

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 16-1889



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Chambers Bridge Road & Route 70 (Facade)

2. Name of Owner in Fee: Federal Realty Investment Trust
Tel. (240) 478-9791 e-mail JFMiller@federalrealty.com
Address 50 E Wynnewood Road, Wynnewood, PA. 19096

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

4. Principal Contractor: Kane Builders S&D, Inc. Tel. (215) 517-5511
Address 145 Willow Grove Avenue e-mail PLunny@KaneBuilders.
Glenside, PA. 19038

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 800472851 FAX: (215) 517-7787

5. Architect or Engineer Brown Craig Turner Contact Pedro Sales
Address 100 North Charles Street e-mail Pedro@bctarchitects.com
Tel. (410) 837-2727 FAX: _____

6. Responsible Person in Charge once Work has Begun Peter Lunny-Kane Builders
Tel. (215) 517-5511 FAX: (215) 517-7787

V. FEE SUMMARY (for office use only)

1. Building	\$ <u>8815-</u>	Update <u>16</u>	Update <u>350</u>
2. Electrical	<u>150-</u>	<u>365-</u>	<u>150-</u>
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review \$			
8. Subtotal	\$ <u>527-</u>	<u>810-</u>	<u>13-</u>
9. State Permit Surcharge Fee	<u>275-</u>	<u>2-75</u>	<u>32-</u>
10. Subtotal	\$ <u>4602</u>	<u>451-</u>	<u>438</u>
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>4602</u>	<u>451-</u>	<u>438</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

IIa. PROPOSED WORK

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

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES

(Check all that apply)

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

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	<u>MFF</u>	<u>5/11/16</u>		<u>06/02/16</u>	<u>KEN</u>		
				<u>6/1/16</u>	<u>PE</u>	<u>8/3/16</u>	<u>PE</u>
	<u>Emy</u>	<u>5/18/16</u>		<u>5/15/16</u>	<u>PE</u>	<u>9/8/16</u>	<u>PE</u>

TOTAL COST \$0

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

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

B. NON-RESIDENTIAL (primary use)

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

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

- D. Construct. Classification: Present _____
- Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☒ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
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

Rollled plans



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/19/2018
Control Number C-16-002227
Permit Number 16-1889
Permit Issue Date 06/08/2016
Certificate Number 16-1889

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual:
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: (240) 478-9791
Contractor: National Maintenance & Buildout
Address: 48A Vincent Circle Ivyland PA 18974
Telephone: (215) 442-2538 Fax: (215) 442-5679
License Number or Builders Registration Number: _____ Federal Emp. Number: 300020638
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: M Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: FACADE RENOVATION - ...PHASE 3 - FORMER A&P TO CHIPOTLE

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:

Daniel Newman Jr

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

ATTACHMENTS



Attachment No. 1
Proposed Canopy Framing



Attachment No. 2
New Framing To Existing Structure



BUILDING SUBCODE TECHNICAL SECTION



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

Block 611 Lot 1.01 Qualification Code _____
Work Site Location Chambers Bridge Road & Route 70 (Facade)
Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust
Tel. (240) 478-9791 e-mail JFMiller@federalrealty.com

Address 50 E Wynnwood Road, Wynnwood, PA. 19096

Contractor: Kane Builders S&D, Inc. Tel. (215) 517-5511 zip code _____
Address 145 Willow Grove Avenue e-mail PLunny@KaneBuilders.com
Glenside, PA. 19038

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 800472851 FAX: (215) 517-7787

JOB SUMMARY (Office Use Only) Front Steel Facade Thicket 1-2-13-PA

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Approval	Initial
☒ No Plans Required	<u>06/02/16</u>	<u>Kan</u>	☒ Footing	Footing	<u>8-10-13</u>	<u>YES</u>	
☒ All			☒ Footings/Foundations	Foundation	<u>9/13/10</u>	<u>PA</u>	
☒ Structural/Framework			☒ Frame	Slab	<u>9/15/10</u>	<u>PA</u>	
☒ Exterior			☒ Interior	Frame	<u>9/15/10</u>	<u>PA</u>	
☒ Interior			☒ Joint Plan Review Required:				
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Insulation			
SUBCODE APPROVAL for PERMIT <u>06/02/16</u> <u>Facade Frame Retials Sec Back</u>							
Date: <u>06/02/16</u> <u>Facade Steel Thicket</u>							
Approved by: <u>PA</u> <u>Steel Thicket</u>							
SUBCODE APPROVAL for CERTIFICATE <u>06/18/16</u> <u>Steel Thicket</u>							
Date: <u>06/18/16</u> <u>Steel Thicket</u>							
Approved by: <u>PA</u> <u>Steel Thicket</u>							

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Const. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work: \$225,000

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here: Rusty Fowlie KANE Builders

Print name here: Rusty Fowlie KANE Builders

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal and Reconstruction of new facade for Ulla, DSW, Old Navy and Nordstrom Rack. Includes foundations, structural steel, framing, dens glass, EIFS, roofing, electrical and Plumbing (drains)

Phase 3

COMMERCIAL

Date Received 6/8/16
Control # 16-1889
Date Issued
Permit #

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ Sign _____ Sq. Ft.

☐ Pool _____ Sq. Ft.

☐ 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 \$ _____



BUILDING SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____
Work Site Location Chambers Bridge Road & Route 70 (Michael's Facade)
Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

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

Address 50 E Wynnwood Road, Wynnwood, PA. 19096

Contractor: Kane Builders S&D, Inc. Tel. (215) 517-5511 zip code _____
Address 145 Willow Grove Avenue e-mail PLunny@KaneBuilders.com

Glenside, PA. 19038

Contractor License No. or Builder Registration No. _____

Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____

INSPECTIONS

Dates (Month/Day)

Failure Failure Approval Initial

☒ No Plans Required

Type:

☒ All

Footings

☐ Footings/Foundations

Footings Bonding

☐ Structural/Framework

Foundation

☐ Exterior

Slab

☐ Interior

Truss Sys./Bracing

Joint Plan Review Required:

Barrier-Free

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Insulation

SUBCODE APPROVAL for PERMIT

Finishes -Base Layer

Date: 10/05/17

Finishes -Final

Approved by: 10/05/17

Energy

SUBCODE APPROVAL for CERTIFICATE

Mechanical

☐ CO ☐ CCO ☒ CA

TCO

Date: 06/18/18

Other Shedding canopy

Approved by: 06/18/18

Final 11/21/18

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Constr. Class Present _____

Proposed _____

Height of Structure _____ ft.

If Industrialized Building:

State Approved _____

HUD _____

Area — Largest Floor _____ sq. ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

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

2. Rehabilitation \$ _____

Volume of New Structure _____ cu. ft.

3. Total (1+2) \$ _____

Max. Live Load _____

1. New Bldg. \$ _____

Max. Occupancy Load _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Peter Lunny

Print name here: Peter Lunny

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New entrance facade at the front of the new Michael's location. Includes concrete, steel, metal farming, drywall, weathered Barn wood, and electrical

Revisions to approved plans.

COMMERCIAL

(PLANS ROLLED)

FEE (Office Use Only)

\$ _____

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____

☐ Sign _____

☐ Pool

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

9/9/16 ProFrame canopy - Took kids to cherry picker all Rafter had
chipped

- ② Received letter for steel report - ok.
③ Small adjustment in frame canopy unrolling and letter attached to text,
Hand copies to follow.

Frame
Partial's

9-20-16 W

Frame Appd. (Partial) "DSU Shoes" Only. For Electrical Junction Box on West Side
NOTE: Access, catwalk and platform req'd. For Electrical Junction Box on West Side

Sheath
Partial's

9-22-16 Sheath Appd (Partial) "DSU Shoes" Roof Only
9/29/16 Sheath Appd. Final

9
tech.

10/31/77 dm - From - front facade not to have upstart
regard. From last and need upstart to
move toward. Plans missio, look out sheathing,
insulation, 3 1/2" studs, Demiglass.

* 1-24-18 dm Facade - missio Alum place at connection Area.

COMMERCIAL

9

tech.

PERMIT
ELECTRICAL SUBCODE
TECHNICAL SECTION



DR # 334701464
update

Date Received 9/1/16
Control #
Date Issued
Permit # 16-1884-A

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

Block 671 Lot 1001 Qualification Code

Work Site Location 100 Chambers Bridge RD 500 Chambers Bridge

Owner in Fee: Federal Realty Investment Trust

Tel. 240 478 9791 e-mail

Address 50 E. Wymorewood RD Wymorewood PA

Contractor: MJM Electric Inc. Tel. 732 859-0314

Address 7 South Tamarack Dr. e-mail Mike & Mylee

Contractor License No. 1221513 Exp. Date 3/1/18

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

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 45,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: Approved by: [Signature]

[] Electric Plans Approved

Date: 8/31/16 Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here: Michael J McKiever
Michael J McKiever

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Update Service, and lighting controls

QTY. SIZE ITEMS

14 Lighting Fixtures

3 Receptacles

20 Switches

3 Detectors

3 Light Poles

3 Motors-Frac. HP

3 Emergency & Exit Lights

3 Communications Points

3 Alarm Devices/F.A.C. Panel

3 Lighting controls

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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

180A runs conduit

2

1

1

1

1

1

1

1

1

COMMERCIAL



ELECTRICAL SUBCODE



NEW JERSEY
UNIFORM CONSTRUCTION
CODE

TECHNICAL SECTION

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

Block 601 Lot 1.01 Qualification Code _____

Work Site Location Brick NJ St Chm/Brook Bridge Rd

Owner in Fee: FEDAWAY Bldg.

Tel. 201-478-5791

e-mail _____

Address 1686 SEFFERTON Rd. 1114 NJ 20852

Contractor: MJM Electric Inc Brick NJ Tel. 732-853-0314 zip code 08852

Address South Tanagerack Dr. e-mail mjm@mjmelectric.com

Contractor License No. 18715-B Exp. Date 3/18/18

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-34557414 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 4500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/13/18

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [Signature]

Date: 6/5/18

Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day) _____

☒ Rough _____ Failure _____ Approval _____ Initial _____

☒ Barrier-Free _____ Failure _____ Approval _____ Initial _____

☒ Trench _____ Failure _____ Approval _____ Initial _____

☒ Temp. Serv. _____ Failure _____ Approval _____ Initial _____

☒ Constr. Serv. _____ Failure _____ Approval _____ Initial _____

☒ TCO _____ Failure _____ Approval _____ Initial _____

☒ Other _____ Failure _____ Approval _____ Initial _____

☒ Service _____ Failure _____ Approval _____ Initial _____

☒ Final _____ Failure _____ Approval _____ Initial _____

☒ Barrier-Free _____ Failure _____ Approval _____ Initial _____

☒ Temp. Cut-in-Card Date Issued _____

☒ Final Cut-in-Card Date Issued _____

☒ Annual Pool Inspection _____

☒ Date of Grounding and Bonding _____

☒ Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Michael J McKiear

D. TECHNICAL SITE DATA

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

DESCRIPTION OF WORK: update system & lights

QTY 5

SIZE _____

ITEMS _____

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 _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Update

Date Received _____

Control # _____

Date Issued _____

Permit # _____

16-1889+1

5/8/18

COMMERCIAL

9-20-16
Un
prognosis Rough

COMMERCIAL

↑
e
update
+A

in past case report

4-1-2017

10-11-2017

8-29-2018

ELECTRICAL SUBCODE TECHNICAL SECTION



NOTIFICATION—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 100 Chambers Bridge RD

Owner in Fee: Belleck AS Federal Realty Investment Trust

Tel. 240 478-9791 e-mail _____

Address 30 E Wynewood RD

Contractor: MJM Electric Inc Tel. 732 859-0314 ZIP code _____

Address 7 South Tamarack Dr e-mail mike@mjm-electric.com

Contractor License No. 127513 Exp. Date 3/18

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

Federal Emp. ID No. 22-3485944 FAX: 732 223-9133

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 53,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: 6/16 Approved by: PSC

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 6/16

Approved by: PSC

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 6/30/18

Approved by: PSC

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Rough Feed in 9-8-14

Barrier-Free _____

Trench _____

Temp. Serv. _____

Const. Serv. _____

TCO _____

Other Final 1-2-18

Service _____

Final _____

Barrier-Free _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

RENOVATION (old Navy Woodstock Road)

FACADE

SIZE _____

ITEMS _____

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 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

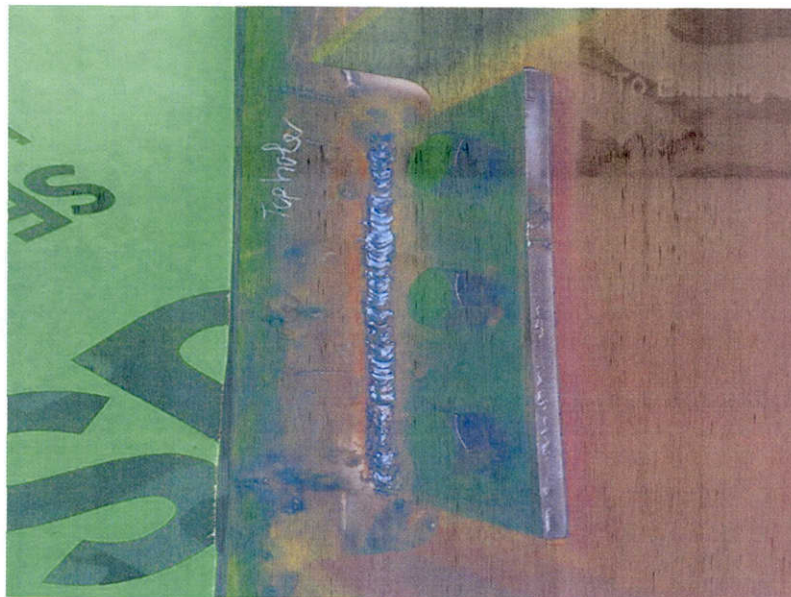
16-1889

6/8/14

ATTACHMENTS

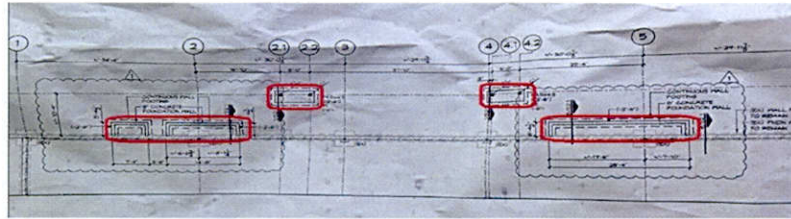


Attachment No. 3
Sheared Bolts, 0.25-inch Fillet Weld New Framing To Existing Structure



Attachment No. 4
Welded & Bolted Connection

ATTACHMENTS



Areas of Reinforcing Steel Observations, 11-22-2017.

Attachment No. 1
Location Sketch



Attachment No. 2
Pier Footings

ATTACHMENTS



Attachment No. 3
Planter Footings



Attachment No. 4
Pier and Planter Footing Excavation



ATTACHMENTS



Attachment No. 3
IMG 6421.JPG



Attachment No. 4
IMG 6424.JPG

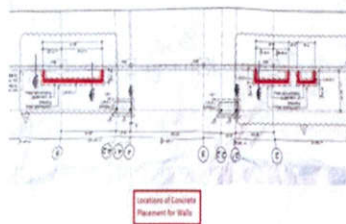
ATTACHMENTS



Attachment No. 5
IMG 6418.JPG



Attachment No. 6
IMG 6423.JPG

[illegible]

Attachment No. 2
Truck Ticket

ATTACHMENTS



Attachment No. 3
Walls Prior to Concrete Placement



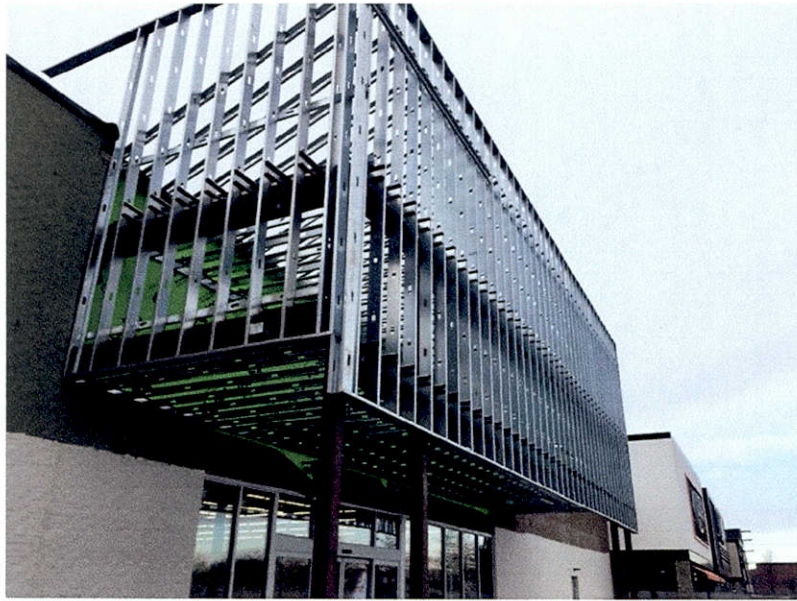
Attachment No. 4
Walls Prior to Concrete Placement

ATTACHMENTS



Attachment No. 5
Walls Post Concrete Placement

ATTACHMENTS



Attachment No. 1
IMG 5732



Attachment No. 2
IMG 5736

ATTACHMENTS



Attachment No. 3
IMG 5737



Attachment No. 4
IMG 5751