ECC

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 16-0954

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-16-000907

I. IDENTIFICATION

1. Proposed Work Site at: Chambers Bridge Road & Route 70 (Spaces28)
2. Name of Owner in Fee: Federal Reakty Investment Trust
   Tel. (240) 478-9791 e-mail JFMiller@federalrealty.com
   Address 50 E Wynnewood Road, Wynnewood, PA. 19096
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
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)

		Update	Update
1. Building	$ 5,550	✓	
2. Electrical	1,995	✓	
3. Plumbing	845	✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	399		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 8,786		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure _____ ft.
3. Area — Largest Floor 10,250 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

COM

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	130,000	MFF	3/4/16		03/22/16	KAK			
☒ Electrical	65,000				3/16/16	PSE			
☒ Plumbing	14,500				3-10-16				
☐ Fire Protection									
☐ Elevator		Eng Exempt			3/21/16	ECC			
TOTAL COST	$ 209,500								

FOR OFFICE USE ONLY (Optional)

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 Presen 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

Plans Rolled

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/03/2016
Control Number C-16-000907
Permit Number 16-0954
Permit Issue Date 03/29/2016
Certificate Number 16-0954

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (240) 478-9791

Contractor KANE BUILDERS S&D INC

Address 145 WILLOW GROVE AVE GLENSIDE PA 19038

Telephone: (215) 517-5511 Fax: (215) 517-7787

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: VANILLA BOX - FORMER DOLLAR TREE & FURNITURE STORE (FUTURE ULTA)

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:

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/03/2016

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 16-0954
Control #

Date Issued 3-29-16
Permit #

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

Block 671 Lot 1.01 Qualification Code ______

Work Site Location Chambers Bridge Road & Route 70 (space 28)
Brick, NJ 08723

Owner in Fee: Federal Realty Invwestment Trust

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

Address 50 E Wynnewood Road, Wynnewood, PA. 19096
(street, municipality, zip code)

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

Address 145 Willow Grove Avenue e-mail PLunny@KaneBuilders.com
Glenside, PA. 19038

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

Home Improvement Contractor Registration No. or Exemption Reason ______

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

JOB SUMMARY (Office Use Only) Demise wall per A1-001 Site 28 4/29/16 [illegible]

PLAN REVIEW	Date	Initial
[ ] No Plans Required	03/22/16	[initials]
[✓] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/22/16
Approved by: [initials]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/30/16
Approved by: [initials]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	Entire Separation Wall 6-7-16 NW			
Truss Sys./Bracing				
Barrier-Free				
Insulation wall [illegible]			[illegible]	[initials]
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	#*7-18-16 NW		*7-26-15 NW	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M

No. of Stories 1

Height of Structure ______ ft.

Area — Largest Floor 10,250 sq. ft.

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

Volume of New Structure ______ cu. ft.

Max. Live Load ______

Max. Occupancy Load ______

*NR

Constr. Class Present ______ Proposed ______

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ 130,000.00
3. Total (1+ 2) $ 0

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: Peter Lunny

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior ~~renovations~~ alterations for a ~~warm dark shell~~ vanilla shell. Includes drywall, concrete, storefronts, minor structural steel, roof patching, plumbing, electric, hvac.

*Read Conditions on Back

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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 $ ______

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

68 BRICK PLAZA "ULTA" VANILLA BOX

Date Received
Control # 16-0954
Date Issued
Permit # 3-29-16

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 (SPACE 28)

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (240) 478-9791 e-mail JFMILLER@FEDERALREALTY.COM

Address 50 E WYNNEWOOD ROAD, WYNNEWOOD, PA 19096
street municipality zip code

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

Address 7 South Tamarack Dr. e-mail MIKE@MJMElectricNJ.com
Brick NJ 08730

Contractor License No. 12715-B Exp. Date 3/16

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

Federal Emp. ID No. 22-3485744 FAX: (732) 223-9733

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 65,000.

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 McKiernan

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Distribution, Fan Coils, RTU HVAC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
4		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
12		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
21		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	
4	10 Ton	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	112.5	KW Transformer/Generator	
1	400	AMP Service	
2	400	AMP Subpanels	
4	200	AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 3/16/16 Approved by: RV
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/16/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-21-16
Approved by: VM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final Final Visit			7-19-16	
Barrier-Free				

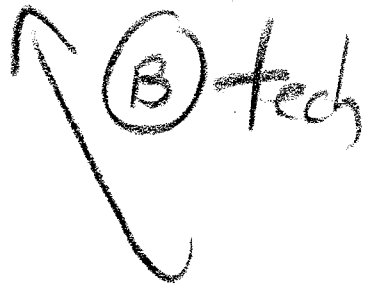
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

2 sets left on churn

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

7-26-15 NV Final Apprd - SHELL Only

* There is an issue with the Rear Exterior Platforms ramp from the pavement. This will be addressed at the tennant fit out—



4/26/16 – PASS DEMISING WALLS ROUGH. PJZ

(e) tech ↑

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

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

Address 145 Willow Grove Avenue
Glenside, PA. 19038

Telephone (215) 517-5511

Signature P Lunny - Kane Builders S&D Inc

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 16-0954

Date Issued / Permit # 3-29-16

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 (Space 28)
Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

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

Address 50 E Wynnewood Road, Wynnewood, PA. 19096
street municipality zip code

Contractor: Hugh Gibbons P&H, Inc Tel. (610) 500-0177

Address 28 Timber Lane e-mail
Thornton, PA. 19373

Contractor License No. B10501 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 282677262 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 14,500

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 3-10-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-19-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5-19-16	
Rough				
Water			5-20-16	
Sewer			5-19-16	
Fixtures				
Gas Equipment				
Gas Piping			7-18-16	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-19-16	
			7-19-16	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Hugh Gibbons

Print name here: HUGH GIBBONS

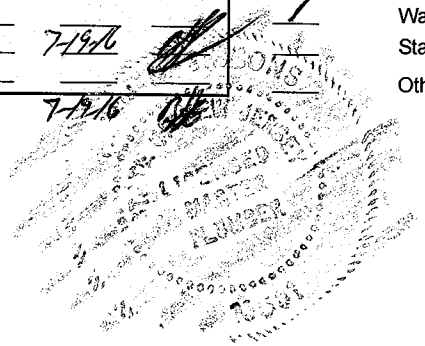
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
cut & cap existing lines as neceessary for interior demolition of the spaces.

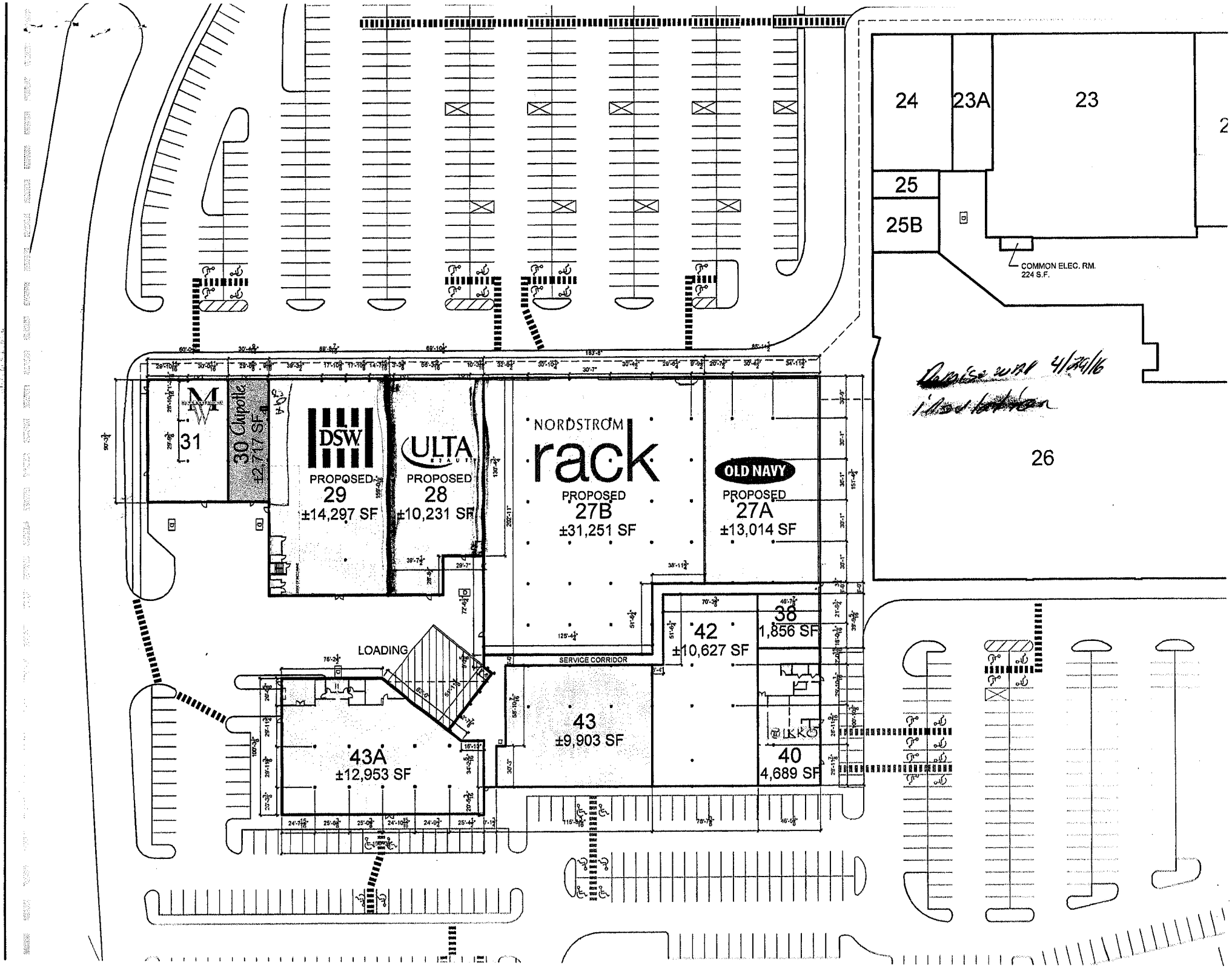
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
2	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
5 UNITS	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump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

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



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

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


24
23A
23
25
25B
COMMON ELEC. RM.
224 S.F.
26
31
30 Chipotle
±2,717 SF
DSW
PROPOSED
29
±14,297 SF
ULTA
PROPOSED
28
±10,231 SF
NORDSTROM
rack
PROPOSED
27B
±31,251 SF
OLD NAVY
PROPOSED
27A
±13,014 SF
38
1,856 SF
42
±10,627 SF
LOADING
SERVICE CORRIDOR
43
±9,903 SF
43A
±12,953 SF
40
4,689 SF

CONSTRUCTION PERMIT

Date Issued 3-29-16
Control # C-16-000907
Permit # 16-0954

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: (240) 478-9791

Contractor: KANE BUILDERS S&D INC
Address: 145 WILLOW GROVE AVE GLENSIDE PA 19038
Telephone: (215) 517-5511
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
VANILLA BOX - FORMER DOLLAR TREE & FURNITURE STORE (FUTURE ULTA)

PAYMENTS (Office Use Only)

Building	$5,550
Electrical	$1,995
Plumbing	$842
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$399
CO Fee	
Other	$0
Total	$8,786
Check No.	8836
Cash	$0
Credit	$0
Collected By	

+50

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 $209,500

Construction Official Date 3/23/16

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.

- [x] 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:

- [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 _____
DATE REC'D 3-8-16

ZONING PERMIT APPLICATION

PERMIT # 16 000414
DATE ISSUED 3-29-16

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: Chambers Bridge Road + Route 70

IDENTIFICATION: ULTA SHELL (SPACE 28)

1. NAME OF OWNER IN FEE: FEDERAL REALTY INVESTMENT TRUST
COMPLETE ADDRESS: 50 E WYNNEWOOD ROAD
WYNNEWOOD, PA 19096
PHONE # 240-478-9791 EMAIL: _____

2. NAME OF APPLICANT: KANE BUILDERS SHD INC
APPLICANT ADDRESS: 145 WILLOW GROVE AVENUE
GLENSIDE, PA 19038
PHONE # 215-517-5511 EMAIL: PLUNNY@KANEBUILDERS.COM

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

4. SIGNATURE OF APPLICANT: P Lunny

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: DOLLAR GENERAL / FURNITURE STORE
PROPOSED USE ULTA SHELL ONLY

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

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

HEIGHT: _____ (*APPLICABLE)

OTHER CREATE VANILLA BOX

DESCRIPTION: REWORK SPACE FROM DOLLAR GENERAL/FURNITURE STORE TO VANILLA BOX ENFUTURE STORE

ZONING REVIEW:
DATE REVIEWED: 3-8-16 DATE DENIED: _____ DATE APPROVED: 3-8-16 INTLS: CA

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 3-29-16
Application Number: ZA-16-00302
Application Date: 03/03/2016
Project Number:
Permit Number: 16-00444
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Unit 28
Brick Township, NJ 08723

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

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

Applicant: **KANE BUILDERS S&D INC**
Address: **145 WILLOW GROVE AVE.**
GLENSIDE, PA 19038

Application Approved Date: 03/08/2016

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

Use is: Retail Store (Vanilla Box)
Nonconforming Use is:

Work Description:
Rehabilitation, Air-Conditioner Condenser Unit - Interior renovations to create vanilla box for future tenant.

Installation of 4 RTU's.

A "Tenant Fit Up" application must be submitted and approved before the space can be occupied.

Additional Zoning permit is required for additional work and signage.

Note: All facade work will be proposed on a seperate application.

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

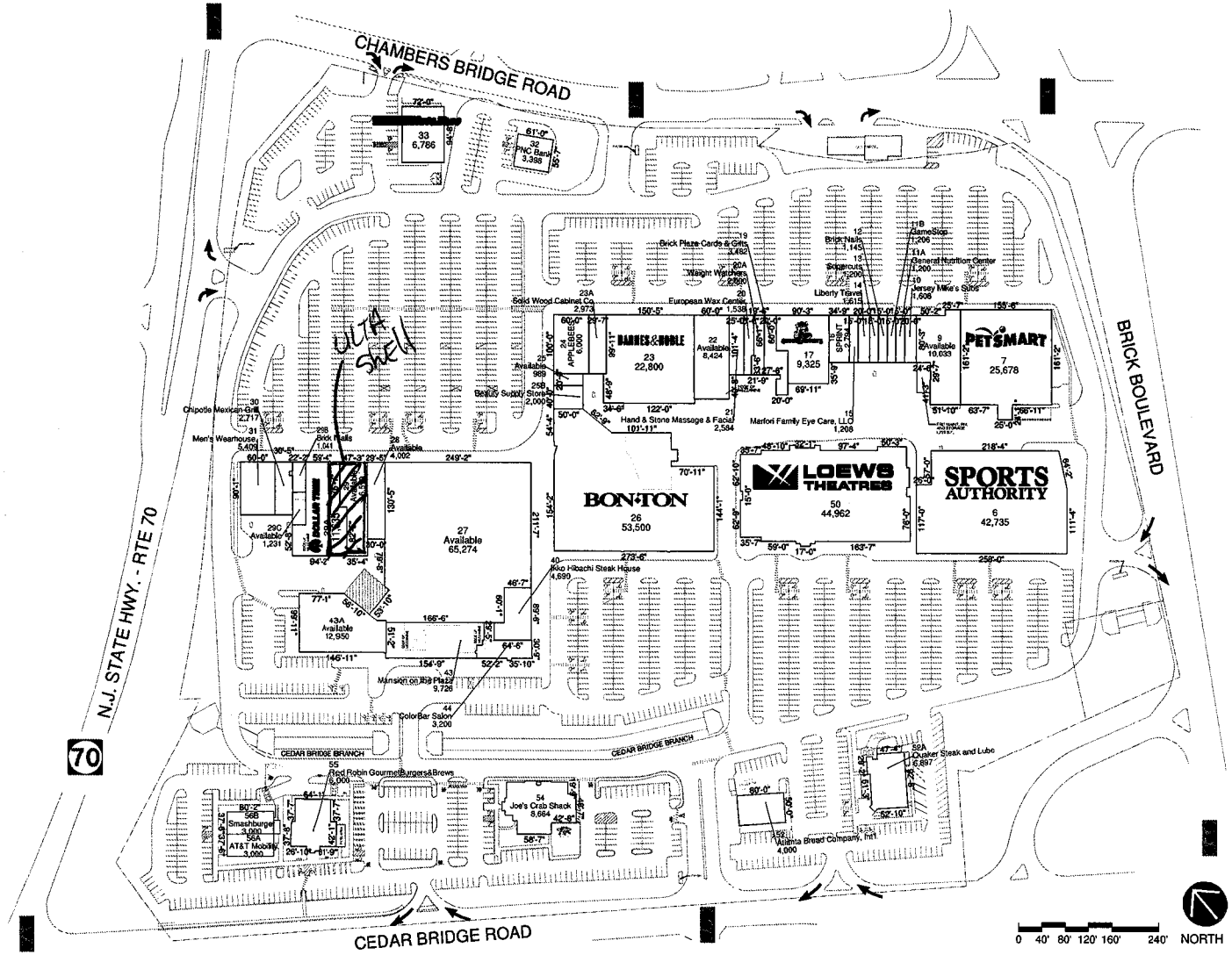
Christopher J. Romano, Assistant Zoning Officer — 03/08/2016 Date

Sean Kinnevy, Zoning Officer — 3/9/16 **Date**

Brick, NJ
GLA 422,000 SF

Federal Realty
INVESTMENT TRUST

Zoning Review
Approval
By Cw Vanilla Sax Rev.
Date 3-8-18 RTVS



KANEB-1 OP ID: SS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/15/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Christi Insurance Group, Inc. 320 Bickley Road, PO Box 579 Glenside, PA 19038 Kevin M. Minehan	CONTACT NAME: Stacy Swift PHONE (A/C, No, Ext): 215-576-1250 FAX (A/C, No): 215-576-5686 E-MAIL ADDRESS: sswift@ChristiInsurance.com
INSURED Kane Builders S & D Inc. 145 Willow Grove Ave Glenside, PA 19038	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : National Fire Ins of Hartford — 20478 INSURER B : Valley Forge Insurance Company — 20508 INSURER C : Hartford Underwriters Ins Co — 30104 INSURER D : Continental Casualty Co — 20443 INSURER E : Endurance American Insurance — 10641 INSURER F : Selective Ins Co of America — 12572

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] CG 2404 [X] G140331D GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC			6012569475 BLKT WOS BLKT AI INC COMPLETED OPS	04/01/2015	04/01/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 500,000 15,000 1,000,000 2,000,000 2,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			6012580184	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $	1,000,000
D	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			6012580217	04/01/2015	04/01/2016	EACH OCCURRENCE AGGREGATE	$ $	6,000,000 6,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		6S6OUB2E84118515	04/01/2015	04/01/2016	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
F	RENT/LEASED EQUIP			S1981238	04/01/2015	04/01/2016	100,000		Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Rennovations to Brick Plaza, Brick, NJ

CERTIFICATE HOLDER

TOWBRIC

Township of Brick
401 Chambersbridge Rd
Brick, NJ 08723

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Electrical Contractors

HAS LICENSED

MICHAEL J. MC KIEVER
7 South Tamarack Drive
Brielle NJ 08730

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

03/02/2015 TO 03/31/2018
VALID

Signature of Licensee/Registrant/Certificate Holder

34EI01271500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
MICHAEL J. MC KIEVER
Electrical Contractor

03/02/2015 TO 03/31/2018
VALID

SIGNATURE

ACTING DIRECTOR

34EI01271500
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of Electrical Contra
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 **LOT:** 1.01 **ADDRESS:** Chambers Bridge Road + Route 70

IDENTIFICATION: ULTA SHELL (SPACE 28)

1. **WORK SITE ADDRESS:** Chambers Bridge Road + Route 70
2. **NAME OF OWNER IN FEE:** Federal Realty Investment Trust
   ADDRESS: 50 E Wynnewood Rd **PHONE #:** (610) 478-9791
   Wynnewood, Pa 19096 **FAX #:** ( ) _____
3. **PRINCIPAL CONTRACTOR:** Kane Builders Sand Inc
   ADDRESS: 145 Willow Grove Ave **PHONE #:** (215) 517-5511
   Glenside, PA 19038 **FAX #:** (215) 517-7787
4. **ARCHITECT OR ENGINEER:** Brown Craig Turner
   ADDRESS: 100 N. Charles St, **PHONE: #** (410) 837-2727
5. **RESPONSIBLE PERSON FOR WORK:** Peter Lunny
   ADDRESS: 145 Willow Grove Ave, Glenside, Pa 19038

PHONE #: (215) 517-5511 **FAX #:** (215) 517-7787 **E-MAIL:** _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER White Shell of Existing Space

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: _____

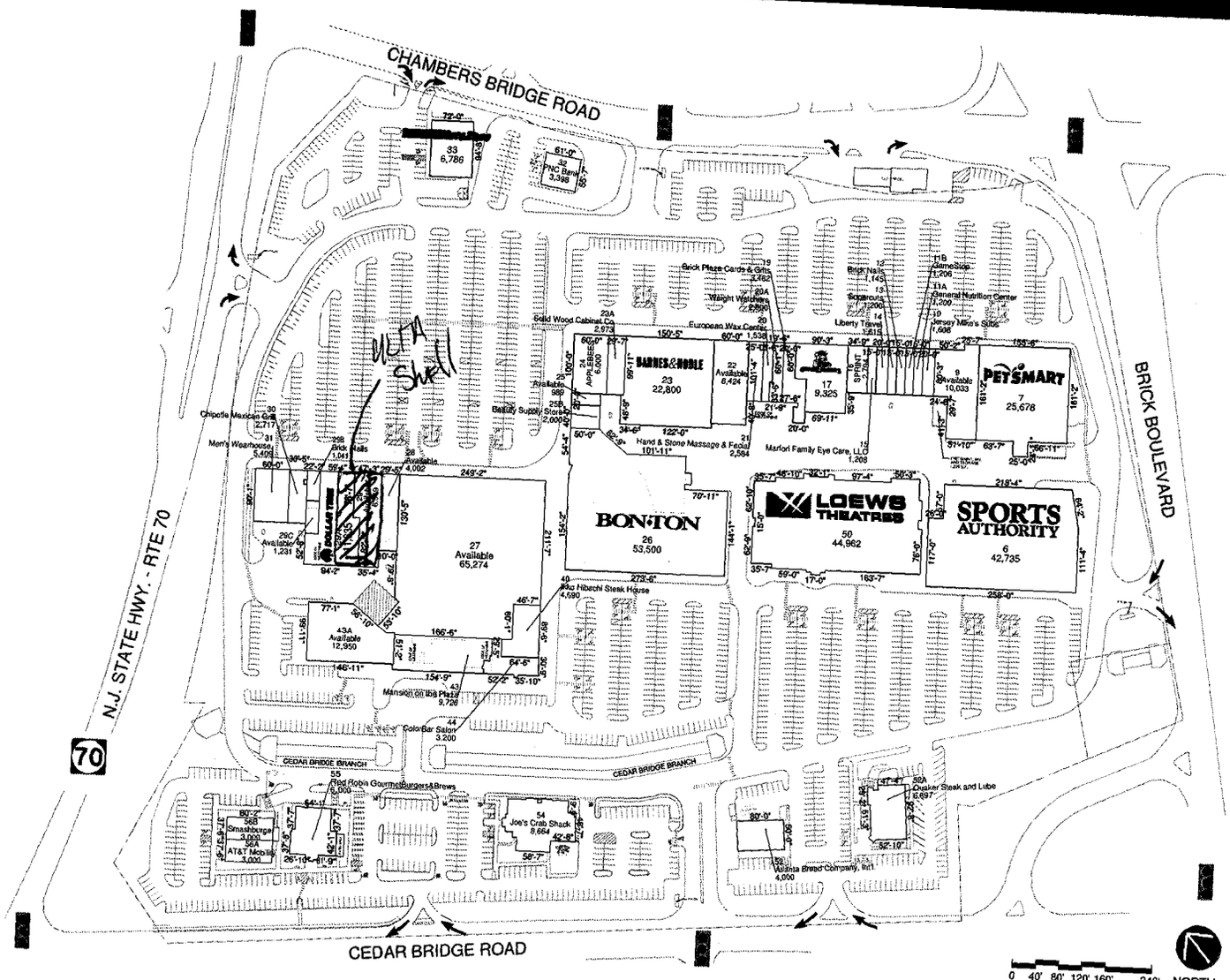
ENGINEERING REVIEW:

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

Brick, NJ
GLA 422,000 SF

Federal Realty
INVESTMENT TRUST

Zoning Review
Approval
By: Ann Vanilla Cox Rea
Date: 3-21-16 RTC's



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.

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	3/9/16							ZA-16-00502
☐ 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.				