BLOCK 6071 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 CHAMBERS BRIDGE RD PERMIT NO. 14-3324

CONSTRUCTION PERMIT APPLICATION

(C)14-003758

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 CHAMBERS BRIDGE RD
2. Name of Owner in Fee: PNC REALTY SERVICES
   Tel. (570) 961 6124 e-mail _____
   Address 201 PENN AVE (street) SCRANTON (municipality) PA 18503 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: W H YEOMANS INC Tel. (973) 228 2995
   Address 143 ROSELAND AVE e-mail _____
   CALDWELL NJ 07006
   License No. OR, if new home, Builder Reg. No. 22 189 1620 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-189 1620 FAX: (973) 228 9105
5. Architect or Engineer MACALUSO Contact DOM
   Address 7 VILLAGE COURT HAZLET e-mail _____
   Tel. (732) 247 3197 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun DAVE DALY
   Tel. (973) 228 2995 FAX: (973) 228 9105

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 140-✓		
2. Electrical	235-✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 375-		

VI. BUILDING/SITE CHARACTERISTICS

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

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	3500	MP	8/21/14	09/18/14		KBK	09/30/14		KBK
☐ Electrical	2500				8/23/14	TO			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	6000								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/25/2014
Control Number C-14-003758
Permit Number 14-3324
Permit Issue Date 10/09/2014
Certificate Number 14-3324

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: (570) 961-6124

Contractor W H YEOMANS INC

Address 143 ROSELAND AVE CALDWELL NJ 07006

Telephone: (973) 228-2995 Fax:

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: INTERIOR RENOVATION - PNC BANK ... INSTALL NEW ATM

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/9/14

Date Issued / Permit # 14-3324

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

Block 1071 Lot 107 Qualification Code

Work Site Location 30 CHAMBERS BRIDGE RD. BRICK

Owner in Fee: PNC REALTY SVCS.

Tel. 570-961-6124 e-mail

Address 201 PENN AVE (street) SCRANTON (municipality) PA 18503 (zip code)

Contractor: Yeomans Inc. Tel. (973) 228-2995

Address 143 Roseland Ave. e-mail ddaly@whyeomans.com

Caldwell NJ, 07006

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 221891620 FAX: (973) 228-9105

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:

Print name here: David Daly

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW ATM MACHINE

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	09/26/14	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 09/26/14

Approved by: MW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 10/27/14

Approved by: MW

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/27/14	MW
Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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. $ 3500.00
2. Rehabilitation $
3. Total (1+ 2) $ 3500.00

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

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

Date Received 10/9/14
Control #
Date Issued
Permit # 14-3324

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

Block 6971 Lot 1.01 Qualification Code

Work Site Location 50 CHAMBERS BRIDGE RD. BRICK

Owner in Fee: PNC REALTY SERVICES

Tel. 570 961-6124 e-mail

Address 201 PENN AVE. SCRANTON PA 18503
street municipality zip code

Contractor: Lake Electric, Inc. Tel. (732) 818-9282

Address PO Box 325 e-mail brlakeelectric@aol.com
Pine Beach, NJ 08741

Contractor License No. 5164 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222461058 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: 8/23/14 Approved by:

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

SUBCODE APPROVAL for PERMIT

Date: 8/25/14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10/20/14

Approved by:

INSPECTIONS Type:	Failure Dates (Month/Day)	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/20/14	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: William C. Rutledge

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW ATM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
1		Alarm Devices/F.A.C. Panel	
0		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	
1	200	AMP Motor Control Center (70 AMP)	
		KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

9/17/14 left mess.

CONSTRUCTION PERMIT

Date Issued 10/9/14
Control # C-14-003758
Permit # 14-3324

IDENTIFICATION Block: 671 Lot: 101 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. PNC BANK Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (570) 961-6124

Contractor: W H YEOMANS INC
Address: 143 ROSELAND AVE CALDWELL NJ 07006
Telephone: (973) 228-2995
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☑ BUILDING
- ☑ ELECTRICAL
- ☐ ELEVATOR DEVICES
- ☐ PLUMBING
- ☐ FIRE PROTECTION
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER

DESCRIPTION OF WORK:
INTERIOR RENOVATION - PNC BANK .. INSTALL NEW ATM

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 $6,000

David J. Newman Jr. — Construction Official
9/26/14 — Date

PAYMENTS (Office Use Only)

Building	$140
Electrical	$225
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$375
Check No.	15200
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

#3324
BUILDING $140.00
ELECTRIC $225.00
DCA $10.00
CHECK $375.00

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 Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, September 18, 2014

To: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST
ROCKVILLE, NJ 20852

RE: Building Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-14-003758
Last Submit Date: Monday, August 25, 2014

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

09/18/2014 - INCOMPLETE

1. Provide detailed drawing of Proposed ATM Display face along with callouts/notes as needed to indicate compliance with Barrier-Free requirements as per ICCI/ANSI A117.1-2003 Section 707.

Sincerely,

Ken Kiseli, Subcode Official

CC:

Diebold, Incorporated
5995 Mayfair Road
North Canton, Ohio 44720

ADA Compliance of Diebold ATMs.

In regard to your request for more information, I'm providing the following documentation:

309.4	Operation	One hand to operate w/ one hand, no tight grasping, pinching or twisting of the wrist, 5lbs to operate
		See Attachment A
707.4	Privacy	Speech output
		Speech output is possible, but the actual output is the ATM owner responsibility
707.5	Speech output	Industry standard connector
		See Attachment B
707.6.1	Input controls	One tactilely discernible input control for each function
		See Attachment C
707.6.2	Numeric Keys	12-key ascending / descending telephone keypad layout
		See Attachment C
707.6.3.1	Contrast	Function keys shall contrast visually from surrounding surfaces
		See Attachment C
707.6.3.2	Tactile Symbols	Function key surfaces shall have tactile symbols
		Enter/Proceed - Raised Circle
		Clear/Correct - Raised Left Arrow
		Cancel - Raised X
		Add Value - Raised Plus
		Decrease Value - Raised Minus
		See Attachment C
707.7	Display Screen	
707.7.1	Height	40" above center of clear floor space
		See Attachment D
707.7.2	Characters	Sans Serif Font, characters 3/16" high, based on capital I
		1 2 3 4 5 6 7 8 9 0
		Font size is ATM owner responsibility
707.8	Braille Instructions	Braille instructions for initiating speech mode shall be provided
		Font size is ATM owner responsibility

Yours truly,

Dean Stewart
Sr. Director, Global Self-Service Product Management
Diebold, Incorporated

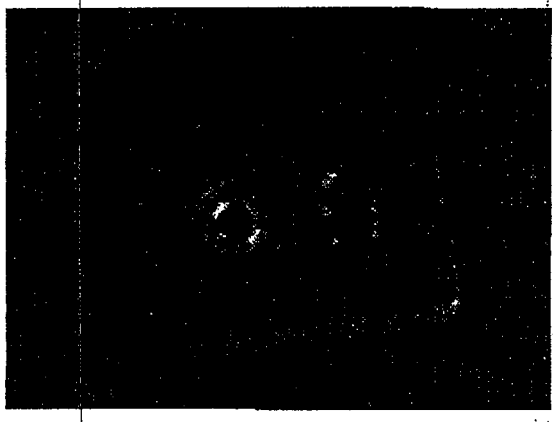
Attachment A

309.4 Operation. *Operable parts* shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. The force required to activate *operable parts* shall be 5 pounds (22.2 N) maximum.

Diebold attests that its ATM input and output devices conform to this requirement.

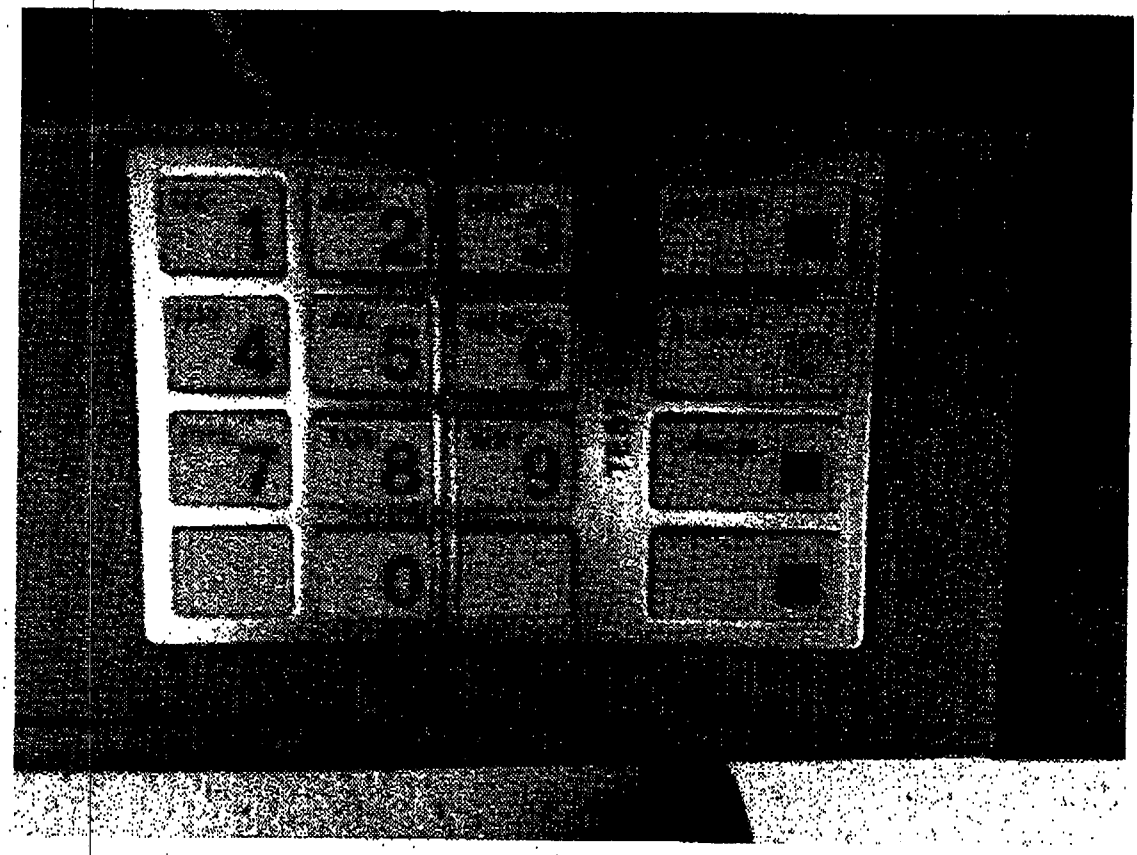
Attachment B

Opteva ATMs utilize industry standard headphone connections.



Attachment C

Photograph of the Diebold customer input keypad EPP 7 with tactile feedback and contracting colors



Diebold ATMs do not support a Increment and Decriment value function, so the + and – keys are not available on the keyboard.

To further explain the reasoning here is why Diebold does not provide the +/_ keys:

Here is the exact wording from the guidelines:

707.6.3.2 Tactile Symbols. Function key surfaces shall have *tactile* symbols as follows: Enter or Proceed key: raised circle; Clear or Correct key: raised left arrow; Cancel key: raised letter ex; Add Value key: raised plus sign; Decrease Value key: raised minus sign.

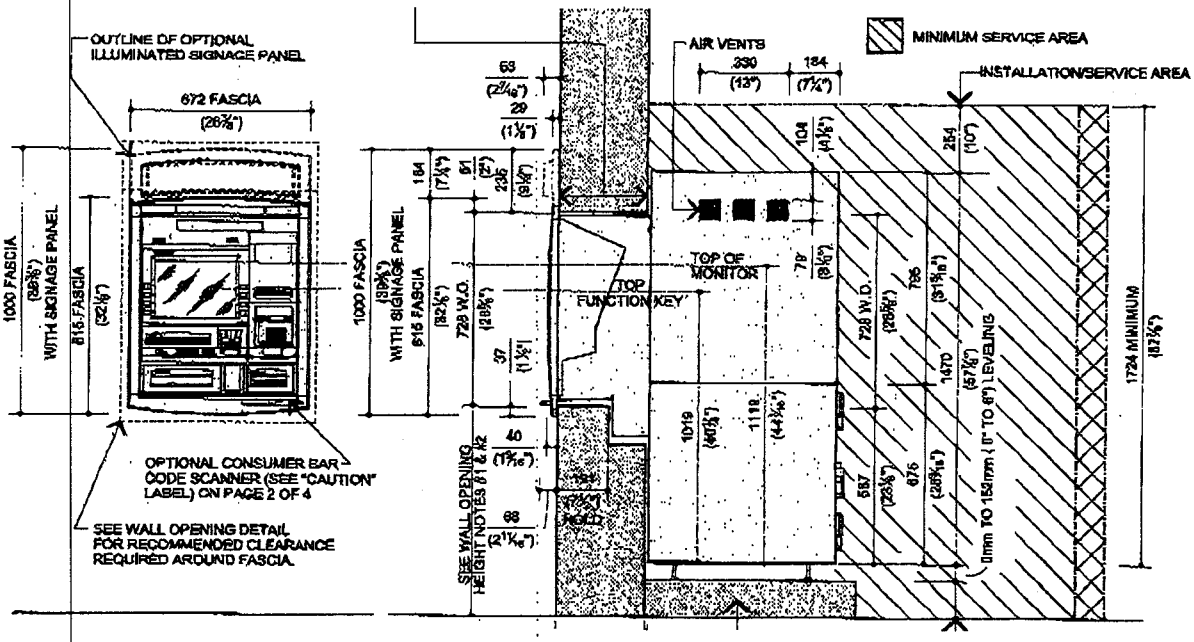
It is Diebold's interpretation that the + and – signs are required when add or decreasing some item of value. Primarily for fare machines that increase or decrease the number of tickets to be purchased. With and ATM, cash values are entered using the numeric keys and there is no application to increase or decrease a value in any ATM transactions. Having these keys could in fact be misleading or confusing if present.

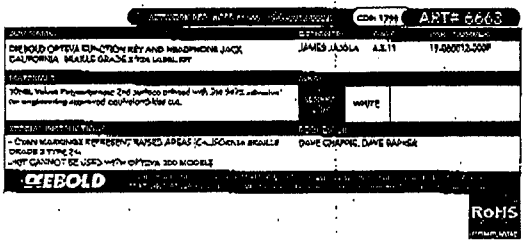
Attachment D

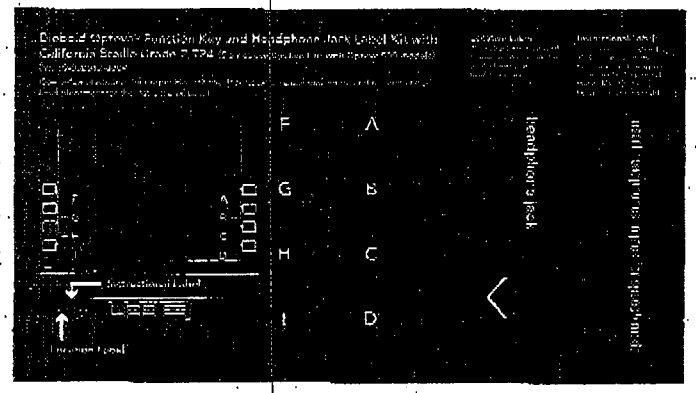
The specific wording of section 707.7.1 is:

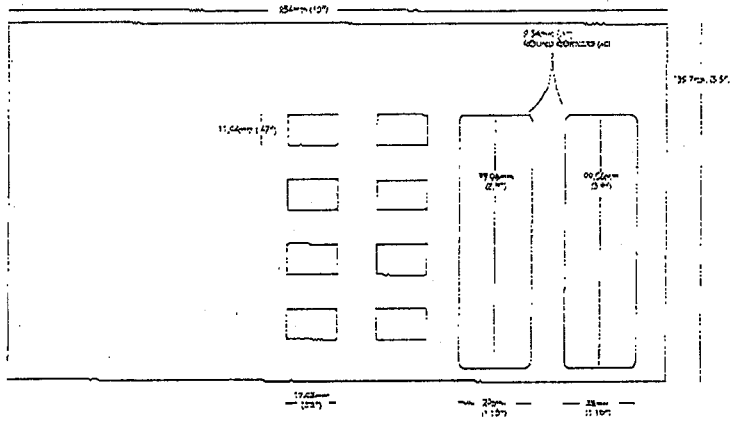
707.7.1 Visibility. The display screen shall be visible from a point located 40 inches (1015 mm) above the center of the clear floor *space* in front of the machine.

This reference is not specific to the height of the ATM screen, but rather that the screen be visible in the clear floor space from a height of 40 inches. This requirement is site specific. While the dimensions of the Diebold ATMs provide a screen in the height ranges necessary to support this as shown in the cut sheet images, Diebold cannot speak for the layout of the clear floor space area.




ART# 6663
DIEBOLD OPTEVA FUNCTION KEY AND HEADPHONE JACK
JAMES JUDELA
WHITE
DAVE CHAPPIE, DAVE BAPHER
DIEBOLD
RoHS





Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

9-25

Subcode Official Review

I CAN THESE EMAIL AS WELL

Date: Thursday, September 18, 2014

~~TO:~~ FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST
ROCKVILLE, NJ 20852

FROM: DAVID DALY
PROJECT MGR.
YEOMANS INC.

TO:

~~RE:~~ Building Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-14-003758
Last Submit Date: Monday, August 25, 2014

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

SEP 25 2014

09/18/2014 - INCOMPLETE

1. Provide detailed drawing of Proposed ATM Display face along with callouts/notes as needed to indicate compliance with Barrier-Free requirements as per ICCI/ANSI A117.1-2003 Section 707.

Sincerely,

PNC Bank

Ken Kiseli, Subcode Official

CC:

PLEASE LET ME KNOW IF THESE SPECS ARE WHAT YOU ARE LOOKING FOR.

DAVID DALY
973-464-8272

OPTEVA 760 ADVANCED FUNCTION WALK-UP ATM THROUGH THE WALL 5 HIGH WITH 13mm (1/2") SAFE

DIEBOLD®

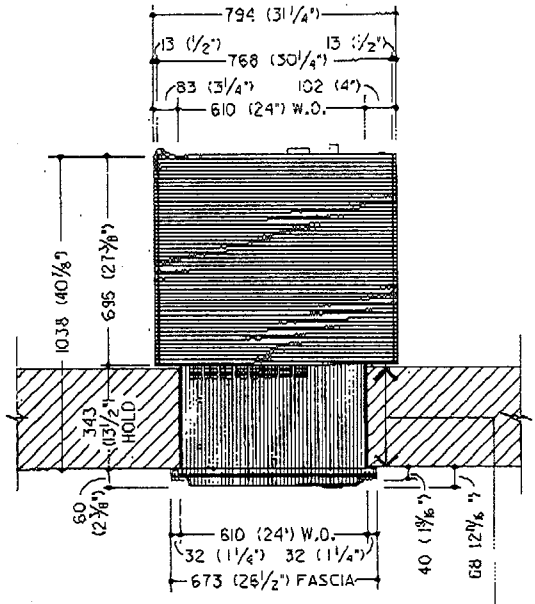
CALL 1-800-999-3600

L549460

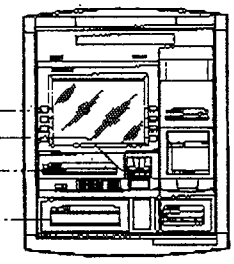
CONSULT WITH DIEBOLD INSTALLATION/SERVICE BRANCH FOR ADDITIONAL DETAILS AND INFORMATION. PLEASE SEE PLANNING AND SITE PREPARATION GUIDE TP-820718-001 PD 5189.

DIMENSIONS IN MILLIMETRES (DIMENSIONS IN INCHES)

THIRD ANGLE PROJECTION



PLAN VIEW



	TOP FUNCTION KEY		CARD READER		STATEMENT PRINTER		ADVANCED FUNCTION DISPENSER	
	HEIGHT	DEPTH	HEIGHT	DEPTH	HEIGHT	DEPTH	HEIGHT	DEPTH
CSA	1197 (47 1/8")	193 (7 9/16")	1000 (39 3/8")	152 (6")	1000 (39 3/8")	152 (6")	851 (33 1/2")	43 (1 11/16")
ADA	219 (48")	193 (7 9/16")	1022 (40 1/2")	152 (6")	1022 (40 1/4")	207 (8 1/8")	873 (34 3/8")	43 (1 11/16")
CAE	1247 (49 1/8")	193 (7 9/16")	1050 (41 3/8")	152 (6")	1050 (41 3/8")	207 (8 1/8")	901 (35 1/2")	43 (1 11/16")

HEIGHT - FROM SIDEWALK LEVEL
DEPTH - FROM FRONT EDGE OF BEZEL

NOTE:

776mm (30 1/2") MAXIMUM HEIGHT TO BOTTOM OF WALL FOR CANADIAN STANDARDS ASSOCIATION (CSA) REQUIREMENTS.

796mm (31 3/8") MAXIMUM HEIGHT TO BOTTOM OF WALL OPENING FOR AMERICANS WITH DISABILITIES ACT (ADA) REQUIREMENTS.

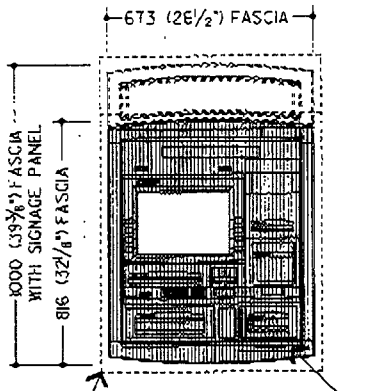
826mm (32 1/2") MAXIMUM HEIGHT TO BOTTOM OF WALL OPENING FOR CENTRE FOR ENVIRONMENTS (CAE) REQUIREMENTS.

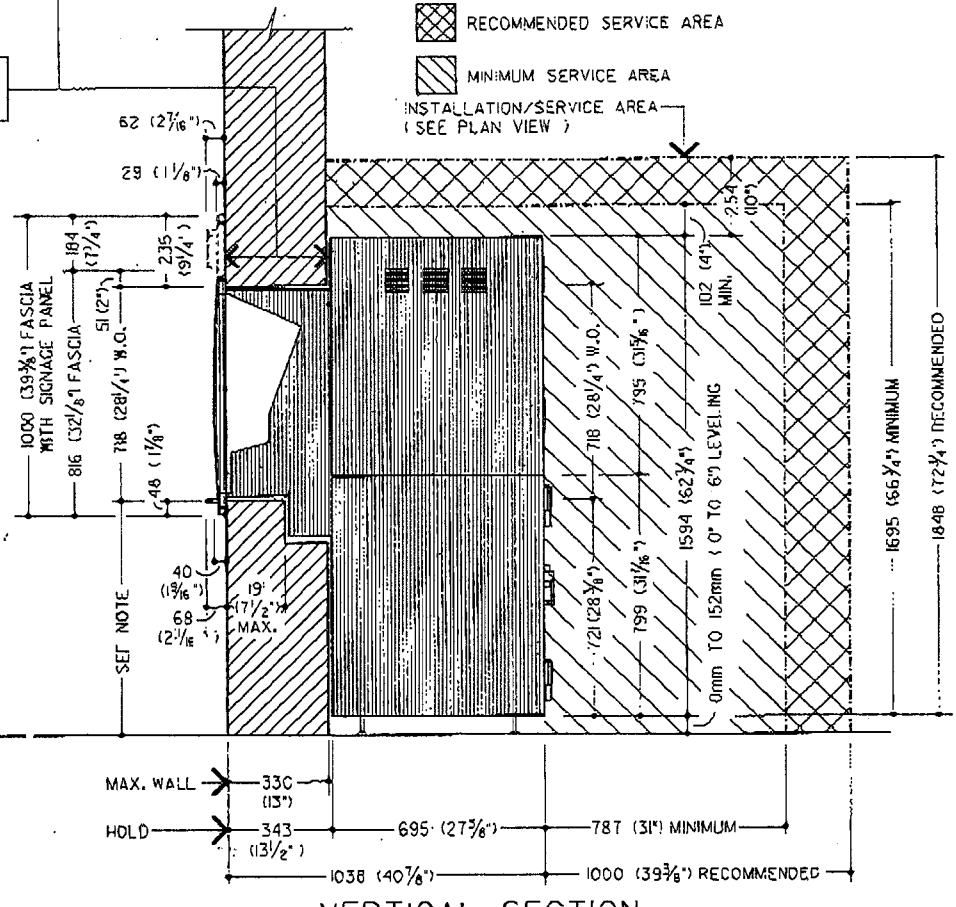
330mm (13") MAXIMUM WALL THICKNESS IN AREA OF UNIT

RECOMMENDED SERVICE AREA

MINIMUM SERVICE AREA

INSTALLATION/SERVICE AREA (SEE PLAN VIEW)





EXTERIOR ELEVATION

VERTICAL SECTION

ALL DIMENSIONS AND DESIGN CRITERIA SUBJECT TO CHANGE WITHOUT NOTICE.

FILE NO. 177-460 REV. 6

CONDUIT AND JUNCTION BOX REQUIREMENTS

1. 25mm (1") METAL CONDUIT FROM ALARM CONTROL CABINET JUNCTION BOX TO 102mm(4") SQ. X 54mm(2 1/8") DP. JUNCTION BOX (ALL BY E.C.) DIEBOLD TO PROVIDE FLAT COVER WITH TAMPER SWITCH.
2. WHEN "SECUROMATIC" AFTER HOUR DEPOSITORY IS TO BE CONNECTED TO ATM UNIT, E.C. TO RUN 19 mm (3/4") METAL CONDUIT FROM 102 mm (4") SQ. X 54mm (2 1/8") DP. JUNCTION BOX TO AFTER HOUR DEPOSITORY.
3. E.C. TO RUN 19 mm (3/4") LIQUID TIGHT FLEX METAL CONDUIT OR 19 mm(3/4") RIGID CONDUIT FROM JUNCTION BOX TO CABLE CONNECTING PLATE.
4. 19 mm (3/4") METAL CONDUIT AND UNSWITCHED ELECTRICAL SUPPLY TO 102mm(4") SQ. X 54 mm (2 1/8") DP. JUNCTION BOX WITH RECEPTACLE WITHIN 2184mm (86") OF SIDE OR FRONT CONNECTING PLATE. BOTTOM CONNECTION MUST BE COMPENSATED ACCORDINGLY (ALL BY E.C.) (SEE POWER REQUIREMENTS).
5. E.C. TO SUPPLY COMPATIBLE RECEPTACLE FOR COUNTRY SPECIFIC PLUG-IN CONNECTOR SUPPLIED WITH UNIT. POWER CORD LENGTH 2184mm (86") FROM SIDE OF UNIT.

NOTE:

JUNCTION BOXES MUST BE LOCATED WITHIN 2.84mm (86") OF CONNECTING PLATE. (LENGTH OF ELECTRICAL POWER CABLE PROVIDED WITH UNIT). LOCATE IN AN EASILY ACCESSIBLE AREA.

BOXES CAN BE FLUSH MOUNTED WITH CONCEALED CONDUIT FOR NEW CONSTRUCTION OR BOXES CAN BE SURFACE MOUNTED WITH EXPOSED CONDUIT FOR EXISTING CONSTRUCTION.

DIMENSIONS IN MILLIMETRES (DIMENSIONS IN INCHES)

THIRD ANGLE PROJECTION

PHYSICAL SECURITY

THE SECURITY SAFE MEETS THE BANK PROTECTION ACT 82 STAT 295, 12 USC 882. AND MEETS THE ATTACK TEST PER UL 291-15. THE SAFE DOOR HAS A POSITIVE RELOCKING FEATURE. THE SAFE DOOR IS CONTROLLED BY A GROUP 2 COMBINATION LOCK WITH OR WITHOUT KEYLOCKING DIAL CAPABILITY OR OPTIONAL ELECTRONIC LOCK.

ALARM PROTECTION

THE UL-LISTED SAFE IS EQUIPPED WITH A BASIC ALARM SENSOR PACKAGE. THE BASIC PACKAGE INCLUDES A SAFE DOOR OPEN SWITCH. ALARM SHUNTING SWITCH. AND RATE-OF-RISE HEAT SENSOR.

BUILDING AIR PRESSURE

BUILDING AIR PRESSURE DIFFERENCES AT THE ATM INSTALLATION LOCATION AFFECT THE INFILTRATION OF OUTSIDE AIR AND ACCOMPANY DIRT. THE ATM WILL OPERATE THROUGH ITS FULL RANGE OF FASCIA TEMPERATURES -34° C TO 54° C (-29° F TO 129° F) WITH ZERO (STATIC) OR POSITIVE AIR PRESSURE DIFFERENTIAL (MEASURED FROM THE INSIDE TO THE OUTSIDE OF THE BUILDING AT THE ATM INSTALLATION LOCATION). IF STATIC OR POSITIVE AIR PRESSURE CANNOT BE MAINTAINED, THE FASCIA LOWER LIMIT TEMPERATURE IS -20° C (-4° F). THE MAXIMUM NEGATIVE AIR PRESSURE ALLOWED IS 0.05" H_2O.

POWER REQUIREMENTS

THE ATM REQUIRES A SINGLE-PHASE, THREE-WIRE UNSWITCHED POWER RECEPTACLE. WIRING TO THE RECEPTACLE MUST INCLUDE A THIRD-WIRE EARTH GROUND (CONDUIT GROUND IS NOT ACCEPTABLE). THE ATM WILL PROVIDE A POWER CORD WITH A COUNTRY SPECIFIC POWER PLUG. THE POWER SUPPLIED MUST BE AS SPECIFIED BELOW.

100-127 VAC (+6%,-10%) 50Hz (+/-1%) SINGLE PHASE
100-127 VAC (+6%,-10%) 60Hz (+/-1%) SINGLE PHASE
200-240 VAC (+/-10%) 50Hz (+/-1%) SINGLE PHASE
200-240 VAC (+/-10%) 60Hz (+/-1%) SINGLE PHASE

POWER TO THE ATM MUST BE PROTECTED BY A SAFETY QUICK-DISCONNECT DEVICE TO BREAK LINE VOLTAGE (SUCH AS A CIRCUIT BREAKER AT THE ELECTRICAL SERVICE PANEL. THE QUICK-DISCONNECT DEVICE (OR CIRCUIT BREAKER) MUST TURN OFF THE LINE VOLTAGE AT THE FOLLOWING AMPERAGE.

100-127 VAC (+6%, -10%) SERVICE, DISCONNECT AT 20 AMPERES
200-240 VAC (±10%) SERVICE, DISCONNECT AT 10 AMPERES

THE MODULE BULK POWER SUPPLY AND PROCESSOR POWER SUPPLY WILL PROVIDE POWER CONDITIONING TO PREVENT THE TERMINAL FROM MALFUNCTIONING DUE TO SHORT-TERM AC POWER FLUCTUATIONS AS OUTLINED IN EN61000-4-11.

POWER USAGE

MACHINE STATUS	①	① WITH HEATER	②	② WITH HEATER
IDLE (NO TRANSACTION)	190 WATTS	690 WATTS	255 WATTS	755 WATTS
TRANSACTION (DISPENSE OR BULK NOTE) IN PROGRESS	285 WATTS	785 WATTS	375 WATTS	875 WATTS

CONFIGURATION

① PROCESSOR, COLOR LCD CONSUMER DISPLAY, MOTORIZED CARD READER, JOURNAL PRINTER, 80mm THERMAL RECEIPT PRINTER, STANDARD DEPOSITORY AND 5 HIGH AFD.

② PROCESSOR, SVD LCD CONSUMER DISPLAY, MOTORIZED CARD READER, JOURNAL PRINTER, 80mm THERMAL RECEIPT PRINTER, IDM, 5 HIGH AFD, SIGNAGE AND BULK NOTE ACCEPTOR.

THE POWER USE DEPENDS ON THE NUMBER AND TYPE OF DEVICES PRESENT IN THE ATM, AND THE TYPE OF TRANSACTION THE ATM IS PERFORMING.

HEAT OUTPUT CONFIGURATION

① 2,677 BTU/HR DISPENSE WITH HEATER
648 BTU/HR IDLE WITHOUT HEATER

② 2,984 BTU/HR BULK NOTE WITH HEATER
870 BTU/HR IDLE WITHOUT HEATER

OPERATING ENVIRONMENT

SAFE LOCATION — 10° C TO 38° C (50° F TO 100° F) RELATIVE HUMIDITY (NON-CONDENSING) 20 TO 80% AT 32° C (90° F), 20 TO 55% AT 38° C (100° F)

FASCIA LOCATION — -34° C TO 54° C (-30° F TO 130° F) RELATIVE HUMIDITY 15 TO 100%

WEIGHT OF UNIT

696 Kg (1,535 LBS.)

SIGNAL CABLE RUN CONSTRAINTS

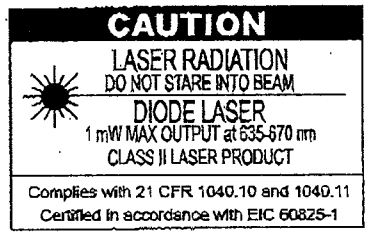
THE FOLLOWING CHART ITEMIZES THE PHYSICAL SPACING REQUIREMENTS OF THE SIGNAL CABLE RUN WITH RESPECT TO OTHER POWER AND ELECTRICAL EQUIPMENT CABLE RUN.

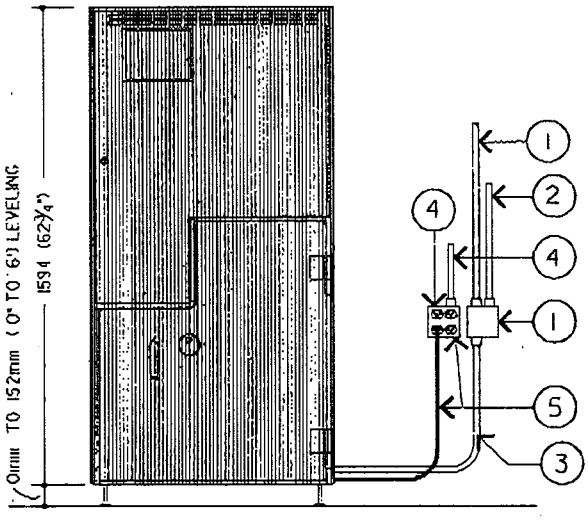
TYPE OF ELECTRICAL RUN	POWER OF ELECTRICAL RUN		
	BELOW 2 KVA	2-5 KVA	ABOVE 5 KVA
FLUORESCENT, NEON OR INCANDESCENT LIGHTING FIXTURES	127mm (5")	127mm (5")	127mm (5")
UNSHIELDED POWER LINE OR ELECTRICAL EQUIPMENT	127mm (5")	305mm (12")	610mm (2'-0")
UNSHIELDED POWER LINES OR ELECTRICAL EQUIPMENT WITH SIGNAL CABLES ENCLOSED IN GROUNDED CONDUIT	64mm (2 1/2")	152mm (6")	305mm (12")
POWER LINES IN GROUNDED CONDUIT WITH SIGNAL CABLES IN GROUNDED CONDUIT	30mm (1 5/16")	76mm (3")	152mm (6")

SIGNAL CABLE INSTALLATION CONSTRAINTS

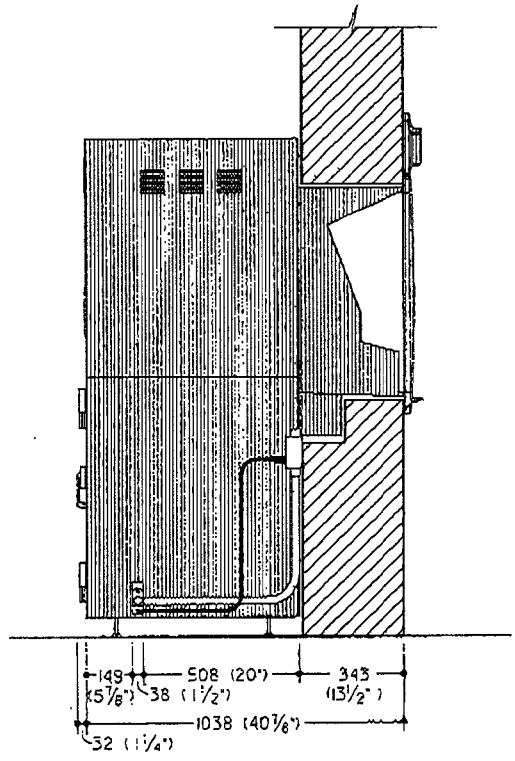
RELATIVE CARE IS REQUIRED WHEN INSTALLING SIGNAL CABLES IN CONDUITS. UNLIKE POWER AND LIGHTING CABLE, SIGNAL CABLES HAVE SMALL CONDUCTORS AND LIGHT INSULATION AND WILL NOT WITHSTAND AS MUCH STRAIN IN INSTALLATION.

CAUTION LABEL





INTERIOR ELEVATION



VERTICAL SECTION

DIEBOLD®

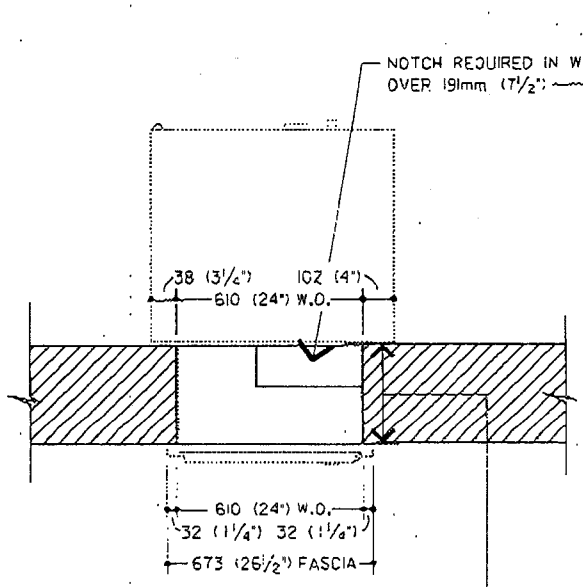
OPTEVA™ 760 ADVANCED FUNCTION WALK-UP ATM THROUGH THE WALL 5 HIGH WITH 13mm (1/2") SAFE

CALL 1-800-999-3600

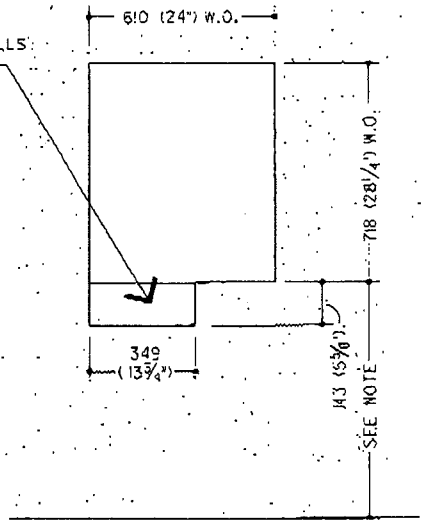
DIMENSIONS IN MILLIMETRES (DIMENSIONS IN INCHES)

THIRD ANGLE PROJECTION

WALL OPENING DETAIL

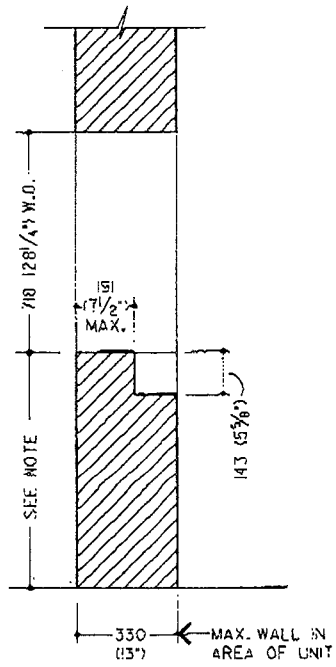


PLAN VIEW



INTERIOR ELEVATION

DETAIL FOR WALLS OVER 191mm (7 1/2")



SECTION

330mm (13") MAX. WALL THICKNESS IN AREA OF UNIT

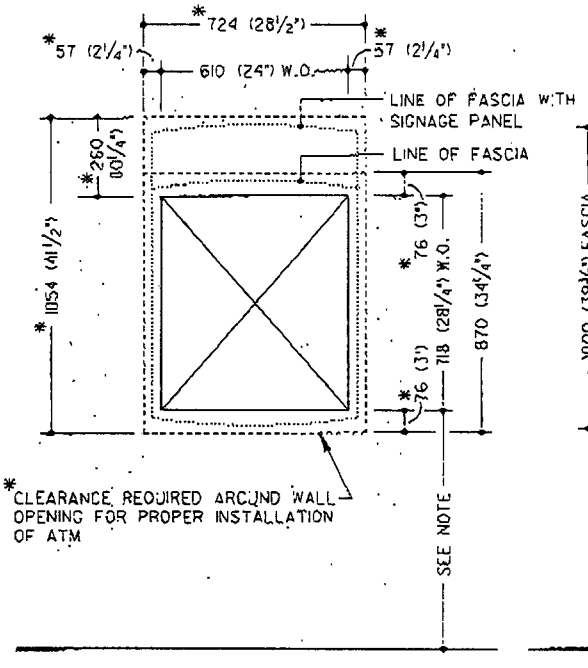
NOTE:

776mm (30 1/2") MAXIMUM HEIGHT TO BOTTOM OF WALL FOR CANADIAN STANDARDS ASSOCIATION (CSA) REQUIREMENTS.

796mm (31 3/8") MAXIMUM HEIGHT TO BOTTOM OF WALL OPENING FOR AMERICANS WITH DISABILITIES ACT (ADA) REQUIREMENTS.

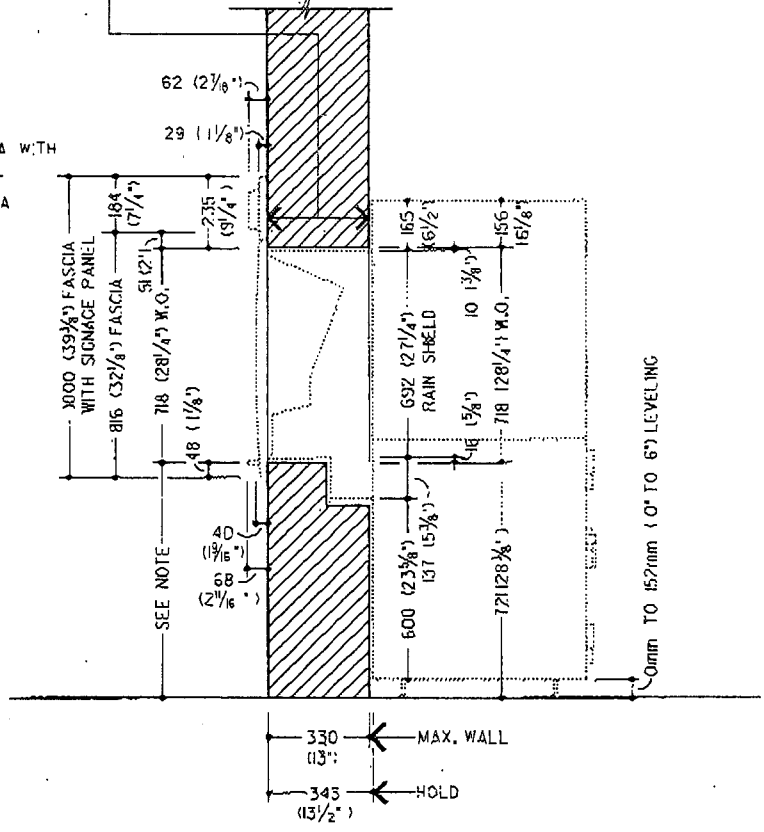
826mm (32 1/2") MAXIMUM HEIGHT TO BOTTOM OF WALL OPENING FOR CENTRE FOR ENVIRONMENTS (CAE) REQUIREMENTS.

* PROVIDE VERTICAL AND HORIZONTAL FLAT PLUMB SURFACE AROUND WALL OPENING FOR PROPER INSTALLATION OF THE ATM



*CLEARANCE REQUIRED AROUND WALL OPENING FOR PROPER INSTALLATION OF ATM

EXTERIOR ELEVATION



VERTICAL SECTION

*ALL DIMENSIONS AND DESIGN DETAILS SUBJECT TO CHANGE WITHOUT NOTICE.

FILE NO. 177-460 REV. 6

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 W. H. YEOMANS INC

Address 143 ROSELAND AVE

CALDWELL NJ 07006

Telephone (973) 228 9605

Signature _____

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