

BLOCK 671 LOT 1.01 QUALIFICATION CODE

ADDRESS (SITE)

56 Chambers Bridge

PERMIT NO.

16-3745

CONSTRUCTION PERMIT APPLICATION

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

C16-004058

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers Bridge Space 22

2. Name of Owner in Fee: Federal Realty Investment Trust
Tel. (240) 478-9791 e-mail JFmiller@federalrealty.com
Address same as above

3. Ownership in Fee: Public X Private _____
municipality _____ zip code _____

4. Principal Contractor: Federal Realty Inv. Trust Tel. (240) 478-9791
Address same as above e-mail JFmiller@federalrealty.com

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Jane F. Miller
Tel. (240) 478-9791 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>1250</u>	<u>Y</u>	
2. Electrical	\$ <u>150</u>	<u>Y</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>52-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other <u>Z</u>			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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

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

TOTAL COST

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
<u>25,000</u>	<u>[Signature]</u>	<u>8/22/16</u>		<u>9/15/16</u>	<u>WEL</u>			
<u>5,100</u>	<u>[Signature]</u>	<u>8/22/16</u>		<u>9/8/16</u>	<u>PR</u>			

Eng Exempt 9/7/16 ecc

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 12/14/2016
Control Number C-16-004058
Permit Number 16-3745
Permit Issue Date 10/28/2016
Certificate Number 16-3745

Certificate

Construction Code Division
(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791

Contractor FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791 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: 0

Description of Work/Use: AIR CONDITIONER - MY HOUSE YOUR HOME (UNIT 22) ...INSTALL TEMP A/C UNIT

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

Date Printed: 12/14/2016

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

Fee: \$0.00

Check Number:

Collected By:

Page 1





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 607-1 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambers Bridge Space 28

Owner in Fee: Federal Realty Investment Trust

Tel. 240, 478, 9791 e-mail sfmiller@federalrealty.com

Address 56 Chambers Bridge

Contractor: Federal Realty Inv. Trust Tel. 240, 478, 9791

Address Same as above e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required 09/05/16 WJ INSPECTIONS

☐ All _____ Footing _____

☐ Footings/Foundations _____ Footing 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: 09/15/16 _____ Finishes -Base Layer _____

Approved by: WJ _____ Finishes -Final _____

SUBCODE APPROVAL for CERTIFICATE _____ Energy _____

☐ CO ☐ CCO 12/08/16 _____ Mechanical _____

Date: 12/08/16 _____ TCO _____

Approved by: C/A _____ Other _____

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. \$ 25,000.00

2. Rehabilitation _____

3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Kerry Doherty

Print name here: Kerry Doherty

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Place temp A/C unit

COMMERCIAL

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

16-3745

10/28/16

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

U.C.C. F10
(rev. 11/09)

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 Kerry Dolan

Address 500 Chambers Bridge

Telephone (732) 822-1977

Signature Kerry Dolan

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



ELECTRICAL SUBCODE



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

Block 1671 Lot 1.01 Qualification Code SP-02
Work Site Location 516 Chambers Bridge (Space 22)
My House (your home)

Owner in Fee: Federal Realty, Inc. Trust
Tel: 240, 478-9791 e-mail: 5emiller@federalrealty.com

Address: Same as above Municipality: South River Zip Code: 08870
Contractor: MJM Electric Inc Tel: (201) 223-9722

Address: Boyle Ave Exp. Date: 3/15
Contractor License No.: 12715-B

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No.: 22-3485744 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 5100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
Type:		Failure	Failure	Approval	Initial
☐ No Plans Required	Rough				
☐ Partial -Under-slab Utilities Approved	Barrier-Free				
Date: <u>9/18/16</u> Approved by: <u>Specs.</u>	Trench				
	Temp. Serv.				
	Constr. Serv.				
	TCO				
	Other <u>AP Temp</u>				
	Service				
	Final				
	Barrier-Free				
Approved by: <u>[Signature]</u>		Temp. Cut-in-Card Date Issued <u> </u>			
SUBCODE APPROVAL FOR PERMIT		Final Cut-in-Card Date Issued <u> </u>			
SUBCODE APPROVAL FOR CERTIFICATE		Annual Pool Inspection <u> </u>			
Date: <u>9/12/16</u>		Date of Grounding and Bonding <u> </u>			
Approved by: <u>[Signature]</u>		Certification <u> </u>			

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 [Signature]
sign and seal here: Michael McKelvey

Print name here: Michael McKelvey

Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Temp AC Unit

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

TOTAL NUMBERS

Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

COMMERCIAL

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

16-003
3745

671 1.01



Receipt

Payment Date 12/9/2016

Transaction # PMT-16-10798

Receipt #

Issued To Kane Builders S & D, Inc.

Description Violation # 16-00246
56 Chambers Bridge Rd.
Brick, NJ
My House Your Home

Date Printed 12/9/2016

Check Number 26385

Cash \$0.00

Check \$1,000.00

Charge \$0.00

Total Paid \$1,000.00

BRICK
TOWNSHIP
OCEAN COUNTY NJ

12/09/16 4:59PM
001558#5786 XX06
SERV.006

#10798
PENALTY \$1000.00

CHECK
\$1000.00

THANK YOU!



STOP CONSTRUCTION ORDER

Permit/Control #:

Date Issued: 8/5/2016

Violation #: V-16-00247

IDENTIFICATION

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ

Block: 671 Lot: 1.01 Qualification Code: _____

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852

Agent/Contractor: _____

Address: _____

To: ☒ Owner

☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 8/5/2016 DATE OF THIS NOTICE: 8/5/2016

ACTION

You are hereby **ORDERED** to **STOP**

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☒ All Construction
at the above Location as of 8/5/2016 until further notice from this enforcing agency.

This **ORDER** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of

N.J.A.C. 5:23.2.14(a) Working without a permit

which provides:

You have failed to get the required permit for the following work: AIR CONDITIONER

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Work has begun without the required permit. All work must stop until the permit is issued.

Further, take **NOTICE** that failure to comply with this **ORDER** may result in the assessment of penalties of up to \$500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

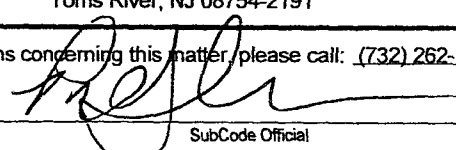
Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction

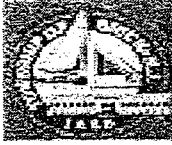
Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

By Order of


SubCode Official

Date: 8/5/16



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ

Block: 671

Lot: 1.01

Owner: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Agent:

Agent Address:

Telephone:

Infraction Details

Tracking: V-16-00247

Subcode: Electrical

Issuing Officer: Patrick Callahan

Telephone: (732) 262-1028

Issue Date: 8/5/2016

Infraction: Stop Construction Order

Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit

Infraction Summary: You have failed to get the required permit for the following work: AIR CONDITIONER

Certified Mail Number: 7015 0640 0005 7588 5043

Enforcement Details

Inspection Date: 8/5/2016

Notice Date: 8/5/2016

Compliance Date: 8/6/2016

Compliance Inspection Date:

Compliance Summary: Work has begun without the required permit. All work must stop until the permit is issued.

Fines Details

Total Due: \$0.00

Total Paid: \$0.00

Total Owed: \$0.00



NOTICE AND ORDER OF PENALTY

Permit/Control #: _____
Date Issued: 8/5/2016
Violation #: V-16-00246

IDENTIFICATION

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ
Block: 671 Lot: 1.01 Qualification Code: _____
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Agent/Contractor: _____
Address: _____
To: ☒ Owner ☐ Other:
☐ Agent/Contractor

ACTION

- ☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A ☐ **Notice of Violation and Order to Terminate**, ☐ **Notice of Unsafe Structure**, ☐ **Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:
NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: AIR CONDITIONER
- ☒ On 8/5/2016, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you ☐ made a false or misleading written statement, or omitted required required information in an application or request for approval; or ☒ failed to obtain a construction permit; or ☐ failed to request required inspections; or ☐ allowed occupancy prior to receiving a certificate of occupancy.
- ☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order**.

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$2,000.00 for each violation for a total penalty of \$2,000.00.

Further, take **NOTICE** that for each ☒ week ☐ day that any of the said violations remain outstanding after 8/19/2016 an additional penalty of \$2,000.00 per ☒ week ☐ day shall result

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY:

Construction Official

Date: 8-5-16



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ
Block: 671
Lot: 1.01
Owner: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Tracking: V-16-00246
Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 8/5/2016
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: AIR CONDITIONER

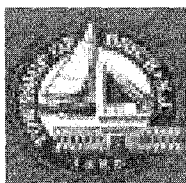
Certified Mail Number: 7015 0640 0005 7588 5043

Enforcement Details

Inspection Date: 8/5/2016
Notice Date: 8/5/2016
Compliance Date: 8/19/2016
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	\$2,000.00
Total Paid:	\$0.00
Total Owed:	\$2,000.00



Construction

Property Summary

[Portal](#) | [Refresh](#) | [Open All](#)
[Close All](#)

Owner:	FEDERAL REALTY INVESTMENT TRUST
Location:	56 CHAMBERS BRIDGE RD.
Block:	671
Lot:	1.01
Lead Parcel:	Yes
Qualifier:	

▲ About the Owner...

General...

Owner:	FEDERAL REALTY INVESTMENT TRUST
Social Security Number:	
Spouse Social Security Number:	
Owner Street Address:	1626 EAST JEFFERSON ST
Owner City, State:	ROCKVILLE MD
Owner Zip Code:	20852 -
County Number:	15
District Number:	07
Number of Owners:	

Financials...

Mortgage Account Number:	
Deed Book Number:	14972
Deed Book Page:	24
Deed Date:	8/30/2011
Bank Code:	
Sales Price:	\$1.00
Deed Date:	8/30/2011
Sales Price Code:	
SR1A Non-Usable Code:	

▼ About the Property...

▼ About the Taxes...

▼ Projects...

▼ Construction...

▼ Complaints...

▼ Land Use...

▼ Engineering...

▼ Code Enforcement...

▼ Attachments...

▼ Comments...

NOV + STOP WORK ORDER
 + PENALTY
 5:23 - 2.14(a)
 WORKING WITHOUT PERMIT.
 56 CHAMBERS BRIDGE RD.
 BRICK PLAZA
 "MY HOUSE YOUR HOME"
 38 BRICK PLAZA.



BRICK TOWNSHIP BUREAU OF FIRE SAFETY

253 Brick Boulevard, 2nd Floor

Brick Township, NJ 08723

(732) 458-4100 FAX (732) 458-4153

Email bureau@brickfire.org

Website www.brickfire.org

REQUEST TO CONDUCT AN INSPECTION

INSPECTOR: P. Matula DATE: 8/8/16

REGISTRATION NO.: 1-1261

AS A RESULT OF: ☐ COMPLAINT
☐ ROUTINE INSPECTION
☐ REQUESTED INSPECTION
☒ OTHER - BUREAU BUSINESS

THE BUREAU OF FIRE SAFETY CONDUCTED AN INSPECTION AT THE FOLLOWING PREMISE:

My House, Your Home

56 Chambers Bridge Rd, Suite 14

THE INSPECTION WAS FOUND TO HAVE VIOLATIONS WHICH MAY INVOLVE THE JURISDICTION OF:

☒ CONSTRUCTION OFFICIAL - Dan Newman
☐ BUILDING SUBCODE
☒ ELECTRICAL SUBCODE
☐ PLUMBING SUBCODE
☐ FIRE SUBCODE - Kevin C. Batzel
☐ CODE ENFORCEMENT
☐ RENTAL INSPECTION
☐ ZONING - Sean Kinnevy
☐ OTHER:

IT IS THE BUREAU'S REQUEST THAT AN INSPECTION BY YOUR OFFICIALS BE CONDUCTED. THE MOST NOTICED AREA BY OUR INSPECTORS ARE:

Rear of structure (exterior) – HVAC unit on skid found supplying AC to store.

PURSUANT TO N.J.A.C. 5:71-3.5(c) TO BE REPORTED, ANY FINDINGS NOT WITHIN THE INSPECTOR'S AUTHORITY TO THE OFFICIAL HAVING JURISDICTION.

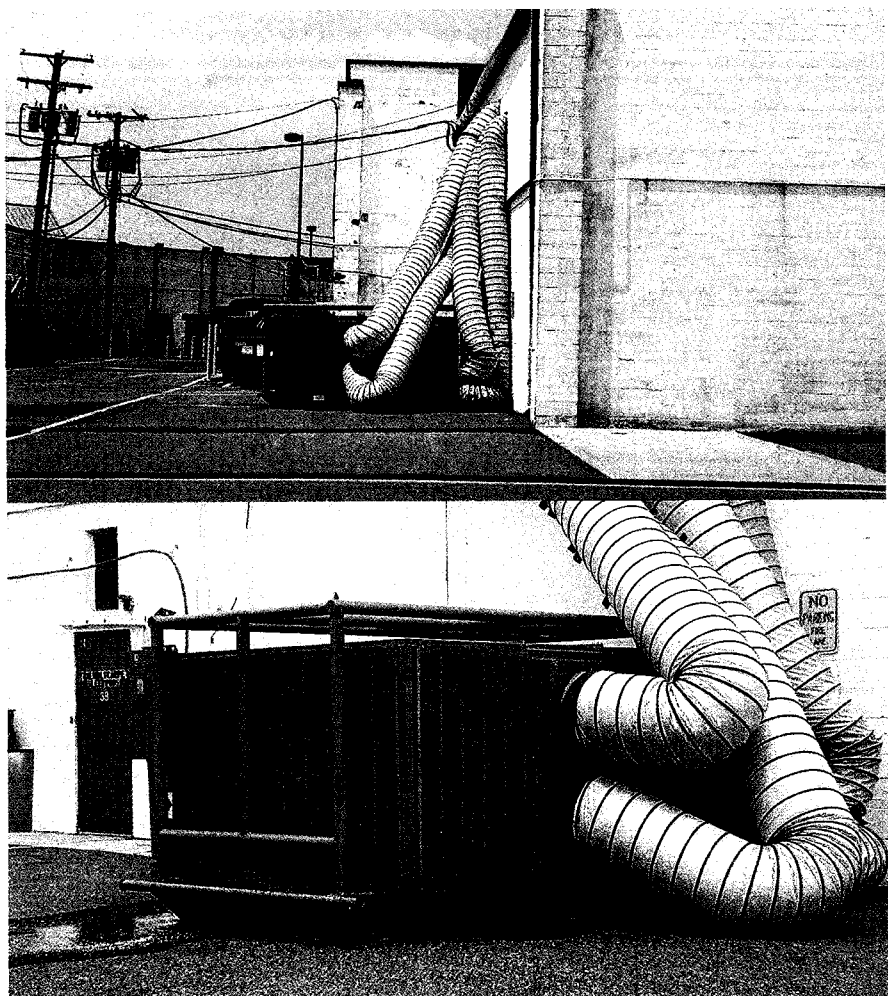
CC:

Betty Baptista

From: Fire Bureau <bureau@brickfire.org>
Sent: Monday, August 08, 2016 9:36 AM
To: Daniel Newman; Betty Baptista
Cc: Kevin Batzel; Paul Matula
Subject: Request to Conduct Inspection
Attachments: Request to Conduct Inspection.pdf

Please see the attached request regarding My House, Your Home.

Thank you,



CONFIDENTIAL AND/OR PRIVILEGED

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Federal Realty Investment Trust
1626 East Jefferson St.
Rockville, MD 20852

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. COMPLETE THIS SECTION

Complete items 1, 2, and 3.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Federal Realty Investment Trust
1626 East Jefferson St.
Rockville, MD 20852

2. Article Number (Transfer from service label)
 7015 0640 0005 7588 5043

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Registered Mail
☐ Registered Mail Restricted Delivery (\$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

4. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

5. Received by (Printed Name)
X M DABU

6. Date of Delivery
08-12-16

7. Signature
☒ Agent
☐ Addressee

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



NOTICE AND ORDER OF PENALTY

Permit/Control #: _____
Date Issued: 8/5/2016
Violation #: V-16-00246

IDENTIFICATION

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ
Block: 671 Lot: 1.01 Qualification Code: _____
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
Agent/Contractor: _____
Address: _____
To: ☒ Owner ☐ Other:
☐ Agent/Contractor

ACTION

- ☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A ☐ Notice of Violation and Order to Terminate, ☐ Notice of Unsafe Structure, ☐ Notice of Imminent Hazard was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:
NJAC 5:23.2.14(a) Working without a permit
Following an investigation, it is found that you have failed to get the required permit for the following work: AIR CONDITIONER
- ☒ On 8/5/2016, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you ☐ made a false or misleading written statement, or omitted required required information in an application or request for approval; or ☒ failed to obtain a construction permit; or ☐ failed to request required inspections; or ☐ allowed occupancy prior to receiving a certificate of occupancy.
- ☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order**.

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$2,000.00 for each violation for a total penalty of \$2,000.00.

Further, take **NOTICE** that for each ☒ week ☐ day that any of the said violations remain outstanding after 8/19/2016 an additional penalty of \$2,000.00 per ☒ week ☐ day shall result

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the _____ County of Ocean within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____

Construction Official

Date: 8-5-16



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ

Block: 671

Lot: 1.01

Owner: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Agent:

Agent Address:

Telephone:

Infraction Details

Tracking: V-16-00246

Subcode: Administrative

Issuing Officer: Daniel F Newman Jr

Telephone: (732) 262-1092

Issue Date: 8/5/2016

Infraction: Notice and Order of Penalty

Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit

Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: AIR CONDITIONER

Certified Mail Number: 7015 0640 0005 7588 5043

Enforcement Details

Inspection Date: 8/5/2016

Notice Date: 8/5/2016

Compliance Date: 8/19/2016

Compliance Inspection Date:

Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: \$2,000.00

Total Paid: \$0.00

Total Owed: \$2,000.00



STOP CONSTRUCTION ORDER

Permit/Control #:

Date Issued: 8/5/2016

Violation #: V-16-00247

IDENTIFICATION

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ

Block: 671 Lot: 1.01 Qualification Code: _____

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852

Agent/Contractor: _____

Address: _____

To: ☒ Owner

☐ Other:

☐ Agent/Contractor

DATE OF INSPECTION: 8/5/2016 DATE OF THIS NOTICE: 8/5/2016

ACTION

You are hereby **ORDERED** to **STOP**

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☒ All Construction
at the above Location as of 8/5/2016 until further notice from this enforcing agency.

This **ORDER** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of

NJAC 5:23.2.14(a) Working without a permit

which provides:

You have failed to get the required permit for the following work: AIR CONDITIONER

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Work has begun without the required permit. All work must stop until the permit is issued.

Further, take **NOTICE** that failure to comply with this **ORDER** may result in the assessment of penalties of up to \$500.00 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the _____ County of Ocean _____ within 15 days of receipt of this **ORDER**

as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction

Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

By Order of _____

SubCode Official

Date: 8/5/16



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. My House Your Home Brick Township, NJ

Block: 671

Lot: 1.01

Owner: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Agent:

Agent Address:

Telephone:

Infraction Details

Tracking: V-16-00247

Subcode: Electrical

Issuing Officer: Patrick Callahan

Telephone: (732) 262-1028

Issue Date: 8/5/2016

Infraction: Stop Construction Order

Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit

Infraction Summary: You have failed to get the required permit for the following work: AIR CONDITIONER

Certified Mail Number: 7015 0640 0005 7588 5043

Enforcement Details

Inspection Date: 8/5/2016

Notice Date: 8/5/2016

Compliance Date: 8/6/2016

Compliance Inspection Date:

Compliance Summary: Work has begun without the required permit. All work must stop until the permit is issued.

Fines Details

Total Due: \$0.00

Total Paid: \$0.00

Total Owed: \$0.00

RECEIVING CLERK
DATE REC'D

ZONING PERMIT APPLICATION

PERMIT # 2P-16-01537
DATE ISSUED 10/28/16

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

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment Trust
COMPLETE ADDRESS: 1624 E. Jefferson St.
Rockville, MD 20852
PHONE # 240.478.9791 EMAIL: JEmiller@federalrealty.com
JANE MILLER

2. NAME OF APPLICANT: Brick Plaza Landco
APPLICANT ADDRESS: 56 Chambers Bridge
Brick NJ 08008 08723
PHONE # 240.478.9791 EMAIL: JEmiller@federalrealty.com

3. RESPONSIBLE PERSON FOR WORK: JANE Miller
PHONE # 240.478.9791 FAX # N/A

4. SIGNATURE OF APPLICANT: 

FEE SUMMARY:

FOR OFFICE USE ONLY

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: Furniture Store
PROPOSED USE: Same

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: Temp. HVAC unit

DESCRIPTION: Install temporarily HVAC unit to cool Space at my house for home

ZONING REVIEW: 8-30-16 DATE REVIEWED: 8-30-16 DATE DENIED: _____ DATE APPROVED: 8-30-16 INTLS: 2
(SEE BACK PAGE)



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:

Application Number: 10/28/16
ZA-16-01318

Application Date: 08/29/2016

Project Number:

Permit Number: 2P-16-01537

Fee: \$50.00

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, MD 20852

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

Application Approved Date: 08/30/2016

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

Use is: Retail Store "My House Your Home"

Nonconforming Use is: _____

Work Description:

Temp A/C - Installation of a temporary A/C unit in the rear of the building.

Additional Zoning Permit is required for additional work or 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

08/30/2016

Date

Sean Kinnevy, Zoning Officer

9/6/16

Date



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

10/28/16
C-16-004058

16-3745

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. MY HOUSE YOUR HOME Brick Township, NJ Contractor: FEDERAL REALTY INVESTMENT TRUST
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST Address: 1626 EAST JEFFERSON ST. ROCKVILLE MD 20852
1626 EAST JEFFERSON ST. ROCKVILLE MD 20852 Telephone: (240) 478-9791
Telephone: (240) 478-9791 Lic. No. or Bldrs. Reg. No.
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:

AIR CONDITIONER - MY HOUSE YOUR HOME (UNIT 22) ...INSTALL TEMP A/C UNIT

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 \$30,100

D. Newman
Construction Official

Date

9/16/16

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

PAYMENTS (Office Use Only)	
Building	\$1,250
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$58
CO Fee	
Other	\$0
Total	\$1,458
Check No.	092652
Cash	\$0
Credit	\$0
Collected By	10/28/16 12:03 PM 0012584749
	MD3 SERV. 003

150
1508

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 17:28. This agency will conduct such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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

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

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

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

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

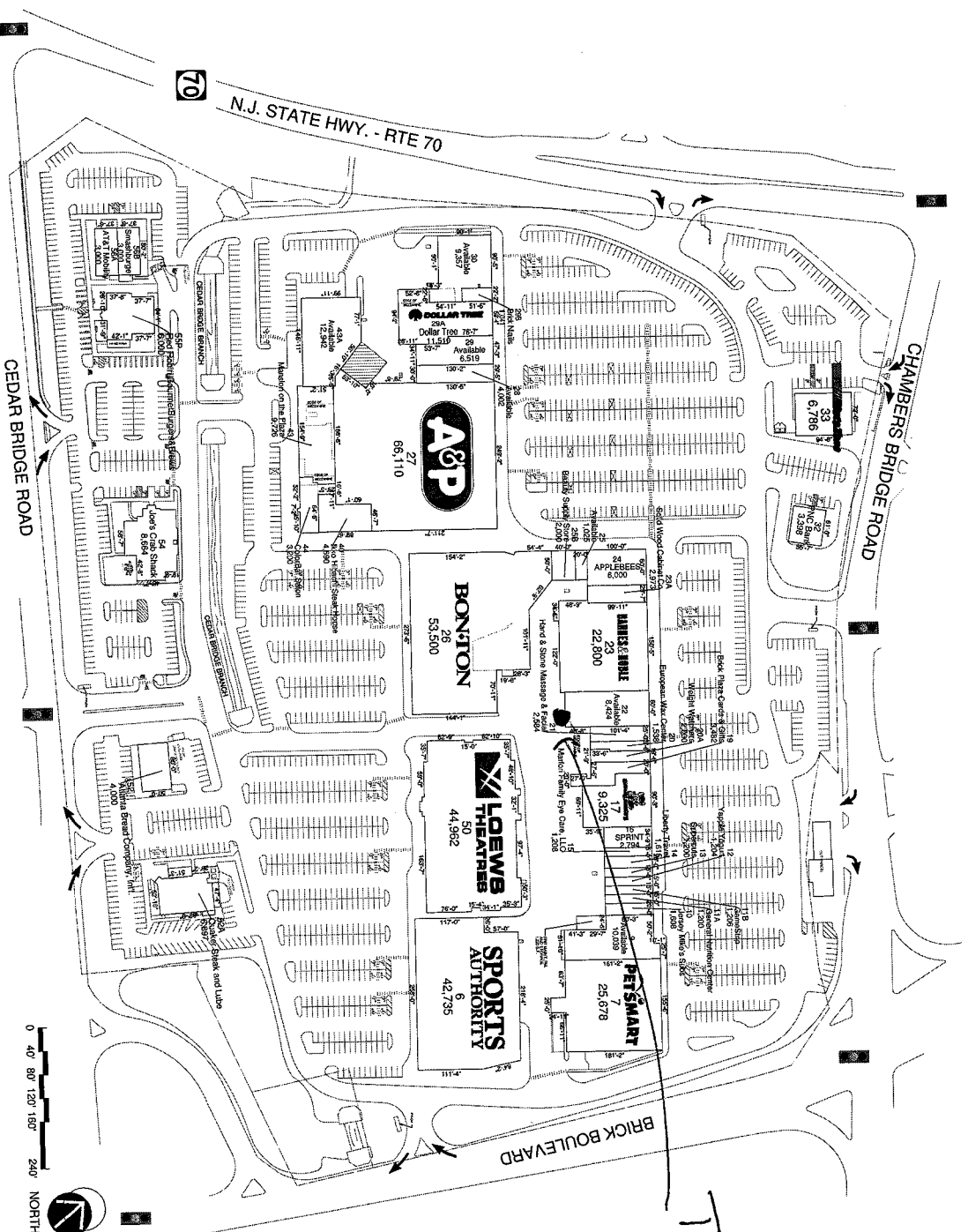
- ☐ A complete copy of released plans must be kept on the job site.

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

BRICK PLAZA

Brick, NJ
GLA 416,000 SF

Federal Realty
INVESTMENT TRUST



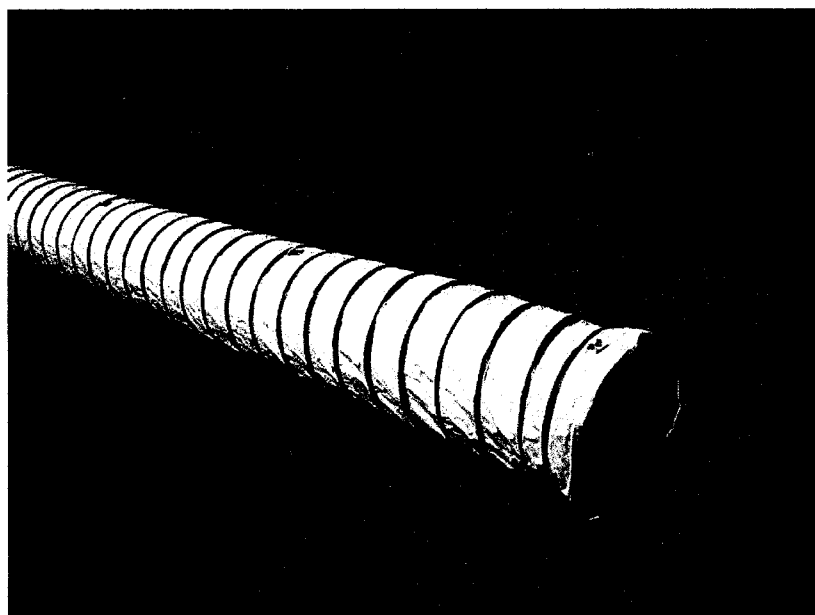
Corporate Headquarters 1826 East Jefferson Street, Rockville, MD 20852 PH 301.938.8100 FX 800.653.8980 www.federalrealty.com
Regional Office 50 East Wymewood Road, Suite 200, Wymewood, PA 19096 PH 610.886.5870 FX 610.886.5876

The parties acknowledge that this Plan is for identification purposes only and does not constitute any covenant, representation, or warranty by Landlord that any existing or future conditions shown exists, or that, if they do exist, will continue to exist through out all or any part of the Lease term, except to the extent such covenant, representation or warranty is expressly set forth in the Lease.



Engineering Bulletin

Trane Rental Services Standard and High Temperature Flexible Duct



⚠ SAFETY WARNING

Only qualified personnel should install and service the equipment. The installation, starting up, and servicing of heating, ventilating, and air-conditioning equipment can be hazardous and requires specific knowledge and training. Improperly installed, adjusted or altered equipment by an unqualified person could result in death or serious injury. When working on the equipment, observe all precautions in the literature and on the tags, stickers, and labels that are attached to the equipment.



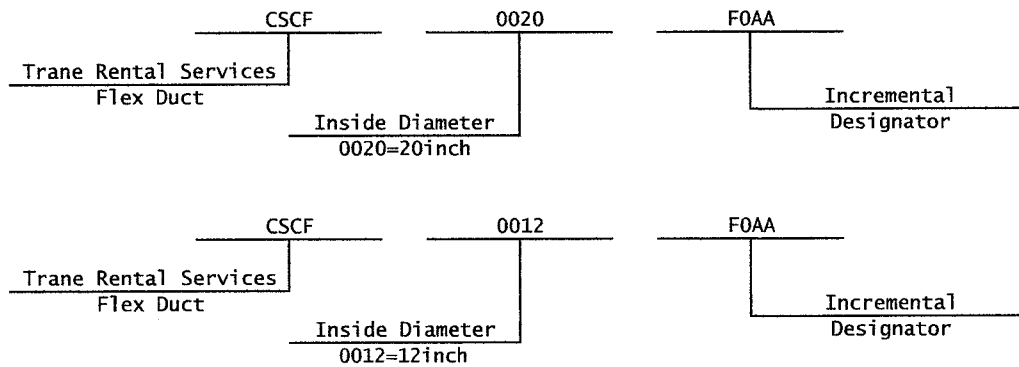
Scope

This bulletin covers the specification sheets for both standard temperature and high temperature flex duct that is available to rent with Trane Rental Services HVAC units.

General Information

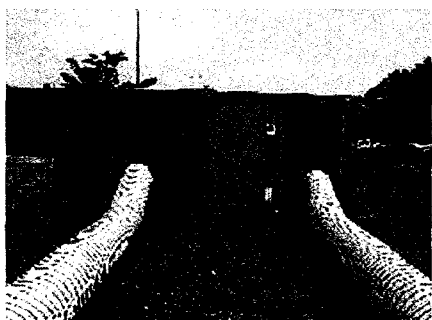
Flex duct is offered as a means to support the Trane Rental Services HVAC units. The information contained in this engineering bulletin is provided to ensure the safety of the equipment and its surroundings as well as supply all of the technical data that may be needed. Please note the positive and negative pressure recommendations for the duct should never exceed the maximum values. Please also note 12 in. flex duct is to be utilized on standard cooling equipment, while 20 in. standard temperature duct can be used to transition from 20 in. high temperature duct in heating applications. 24 in. high temperature flex duct should only be used with our Indirect Fired Heaters.

Please contact Trane Rental Services at 1-800-755-5115 for availability of all equipment prior to obtaining a Purchase Order.



Standard Temperature Flexible Duct Technical Data

Figure 1. Duct attached to unit



Technical Data: 20 in. standard temperature duct

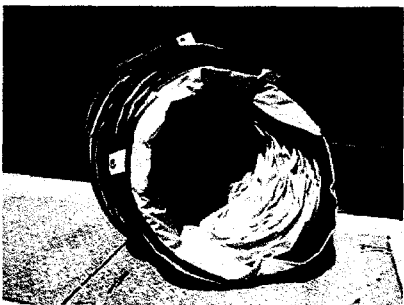
Inside Diameter: 20 in
 Min Centerline Bend Radius: 11.5 in
 Weight of duct (25 ft section): 1.4 lb/ft
 Temperature Range: -20°F to 160°F
 Max Pressure Recommended: 13.88 in SP
 Weight of Duct Box: 300 lb
 Color: Black and yellow

Technical Data: 12 in. standard temperature duct

Inside Diameter: 12 in
 Min Centerline Bend Radius: 11.5 in
 Weight of duct (25 ft section): 1.4 lb/ft
 Temperature Range: -20°F to 160°F
 Max Pressure Recommended: 13.88 in SP
 Weight of Duct Box: 300 lb
 Color: Black and white

Composition: Single-ply, PVC/fabric bonded for integral strength, supported by a wide pitch spring steel wire helix allowing the duct to retract into a fraction of the fully extended length. The helix is protected by an external contrasting wearstrip.

Figure 2. Collapsed duct



- Retractability allows for convenient storage in a fraction of its fully extended length
- Easily transported in its retracted state
- Low friction loss

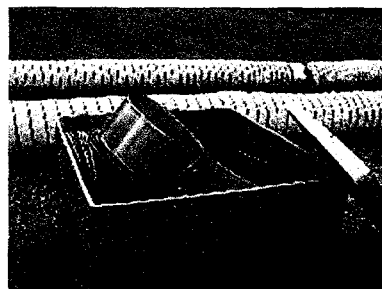
- Recognized flame retardant to UL 94V-O with Underwriters Laboratories
- External wearstrip resists abrasion

Figure 3. Band Clamp Connection



The connection type was chosen due to its simplicity and convenience. By using a screwdriver or drill driver, the connection can be made quickly and securely.

Figure 4. Flex Duct Box



The flex duct is contained in a lightweight plastic box (shown to the left), which is approximately four feet long and four feet wide. The box contains (4) 25 ft. sections of 12 in. or 20 in. flex duct, (2) connector sleeves, and a small quantity of duct tape for minor repairs. The picture below shows a connector sleeve, which would be used for any run longer than 25 ft. In order for the duct to fit securely on the sleeve, you must slide the duct over the lip of the connector.



Standard Temperature Flexible Duct Technical Data

Figure 5. Connector Sleeve



We have determined that in some cases, there is a separation issue when joining two sections of the flex duct. The lip on the connector sleeve is not always adequate for securing the duct. Sheet Metal screws may be used (if needed) to secure duct to units and/or connectors.

Figure 6. Grommet tab



Grommet Tabs are available on the flex duct, allowing the duct to be suspended.

Standard Temperature Flexible Duct Technical Data

Figure 7. Friction Loss Char

