BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Rd PERMIT NO. 14-2264

CONSTRUCTION PERMIT APPLICATION

C-14-002454 Unit 30

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge RD
2. Name of Owner in Fee: Federal Realty Trust
   Tel. (484) 419 1231 e-mail JEMiller@FederalRealty.com
   Address 50 E. Wynnewood RD (street) Wynnewood (municipality) Pa 19096 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Milex Const. LLC Tel. (215) 245 1685
   Address 1360 Adams RD e-mail MDENDEV@aol.com
   Bensalem, Pa 19020
   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. 01-0950630 FAX: ( ) _____
5. Architect or Engineer MVP Architect Contact Matt Piotrowski
   Address 330 Evergreen Ave e-mail Matt@MVPArchitect.com
   Tel. (215) 675 2099 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Michael DeMaio
   Tel. (215) 416 1494 FAX: (215) 245 1687

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1140-	4B	268 ✓
2. Electrical	868 26 000 ✓		250 ✓
3. Plumbing	310 13000 ✓		
4. Fire Protection	75- 2500 ✓	5320 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	136-	32-	33-
10. Subtotal	$		
11. Cert. of Occupancy	50-		
12. Other			
13. TOTAL	$ 1,971	5357	301-

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	20 ft.	
3. Area — Largest Floor	10,000 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
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☒ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

Shell

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd/by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MVP	6/11/14		6/18/14	MV			
☐ Electrical				6/25/14	7/9/14	-00	7/25		
☐ Plumbing									
☐ Fire Protection				6-30-14					
☐ Elevator		Eng Exempt	6/17/14	ECC			8/20/14	E	ECC
TOTAL COST									

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

Mens Change House Unit #30

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/31/2014
Control Number C-14-002454
Permit Number 14-2264
Permit Issue Date 07/16/2014
Certificate Number 14-2264

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Men's Warehouse Unit 30 (Shell) 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: (484) 419-1221

Contractor: Milex Construction LLC

Address: 1360 Adams Road Bensalem PA 19020

Telephone: (215) 245-1685 Fax: (215) 245-1687

License Number or Builders Registration Number: Federal Emp. Number: 01-06950630

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL Shell for 2 tenants

Certificate Comments: This is a Shell permit for 2 Future tenants and does not allow the space to be occupied by a tenant without a tenant fit-out permit.

☑ **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: $50.00
Check Number: 2102
Collected By: Nichol Ponsi

Date Printed: 10/31/2014

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/16/14
Control #
Date Issued
Permit # 14-2264

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 Chamberbridge Rd
Brick NJ

Owner in Fee: Federal Realty Trust

Tel. 484 419 1221 e-mail JFMiller@FedRealty.com

Address 50 E. Wynnewood Rd Wynnewood Pa 19096
street municipality zip code

Contractor: Biles Electrical & Mechanical LLC Tel. (732) 251-7070

Address 100 Summerhill RD e-mail service@bileselectric.com

Spotswood, NJ 08884

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 6854 Exp. Date 03/15/2013

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

Federal Emp. ID No. 462091689 FAX: (732) 251-6588

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location:

Total Cost of Fire Protection Work $ 3100-

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here

Print name here Stephanie Biles

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	5	
Other Devices Duct detectors	3	
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

CALL TO CLARIFY ALARM

COMMERCIAL

VARIOUS BOX HVAC

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 7-11-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-10-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/11/14	LE
Other				

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

OR# 331748791

ELECTRICAL SUBCODE
TECHNICAL SECTION

Men's Wearhouse (By A+P) Shell

Date Received 7/16/14
Control #
Date Issued
Permit # 14-2264

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

Block 471 Lot 1.01 Qualification Code

Work Site Location 56 Chambersbridge Rd
Brick, NJ 08723 UNIT 30

Owner in Fee: Federal Realty Trust

Tel. (484) 419-1221 e-mail JFMiller@federalrealty.com

Address 50 E Wynnewood Rd, Wynnewood Pa. 19096

Contractor: Biles Electrical (street) Manchan (municipality) Tel. (732) 257-7070 (zip code)

Address 100 Summerhill Rd. e-mail
Spotswood NJ. 08884

Contractor License No. 6854 Exp. Date

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

Federal Emp. ID No. 462916889 FAX: ( )

B. ELECTRICAL CHARACTERISTICS ced 732-778-2431

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 26,000

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: Stephanie Biles

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Retro existing store shell

COMMERCIAL

QTY.	SIZE	ITEMS
17		Lighting Fixtures
6		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
8		Emergency & Exit Lights
		Communications Points
10		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
1	1.5	KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
3	9	KW Central A/C Unit Rooftop
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	600	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1		Roof Fan

FEE (Office Use Only)

$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 7/9/14 Approved by: PK

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by: 7/9/14

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough WMS			7/21/14	
Barrier-Free				
Trench PAINT				
Temp. Serv. FINAL			9/4/14	
Constr. Serv.				
TCO				
Other SERVICE EQUIP.			8/21/14	PK
Service			9/3/14	
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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/16/14
Control #
Date Issued
Permit # 14-2264

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 Brick, NJ 08723
Owner in Fee: Federal Realty Trust
Tel. (484) 419-1221 e-mail JFMiller@federalrealty.com
Address 50E Wynnewood Rd, Wynnewood Pa 19096
(street, municipality, zip code)
Contractor: Milex Construction Tel. (215) 245-1685
Address 3100 Adams Rd e-mail mdemdev@aol.com
Bensalem Pa 19020
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 01-0950630 FAX: (215) 2457687

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: Mike DeMan
Print name here: Mike DeMan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Retro existing vacant store to shell space Shell Only, Change of Use Reclassify tenant F-tout

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/18/14	W
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 06/19/14
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/24/14
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	*7-31-14 W		*8-6-14 W	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final	Final Appvd		10/17/14 W	
Mechanical				
TCO				
Other		Rejected		
Final	*9-5-14 W	*9-26-14 W		
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
Height of Structure 20 ft.
Area — Largest Floor 10,000 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. $ [illegible]
2. Rehabilitation $ 38000
3. Total (1+ 2) $ 38 000

*See Attached

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation COMMERCIAL
[ ] 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 $

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals if Applicable

Affordable Housing Approval	comment	☐	☑
Approval of BTMUA	**comment**	☑	☐
OK AS PER PEG's EMAIL 10/30/14 mff emailed peg 10/23/14 mjr			
Engineering Approval	comment	☐	☑
Ocean County Soils Conservation District Approval	comment	☐	☑

UCC Requirements

CO application	comment	☐	☑
Final Building inspection -including original permit and all updates	comment	☑	☐
Final Plumbing inspection - including original permit and all updates	comment	☑	☐
Final Fire inspection - including original permit and all updates	comment	☑	☐
Final Electrical inspection - including original permit and all updates	comment	☑	☐
If applicable Final Elevator inspection - including original permit and all updates	comment	☐	☑

This checklist has been given to: (edit)

TOM'S RIVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 56 Chambersbridge PERMIT # 14-1869

ISSUED TO _____ BLOCK _____ LOT _____
PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction: _____

(1) Architect to provide connection detail for securing top Slip track to underside of Bar Joist. Be Sure to include description/spacing of connectors

(2) Architect to provide design for Roof Deflection and how wall drywall will not be Comprimised

(3) Arch to provide Anchoring detail for walls at the exterior masonary walls -

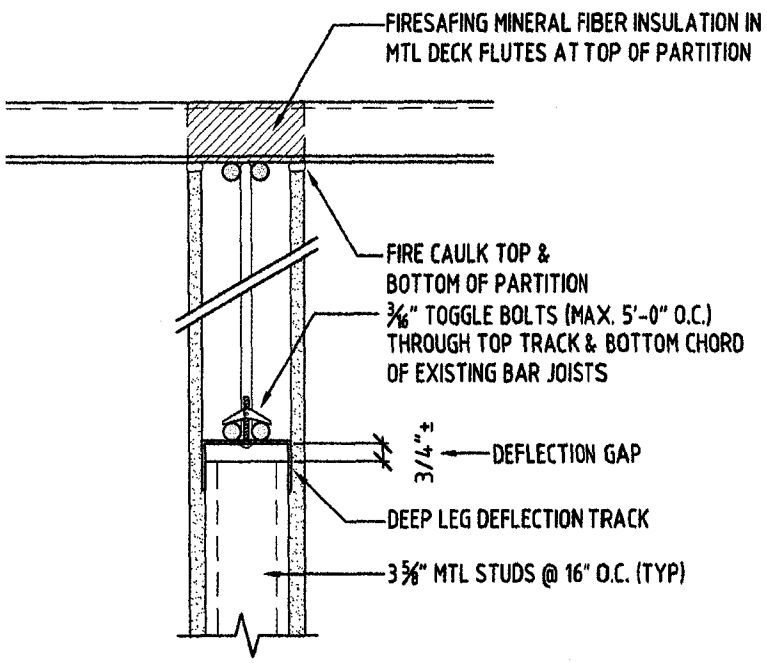
PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE.

DATE 7-31-14 BY _____
INSPECTOR

(4) Infill CMU By Steel Columns at front walls

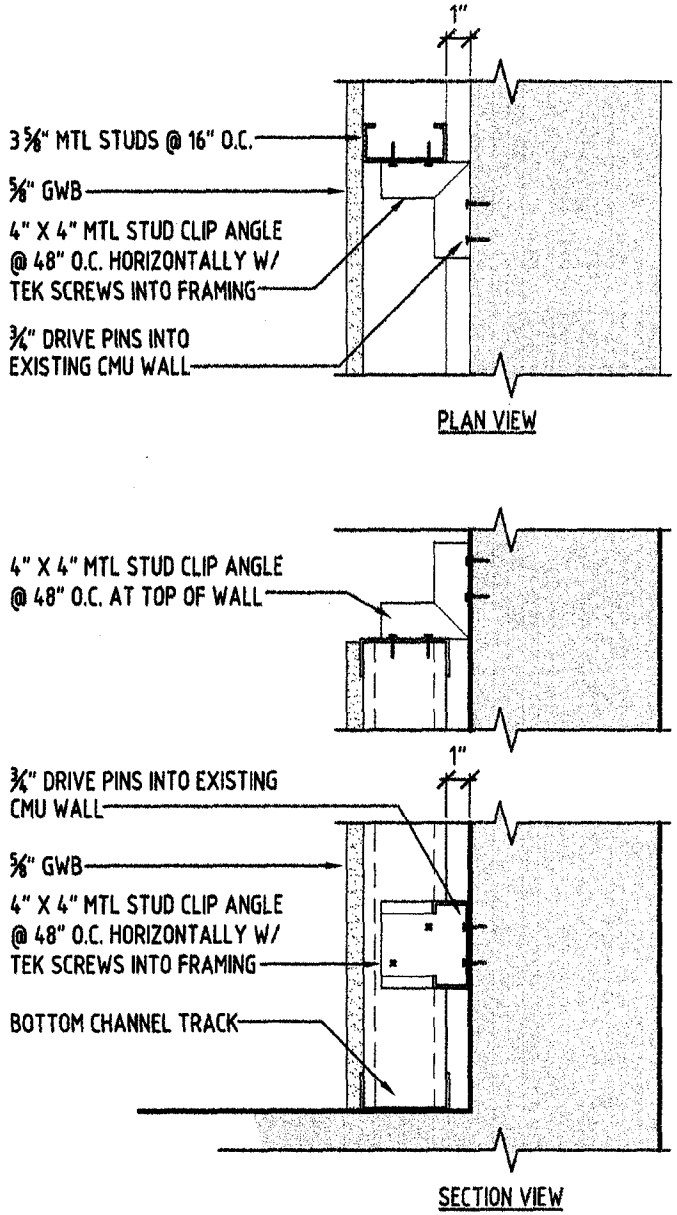
White - Original Yellow - Field Copy

8/6/14 mv – Letter OK
Hard Copy to Follow



Demising Wall - Deflection Track (1)

1-1/2"=1'-0"



Perimeter Wall Detail (2)

1-1/2"=1'-0"

Matthew V. Piotrowski
Architect
330 Evergreen Ave
Warminster, PA 18974

BRICK PLAZA SHOPPING CENTER
TENANT SPACE SUBDIVISION
74 BRICK PLAZA
BRICK TOWNSHIP, NJ 08723

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 561 Chambersbridge Rd To Be Mens Warehouse

PERMIT NUMBER 14-2264 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

(1) Fire caulk & Seal penetrations at Rated Assembly
(2) Reinforce openings of corrugated roof and repair as needed - Arch. letter for any which do not require above stated

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 9/5/14 INSPECTOR [signature]

BUILDING SUBCODE
TECHNICAL SECTION

update 14-2264+B

Date Received Control # 9/12/14

Date Issued Permit # 14-2264+B

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
Brick NJ 08723

Owner in Fee: Federal Realty Trust

Tel. (484) 419 1271 e-mail JFMiller@FederalRealty.com

Address 50 E. Wynnewood RD Wynnewood Pa 19096
street municipality zip code

Contractor: Miller Construction Tel. (215) 245 1683

Address 735 Wrenn Dr e-mail MDEMDCW@aol.com
Bensalem Pa 19020

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

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

Federal Emp. ID No. 01-0950638 FAX: (215) 245 1687

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: Michael DeMaio

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Add 1 demising wall,
Add 1 new exit door
in rear.
No Elect + Plumb. Appls-
(Work in Progress)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	09/05/14	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 09/05/14
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/24/14
Approved by: KEH

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	*9-29-14 KH			
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 6700
3. Total (1+ 2) $ 6700

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 $

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

08-22-14P03:00 RCVD

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

MUNICIPALITY Brick

LOCATION 56 Chambers Bridge UTILITY CO _____

3317487911 BLK 671 LOT 101

OWNER Federal Realty OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 600 Amp 3Φ 120-208V

INSTALLED BY Biles Elec LICENSE NO 6854

DATE 9/4/14 PERMIT # 14-2264 INSPECTOR _____

☐ CALLED IN ___/___/___ Lic. No. 5 CS

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

NATIONAL ELECTRICAL CODE 2011

Date Received / Control # 9/12/14

Update 14-2264+B Date Issued / Permit # 14-2264+B

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

Block 621 Lot 1.01 Qualification Code

Work Site Location 56 Chambersbridge RD
BRICK NJ

Owner in Fee: Federal Realty Trust

Tel. (414) 419 1141 e-mail JFKiller@FederalRealty.com

Address 50 E. Wynnewood RD Wynnewood Pa 19096
street municipality zip code

Contractor: Biler Electrical + Mech LLC Tel. (732) 3517070

Address 100 Summerhill Rd e-mail
Spotswood, NJ. 08884

Contractor License No. 6854 Exp. Date 3-15

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

Federal Emp. ID No. 462091689 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 13,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: 9/3/14 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 9/3/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.			9/16/14	
Constr. Serv.				
TCO				
Other				
Service			10/2/14	
Final			10/27/14	
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.

Steve Biler
Applicant's Signature/Contractor's Seal and Signature

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

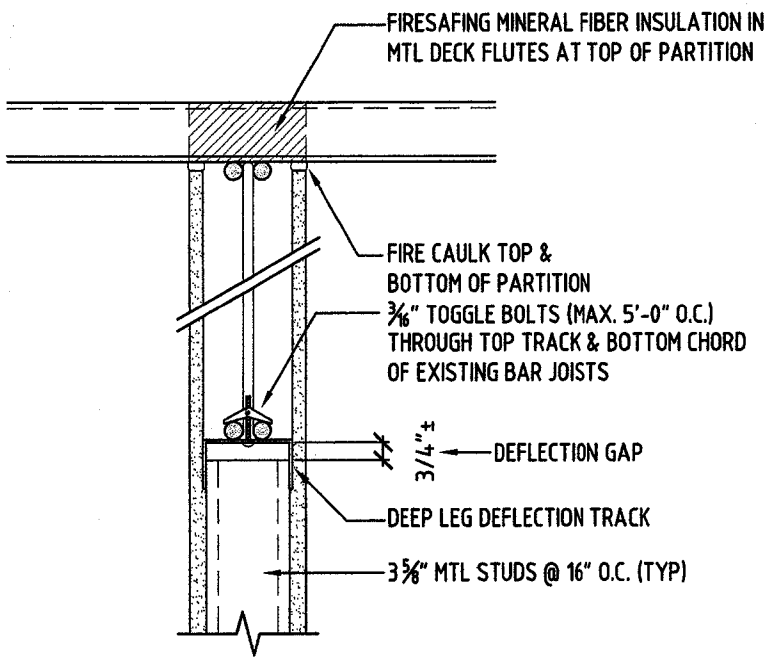
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
400 A Service

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

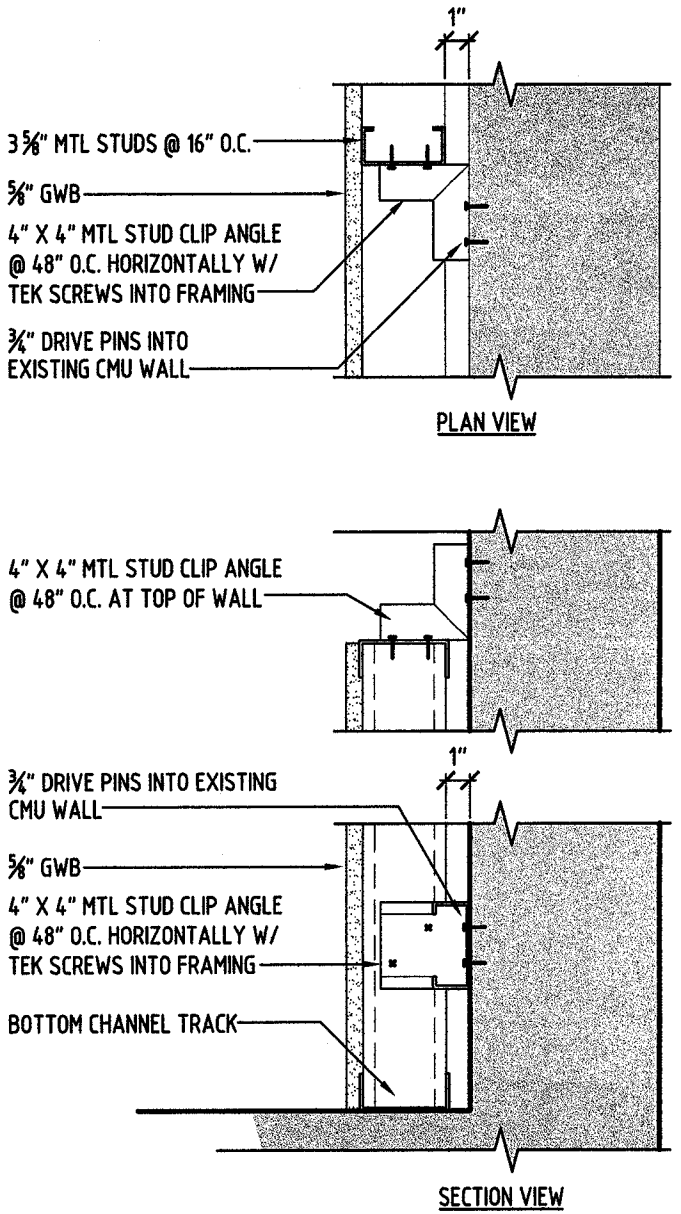
U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy



Demising Wall - Deflection Track

1

1-1/2"=1'-0"

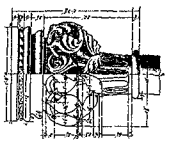


Perimeter Wall Detail

2

1-1/2"=1'-0"

Matthew V. Piotrowski
Architect
330 Evergreen Ave
Warminster, PA 18974
215.675.2099



BRICK PLAZA SHOPPING CENTER
TENANT SPACE SUBDIVISION
74 BRICK PLAZA
BRICK TOWNSHIP, NJ 08723

Project No. 20140060 Date: 8/4/2014 Scale: 1-1/2" = 1'-0"

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 14-2264+A

Permit Number

14-2264+A

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
10/17/2014	Final	Richard Orlando	Fire	Fail	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	no fire alarm contractor
10/22/2014	Final	Richard Orlando	Fire	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. Protected Property Information

Name of property: Men's Wearhouse

Address: 56 Chambersbridge Road, Brick NJ 08723

Description of property: Retail Store

Occupancy type: Mercantile

Name of property representative: Judy Maurer / Federal Realty

Address:

Phone: 215-852-6405 Fax: E-mail: Jmaurer@federalrealty.com

Authority having jurisdiction over this property: Dan Newman / Brick Township Construction Official

Phone: 732-262-1030 Fax: E-mail: dnewman@twp.brick.nj.us

2. Fire Alarm System Installation, Service, and Testing Information

Installation contractor for this equipment: Electronic Security Solutions, LLC

Address: 101 East Laurel Avenue Suite B Cheltenham, PA 19012

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@essfiresys.com

Service organization for this equipment: Electronic Security Solutions, LLC

Address: 101 East Laurel Avenue Suite B Cheltenham, PA 19012

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@essfiresys.com

Location of as-built drawings: On file Location of Historical Test Reports: On File

Location of system operation and maintenance manuals: On File

A contract for test and inspection in accordance with NFPA standards is in effect as of N/A

Contracted testing company: Electronic Security Solutions, LLC

Address: 101 East Laurel Avenue Suite B Cheltenham, PA 19012

Phone: 215-277-5248 Fax: 215-277-5263 E-mail: tcapie@essfiresys.com

Contract expires: 01/01/2015 Contract number: Frequency of routine inspections: Annual

3. Type of Fire Alarm System or Service

NFPA 72®, Chapter Reference of System Type: Chapter 8

Name of organization receiving alarm signals with phone numbers *(if applicable)*:

Alarm: COPS Monitoring Phone: 800-633-2677

Supervisory: COPS Monitoring Phone: 800-633-2677

Trouble: COPS Monitoring Phone: 800-633-2677

Entity to which alarms are retransmitted: Ocean County Dispatch Phone: 732-349-2010

Method of retransmission of alarms to that organization or location: DACT

If Chapter 8, note the means of transmission from the protected premises to the central station:

☒ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐ N/A

If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level: 3.51

Site-specific software revision date: 9/3/14 Revision completed by: Tom Miller

4. Signaling Line Circuits

Characteristics of signaling line circuits connected to this system (see NFPA 72®, Table 6.6.1):

Quantity: 1 Style: 4.5 Class: B

5. Alarm-Initiating Devices and Circuits

Characteristics of initiating device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: N/A Style: Class:

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 2

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 1

Type of coverage: ☐ Complete area ☒ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 3

Type of coverage:

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 0

Type of coverage: ☒ Complete area ☒ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 2

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: 1

Alarm verification on this system is: ☒ Enabled ☐ Disabled ☒ Set for 30 seconds

6. Supervisory Signal-Initiating Devices and Circuits

6.1 Sprinkler System Number of valve supervisory switches: 4

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

6.2 Fire Pump

Type of fire pump: ☐ Electric ☐ Diesel

Type of fire pump supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☒ N/A

Fire Pump Functions Supervised

☐ Fire pump power ☐ Fire pump running ☐ Fire pump phase reversal ☐ Selector switch not in auto

☐ Engine or control panel trouble ☐ Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☒ N/A

☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel

Other: _____

7. Annunciators

7.1 Annunciator 1 ☐ Local ☐ Remote

Type: ☒ Addressable ☐ Directory ☐ Graphic ☒ N/A Location: _____

7.2 Annunciator 2 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☒ N/A Location: _____

7.3 Annunciator 3 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☒ N/A Location: _____

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: N/A Number of multiple voice alarm channels: N/A

Number of speakers: N/A Number of speaker zones: N/A

8.2 Telephone Jacks

Number of telephone jacks installed: N/A Number of telephone handsets stored on site: N/A

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered ☒ N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: 4 Style: Y Class: B

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device: _____ Horns: _____ With visual device: 2

Chimes: _____ With visual device: _____ Bells: _____ With visual device: _____

Visual devices without audible devices: _____ Other (describe): _____

9. Emergency Control Functions Activated

☐ Hold-open door releasing devices ☐ Smoke management or smoke control

☐ Door unlocking ☐ Elevator recall ☐ Other

10. System Power Supply

10.1 Primary Power

Nominal voltage: 120VAC Amps: 6

Overcurrent protection: Type: Breaker Amps: 20

Location (of primary supply panelboard): Electric Room

Disconnecting means location: Panel #1 Breaker # 24

10.2 Secondary Power

Location: FACP Type: SLA Battery Nominal voltage: 24VDC Current rating: 12

Number of standby batteries: 2 Amp hour rating: 7

Location of emergency generator: N/A

Location of fuel storage: N/A

Calculated capacity of secondary power to drive the system

In standby mode: 24 In alarm mode: 5

11. Record of System Installation

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☒ *NFPA 72®* ☒ *NFPA 70®*, Article 760

☒ Manufacturer's published instructions ☐ Other (please specify):

System deviations from referenced NFPA standards:

Signed: ESS Electronic Security Solutions Digitally signed by Thomas Capie Printed name: Thomas Capie Date: 9/5/2014

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

12. Record of System Operation

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☒ *NFPA 72®* ☒ *NFPA 70®*, Article 760

☒ Manufacturer's published instructions ☐ Other (please specify):

☒ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3 of *NFPA 72®*) is attached

Signed: ESS Electronic Security Solutions Digitally signed by Thomas Capie Printed name: Thomas Capie Date: 9/5/2014

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

13. Certifications and Approvals

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: ESS Digitally signed by Thomas Capie Printed name: Thomas Capie Date: 9/5/2014

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: ESS Digitally signed by Thomas Capie Printed name: Thomas Capie Date: 9/5/2014

Organization: ESS, LLC Title: VP of Operations Phone: 215-277-5248

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

Electronic Security Solutions
101 East Laurel Ave.
Cheltenham, PA 19012

FIRE ALARM INSPECTION REPORT

Inspection Date: 9/8/2014
Inspected By: Tom M

SUBMITTED TO: Federal Realty
LOCATION: Mens Wearhouse
56 Chambersbridge Road
Brick ,NJ 08723
Phone: 215-852-6405
Fax: -

DEVICE KEY

SD-Smoke Detector, **HD**-Heat Detector, **MS**-Manual Pull Station, **DSD**-Duct Detector, **CO**-Carbon Monoxide, **BD**-Beam Detector, **TS**-Tamper Switch, **WF**-Waterflow, **PS**-Pressure Switch, **LA**-Low Air, **PR**-Pump Run, **PPWR**-Pump Power, **PT**-Pump Trouble, **PNA**-Pump Not In Auto, **PAA**-Pre Action Alarm, **PAT**-Pre Action Trouble, **PAS**-Pre Action Supervisory, **HO**-Horn, **STR**-Strobe, **SPK**-Speaker, **HS**-Horn/Strobe, **SS**-Speaker Strobe, **Bell, DH**-Door Holder, **AHU**-HVAC Shutdown, **DAMP**-Damper, **NC**-Nurse Call, **PRT**-Printer, **PWR**-Power Supply, **FACP**-Main Fire Panel, **ANN**-Anunciator, **NAC**-NAC Panel, **MSC**-Miscellaneous

DEVICE	FLOOR	LOCATION	PASS	ADDRESS	NOTES
SD		Above FACP			
MS		Front Door Mens Warehouse			
MS		Side Door Mens Warehouse			
DSD		Front Mens Warehouse			
DSD		Left Rear Mens Warehouse			
DSD		Right Rear Mens Warehouse			
TS		Mens Warehouse			
WF		Mens Warehouse			
TS		Mens Warehouse			
WF		Vacant Space			
TS		Vacant Space			
TS		Backflow			

		PASSED	FAILED	% PASSED
12	TOTAL DEVICES	12	0	
1	TOTAL SMOKE DETECTORS	1	0	100.00%
2	TOTAL MANUAL PULL STATIONS	2	0	100.00%
3	TOTAL DUCT SMOKE DETECTORS	3	0	100.00%
0	TOTAL HEAT DETECTORS	0	0	NA
2	TOTAL WATERFLOWS	2	0	100.00%
4	TOTAL TAMPER VALVES	4	4	100.00%
0	TOTAL PRESSURE SWITCHES	0	0	NA
0	TOTAL LOW AIR	0	0	NA
0	TOTAL PRE ACTION ALARMS	0	0	NA
0	TOTAL PRE ACTION TROUBLES	0	0	NA
0	TOTAL PRE ACTION SUPERVISORIES	0	0	NA
0	PUMP POWER	0	0	NA
0	TOTAL PUMP RUN	0	0	NA
0	TOTAL PUMP TROUBLE	0	0	NA
0	TOTAL PUMP NOT IN AUTO	0	0	NA
0	TOTAL HORNS	0	0	NA
0	TOTAL STROBES	0	0	NA
0	TOTAL SPEAKERS	0	0	NA
0	TOTAL HORN STROBES	0	0	NA
0	TOTAL SPEAKER STROBES	0	0	NA
0	TOTAL BELL	0	0	NA
0	TOTAL DOOR HOLDER	0	0	NA
0	TOTAL HVAC SHUTDOWN	0	0	NA
0	TOTAL DAMPER CONTROLS	0	0	NA
0	TOTAL NURSE CALL	0	0	NA
0	TOTAL PRINTER	0	0	NA
0	TOTAL POWER SUPPLY	0	0	NA
0	TOTAL FACP	0	0	NA
0	TOTAL ANNUNCIATOR	0	0	NA
0	TOTAL NAC PANEL	0	0	NA
0	TOTAL MISCELLANEOUS	0	0	NA
0	TOTAL CARBON MONOXIDE DETECTORS	0	0	NA

INSPECTION AND TESTING FORM

DATE: 9/8/2014

TIME:

Service Organization

NAME: Electronic Security Solutions

ADDRESS: 101 East Laurel Ave
Cheltenham, PA 19012

REPRESENTATIVE: Tom M

LICENSE NO: 34BF00037700

TELEPHONE: 215-277-5248

Propert Name (User)

NAME: Federal Reality

ADDRESS: 56 Chambersbridge Road
Brick , NJ 8723

OWNER CONTACT: Judy Maurer

TELEPHONE: 2158526405

MONITORING AGENCY

CONTACT: COPS

TELEPHONE: 18006332677

MONITORING ACCOUNT REF NO: 379-1127

APPROVING AGENCY

CONTACT:

TELEPHONE:

TYPE TRANSMISSION

	- Mc Cullogh
	- Multiplex
X	- Digital
	- Reverse Priority
	- RF
	- Other (Specify)

SERVICE

	- Weekly
	- Monthly
	- Quarterly
	- Semi Annually
X	- Annually
	- Other (Specify)

PANEL MANUFACTURER: EST MODEL NO: IO-500

CIRCUIT STYLES: Class B

NO. OF CIRCUITS: 1-Addressable / 1-NAC

SOFTWARE REV:

LAST DATE THAT SYSTEM HAD ANY SERVICE PERFORMED: 9/8/2014

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: **9/8/2014**

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
2	B	MANUAL STATIONS
1	B	PHOTO DETECTORS
0		ION DETECTORS
3	B	DUCT DETECTORS
0		HEAT DETECTORS
2	B	WATERFLOW SWITCHES
4	B	SUPERVISORY SWITCHES
0		OTHER (SPECIFY)

VESS Electronic Security Solutions

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
0		BELLS
0		HORNS
0		CHIMES
		STROBES
0		SPEAKERS
2	B	OTHER (SPECIFY): Hors & Strobes

NO. OF ALARM INDICATING CIRCUITS: 1

ARE ALL CIRCUITS SUPERVISED: [X] YES [ ] NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
0		BUILDING TEMPERATURE
0		SITE WATER TEMPERATURE
0		SITE WATER LEVEL
0		FIRE PUMP POWER
0		FIRE PUMP RUNNING
0		FIRE PUMP AUTO
0		FIRE PUMP OR FIRE PUMP CONTROLLER IN TROUBLE
0		FIRE PUMP PHASE REVERSAL
0		GENERATOR IN AUTO
0		GENERATOR OR CONTROLLER TROUBLE
0		SWITCH TRANSFER
0		GENERATOR RUNNING
0		OTHER (SPECIFY):

SIGNALING LINE CIRCUITS

Quantity and style (see NFPA 72, Table 3-6.1) fo signaling line circuits connected to system:

QUANTITY: 1 STYLES: Y

POWER SUPPLIES

a.Primary(Main) Nominal Voltage 120 , Amps 20

Overcurrent Protection: Type 120 , Amps 20

Location (Panel Number): Electric Room Panel 1

Disconnecting Means Location: 24

b. Secondary (Standby):

12x2 Storage Battery Amp Hr. Rating 7

Calculated capacity to operate system, in hours: 24

Engine driven generator dedicated to the fire alarm system

Location of Fuel Storage

TYPE BATTERY

[ ]	Dry Cell
[ ]	Nickel Cadmium
[X]	Sealed Lead-Acid
[ ]	Other (Specify)

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system describe in NFPA 70, Article 700

_____ Legally required standby described in NFPA, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

VESS Electronic Security Solutions

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	X			
BUILDING OCCUPANTS	X			
BUILDING MANAGEMENT				
OTHER (SPECIFY)				
AHJ NOTIFIED OF ANY IMPAIRMENTS				

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	X	X	
INTERFACE EQ	X	X	
LAMPS/LED	X	X	
FUSES	X	X	
PRIMARY POWER SUPPLY	X	X	
TROUBLE SIGNALS	X	X	
DISCONNECT SWITCHES	X	X	
GROUND FAULT MONITORING	X	X	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	X		
LOAD VOLTAGE			
DISCHARGE TEST			
CHARGER TEST			
SPECIFIC GRAVITY			
TRANSIENT SUPPRESSORS			
REMOTE ANNUNCIATORS			

NOTIFICATION APPLIANCES

AUDIBLE	X	X	
VISUAL	X	X	
SPEAKERS			
VOICE CLARITY			

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL

COMMENTS: _____

EMERGENCY COMMUNICTATION EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET			
PHONE JACKS			
OFF-HOOK INDICATOR			
AMPLIFIER(S)			
TONE GENERATOR(S)			
CALL IN SIGNAL			
SYSTEM PERFORMANCE			

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
(SPECIFY)			
(SPECIFY)			
(SPECIFY)			
(SPECIFY)			
SPECIAL HAZARD SYSTEMS			
(SPECIFY)			
(SPECIFY)			
(SPECIFY)			

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISIS MONITORING	YES	NO	COMMENTS
ALARM SIGNAL	X		
ALARM RESTORAL	X		
TROUBLE SIGNAL	X		
TROUBLE RESTORAL	X		
SUPERVISORY SIGNAL	X		
SUPERVISORY RESTORAL	X		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	COMENTS
BUILDING MANAGEMENT	X		
MONITORING AGENCY	X		
BUILDING OCCUPANTS	X		
OTHER (SPECIFY)			

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RETURNED TO NORMAL OPERATION **DATE:** 9/8/2014 **TIME:**

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR: Tom M

DATE: 9/8/2014

SIGNATURE:

NAME OF OWNER REPRESENTATIVE: Judy Maurer

DATE: 9/8/2014

SIGNATURE:

Fire Bureau

From: Mike DeMaio <mikedemaio2@gmail.com>
Sent: Monday, September 08, 2014 9:33 AM
To: Fire Bureau
Subject: Fwd: BRICK TWP===SPRINKLER CERTIFICATE
Attachments: image001.jpg; ATT00001.htm; 20140908084444077.pdf; ATT00002.htm

Sent from my iPhone

Begin forwarded message:

> **From:** Chuck Bradley <Chuck@indpfire.com>
> **Date:** September 8, 2014 at 8:55:10 AM EDT
> **To:** "mikedemaio2@gmail.com" <mikedemaio2@gmail.com>
> **Cc:** "Mdemdev@aol.com" <Mdemdev@aol.com>
> **Subject: BRICK TWP===SPRINKLER CERTIFICATE**
>
> Mike
>
> Please find sprinkler certificate for the core and shell subdivide for Men's Warehouse.
>
> Thanks
>
> **Chuck Bradley**

Independence
FIRE SPRINKLER COMPANY, LLC

September 8, 2014

Milex Construction
1360 Adams Road
Bensalem, PA 19020

Attn: Mr. Mike DeMaio

RE: **Men's Warehouse – Two new tenant**
Creation of Shell Space
Brick Plaza Shopping Center
Brick, New Jersey

Dear Mike,

This letter is to certify that the work completed and the fire sprinkler modifications performed at the above-mentioned location conforms to all state and local codes and the NFPA 13 standard for the installation of sprinkler systems. The sprinkler system on this floor was left operable and in service.

Please see our attached contractor's material and test certificate.

Very Truly Yours,

Charles J. Bradley
Project Manager
New Jersey License #P0313

P.O. BOX 94 ▪ 135 SOUTH GOVERNOR PRINTZ BLVD., SUITE B ▪ ESSINGTON, PA 19029 P 484.494.7724 F 484.494.7734 indpfire.com

Independence
FIRE SPRINKLER COMPANY, LLC

Contractor's Material and Test Certificate for Aboveground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and systems left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME	DATE
MENS WAREHOUSE AND TENANT SUBDIVIDE	SEPTEMBER 8, 2014

PROPERTY ADDRESS
100 CEDAR BRIDGE AVE, BRICK, NEW JERSEY

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES)
BRICK TOWNSHIP

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS ■ YES ☐ NO
EQUIPMENT USED US APPROVED ■ YES ☐ NO
IF NO, EXPLAIN

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPTMENT BEEN INSTRUCTED AS TO THIS LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? ■ YES ☐ NO
IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES?
1. SYSTEM COMPONENTS INSTRUCTIONS ■ YES ☐ NO
2. CARE AND MAINTENCE INSTRUSTIONS ■ YES ☐ NO
3. NFPA 25 ■ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BUILDINGS
LANLORD TENNANT SEPERATION TO CREATE NEW SPACE

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANITY	TEMPERATURE RATING
VICTAULIC	V2704	2014	½"	60	155°

PIPE AND FITTING

TYPE OF PIPE Steel
TYPE OF FITTING Cast Iron

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MIN	SEC
WATER FLOW	POTTER	VSR-4	0	35

DRY PIPE OPERATING TEST

N/A

DRY VALVE			Q.O.D.		
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

	TIME TO TRIP THROUGH TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO, EXPLAIN

DELUGE AND PREACTION VALVES

N/A

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES THE VALVUE OPERATE FROM THE MANUAL TRIP, REMOTE OR BOTH CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM?		DOES EACH CIRCUIT OPERATE EACH VALVE RELEASE?		MA XIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN	SEC

PRESSURE REDUCING VALVE TEST

N/A

LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE		RESIDUAL PRESSURE (FLOWING)		FLOW RATE
			INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)

TEST DESCRIPTION

HYDROSTATIC: HYDROSTATIC TESTS SHALL BE MADE ATY NOT LESS THAN 200 PSI (13.6 BARS) FOR 2 HOURS OR 50 PSI (3.4 BARS) ABOVE STATIC PRESSIRE IN EXCESS OF 150 PSI (10.2 BARS) FOR 2 HOURS. DIFFERENTIAL DRY-PIPE VALVE CLAPPERS SHALL BE LEFT OPEN DURING THE TEST TO PREVENT DAMAGE. ALL ABOVE GROUND PIPING LEAKAGE SHALL BE STOPPED.
PNEUMATIC: ESTABLISHED 40 PSI (2.7 BARS) AIR PRESSURE AND MEASURE DROP, WHICH SHALL NOT EXCEED 1 ½ PSI(0.1 BARS) IN 24 HOUR. TEST PRESSURE TANKS AT NORMAL WATER LEVEL AND AIR PRESSURE AND MEASURE AIR PRESSURE DROP, WHICH SHALL NOT EXCEED 1 ½ PSI (0.1 BARS)IN 24 HOURS.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS | IF NO, EXPLAIN

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ■ YES ☐ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORRSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS?
■ YES ☐ NO

DRAIN TEST	READING OF WATER GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTIONS: 90 PSI (___ BARS)	RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE: : 82 PSI (___ BARS)

UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING VERIFIED BY COPY OF THE U FORM NO. 85B ■ YES ☐ NO

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ■ YES ☐ NO

IF NO, EXPLAIN: OTHER EXISTING

IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORILY COMPLETED? N/A ☐ YES ☐ NO | IF NO, EXPLAIN N/A

BLANK TESTING GASKETS

NUMBER USED:	LOCATIONS	NUMBER REMOVED
0		

WELDING

WELDING PIPING ■ YES ☐ NO

IF YES,

DO YOU CERTIFY AS THE PRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS B2.1? ■ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS B2.1? ■ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO ENSURE THAT ALL DISCS ARE RETRIEVED, THAT ALL OPENINGS IN THE PIPE ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERAL DIAMETERS OF PIPING ARE NOT PENETRATED? ■ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ■ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAME PLATE PROVIDED EXISTING ■ YES ☐ NO | IF NO EXPLAIN

REMARKS

DATE LEFT IN SERIVCE WITH ALL CONTROL VALVES OPEN

9/8/14

SIGNATURES

NAME OF SPRINKLER CONTRACTOR
INDEPENDENCE FIRE SPRINKLER COMPANY, LLC.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
FOR INSTALLING CONTRACTOR (SIGNED)	TITLE Project Manager	DATE 9/8/14

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06/11/2014
Control # C-14-002454
Date Issued 07/16/2014
Permit # 14-2264

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 CHAMBERS BRIDGE RD. Men's Warehouse Unit 30 Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Email jfmiller@federal realty.com

Tel. (484) 419-1221

Contractor: BILES ELECTRIC & Mechanical

Address 100 Summerhill Rd. SPOTSWOOD NJ 08884

Email

Tel. (732) 251-7070 Fax. (732) 251-6588

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 5235 Expiration Date: 06/30/2015

Federal Employee No. 22-2416122

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $13,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 9-10-14
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9-8-14	

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$20
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	$20
	Shower	
3	Floor Drain	$30
2	Sink	$20
	Dishwasher	
1	Drinking Fountain	$10
	Washing Machine	
	Hose Bibb	
1	Water Heater	$60
	Fuel Oil Piping	
3	Gas Piping	$30
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
3	Other A/C	$120
	Other	
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$22
TOTAL FEE	$332

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 14-2264

Permit Number

14-2264

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
07/25/2014	SLAB	Bernie Reilly	Plumbing	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	
07/31/2014	FRAMING	Michael Vecchio	Building	Fail	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	too much to list
07/31/2014	ROUGH	Thomas Olson	Electrical	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	
08/04/2014	ROUGH	Bernie Reilly	Plumbing	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	
08/07/2014	FRAMING	Michael Vecchio	Building	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	
08/21/2014	Service	Patrick Callahan	Electrical	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	DR # 331748791 Service equipment only. Underground parallel feeders not run underground to transformer pad. Requires D&R for final service approval and cut-in card.
09/03/2014	Service	Thomas Olson	Electrical	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	Note 5:45 am inspection
09/03/2014	TRENCH	Thomas Olson	Electrical	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	Note 5:45 A M inspection
09/04/2014	PARTIAL FINAL	Thomas Olson	Electrical	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 14-2264

14-2264

09/04/2014	Final	Joseph DiRosa	Plumbing	Fail	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	not ready
09/05/2014	Final	Michael Vecchio	Building	Fail	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	penetrations at rated assemblies/ roof penetrations need reinfocement
09/08/2014	Final	Richard Orlando	Fire	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	
09/08/2014	GAS PIPING	Bernie Reilly	Plumbing	Pass	FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	
09/10/2014	Final	Bernie Reilly	Plumbing		FEDERAL REALTY INVESTMENT TRUST 56 CHAMBERS BRIDGE RD.	Alteration	ALTERATION - COMMERCIAL	

SPOKE to Mike on 9/10/14 (MEE)

Date Update Issued 9/12/14
Control # C-14-002454+B
Permit # 14-2264+B

PERMIT UPDATE

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Men's Warehouse Unit 30 Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (484) 419-1221

Contractor: Milex Construction LLC
Address: 1360 Adams Road Bensalem PA 19020
Telephone: (215) 245-1685
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 01-06950630

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:
ALTERATION - COMMERCIAL ...UPDATE +B - ADD 1 DEMISING WALL & NEW EXIT DOOR

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 $19,700

Daniel Newman Jr 9/5/14
Construction Official Date

PAYMENTS (Office Use Only)

Building	$268
Electrical	$250
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$33
CO Fee	
Other	$0
Total	$551 +50 = 601
Check No.	2221
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.

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:

09/12/14 XX07 SERV.007
BUILDING $268.00
$250.00
DCA $33.00
$50.00
CHECK $601.00

☑ 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.

update 14-2264+B

Qne+B

RECEIVING CLERK LH
DATE REC'D 8/22/14

ZONING PERMIT APPLICATION

PERMIT # ZP-14-00975
DATE ISSUED 9/12/14

BLOCK: 671 LOT: 1.01 QUALIFIER: — SITE ADDRESS: 56 Chambersbridge RD

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Trust
COMPLETE ADDRESS: 50 E. Wynnewood RD
Wynnewood Pa 19096
PHONE # 484 4191221 EMAIL: JFMiller@FederalRealty.com

2. NAME OF APPLICANT: Milex Const LLC
APPLICANT ADDRESS: 735 Wicks Ave
Bensalem Pa 19020
PHONE # 215 245 1685 EMAIL: MDeMDev@aol.com

3. RESPONSIBLE PERSON FOR WORK: Mike DeMaio
PHONE# 215 416 1494 FAX# —

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $ —
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: X
EXISTING USE: Men's Wearhouse
PROPOSED USE: Men's Wearhouse

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 — MATERIAL —

HEIGHT: — (*IF APPLICABLE)

OTHER —

DESCRIPTION: New Demising wall + Exit Door Rear.

ZONING REVIEW:
DATE REVIEWED: 8/23/14 DATE DENIED: — DATE APPROVED: 8/23/14 INTLS: JG

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
AUG 2 3 2014
ZONING SCZ

ZONING REVIEW:

DATE REVIEWED: 8/23/14 DATE DENIED: — DATE APPROVED: 8/23/14 INTLS: SCZ

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-14-01058
Application Date: 08/23/2014
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Brick Plaza - Unit No. 30
Brick Township, NJ 08723

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

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

Applicant: **Milex Construction, LLC**
Address: **725 Wicker Avenue**
Bensalem, PA 19020

Application Approved Date: 08/23/2014

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

Use is: Retail Store -"Mens' Wearhouse".
Nonconforming Use is:

Work Description:
Rehabilitation, Demising Wall -
Rear exit door.

ZP-14-00682 issued on July 16, 2014.

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

Sean Kinney

Sean Kinney, Zoning Officer — Date: 08/23/2014

Michael P. Fowler

Michael P. Fowler, Township Planner — **Date** 9/25/14

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 07/16/2014
Application Number: ZA-14-00643
Application Date: 06/12/2014
Project Number:
Permit Number: ZP-14-00682
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Brick Plaza - Unit No. 30
Brick Township, NJ 08723

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

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

Applicant: **Milex Construction LLC**
Address: **1360 Adams Rd**
Bensalem, PA 19020

Application Approved Date: 06/16/2014

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

Use is: Retail Store -"Men's Wearhouse" (former "China Buffet").
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up for a new business, "Men's Wearhouse" retail store to replace the "China Buffet" restaurant.

An additional zoning permit is required for any sign and for any other additional work.

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

Zoning Officer Sean Kinnevy — Copy Date

Michael P. Fowler, Township Planner — **Date**

Update 14-2264 FB

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 101 ADDRESS: 56 Chambersbridge RD

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambersbridge RD
2. NAME OF OWNER IN FEE: Federal Realty Trust

   ADDRESS: 50 E. Wynnewood RD PHONE #: (484 476 1221

   Wynnewood, Pa 19096 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Miller Const LLC

   ADDRESS: 745 Wicke Ave PHONE #: (215 345 1685

   Bensalem Pa 19020 FAX #: (215 345 1687
4. ARCHITECT OR ENGINEER: Matt Piotrowski

   ADDRESS: 330 Evergreen Ave PHONE: # (215 675 2099
5. RESPONSIBLE PERSON FOR WORK: Mike DeMaio

   ADDRESS: 745 Wicke Ave

PHONE #: (215 4161494 FAX #: ( ) _____ E-MAIL: MDEMDEV@aol.com

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: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Remodel Interior Comm. Space

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Community Development,
Land Use & Engineering

732-262-1027
Fax: 732-262-2941
www.twp.brick.nj.us

Date: 9-21-14

ENGINEERING
PLOT PLAN EXEMPT FORM
(ONLY IF NOT IN A FLOOD ZONE)

Block: 671 Lot: 1.01

Property Address: 56 Chambers Bridge RD

I, Mike DeNaro (name) of 735 Wicker Dr (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. **Proof that the property is not located in a Flood Hazard Area.**

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP

Fax Cover Page

To : 7322628954

From : Biles Electrical & Mechanical

Fax No. : 7322516588

Pages : 3 (excluded this sheet)

Date & Time : 08/27/2014 02:18

BILES ELECTRICAL & MECHANICAL LLC
100 Summerhill Rd
SPOTSWOOD, NJ 08884-1433
Electrical license #6854B Home Imp license #13VH06160800 Plumbing license #5235
TELEPHONE: 732 251-7070
FAX: 732 251-6588
EMAIL: service@bileselectric.com

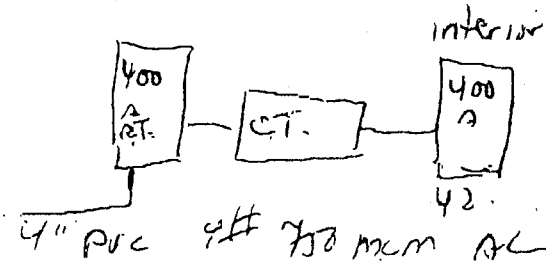
FAX

TO: Tom Olsen
FAX:
PHONE: 732-262-8954
SUBJECT: Short circuit 400A
COMMENTS: Chipotle

FROM: Stephanie Biles
FAX: 732 251-6588
PHONE: 732 251-7070
DATE: 8-27-14

Tom,

Here is the short circuit rating letter from JCP&L. I have also enclosed the order for the gear. The gear has 35K AIC. We am also installing a 400A fusible switch before the C.T. cabinet as per utility requirements. I am not sure if the architect drew that switch.



Sincerely
Stephanie Biles

Jersey Central Power & Light
A FirstEnergy Company
417 New Jersey Avenue
Point Pleasant, NJ 08742
John M Maloney
Layout Technician Senior
732-714-6202
Fax: 732-899-6208
417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

To: David Shepta
Fax (215) 322-7709

Date: 6/30/14

Inquire location:

74 Beick PLAZA (BRICK TWP) @ TRANSFORMER

JCP&L Design request # UG Inspection # 331527845

The interrupting duty or fault current for the above location will be:

- under 10,000 Amps
- over 10,000 Amps.
- If over 10,000Amps – your interrupting duty for the specific transformer in question will be 33,400 amps
  (Transformer size 225)

Note: This information is based solely on load information provided to JCP&L for this project.

Mary Warehouse

Chipotle

Customer Quotation

MAIN ELECTRIC SUPPLY COMPANY
24 PUBLIC ROAD

MONROE TOWNSHIP, NJ 08831
Phone: (609)860-8500 Fax: (609)860-1067

Schneider Electric

Project Name:	MILEX - SPJR Chipotle
Project Location:	BRICK
Customer Name:	BILES ELECTRIC Chambers Bridge Rd
Q2C Number:	35176775
Quote Number:	1 Block 671 Lot 1.01

Accessories

Fuses NOT Included
Overloads NOT Included
Lamps NOT Included
Lug Kits NOT Included

Item Number	Quantity	Catalog Number / Details	Unit Price	Extended Price
001-00	1	**Designation: PP1** **NQ MB PNLB (INT,BOX,FRT)** **NQ Panelboard** Consisting of 208Y/120V 3Ph 4W 60Hz SCCR: 35kA Series Rated w/ LG Circuit Breaker Suitable For Use As Service Entrance UL Single Main; 400AS/400AT/3P LG Circuit Breaker 80% Rated Main Trip Function: LSI Main Trip Unit: Standard Trip Unit Incoming Conductors: 1 - (2) 3/0 - 500 kcmil Bus: Copper: Silver/Tin Plated CU Ground Bar 42 Circuit Interior Type 1,Box: 68H x 20W x 8.75D Incoming: Bottom Trim: Surface with Door Box Cat No: MH68D9 Front Cat No: NC68VS Ref. Drawing: PBA713A Feeders: 42 - 20A/1P QOB Prepared Space Optional Features: Ship Completely Assembled,Standard Solid Neutral,Copper Ground Bar **Estimated Ship Days (ARO): 15 Working Days**		
002-00	1	D325NR SWITCH FUSIBLE GD 240V 400A 3P NEMA3R		

RECEIVING CLERK CR
DATE REC'D 6-12-14

ZONING PERMIT APPLICATION

PERMIT # ZP-14-0082
DATE ISSUED 7/16/14

BLOCK: 671 LOT: 1.01 QUALIFIER: — SITE ADDRESS: 56 Chambersbridge Rd.

IDENTIFICATION: Unit 30

1. NAME OF OWNER IN FEE: Federal Realty Trust
   COMPLETE ADDRESS: 50 E. Wynnewood Rd, Wynnewood Pa 19096
   PHONE # 484-419-1221 EMAIL: JFMiller@federalrealty.com
2. NAME OF APPLICANT: Milex Construction LLC
   APPLICANT ADDRESS: 1360 Adams Rd Bensalem Pa 19020
   PHONE # 215-245-1685 EMAIL: mdemdev@aol.com
3. RESPONSIBLE PERSON FOR WORK: Michael DeMaio
   PHONE# 215-416-1494 FAX# 215-245-1687
4. SIGNATURE OF APPLICANT: M DeMaio

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: China Buffet
PROPOSED USE: Mens Warehouse

COMMERCIAL

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 ___ MATERIAL ___

HEIGHT: ___ (*IF APPLICABLE)

OTHER ___

DESCRIPTION: Renovate existing Store Shell Tenant Fit up

ZONING REVIEW:
DATE REVIEWED: 6/16/14 DATE DENIED: ___ DATE APPROVED: 6/16/14 INTLS: SG 25

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUN 16 2014
ZONING

SE 25

ZONING REVIEW:

DATE REVIEWED: 6/16/14 DATE DENIED: — DATE APPROVED: 6/16/14 INTLS: SE 25

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 7/16/14
Application Number: ZA-14-00643
Application Date: 06/12/2014
Project Number:
Permit Number: ZP-14-00682
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Brick Plaza - Unit No. 30
Brick Township, NJ 08723

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

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

Applicant: **Milex Construction LLC**
Address: **1360 Adams Rd**
Bensalem, PA 19020

Application Approved Date: 06/16/2014

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

Use is: Retail Store -"Men's Wearhouse" (former "China Buffet").
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up for a new business, "Men's Wearhouse" retail store to replace the "China Buffet" restaurant.

An additional zoning permit is required for any sign and for any other additional work.

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

Zoning Officer Sean Kinney — Date 06/16/2014

Michael P. Fowler, Township Planner — **Date** 6/16/14

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 7/16/14

Date Issued Permit # 14-2264

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 Chamberbridge Rd Brick NJ

Owner in Fee: Federal Realty Trust

Tel. 484 419 1221 e-mail JFMiller@FederalRealty.com

Address 50 E. Wynnewood Rd Wynnewood Pa 19096

Contractor: Biles Electrical & Mechanical LLC (street / municipality) Tel. (732) 251-7070

Address 100 Summerhill RD e-mail service@bileselectric.com

Spotswood, NJ 08884 (zip code)

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 6854 Exp. Date 03/15/2013

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

Federal Emp. ID No. 462091689 FAX: (732) 251-6588

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 3100-

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by:_____

[ ] Fire Protection Plans Approved

Date:_____ Approved by:_____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7-11-14

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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.

Applicant/Contractor sign here: [signature]

Print name here: Stephanie Biles

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	5	
Other Devices Duct detector	3	
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		

CALL TO CLARIFY PERMIT

COMMERCIAL

VAPOR BOX HVAC

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F140 (rev. 02/11) Internet version

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

CONSTRUCTION PERMIT

Date Issued 7/16/14
Control # C-14-002454
Permit # 14-2264

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. Men's Warehouse
Unit 30 Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: (484) 419-1221

Contractor: Milex Construction LLC
Address: 1360 Adams Road Bensalem PA 19020

Telephone: (215) 245-1685
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 01-06950630

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:

ALTERATION - COMMERCIAL ...INTERIOR DEMO OF PRIOR TENANT SPACE (UNIT 30). SUBDIVIDE FOR NEW UNIT 31 & CREATE TWO NEW SPACES - SHELLS ONLY

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 $80,100

David F. Newman Jr. — Construction Official

7/11/14 — Date

PAYMENTS (Office Use Only)	
Building	$1,140
Electrical	$260
Plumbing	$310
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$136
CO Fee	$50.00
Other	$0
Total	$1,971
Check No.	2012
Cash	$0
Credit	$0
Collected By	

+50 = 2,021

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.

#2264
BUILDING $1140.00
ELECTRICAL $260.00
PLUMBING $310.00
FIRE $75.00
DCA $136.00
CO $50.00
ZPA $50.00
TOTAL $2021.00

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

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

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

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

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/19/14
Control #
Date Issued
Permit # 14-2264

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 1321 e-mail JFMiller@FederalRealty.

Address 450 E. Wynnewood RD Wynnewood Pa 19096
street municipality zip code

Contractor: Biles Electrical & Mech LLC Tel. (732) 251-7070

Address 100 Summerhill Rd e-mail
Spotswood, NJ 08884

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH616800

Federal Emp. ID No. 462091689 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 13,000

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: 6-26-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 S. Turk

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Retro existing store shell

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

COMMERCIAL

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.

PERMIT UPDATE

Date Update Issued 7/16/14
Control # C-14-002454+A
Permit # +A

14-22641A

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Men's Warehouse
Unit 30 Brick Township, NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE NJ
20852
Telephone: (484) 419-1221

Contractor Milex Construction LLC
Address 1360 Adams Road Bensalem PA 19020
Telephone: (215) 245-1685
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 01-06950630

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:
ALTERATION - COMMERCIAL ...UPDATE +A TO PROVIDE SEPARATE FIRE SUPPRESSION FOR ADDED TENANT SPACE UNIT 31

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 $22,000

Construction Official David W. Newman Jr. Date 7/11/14

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$37
CO Fee	
Other	$0
Total	$167
Check No.	
Cash	2/0 $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.

07/16/14 2:10PM 001558#4013
#10 SERV.010
$130.00
060 $37.00
$167.00

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.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 56 Chambersbridge Rd

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambersbridge Rd
2. NAME OF OWNER IN FEE: Frdual Realty Trust
   ADDRESS: 50 E. Wynnewood Rd PHONE #: (484) 419 1221
   Wynnewood Pa 19096 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Wilex Constructions
   ADDRESS: 1360 Adam Rd PHONE #: (215) 245 1685
   Bensalem Pa 19020 FAX #: (215) 245 1687
4. ARCHITECT OR ENGINEER: MVP Architects
   ADDRESS: Evergreen Ave PHONE: # (215) 675 2099
5. RESPONSIBLE PERSON FOR WORK: Mike DeMaio
   ADDRESS: 1360 Adam Rd

PHONE #: (215) 245 1685 FAX #: (215) 245 1687 E-MAIL: MDEMAIO2001@

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

FEE SUMMARY:

APPLICATION FEE: $ _____
REVIEW FEE: $ _____
INSPECTION FEE: $ _____
OTHER _____: $ _____
BOND(S): $ _____
TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: COMMERCIAL
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 Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, June 30, 2014

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

reseubmit 7/10/14

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-14-002454
Last Submit Date: Thursday, June 26, 2014

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.
1 Met with GC on site . Need to clarify info on alarm devices and tie in of SD's to both vanilla box units.

Sincerely,

Kevin Batzel, Subcode Official

CC:

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

Subcode Official Review

Date: Monday, June 30, 2014

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

RE: Fire Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: +A Control Number: C-14-002454+A
Last Submit Date: (none)

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.
1 Met with GC on site last week. Need detailed drawings and changes proposed for splitting of system and valve replacement for sprinkler syatem.

Sincerely,

Kevin Batzel, Subcode Official

CC:

Patrick Callahan

From: Stephanie Biles <stef@bileselectric.com>
Sent: Monday, July 07, 2014 4:19 PM
To: Patrick Callahan
Subject: 56 Chambers Bridge Rd
Attachments: JCP&L AIC.pdf; Brick service gear.pdf

C-14-02 454

Dear Pat,

I have enclosed the worksheet from JCP&L stating the AIC is 32K. I have also enclosed spec sheets from the gear we are installing showing a AIC of 42K
56 Chambers Bridge Rd
Block 671 Lot 1.01 MENS WEARHOUSE

Any questions please call my cell @ 732-778-2431
Thank you

Sincerely,
Stephanie Biles

Electrical & Mechanical LLC
732-251-7070

Jersey Central Power & Light
A FirstEnergy Company
417 New Jersey Avenue
Point Pleasant, NJ 08742

John H Halsey
Layout Technician Senior
732-714-2835
Fax: 732-892-5928

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

To: David Shepta
Fax (215) 322-7709

Date: 6/30/14

Inquire location:

74 Beick PLAZA (Brick NJ) @ TRANSFORMER

JCP&L Design request # Notification # 331527845

The interrupting duty or fault current for the above location will be:

- ➢ under 10,000 Amps
- ➢ over 10,000 Amps
- ➢ If over 10,000Amps – your interrupting duty for the specific transformer in question will be 32,400 amps
  (Transformer size 225)

Note: This information is based solely on load information provided to JCP&L for this project.

Mens Wearhouse

Customer Quotation **MAIN ELECTRIC SUPPLY COMPANY**

56 Chambers Bridge
Blk. 671 - Lt. 1.01

24 PUBLIC ROAD
MONROE TOWNSHIP, NJ 08831
Phone: (609)860-8500 Fax: (609)860-1067

Sq D Square D

Project Name: BRICK PLAZA SHOPPING CTR - SPJ	**Accessories**
Project Location: BRICK	Fuses NOT Included
Customer Name: BILES ELECTRIC	Overloads NOT Included
Q2C Number: 35041747	Lamps NOT Included
Quote Number: 1	Lug Kits NOT Included

Item Number	Quantity	Catalog Number / Details	Unit Price	Extended Price
001-00	1	**Designation:** PANEL PP-MW (SECTION 1) NF MB PNLB (INT,BOX,FRT) NF Panelboard Consisting of 208Y/120V 3Ph 4W 60Hz SCCR: 42kA Series Rated w/ LG Circuit Breaker Suitable For Use As Service Entrance UL Single Main: 600AS/600AT/3P LG Circuit Breaker 80% Rated Main Trip Function: LI Main Trip Unit: Standard Trip Unit Main Acc: Feed Thru Lugs Incoming Conductors: 1 - (2) 2/0 - 500 kcmil Bus: Copper: Silver/Tin Plated CU Ground Bar 42 Circuit Interior Type 1,Box: 80H x 20W x 8.75D Incoming: Bottom Trim: Surface with Door Box Cat No: MH80D8 Front Cat No: NC80VS3P Ref. Drawing: PBA554 Feeders: 1 - 45A/3P EDB 2 - 30A/3P EDB 8 - 20A/1P EDB 23 - 20A/1P EDB Prepared Space 1 - 20A/2P EDB Optional Features: Ship Completely Assembled,Standard Solid Neutral,Copper Ground Bar		
		Estimated Ship Days (ARO): 15 Working Days		
002-00	1	**Designation:** PANEL PP-MW (SECTION 2) NF442L5C PANELBOARD INTERIOR NF 600A MLO 42CKT 3P Consisting of 208Y/120V 3Ph 4W 60Hz SCCR: 42kA Series Rated w/ LG Circuit Breaker Main Lug Only: 600A Incoming Conductors: 1 - (2) 1/0 - 600 kcmil Bus: Copper: Silver/Tin Plated CU Ground Bar 42 Circuit Interior Type 1,Box: 56H x 20W x 5.75D Incoming: Bottom Trim: Surface with Door Box Cat No: MH56 Front Cat No: NC56VS Ref. Drawing: PBA551 Feeders: 42 - 20A/1P EDB Prepared Space Optional Features: Standard Panel (Box Ahead),Standard Solid Neutral,Copper Ground Bar		
003-00	1	**Designation:** PANEL PP-MW (SECTION 2) PK2TGTACU PANELBOARD GROUND BAR KIT		

PRINTED 5/30/2014 9:38 AM

** Transmit Confirmation Report **

P.1 Jul 2 2014 09:13am
BRICK TWP BUILDING DEP Fax:732-262-2941

Name/Fax No.	Mode	Start	Time	Page	Result	Note
12152451687	Normal	02,09:11am	1'36"	3	O K	

Fax - [redacted] 245-1687
Fax - 7/2/14
3 PAGES

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

Subcode Official Review

Date: Wednesday, June 25, 2014

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

RE: Electrical Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-14-002454
Last Submit Date: Tuesday, June 24, 2014

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

Need A F C available at service panel and meter

Sincerely,

Thomas Olson, Subcode Official

CC:

Department of Community Affairs

State of New Jersey
Department of Community Affairs
Division of Fire Safety

Hereby Issues To

INDEPENDENCE FIRE SPRINLER CO LLC

Fire Protection Equipment Contractor Business Permit

In The Following Fire Protection Areas:

Fire Sprinkler System

P01303	09/11/2013 to 10/31/2016
Permit ID	Date Issued Lapse Date

Richard E. Constable, III
Commissioner

STATE OF NEW JERSEY
DIVISION OF FIRE SAFETY

This is to certify that a Fire Protection Equipment Contractor Business Permit has been issued to:

INDEPENDENCE FIRE SPRINKLER CO LLC

And is authorized to provide services on the following systems: FSS

09/11/2013 to 10/31/2016
Date Issued Lapse Date

P01303
Permit ID

PLEASE DETACH HERE

Fire Protection System Abbreviation Key:
AFPES-All Fire Protection Equipment Systems
FSS-Fire Sprinkler System
SHFSS-Special Hazard Fire Suppression System
FAS-Fire Alarm System
PFE-Portable Fire Extinguisher
KFSS-Kitchen Fire Suppression System

PLEASE DETACH HERE

Dear Contractor:

Congratulations on receiving a business permit as a Fire Protection Equipment Contractor. The business identified above is authorized by the New Jersey Department of Community Affairs to install, service, repair, inspect and maintain fire protection equipment on the systems/services identified on the permit. The services authorized by this permit are restricted to the Fire Protection Equipment services identified on the business permit application, and may be limited within each permit classification.

Let me commend you on your professional attitude and desire to provide a valuable service to the citizens of New Jersey. The business permit will be valid for a period of three years. At least one employee of the business must be certified within "each" specialty listed on the permit. An individual certified as a "All Fire Protection Equipment Systems" contractor is permitted to work on all fire protection equipment systems authorized by Public Law P.L. 2001, c. 289.

Please do not hesitate to contact our office if we may further assist you. Our mailing address is: Division of Fire Safety, Contractor Certification and Emblems Unit, P.O. Box 809, Trenton, New Jersey 08625-0809, or phone us at (609) 984-7860.

Sincerely,

Richard E. Constable, III
Commissioner

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	JC	6/16/14							ZA-14-00643
☒ ~~Planning Board~~	JC	8/23/14							ZA-14-01058
☐ 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.				

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.

(X Check if contractor.

Agent Name Milex Construction LLC

Address 13600 Adams Rd
Bensalem Pa 19020

Telephone (215) 245 1685

Signature _____

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

Sector H

Unit 31 5416 sq ft Manufacturing

Unit 30 3995 sq ft Vacant

3B Mercantile

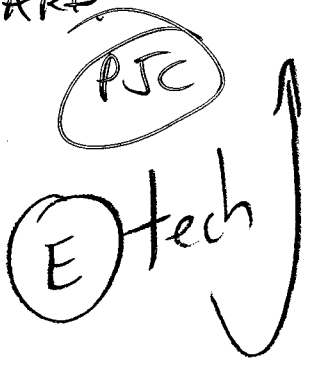
(F) tech

8/21/14 – PASS SERVICE EQUIPMENT.

STILL NEED:

1.- TRENCH INSP. FOR LATERALS TO TRANS. PAD

2.- SHUTDOWN / D+R INSPECTION & CUT-IN CARD



8-6-14 MV – Frame App –
Hardcopy of letter to follow

9/29/14 MV – Final Reg –
Final with update Reqs –