage or leakage?			X
C. Maintaining downstream pressure as designed?			X
15. Fifth Year Items:			
A. Alarm valves passed internal inspection?	X		
B. Check valves passed internal inspection?	X		
16. Antifreeze loops or systems present?			
A. Free of damage or leakage?			X
B. Accessible?			X
C. Antifreeze agent listed on tag?			X

Part III – Testing & Maintenance	Y	N	N/A
17. Inspectors test:			
A. Was flow observed?	X		
B. Did audible waterflow alarm sound?	X		
C. Was signal confirmed with central monitoring?	X		
D. Time to first audible alarm 35 Sec.			
18. Main drain test:			
A. Was flow observed?	X		
B. Drain Size 2"			
C. Location Garage			
D. Static 75 psi.; Residual 65 psi.; Return 75 psi.			
E. Comparable to previous tests?	X		
19. Control Valves:			
A. Qty. 2"			
B. Type OS&Y			
C. Qty.			
D. Type			
E. All operated through full range of motion?	X		
F. All returned to normal position?	X		
G. Tamper signal confirmed and returned to normal?	X		
20. Backflow devices: (See supplemental forms if applicable)			
A. Passed backflow test?		X	
B. Device passed forward flow test?	X		

Part III – Testing Section	Y	N	N/A
21. Are all sprinklers dated 1920 or later?	X		
22. Sprinklers fast response operating elements 20 years or older present?		X	
A. Tested within last 10 years?			X
23. Standard response sprinklers 50 years or older present?		X	
A. Tested within last 10 years?			X
24. Standard response sprinklers 75 years or older present?		X	
A. Tested within last 5 years?			X
25. Was antifreeze tested?			X
A. Specific gravity_____			
B. Concentration_____			
C. Approximate freeze point_____			
26. Post indicating valves operated through full range of motion?			X
27. Post indicating valves indicating properly?			X
28. Operating stems of valves lubricated?	X		
29. If sprinklers were replaced, were they proper replacements?			X
30. Was an obstruction investigation performed?		X	

Part III – Comments

Additional fifth year inspection testing and maintenance items, dry, pre-action, and deluge specific items included on separate form if applicable.

Part IV – Inspector's Information

Inspector: James T. Gibbons CET#124400

Company : Streamline Fire Protection,LLC.

Company's Address : P.O. Box 1110
Exton, Pa 19341

I state that the information on this form is correct at the time and place of my Inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____

Date: 5/17/16

2016 Fire Alarm Inspection Report

For

Federal Reality

Brick Shopping Center ~ Holloween Store

56 Chambers Bridge Road
Brick NJ, 8723

INSPECTION DATE:
5/31/2016

INSPECTED BY:
Jones & Mulville

Electronic Security Solutions
101 East Laurel Avenue
Cheltenham, PA 19012
Telephone 215-277-5248
Fax 215-277-5263
Cell 215-317-1258
JohnMitchell@essfiresys.com

Electronic Security Solutions
101 East Laurel Ave.
Cheltenham, PA 19012

FIRE ALARM INSPECTION REPORT

Inspection Date: 5/31/2016
Inspected By: Jones & Mulville

SUBMITTED TO: Federal Reality
LOCATION: Brick Shopping Center ~ Holloween Store
56 Chambers Bridge Road
Brick ,NJ 8723
Phone: (215) 852-6405
Fax: -

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

DEVICE	FLOOR	LOCATION	PASS	ADDRESS	NOTES
WF		Sprinkler Room			
TS		Sprinkler Room			

		PASSED	FAILED	% PASSED
2	TOTAL DEVICES	2	0	
0	TOTAL SMOKE DETECTORS	0	0	NA
0	TOTAL MANUAL PULL STATIONS	0	0	NA
0	TOTAL DUCT SMOKE DETECTORS	0	0	NA
0	TOTAL HEAT DETECTORS	0	0	NA
1	TOTAL WATERFLOWS	1	0	100.00%
1	TOTAL TAMPER VALVES	1	1	100.00%
0	TOTAL PRESSURE SWITCHES	0	0	NA
0	TOTAL LOW AIR	0	0	NA
0	TOTAL PRE ACTION ALARMS	0	0	NA
0	TOTAL PRE ACTION TROUBLES	0	0	NA
0	TOTAL PRE ACTION SUPERVISORIES	0	0	NA
0	PUMP POWER	0	0	NA
0	TOTAL PUMP RUN	0	0	NA
0	TOTAL PUMP TROUBLE	0	0	NA
0	TOTAL PUMP NOT IN AUTO	0	0	NA
0	TOTAL HORNS	0	0	NA
0	TOTAL STROBES	0	0	NA
0	TOTAL SPEAKERS	0	0	NA
0	TOTAL HORN STROBES	0	0	NA
0	TOTAL SPEAKER STROBES	0	0	NA
0	TOTAL BELL	0	0	NA
0	TOTAL DOOR HOLDER	0	0	NA
0	TOTAL HVAC SHUTDOWN	0	0	NA
0	TOTAL DAMPER CONTROLS	0	0	NA
0	TOTAL NURSE CALL	0	0	NA
0	TOTAL PRINTER	0	0	NA
0	TOTAL POWER SUPPLY	0	0	NA
0	TOTAL FACP	0	0	NA
0	TOTAL ANNUNCIATOR	0	0	NA
0	TOTAL NAC PANEL	0	0	NA
0	TOTAL MISCELLANEOUS	0	0	NA
0	TOTAL CARBON MONOXIDE DETECTORS	0	0	NA

INSPECTION AND TESTING FORM

DATE: 5/31/2016

TIME:

Service Organization

NAME: Electronic Security Solutions

ADDRESS: 101 East Laurel Ave
Cheltenham, PA 19012

REPRESENTATIVE: Jones & Mulville

LICENSE NO: 34BF00037700

TELEPHONE: 215-277-5248

Propert Name (User)

NAME: Federal Reality

ADDRESS: 56 Chambers Bridge Road
Brick , NJ 8723

OWNER CONTACT: Judy

TELEPHONE: 2158526405

MONITORING AGENCY

CONTACT: COPS

TELEPHONE: 18006332677

MONITORING ACCOUNT REF NO: 379-1393

APPROVING AGENCY

CONTACT:

TELEPHONE:

TYPE TRANSMISSION

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

SERVICE

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

PANEL MANUFACTURER: Firelite MODEL NO: MS5UD

CIRCUIT STYLES: 4.5 & Y

NO. OF CIRCUITS: 7

SOFTWARE REV:

LAST DATE THAT SYSTEM HAD ANY SERVICE PERFORMED:

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
0		MANUAL STATIONS
0		PHOTO DETECTORS
0		ION DETECTORS
0		DUCT DETECTORS
0		HEAT DETECTORS
1	4.5	WATERFLOW SWITCHES
1	4.5	SUPERVISORY SWITCHES
0		OTHER (SPECIFY)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
0		BELLS
0		HORNS
0		CHIMES
0		STROBES
0		SPEAKERS
0		OTHER (SPECIFY):

NO. OF ALARM INDICATING CIRCUITS: 2

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

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

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

SIGNALING LINE CIRCUITS

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

QUANTITY: 5 STYLES: 4.5

POWER SUPPLIES

a.Primary(Main) Nominal Voltage 120 , Amps 20

Overcurrent Protection: Type Breaker , Amps 15

Location (Panel Number): Sprinkler Room House Panel

Disconnecting Means Location:

b. Secondary (Standby):

12vx2 Storage Battery Amp Hr. Rating 7

Calculated capacity to operate system, in hours: 24

Engine driven generator dedicated to the fire alarm system

Location of Fuel Storage

TYPE BATTERY

	Dry Cell
	Nickel Cadmium
x	Sealed Lead-Acid
	Other (Specify)

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

Emergency system describe in NFPA 70, Article 700

Legally required standby described in NFPA, Article 701

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

VESS Electronic Security Solutions

PRIOR TO ANY TESTING

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

SYSTEM TESTS AND INSPECTIONS

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

SECONDARY POWER

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

NOTIFICATION APPLIANCES

AUDIBLE			
VISUAL			
SPEAKERS			
VOICE CLARITY			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL

COMMENTS: _____

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

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

SPECIAL PROCEDURES: _____

COMMENTS: _____

ON/OFF PREMISIS MONITORING	YES	NO	COMMENTS
ALARM SIGNAL	X		
ALARM RESTORAL	X		
TROUBLE SIGNAL	X		
TROUBLE RESTORAL	X		
SUPERVISORY SIGNAL	X		
SUPERVISORY RESTORAL	X		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	COMENTS
BUILDING MANAGEMENT	X		
MONITORING AGENCY	X		
BUILDING OCCUPANTS	X		
OTHER (SPECIFY)			

THE FOLLOWING DID NOT OPERATE CORRECTLY: _____

SYSTEM RETURNED TO NORMAL OPERATION **DATE:** 5/31/2016 **TIME:** _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR: Jones & Mulville

DATE: 5/31/2016

SIGNATURE: _____

NAME OF OWNER REPRESENTATIVE: Judy

DATE: 5/31/2016

SIGNATURE: _____

VESS Electronic Security Solutions

FIRE INSPECTION RECORDS

NO. 1

INSPECTION DATES

INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE	INSPECTION #	DATE
001	May-31-16								

BATTERY TESTING

LOCATION	SIZE / TYPE	DATE TESTED	CHARGER VOLTAGE	STATIC VOLTAGE	AMP HOUR	CONNECTION CHECK	DATE INSTALLED
Main FACP Battery Left	12VDC 7Ah	5/31/16	26.87	12.82	7.6	Good	UNK
Main FACP Battery Right	12VDC 7Ah	5/31/16	26.87	12.82	7.8	Good	UNK

COMMUNICATOR TESTING

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

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

VERIFICATION OF SYSTEM TEST

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

Date _____ Name _____ Title _____

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

Date _____ ESS _____

APPLICATION FOR CERTIFICATE

Date Received	06/16/2016
Date Permit Issued	07/25/2016
Control #	C-16-002959
Permit #	16-2572
Date Issued	08/26/2016

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

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

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

Telephone

Contractor SPIRIT HALLOWEEN

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone 609 6453300

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

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

USE GROUP Previous M Current

FINAL COST OF CONSTRUCTION: $ 550
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - SPIRIT HALLOWEEN SUPERSTORES

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

SIGNED: _____
Owner/Agent

☑ OWNER

☐ AGENT

UCC F270 equiv.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/26/2016
Control Number C-16-002959
Permit Number 16-2572
Permit Issue Date 07/25/2016
Certificate Number 16-2572

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. SPIRIT HALLOWEEN 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:

Contractor SPIRIT HALLOWEEN

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: 609 6453300 Fax:

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: 422

Description of Work/Use: TENANT FIT UP - SPIRIT HALLOWEEN SUPERSTORES

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: 10/25/2016
Conditions to be met:

Needs Building and Fire ~~Subcode Official~~ to sign techs

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/26/2016

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

56 Chambers Bridge Rd → Spirit Hallowee

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 422
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

CONSTRUCTION PERMIT

Date Issued 7/25/16
Control # C-16-002959
Permit # 16-2572

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. SPIRIT HALLOWEEN Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone:

Contractor: SPIRIT HALLOWEEN
Address: 6826 BLACK HORSE PIKE Egg Harbor NJ 08234
Telephone: 609 6453300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - SPIRIT HALLOWEEN SUPERSTORES

Note: If constuction 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 $550

D. Newman Jr/HP
Construction Official

7/25/16
Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$251
Check No.	
Cash CHS 12	$0
Credit	$0
Collected By CH	

+50
301

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

07/25/16 10:13AM 0015588324
KW07 SERV.007
BUILDING $150.00
FIRE $100.00
DCA $1.00
ZPA $50.00
$301.00
CASH $301.00
CHANGE $0.00

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

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

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK MP
DATE REC'D 6/16/16

ZONING PERMIT APPLICATION

PERMIT # 2016-01111
DATE ISSUED 7/25/16

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 56 Chambers Bridge Rd. Spirit

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty
   COMPLETE ADDRESS: 1626 E. Jefferson St. Rockville NJ 20852
   PHONE # 609-645-3300 EMAIL: _____
2. NAME OF APPLICANT: Spirit Halloween / Michael Rosenthal
   APPLICANT ADDRESS: 6826 Black Horse Pike Egg Harbor Twp NJ 08234
   PHONE # 609-645-3300 EMAIL: Michael.Rosenthal@spirithalloween.com
3. RESPONSIBLE PERSON FOR WORK: Spirit Halloween
   PHONE# 917-709-4418 FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $ _____
TOTAL: $ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: ✓ Empty
PROPOSED USE: Spirit Halloween

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tennant Fitup for Spirit Halloween Retail STORE

ZONING REVIEW:
DATE REVIEWED: 6-24-16 DATE DENIED: _____ DATE APPROVED: 6-24-16 INTLS: CL

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUL 05 2016
ZONING

SG 20

ZONING REVIEW:

DATE REVIEWED: 7/5/16 DATE DENIED: — DATE APPROVED: 7/5/16 INTLS: SG 20

DATE:	COMMENTS:	INITIALS:
7/5/16	SENT TO ECC	SG 20

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-01002
Application Date: 06/24/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Unit 43A
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: **Spirit Halloween**
Address: **6826 Black Horse Pike**
Egg Harbor Twp., NJ 08234

Application Approved Date: 06/24/2016

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

Use is: Retail Store (Spirit Halloween)
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for tenant. Spirit Halloween to reoccupy space.

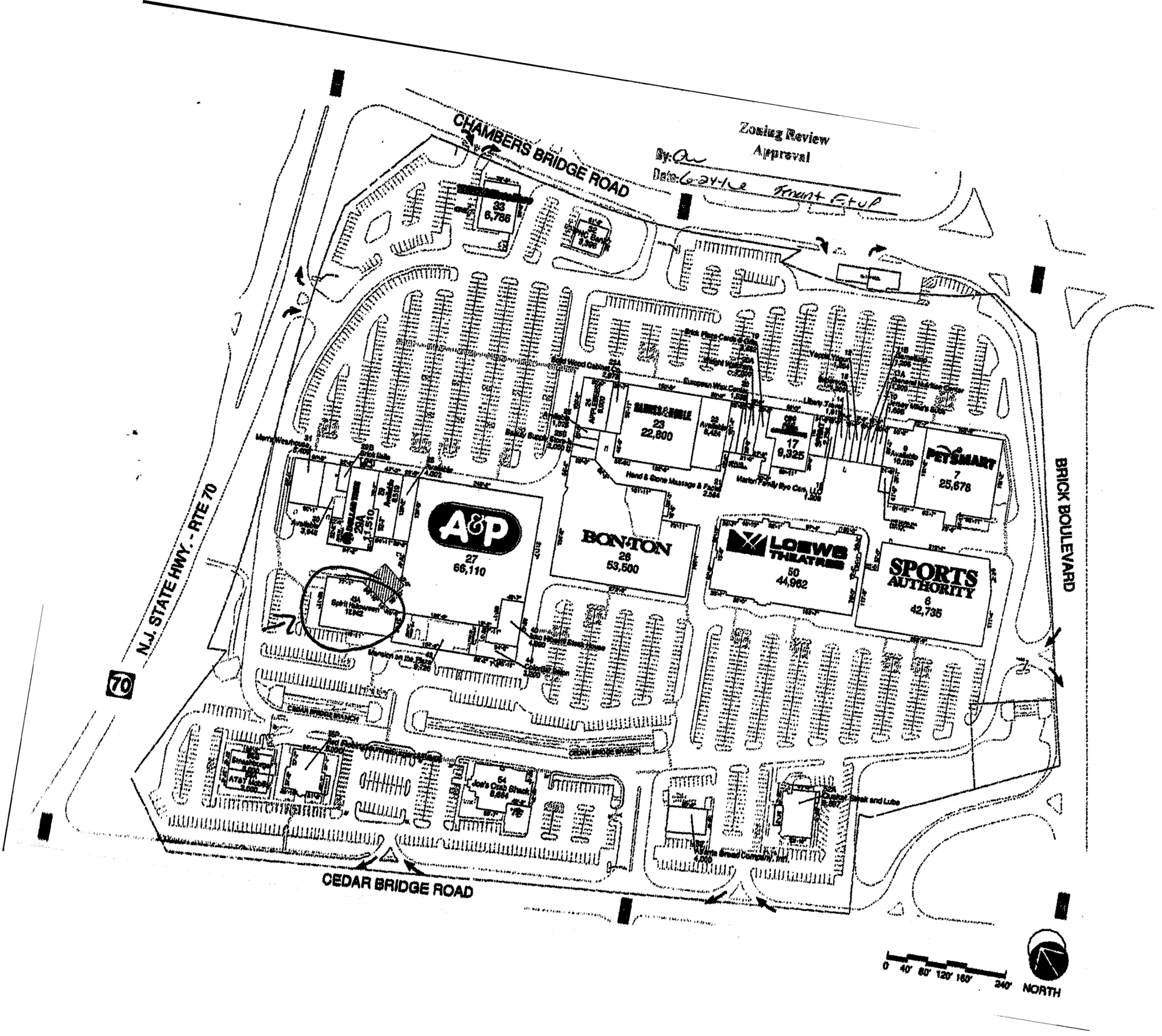
Additional Zoning Permit is required for additional work and signage.

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 — 06/24/2016 Date

Sean Kinnevy, Zoning Officer — 7/07/16 **Date**


Zoning Review
Approval
By:
Date: 6-24-16 Tenant Setup
CHAMBERS BRIDGE ROAD
BRICK BOULEVARD
N.J. STATE HWY. - RTE 70
70
CEDAR BRIDGE ROAD
33
6,786
BARNES & NOBLE
23
22,800
17
9,325
PETSMART
7
25,678
A&P
27
66,110
BONTON
28
53,500
LOEWS THEATRES
50
44,962
SPORTS AUTHORITY
6
42,735
54
Joe's Crab Shack
6,884
0 40' 80' 120' 160' 240'
NORTH

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 56 Chambers Bridge Rd. (Spirit)

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambers Bridge Rd Spirit
2. NAME OF OWNER IN FEE: Federal Realty
   ADDRESS: 1626 E. Jefferson St PHONE #: 609 645-3300
   Rockville NJ 20852 FAX #: (___) _____
3. PRINCIPAL CONTRACTOR: Spirit Halloween
   ADDRESS: 6826 Black Horse Pk PHONE #: 609 645-3360
   EHT, NJ 08234 FAX #: (___) _____
4. ARCHITECT OR ENGINEER: Arc. Vision
   ADDRESS: _____ PHONE: # (___) _____
5. RESPONSIBLE PERSON FOR WORK: Michael Rosenthal
   Spirit Halloween
   ADDRESS: 6826 Black Horse Pk EHT NJ 08234
   PHONE #: (917) 709-4418 FAX #: (___) _____ E-MAIL: Michael.Rosenthal@spirithalloween.com

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

LENGTH: _____ WIDTH: _____ HEIGHT: _____

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: _____

ENGINEERING REVIEW:

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

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 56 Chambersbridge Road

BLOCK: 671 **LOT:** 1.01

CONTRACTOR: Spirit Halloween

CONTRACTOR'S ADDRESS: 6826 Blackhorse Pike
Egg Harbor Township NJ 08234

Type of Construction(minor, new home): N/A

Type of Debris (shingles, siding, wood, etc.): normal trash

Party responsible for removal: Waste Management

Dumpster Size:

Destination of Debris:

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Amber Scott
Signature

6/15/16
Date

Amber Scott
Print Name

August 7, 2015

Fire Marshall's Office
Brick Township

Via email to Spirit Halloween (Tenant)

Dear Fire Marshall,

Please be advised that no work nor construction will be conducted within Spirit Halloween prior to them opening to the public.

All Fire Suppression systems, including Sprinkler Heads will remain as is.

All snap walls have been identified on plans

All rooms have been labeled

All fire rating specification of all snap walls and other cloth type materials being utilized are located in the MSDS package provided.

Should you have any questions, please feel free to call me at 732-822-1977 or email me at kdolan@metrovation.com.

Sincerely,
Brick Plaza

Kerry Dolan
Property Manager

To whom this may concern,

no alterations will be made to the location's existing fire alarm for the location listed below

671
1.01
56 Chambers bridge Road

Thank You
Amber Scott
Amber Scott
DSM Spirit Halloween
(732) 573-5476

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	SC	7/6/16							ZA-16-001002
☐ 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.				