

BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 14-3510



CONSTRUCTION PERMIT APPLICATION

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

C14-004319

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers bridge rd.
2. Name of Owner in Fee: Federal Realty Trust
Tel. (484) 419-1221 e-mail _____
Address 150 E Wynnewood, PA 19031
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: ER Signs LLC Tel. (215) 869-6721
Address 2177 Bennett rd e-mail _____
Philla, PA 19116
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 02-0566091 FAX: () _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. () _____ FAX: () _____
6. Responsible Person in Charge once Work has Begun Igor Bykov
Tel. 267 688-1175 FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>100</u> ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>1</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>101</u>		

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)

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

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>500.00</u>	<u>11/14</u>	<u>9/15/14</u>		<u>10/15/14</u>	<u>KEP</u>			

TOTAL COST 500.00

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 _____

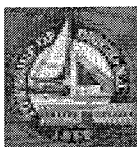
III. PLAN REVIEW (optional)

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 2/10/2015
Control Number C-14-004319
Permit Number 14-3510
Permit Issue Date 10/27/2014
Certificate Number 14-3510

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. RED ROBIN Block: 671 Lot: 1.01 Qual: _____
Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: _____
Contractor EZ Signs, LLC
Address 2177 Bennett Road Philadelphia PA 191116
Telephone: (215) 869-6724 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 02-0566091

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - RED ROBIN

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



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

Block 671 Lot 1.01 Qualification Code _____
Work Site Location 56 Chambersbridge rd.

Owner in Fee: Federal Realty Trust

Tel. (484) 419-1221 e-mail _____

Address 150 E. Wynnewood rd., Wynnewood PA 19098

Contractor: EZ Signs LLC Tel. 915, 863-6724 Zip code _____
Address 4144 Bennett rd., Philadelphia PA 19116 e-mail permits@ezsignsinc.com

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

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

Federal Emp. ID No. 02-0566091 FAX: (_____) _____

CONTRACTOR'S SIGNATURE: Red Robin

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Dates (Month/Day)	Initial
			Type:					
☒ No Plans Required	<u>10/15/14</u>	<u>td</u>	Footing					
☒ All			Footing Bonding					
☐ Footings/Foundations			Foundation					
☐ Structural/Framework			Slab					
☐ Exterior			Frame					
☐ Interior			Truss Sys./Bracing					
Joint Plan Review Required:			Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation					
SUBCODE APPROVAL for PERMIT <u>10/15/14</u>			Finishes -Base Layer					
Date: <u>10/15/14</u>			Finishes -Final					
Approved by: <u>PCB</u>			Energy					
SUBCODE APPROVAL for CERTIFICATE			Mechanical					
☐ CO ☐ CCO <u>10/15/14</u>			TCO					
Date: <u>02/10/15</u>			Other					
Approved by: <u>td</u>			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories _____		If Industrialized Building:	
Height of Structure _____ ft.		State Approved _____	HUD _____
Area — Largest Floor _____ sq. ft.		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors _____ sq. ft.		1. New Bldg. \$ _____	
Volume of New Structure _____ cu. ft.		2. Rehabilitation \$ _____	
Max. Live Load _____		3. Total (1 + 2) \$ <u>500.00</u>	
Max. Occupancy Load _____			

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: Adalya

Print name here: Adalya

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing one (1) parking sign.

COMMERCIAL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign 8 Sq. Ft. Height (exceeds 6')
- ☐ 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 \$	

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 10/27/14
Control # _____
Date Issued _____
Permit # 141-3510



CONSTRUCTION PERMIT

Date Issued 10/27/14
Control # C-14-004319
Permit # 10-3510

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. RED ROBIN Brick Contractor EZ Signs, LLC
Township, NJ Address 2177 Bennett Road Philadelphia PA 19116
Owner in Fee FEDERAL REALTY INVESTMENT TRUST Telephone: (215) 869-6724
1626 EAST JEFFERSON ST ROCKVILLE NJ Lic. No. or Bldrs. Reg. No. _____
20852 Federal Employee No. 02-0566091
Telephone: _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIGN INSTALLATION - RED ROBIN

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$500

Daniel Newman Jr 10/15/14
Construction Official Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$100
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$101
Check No. <u>5024</u>	
Cash	\$0
Credit	\$0
Collected By	

150
151

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

10/27/14 1:07PM 00155846608
X07 SERV.007
DCA \$100.00
CHECK \$1.00
CHECK \$50.00
CHECK \$151.00

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.

RECEIVING CLERK
DATE REC'D

9/25/14

ZONING PERMIT APPLICATION

PERMIT # 28-14-01179
DATE ISSUED 10/27/14

BLOCK: 671 LOT: 1.01 QUALIFIER: 1 SITE ADDRESS: 56 Chambers bridge rd.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Trust

COMPLETE ADDRESS: 150 E Wyncnewood, PA 19036

PHONE # (484) 419-1221 EMAIL: _____

2. NAME OF APPLICANT: Natalya Atreshyna

APPLICANT ADDRESS: 2177 Bonnet rd.

Phillip, PA 19116

PHONE # (215) 869-6724 EMAIL: permits@signsinsteel.com

3. RESPONSIBLE PERSON FOR WORK: Igor Bykov

PHONE # (267) 688-1175 FAX # _____

4. SIGNATURE OF APPLICANT: Natalya

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50

OTHER: \$ _____

TOTAL: \$ 50

REQUIRED BY APPLICANT

RESIDENTIAL: ✓

COMMERCIAL: ✓

EXISTING USE: Vacant

PROPOSED USE: Red Robin

BOARD APPROVAL: ✓ PB ✓ ZB ✓

RESOLUTION #: _____

APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

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

HEIGHT: 4'6" (*IF APPLICABLE)

OTHER Sign

DESCRIPTION: Installation of one parking sign

ZONING REVIEW: 9-30-14 DATE REVIEWED: 9-30-14 DATE DENIED: _____ DATE APPROVED: 9-30-14 INTLS: OK (SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 9/30/14 DATE DENIED: DATE APPROVED: 9/30/14 INTLS: 5520

[illegible]

INITIALS:

DATE:



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 10/27/14
Application Number: ZA-14-01219
Application Date: 09/30/2014
Project Number: _____
Permit Number: 28-14-01179
Fee: \$50

Zoning Permit

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

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

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

Applicant: **Natalya Atroshyna**
Address: **2177 Bennett Road**
Philadelphia, PA 19116

Application Approved Date: 09/30/2014

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

Use is: Restaurant Red Robin

Nonconforming Use is: _____

Work Description:

Sign - (1) Red Robin TO-GO parking
4'-6" H x 2'-4" W

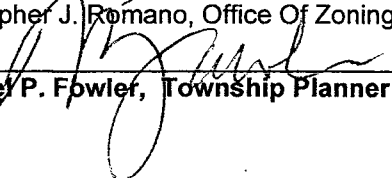
Additional Zoning permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer



Christopher J. Romano, Office Of Zoning



Michael P. Fowler, Township Planner

09/30/2014

Date

10/27/14
Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: BS
PERMIT #: _____

BLOCK: 671 LOT: 101 ADDRESS: 56 Chambers bridge rd.

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambers bridge rd.
2. NAME OF OWNER IN FEE: Federal Realty Trust
ADDRESS: 150 E Wynne wood rd PHONE #: (484) 419-1221
Wynne wood, PA 13056 FAX #: ()
3. PRINCIPAL CONTRACTOR: Ez Syms LLC
ADDRESS: 2174 Bonnet rd. PHONE #: (615) 869-6724
Phillia, PA 19116 FAX #: ()
4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE: # () _____
5. RESPONSIBLE PERSON FOR WORK: Tiger Bylco
ADDRESS: _____
PHONE #: (267) 688-1175 FAX #: () E-MAIL: _____

- PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☐ OTHER _____
LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 3/10/14 DATE REJECTED: _____ DATE APPROVED: 3/10/14 INITIALS: BS

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: _____

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 Natalya Atroshyna

Address 2177 Bennett rd.
Phillp, PA 19116

Telephone (215) 869-6724

Signature [Signature]

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