BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) ~~110 Brick Pl~~ 256 Chambers Bridge PERMIT NO. 15-2957

ECU

CONSTRUCTION PERMIT APPLICATION

(LH)

C-15-003476

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~110 Brick Pl~~ 256 Chambers Bridge Rd.
2. Name of Owner in Fee: Spirit Halloween
   Tel. (609) 545-3300 e-mail eric.peres@spirithalloween.com
   Address 6826 Blackhorse Pike (street) Egg Harbor, NJ (municipality) 08234 (zip code)
3. Ownership in Fee: Public √ Private
4. Principal Contractor: Eric Peres Spirit Halloween Tel. (908) 803-8300
   Address ~~116 Lower Rt Clinton, NJ 08809~~ e-mail eric.peres@spirithalloween.com
   No Construction being done 6826 Black Horse Pike
   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. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____ ✓
6. Responsible Person in Charge once Work has Begun Eric Peres
   Tel. (908) 803-8300 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 125 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection	70 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 197		

VI. BUILDING/SITE CHARACTERISTICS

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

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		LH.		8/12/15	8/31/15	LW			
☐ Electrical									
☐ Plumbing									
☑ Fire Protection				7/22/15	9/3/15	LW	9/21/15		LH
☐ Elevator		Eng Exempt			7/20/15	ECE			
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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/14/2015
Control Number C-15-003476
Permit Number 15-2957
Permit Issue Date 09/03/2015
Certificate Number 15-2957

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. SPIRIT HALLOWEEN Brick Township, NJ 08723 Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: (609) 645-3300

Contractor SPIRIT HALLOWEEN

Address 6826 BLACK HORSE PIKE EGG HARBOR NJ 08234

Telephone: (908) 803-8300 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - SPIRIT HALLOWEEN

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 09/14/2015

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

To whom this may concern,

No work will be conducted to the existing fire sprinkler that is installed in this location

Spirit Halloween (Amber Scott) will be doing no work.

Thank you

Amber Scott

Amber Scott

732-573-5476

Spirit Halloween District Sales Manager.

C15-003476

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 7/7/15

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

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

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

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

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

( ) Check if contractor.

Agent Name Eric Peres

Address 6826 Blackhorse Pike Egg Harbor, NJ 08234

Telephone (908) 803-8300

Signature _____

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

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	☑	☐
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)

Matthew Fagen

From: Peg Mullen <pmullen@brickmua.com>
Sent: Thursday, September 10, 2015 10:58 AM
To: Matthew Fagen
Subject: RE: Spirit of Halloween - 56 Chambers Bridge Rd.

Hi Matt,

We were out to the Spirit Of Halloween this morning and it's good to go. Thanks

Respectfully,

Peg Mullen
Customer Accounts

732-701-4224
pmullen@brickmua.com

From: Matthew Fagen [mailto:mfagen@twp.brick.nj.us]
Sent: Wednesday, September 09, 2015 9:29 AM
To: Peg Mullen
Subject: Spirit of Halloween - 56 Chambers Bridge Rd.

The Spirit of Halloween Store is looking for a Certificate to open. It is located at 56 Chambers Bridge Rd. Block: 671 Lot: 1.01 (Brick Plaza). It is located at the previous Ethan Allen location. The contact person's name is Amber and her telephone number is (732)573-5476.

Thanks,
Matt

Matthew F. Fagen
Department of Land Use & Community Development
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/3/15

Date Issued / Permit # 15-2957

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 ~~40 Brick Plz~~ 56 Chambers Bridge

Owner in Fee: Spirit Halloween

Tel. (609) 645-3300 e-mail eric.peres@spirithalloween.com

Address 6826 Blackhorse Pike (street) Egg Harbor (municipality) NJ 08234 (zip code)

Contractor: Eric Peres Tel. (908) 803-6200

Address 115 Lower Rd e-mail eric.peres@spirithalloween.com

Linden NJ 07036

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 8-31-15 MV
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 09/01/15

Approved by: KRK

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 09/14/15

Approved by: KRK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	*9-10-15 MV		9-11-15 MV	
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 $ ____
3. Total (1+ 2) $ 17,00

*See Attached

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: Eric Peres

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tenant Fit-Up

No Construction being done, Just Snap Wall Fixtures

~~1 ft x 16 ft Channel Letter Sign being put up above store front~~

Halloween Store

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [/] Sign 128 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

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

Brick Township

CORRECTION NOTICE

Spirit of Halloween

ADDRESS 56 Chambers Bridge

PERMIT NUMBER 15-2957 BLOCK _____ LOT _____

~~OWNER~~ Final Rep

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

1. Sprinkler room req. Emerg Exit Light
2. Exit by changing room - C exterior. Provide Proper Path
3. Adult Emergency sign in ceil. Make it a combo
4. Label door next to bathroom with NO ACCESS
5. Label door next to Fitting room NO ACCESS
6. Chain Opening to stock area at Mask section

or employees Only

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

DATE 9-10-15 INSPECTOR M

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	SC	7/20/15							ZA-15-009
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 9/3/15

Date Issued / Permit # 15-2957

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

Owner in Fee: Spirit Halloween

Tel. (609) 645-3300 e-mail eric.peres@spirithalloween.com

Address 6826 Black Horse Pike (street) Egg Harbor, NJ (municipality) 08234 (zip code)

Contractor: Eric Peres Tel. (908) 803-8300

Address 115 Lower Rd e-mail eric.peres@spirithalloween.com

Linden, NJ 07036

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

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 $ 0

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: 9/4/15 Approved by: _____

[ ] Fire Protection Plans Approved

Date: 9/8/15 Approved by: MTD

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9/8/15

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9-11-15

Approved by: [signature]

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			9/11/15	[signature]
Other				

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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: Eric Peres

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit Up

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)		
Other Devices		
TOTAL		
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		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

Inspection, Testing and Maintenance of Wet Fire Sprinkler Systems

Information on this form covers the minimum requirements of NFPA 25 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: **Federal Realty Investment Trust** Owner's Phone Number: **800-658-8908**

Owner's Address: **1626 E. Jefferson Street Rockville, MD 20852**

Property Being Inspected: **Brick Plaza Shopping Center - UNIT 34 (Ethan Allen)**

Property Address: **56 Chambers Bridge Rd. Unit 34 Sector L**

Date of Inspection: **8/12/15** All responses refer to the current inspection performed on this date.

This inspection is (check one): Daily Weekly Monthly Quarterly **X** Annual Third Year Fifth Year

Notes: 1) All questions are to be answered Yes, No or Not Applicable.

2) Inspection, Testing and Maintenance is to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I – Owner's Section

	Y	N
A. Is the building occupied?	X	
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	X	
C. Are all fire protection systems in service?	X	
D. Have there been any modifications to the system since the last inspection?		X
E. Was the system free of actuations of devices or alarms since the the last inspection?	X	

Owner or Representative (Print Name) Signature and Date

Part II – Inspection

	Y	N
1. Proper number and type of spare sprinklers?	X	
2. Visible sprinklers:		
A. Free of corrosion?	X	
B. Free of obstructions to spray patterns?	X	
C. Free of foreign materials including paint?	X	
D. Free of physical damage?	X	
3. Valve enclosures appear to be maintained above 40 degrees F?	X	
4. Valve supervisory switches indicate movement?	X	
5. Backflow prevention device present:	X	
A. Control or Isolation valves in correct position?	X	
B. Sealed, locked or supervised & accessible?	X	

	Y	N	N/A
6. Alarm devices free from physical damage?	X		
7. Adequate heat in accesible areas with wet piping?	X		
8. Sprinkler wrench with spare sprinkler?	X		
9. Gauges on wet-pipe system in good condition?	X		
A. Calibrated or replaced within last 5 years?	X		
B. If no, were they replaced?			X
10. Hydraulic nameplate attached to riser and legible?	X		
11. Visible pipe:			
A. Free of damage and not leaking?	X		
B. No external corrosion?	X		
C. Properly aligned and no apparent external loading?	X		
D. Hangers and seismic bracing not damaged or loose?	X		
12. Fire Department Connection:			
A. Visible, accessible, undamaged?	X		
B. Properly identified?	X		
C. Operating properly, free from leakage, with caps in place?	X		

	Y	N	N/A
12. Reduced pressure backflow relief port discharging continuously?			X
13. Alarm valves:			
A. Gauges in good condition showing normal supply water pressure?			X
B. Valves in correct position?			X
C. No leakage from retarding chamber or drains?			X

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE
FIRE
PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

Part II – Inspection Continued	Y	N	N/A
14. Pressure reducing valves present?		X	
A. Open with properly operating handles?			X
B. Free of damage or leakage?			X
C. Maintaining downstream pressure as designed?			X
15. Fifth Year Items:			
A. Alarm valves passed internal inspection?			X
B. Check valves passed internal inspection?			X
16. Antifreeze loops or systems present?			
A. Free of damage or leakage?			X
B. Accessible?			X
C. Antifreeze agent listed on tag?			X

Part III – Testing & Maintenance	Y	N	N/A
17. Inspectors test:			
A. Was flow observed?	X		
B. Did audible waterflow alarm sound?	X		
C. Was signal confirmed with central monitoring?	X		
D. Time to first audible alarm 35 Sec.			
18. Main drain test:			
A. Was flow observed?	X		
B. Drain Size 2"			
C. Location Garage			
D. Static 75 psi.; Residual 65 psi.; Return 75 psi.			
E. Comparable to previous tests?	X		
19. Control Valves:			
A. Qty. 2"			
B. Type OS&Y			
C. Qty.			
D. Type			
E. All operated through full range of motion?	X		
F. All returned to normal position?	X		
G. Tamper signal confirmed and returned to normal?	X		
20. Backflow devices: (See supplemental forms if applicable)			
A. Passed backflow test?		X	
B. Device passed forward flow test?	X		

Part III – Testing Section	Y	N	N/A
21. Are all sprinklers dated 1920 or later?	X		
22. Sprinklers fast response operating elements 20 years or older present?		X	
A. Tested within last 10 years?			X
23. Standard response sprinklers 50 years or older present?		X	
A. Tested within last 10 years?			X
24. Standard response sprinklers 75 years or older present?		X	
A. Tested within last 5 years?			X
25. Was antifreeze tested?			X
A. Specific gravity_____			
B. Concentration_____			
C. Approximate freeze point_____			
26. Post indicating valves operated through full range of motion?			X
27. Post indicating valves indicating properly?			X
28. Operating stems of valves lubricated?	X		
29. If sprinklers were replaced, were they proper replacements?			X
30. Was an obstruction investigation performed?		X	

Part III – Comments

Additional fifth year inspection testing and maintenance items, dry, pre-action, and deluge specific items included on separate form if applicable.

Part IV – Inspector's Information

Inspector: James T. Gibbons CET#124400

Company : Streamline Fire Protection,LLC.

Company's Address : P.O. Box 1110
Exton, Pa 19341

I state that the information on this form is correct at the time and place of my Inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____

Date: 8/12/15

2015 Fire Alarm Inspection Report

For

Holloween Store

Holloween Store
110 Brick Plaza
Brick NJ, 08723

INSPECTION DATE:
5/4/2015

INSPECTED BY:
Chris H. & Joe J.

Electronic Security Solutions
101 East Laurel Avenue
Cheltenham, PA 19012
Telephone 215-277-5248
Fax 215-277-5263
Cell 215-317-1258
JohnMitchell@essfiresys.com

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

FIRE ALARM INSPECTION REPORT

Inspection Date: 5/4/2015
Inspected By: Chris H. & Joe J.

SUBMITTED TO: Holloween Store
LOCATION: Holloween Store
110 Brick Plaza
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
WF		Sprinkler Room	PASS		
TS		Sprinkler Room	PASS		

		PASSED	FAILED	% PASSED
2	TOTAL DEVICES	2	0	
0	TOTAL SMOKE DETECTORS	0	0	NA
0	TOTAL MANUAL PULL STATIONS	0	0	NA
0	TOTAL DUCT SMOKE DETECTORS	0	0	NA
0	TOTAL HEAT DETECTORS	0	0	NA
1	TOTAL WATERFLOWS	1	0	100.00%
1	TOTAL TAMPER VALVES	1	0	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: 5/4/2015

TIME:

Service Organization

NAME: Electronic Security Solutions

ADDRESS: 101 East Laurel Ave
Cheltenham, PA 19012

REPRESENTATIVE: Chris H. & Joe J.

LICENSE NO: 34BF00037700

TELEPHONE: 215-277-5248

Propert Name (User)

NAME: Holloween Store

ADDRESS: 110 Brick Plaza
Brick , NJ 08723

OWNER CONTACT: Judy

TELEPHONE: 2158526405

MONITORING AGENCY

CONTACT: COPS

TELEPHONE: 18006332677

MONITORING ACCOUNT REF NO: 379-1393

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: Firelite MODEL NO: MS5UD

CIRCUIT STYLES: Class B

NO. OF CIRCUITS: 2-Conventional

SOFTWARE REV:

LAST DATE THAT SYSTEM HAD ANY SERVICE PERFORMED:

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

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

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
0		BELLS
0		HORNS
0		CHIMES
0		STROBES
0		SPEAKERS
0		OTHER (SPECIFY):

NO. OF ALARM INDICATING CIRCUITS: _____

ARE ALL CIRCUITS SUPERVISED: [ ] 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: _____ STYLES: _____

POWER SUPPLIES

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

Overcurrent Protection: Type Breaker , Amps 15

Location (Panel Number): Sprinkler Room

Disconnecting Means Location: 0

b. Secondary (Standby):

12vx2 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	X			
OTHER (SPECIFY)				
AHJ NOTIFIED OF ANY IMPAIRMENTS				

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	X	X	
INTERFACE EQ			
LAMPS/LED	X	X	
FUSES			
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			
VISUAL			
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:

VESS Electronic Security Solutions

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:** 10/3/2014 **TIME:** _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR: Chris H. & Joe J.

DATE: 5/4/2015

SIGNATURE: _____

NAME OF OWNER REPRESENTATIVE: Judy

DATE: 5/4/2015

SIGNATURE: _____

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

Subcode Official Review

Date: Thursday, August 13, 2015

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

RE: Building Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-15-003475
Last Submit Date: Friday, July 31, 2015

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

Architects plans must be signed and sealed.

Plans lack sufficient clarity (Illegible) and details. The following list is NOT limited and additional items may be requested. Please note that sufficient details are required to procure a permit.

Identify ALL components used; ie. displays,wall coverings, metal shelving,counters, etc. Be sure to include their dimensions and what materials they are made of.

Provide a safety plan. Indicate pathways, widths and lengths and show all exits. Indicate the door sizes and calcs to indicate their egress capacities.

Provide a key for use with the plans to help identify areas and components used.(ie. hatched area is for ?)

Provide flame spread and smoke development ratings for all displays/ wall coverings and the like. Please note that items without this information will not be permitted to be used.

Sincerely,

Michael Vecchio, S[redacted]

CC:

Resubmit 8/14/15

1st Review

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

Subcode Official Review

Date: Tuesday, August 25, 2015

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

RESUBMIT LH
SUBCODES B & E
DATES 8/29/15

RE: Building Subcode
Block: 671 Lot: 1.01 Qual:
56 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-15-003476
Last Submit Date: Friday, August 14, 2015

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

Provide an egress plan and analysis. Be sure to include the isle and door width.

Indicate the dimesions of the counter. (Must meet barrier free requirements)

Indicate/label ALL rooms and spaces. This includes the hatched areas and the like.

Provide an accurate and detailed layout. Doorways/openings are not indicated at portions. Be sure to include their clear widths.

NO dead ends permitted. All areas require proper widths and access.

Sincerely,

Michael Vecchio [redacted]

CC:

2nd Submit

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: ~~110 Brick Plz~~ 56 Chambers Bridge Rd.

IDENTIFICATION:

1. WORK SITE ADDRESS: ~~110 Brick Plz~~ 56 Chambers Bridge
2. NAME OF OWNER IN FEE: Spirit Halloween
   ADDRESS: 6826 Blackhorse Pike PHONE #: (609) 645-3300
   Egg Harbor, NJ 08234 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Spirit Halloween
   ADDRESS: 6826 Blackhorse Pike PHONE #: (609) 645-3300
   Egg Harbor, NJ 08234 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Eric Peres
   ADDRESS: 115 Lower Rd Linden, NJ 07036

PHONE #: (917) 807-8300 FAX #: (__) _____ E-MAIL: eric.peres@spirithalloween.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☑ OTHER No Construction being done

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

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

CONSTRUCTION PERMIT

Date Issued 9/3/15
Control # C-15-003476
Permit # 15-2957

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. SPIRIT HALLOWEEN Brick Township, NJ 08723
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (609) 645-3300
Contractor: SPIRIT HALLOWEEN
Address: 6826 BLACK HORSE PIKE EGG HARBOR NJ 08234
Telephone: (908) 803-8300
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - SPIRIT HALLOWEEN

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 $1,100

David Fitzsimmons Jr
Construction Official

9/3/15
Date

PAYMENTS (Office Use Only)

Building	$125
Electrical	$0
Plumbing	$0
Fire Protection	$70
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$197
Check No.	
Cash CASH	$0
Credit	$0
Collected By	

+50
247

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.

09/03/15 15:08PM 001558#3997
BUILDING $125.00
FIRE $70.00
DCA $2.00
TPA $50.00
ELECTRICAL $247.00
CASH $247.00
CHANGE $0.00

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:

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

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK LJ
DATE REC'D 7/16/15

ZONING PERMIT APPLICATION

PERMIT # 21-15-01102
DATE ISSUED 9/3/15

BLOCK: 271 LOT: 1.01 QUALIFIER: ~~Rear~~ SITE ADDRESS: ~~Rear~~ 56 Chambersbridge Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Spirit Halloween
   COMPLETE ADDRESS: 6826 Blackhorse Pike
   Egg Harbor, NJ 08234
   PHONE # 609-645-3300 EMAIL: eric.peres@spirithalloween.com

2. NAME OF APPLICANT: Eric Peres
   APPLICANT ADDRESS: 115 Lower Rd
   Linden, NJ
   PHONE # 908-803-8300 EMAIL: eric.peres@spirithalloween.com

3. RESPONSIBLE PERSON FOR WORK: Eric Peres
   PHONE# 908-803-8300 FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

~~RESIDENTIAL:~~
COMMERCIAL: ✓
EXISTING USE: vacant
PROPOSED USE: Spirit Halloween

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

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER Seasonal Halloween Store

DESCRIPTION: Moving into vacant space no construction being done. ~~Store~~ Sign being put up

ZONING REVIEW:
DATE REVIEWED: 7-15-15 DATE DENIED: DATE APPROVED: 7-15-15 INTLS:

(SEE BACK PAGE)

OFFICE USE ONLY

APPROVED FOR ZONING ONLY
SEAN KINNEVY. ZONING OFFICER
JUL 20 2015
SK20

ZONING REVIEW:

DATE REVIEWED: 7/20/15 DATE DENIED: — DATE APPROVED: 7/20/15 INTLS: SK20

DATE:	COMMENTS:	INITIALS:
7/20/15	SENT TO ECC FOR QR	SK20

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

Township Council:
Susan Lydecker - President
Jim Fozman – Vice President
Heather deJong
Bob Moore
Paul Mummolo
Marianna Pontoriero
Andrea Zapcic

Department of Land Use and Community Development
Division of Land Use & Planning
732-262-1027
Fax: 732-262-2941

www.twp.brick.nj.us

Date: _____

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

Block: _____ Lot: _____

Property Address: 96 Chambers Bridge Rd

I, Eric Perez / Spirit Halloween (name) of 96 Chambers Bridge Rd (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:

STATEMENT OF OPERATIONS/DESCRIPTION OF USE

FOR CHANGE OF COMMERCIAL TENANT

NAME: Eric Peres

HOME ADDRESS/PRESENT LOCATION: 6826 Blackhorse Pike Egg Harbor, NJ 08234

PHONE NUMBER: 908-803-8300

NAME OF BUSINESS: Spirit Halloween

TYPE OF BUSINESS: Seasonal Retail Halloween Store

BLOCK NUMBER: _____ LOT NUMBER: _____

ADDRESS OF SITE: 110 Brick Plz

NUMBER OF EMPLOYEES, INCLUDING MGMT.: 20

SIZE OF UNIT (square feet): 18,000

TYPE OF SERVICE PROVIDED: Retail of Halloween costumes, decor + accessories

DAYS/HOURS OF OPERATION: Mon-Sat 10a-9p Sun 11a-7pm

STORAGE OF GOODS (type, amount, location): Backstock of costumes + accessories

OUTDOOR DISPLAY OF GOODS FOR SALE (type, amount, location): N/A

COMPANY VEHICLES (type, amount, size, GVW, location on site):
N/A

NUMBER OF SEATS (RESTAURANT): N/A

WILL BUSINESS SELL PRODUCT TO ULTIMATE CONSUMER/END USER?: Yes

WILL BUSINESS INCLUDE RETAIL SALES?: Yes

WILL BUSINESS COLLECT SALES TAX?: Yes

Eric Peres
Name (Please Print)

Signature

7/7/15
Date

Note: Please include: (1) detailed proposed floor plan, (2) copy of site plan marked to show location of tenant space, (3) zoning permit application form, (4) fee, (5) this form

Revised: 12/15/11
c:\documents and settings\aflorio\my documents\change of comm.tenant.doc

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-15-00955
Application Date: 07/15/2015
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
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: **Spirit Halloween**
Address: **6826 Black Horse Pike**
Ehh Harbor Twp., NJ 08234

Application Approved Date: 07/15/2015

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

Use is: Retail Store (Spirit Halloween)
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations to create a Spirt Halloween retail store. Permitted use in the B-3 zone.

Additional Zoning permit is required for 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

Christopher J. Romano, Office of Zoning — 07/15/2015 Date

Sean Kinnevy, Zoning Officer — 7/20/15 **Date**

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

Inspection, Testing and Maintenance of Wet Fire Sprinkler Systems

Information on this form covers the minimum requirements of NFPA 25 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: **Federal Realty Investment Trust** Owner's Phone Number: **800-658-8908**
Owner's Address: **1626 E. Jefferson Street Rockville, MD 20852**
Property Being Inspected: **Brick Plaza Shopping Center - UNIT 34 (Ethan Allen)**
Property Address: **56 Chambers Bridge Rd. Unit 34 Sector L**
Date of Inspection: **8/12/15** All responses refer to the current inspection performed on this date.
This inspection is (check one): Daily Weekly Monthly Quarterly **X** Annual Third Year Fifth Year
Notes: 1) All questions are to be answered Yes, No or Not Applicable.
2) Inspection, Testing and Maintenance is to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.

Part I – Owner's Section

	Y	N
A. Is the building occupied?	X	
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	X	
C. Are all fire protection systems in service?	X	
D. Have there been any modifications to the system since the last inspection?		X
E. Was the system free of actuations of devices or alarms since the the last inspection?	X	

Owner or Representative (Print Name) Signature and Date

Part II – Inspection

	Y	N
1. Proper number and type of spare sprinklers?	X	
2. Visible sprinklers:		
A. Free of corrosion?	X	
B. Free of obstructions to spray patterns?	X	
C. Free of foreign materials including paint?	X	
D. Free of physical damage?	X	
3. Valve enclosures appear to be maintained above 40 degrees F?	X	
4. Valve supervisory switches indicate movement?	X	
5. Backflow prevention device present:	X	
A. Control or Isolation valves in correct position?	X	
B. Sealed, locked or supervised & accessible?	X	

	Y	N	N/A
6. Alarm devices free from physical damage?	X		
7. Adequate heat in accesible areas with wet piping?	X		
8. Sprinkler wrench with spare sprinkler?	X		
9. Gauges on wet-pipe system in good condition?	X		
A. Calibrated or replaced within last 5 years?	X		
B. If no, were they replaced?			X
10. Hydraulic nameplate attached to riser and legible?	X		
11. Visible pipe:			
A. Free of damage and not leaking?	X		
B. No external corrosion?	X		
C. Properly aligned and no apparent external loading?	X		
D. Hangers and seismic bracing not damaged or loose?	X		
12. Fire Department Connection:			
A. Visible, accessible, undamaged?	X		
B. Properly identified?	X		
C. Operating properly, free from leakage, with caps in place?	X		

	Y	N	N/A
12. Reduced pressure backflow relief port discharging continuously?			X
13. Alarm valves:			
A. Gauges in good condition showing normal supply water pressure?			X
B. Valves in correct position?			X
C. No leakage from retarding chamber or drains?			X

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE
FIRE
PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

DESIGN
INSTALLATION
INSPECTION
SERVICE

STREAMLINE FIRE PROTECTION

P.O. BOX 1110
EXTON, PA 19341
PH: 1-855-393-1567
FAX: 1-855-393-1567

Part II – Inspection Continued

	Y	N	N/A
14. Pressure reducing valves present?		X	
A. Open with properly operating handles?			X
B. Free of damage or leakage?			X
C. Maintaining downstream pressure as designed?			X
15. Fifth Year Items:			
A. Alarm valves passed internal inspection?			X
B. Check valves passed internal inspection?			X
16. Antifreeze loops or systems present?			
A. Free of damage or leakage?			X
B. Accessible?			X
C. Antifreeze agent listed on tag?			X

Part III – Testing & Maintenance

	Y	N	N/A
17. Inspectors test:			
A. Was flow observed?	X		
B. Did audible waterflow alarm sound?	X		
C. Was signal confirmed with central monitoring?	X		
D. Time to first audible alarm 35 Sec.			
18. Main drain test:			
A. Was flow observed?	X		
B. Drain Size 2"			
C. Location Garage			
D. Static 75 psi.; Residual 65 psi.; Return 75 psi.			
E. Comparable to previous tests?	X		
19. Control Valves:			
A. Qty. 2"			
B. Type OS&Y			
C. Qty.____			
D. Type____			
E. All operated through full range of motion?	X		
F. All returned to normal position?	X		
G. Tamper signal confirmed and returned to normal?	X		
20. Backflow devices: (See supplemental forms if applicable)			
A. Passed backflow test?		X	
B. Device passed forward flow test?	X		

Part III – Testing Section

	Y	N	N/A
21. Are all sprinklers dated 1920 or later?	X		
22. Sprinklers fast response operating elements 20 years or older present?		X	
A. Tested within last 10 years?			X
23. Standard response sprinklers 50 years or older present?		X	
A. Tested within last 10 years?			X
24. Standard response sprinklers 75 years or older present?		X	
A. Tested within last 5 years?			X
25. Was antifreeze tested?			X
A. Specific gravity_____			
B. Concentration_____			
C. Approximate freeze point_____			
26. Post indicating valves operated through full range of motion?			X
27. Post indicating valves indicating properly?			X
28. Operating stems of valves lubricated?	X		
29. If sprinklers were replaced, were they proper replacements?			X
30. Was an obstruction investigation performed?		X	

Part III – Comments

Additional fifth year inspection testing and maintenance items, dry, pre-action, and deluge specific items included on separate form if applicable.

Part IV – Inspector's Information

Inspector: James T. Gibbons CET#124400

Company : Streamline Fire Protection,LLC.

Company's Address : P.O. Box 1110
Exton, Pa 19341

I state that the information on this form is correct at the time and place of my Inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector:

Date: 8/12/15

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

Subcode Official Review

Date: Wednesday, July 22, 2015

RESUBMIT CH
SUBCODES B & F
DATES 8/29/15

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: Control Number: C-15-003476
Last Submit Date: Tuesday, July 21, 2015

Dear FEDERAL REALTY INVESTMENT TRUST,

Your request is hereby denied based upon the following infractions.

1. Need plan to indicate snap walls being installed with labekling of all rooms and areas.

2. provide current fire alarm test for current system installed

3. Structure has fire sprinkler system installed. Design professional to address. If no work is being conducted, letter from design professional shall be accepted.

4. Need fire rating specifications of all snap walls and other cloth type materials being utilized.

Note: Any fixture or snap wall being installed must be a minumum of 18 inches below fire sprinkler heads located thoughout.

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 8/14/15

ATC Panels

MEDIUM DENSITY FIBERBOARD

MATERIAL SAFETY DATA SHEET

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NAME: Medium Density Fiberboard ~~~~ MDF
TRADE NAME: MDF
SYNONYMS: N/A
CHEMICAL FAMILY: N/A
CHEMICAL FORMULA: N/A
CAS NUMBER: None
MANUFACTURER'S NAME AND ADDRESS:
Clarion Boards, Inc.
143 Fiberboard Rd.
Shippenville, PA 16254
EMERGENCY TELEPHONE NUMBER: 814-226-8961
DATE PREPARED OR REVISED: SEPTEMBER 2004 Rev. July, 2005

SECTION II - HAZARDOUS INGREDIENTS

Under some conditions and/or subsequent remanufacturing the following hazardous substances may be released.

COMPONENT	CAS #	EXPOSURE LIMIT (OSHA)*	EXPOSURE LIMIT (ACGIH)*
Formaldehyde*	50-00-0	0.75 ppm 8-hr TWA 2 ppm 15-min STEL	0.3 ppm Ceiling
Wood Dust/Fiber**	None	15 mg/m^3 8-hr TWA (total dust) 5 mg/m^3 TWA (respirable fraction)	1.0 mg/m^3 TWA (inhalable dust) 10 mg/m^3 15-min STEL

*In AFL-CIO v. OSHA 965 F. 2d 962 (11th Cir. 1992), the court overturned OSHA=s 1989 Air Contaminants Rule, including the specific PELs for wood dust that OSHA had established at that time. The 1989 PELs were: TWA-5.0 mg/m^3; STEL (15 min.) - 10.0 mg/m^3 (all soft and hard woods, except Western red cedar); Western red cedar: TWA - 2.5 mg/m^3.

**Wood dust is now officially regulated as an organic dust under the Particualtes Not Otherwise Regulated (PNOR) or Inert or Nuisance Dust categories at PELs noted under Section II of this MSDS. However, a number of states have incorporated provisions of the 1989 standard in their state plans. Additionally, OSHA has announced that it may cite companies under the OSH Act General Duty Clause under appropriate circumstances for non-compliance with the 1989 PELs.

NOTE: Although Agency and Court decision(s) could affect these values, the Company will continue to utilize these values as the PEL.

SECTION III - PHYSICAL PROPERTIES

DESCRIPTION

Composite panel product composed of resin and wood fibers of varying percents (dependent on properties and thickness) pressed into panels of various sizes (normally 4 ft. X 8 ft.).

RESUBMIT
DATE 8/14/15

PHYSICAL DATA

BOILING POINT - Not Applicable
SPECIFIC GRAVITY - Variable (Dependent on wood species and moisture content)
VAPOR DENSITY - Not Applicable
% VOLATILES BY VOLUME - Not Applicable
MELTING POINT - Not Applicable
VAPOR PRESSURE - Not Applicable
SOLUBILITY IN H20 (% BY WT.) - Insoluble
EVAPORATION RATE (Butyl Acetate = 1) - Not Applicable
pH - Not Applicable
APPEARANCE AND ODOR - Light to dark colored solid. Color and odor are dependent on the wood species and time since board was manufactured.

SECTION IV - FIRE AND EXPLOSION DATA

FLASH POINT - Not Applicable
AUTO IGNITION TEMPERATURE - 425 - 475 deg F
FLAMMABLE LIMITS – Not Applicable
FIRE EXTINGUISHING MEDIA - Water Spray, Carbon Dioxide
SPECIAL FIRE FIGHTING PROCEDURES - Fire fighting procedures for wood products are well known.

UNUSUAL FIRE AND EXPLOSION HAZARDS - MDF does not present a fire or explosion hazard. Sawing, sanding, or machining MDF could result in the creation of wood dust. Wood dust may present a strong to severe explosion hazard if a dust cloud contacts an ignition source. According to data contained in NFPA Standards, .04 ounce per cubic foot is the minimum explosive concentration for wood flour.

SECTION V - HEALTH HAZARD DATA

WOOD DUST/FIBER: May cause nasal dryness, irritation and obstruction. Coughing, wheezing, and sneezing sinusitis and prolonged colds have also been reported. Depending on species, may cause respiratory sensitization and/or irritation. IARC classifies wood dust as a carcinogen to humans (Group 1). This classification is based primarily on IARC=s evaluation of increased risk in the occurrence of adenocarcinomas of the nasal cavities and paranasal sinuses associated with exposure to wood dust. IARC did not find sufficient evidence to associate cancers of the oropharynx, hypopharynx, lung, lymphatic and hematopoietic systems, stomach, colon or rectum with exposure to wood dust.

SIGNS AND SYMPTOMS OF EXPOSURE: Acute - may cause temporary irritation of skin, eyes, or respiratory system. If irritation persists consult a physician. Chronic - rats exposed to 14 ppm formaldehyde developed nasal cancer. The NCI epidemiology study of 26,000 workers found little, if any, evidence linking formaldehyde exposure to cancer. The EPA has classified formaldehyde a B-1 Probable Human Carcinogen. Formaldehyde is listed by the IARC and the NTP as an animal carcinogen.

EMERGENCY FIRST AID PROCEDURES

INHALATION, EYES, SKIN - Remove to fresh air
INGESTION - N/A

SECTION VI - REACTIVITY DATA

STABILITY - Stable
CONDITIONS TO AVOID - High relative humidity and high temperature increases the rate of formaldehyde emissions.
INCOMPATIBILITY (materials to avoid) - Strong oxidizing agents, strong acids
HAZARDOUS DECOMPOSITION PRODUCTS - Thermal and/or thermal-oxidative decomposition can product irritating and potentially toxic fumes and gases, including CO, aldehydes and organic acids.
HAZARDOUS POLYMERIZATION - Will not occur.

SECTION VII - SPECIAL PRECAUTION PROCEDURES

PRECAUTIONS AND SAFE HANDLING: Provide adequate ventilation to reduce the possible build-up of formaldehyde vapors.
STEPS TO BE TAKEN IF SPILLED OR RELEASED: See above.
WASTE DISPOSAL METHOD: Recycle, incinerate or landfill in accordance with local, state, and federal regulations.

SECTION VIII - SPECIAL PROTECTION INFORMATION
RESPIRATORY PROTECTION

Not required. However, the wearing of NIOSH approved breathing protection for exposure to wood dust may be necessary. Respirators are required if air contaminants exceed OSHA PEL.

VENTILATION

Necessary to remove dust in sanding, sawing and machine processes.
Ventilate to assure formaldehyde concentration is less than the OSHA PEL.

EYE PROTECTION

Wear appropriate eye protection or safety goggles if wood dust exposure is likely.

SECTION IX - REGULATORY INFORMATION

CALIFORNIA PROPOSITION 65 - Safe Drinking Water and Toxic Enforcement Act: Title 22 California Code of Regulations California Proposition 65 provides for labeling and disclosure of the presence of a chemical(s) known to the State of California to cause cancer or reproductive toxicity. This product contains Formaldehyde in extremely low levels and may, depending on conditions, emit Formaldehyde. Based on a preponderance of data and the recognition by OSHA that 0.75 ppm TWA is a safe employee exposure level, we do not feel that exposure to this product presents significant risk to users.

MINNESOTA – This product has not been tested for compliance with the Minnesota statutes for formaldehyde emissions. It cannot be used in the state for applications covered by Sections 144.495 and 325F.18 concerning the emission of Formaldehyde.

SARA 313 - This product does not contain chemical(s) in concentrations which should require reporting under SARA 313.

ODS: During the manufacture of this product there is no intended use of listed ozone depleting chemicals as defined in applicable EPA regulations.

IMPORTANT: Clarion Boards, Inc. believes the information contained in this MSDS to be accurate at the time of preparation and has been compiled using sources believed to be reliable. However, the Company makes no warrant, either expressed or implied concerning the accuracy or completeness of the information presented. It is the responsibility of the user to comply with local, state, or federal regulations concerning use of this product. It is the further responsibility of the buyer to research and understand safe methods of use, storage, handling and disposal of this product.

Pacon
CREATIVE PRODUCTS
Let Your Imagination Shine™

January 3, 2011

To Whom It May Concern:

RE: Material Safety Data Sheets – Exempt Products
See Attached Product List

Pacon Paper Products including colored papers are exempt from the OSHA Hazard Communication Regulations in 29 CFR 1910.1200 (b) (5) (iii), 29 CFR 1910.1200 (b) (5) (iv), and 29 CFR 1910.1200 (b) (6) (v) in that the wood and wood products exemption has been interpreted to include paper. These products also meet the definition of "Articles", manufactured items that do not release, or otherwise result in exposure to, a hazardous chemical under normal conditions of use. Due to these exemptions, Material Data Safety Sheets are not required for paper products.

If you have any questions regarding this please contact me at 800-333-2545. ext. 5120.

Sincerely,

Tom Harper
Director of Marketing

Attachment – Products List

PACON CORPORATION
2525 N. Casaloma Drive, Appleton, WI 54913-8865
Phone 920-830-5120 • Fax 920-830-5227

RESUBMIT
DATE 8/14/15

PAPER
SunWorks® Construction Paper
Peacock® Sulphite Construction Paper
Rainbow® Construction Paper
Riverside® Construction Paper & Art Street® Construction Paper
Tru-Ray® Construction Paper
Fadeless® Paper
Spectra® ArtKraft® Paper
Rainbow® Colored Kraft Paper / Paper Squares
Art Display Paper
White & Natural Kraft Paper
Easel Rolls
Project Paper
Newsprint Paper
Drawing Paper
Fingerpaint Paper
Tracing Paper
Watercolor Paper
Art & Activity Pads
Card Stock
Card Stock / Scrapbook Paper
Multi-Purpose / Bond Paper
Tagboard / Sentence Strips / Flash Cards
Peacock® Railroad Board / Poster Board/ Mat Frames / Art Board
Bordette® and Corobuff® Corrugated Paper
GoWrite!® Dry Erase

EDUCATIONAL AIDS
Chart Tablets & Racks / Grid Rolls
Ruled Handwriting Paper
Sentence Strips
Flash Cards
Learning Walls®
Classroom Keepers® & Corrugated Storage
Chart Stands & Easels
Pocket Charts & Stand
Interlocking Storage Container
Calendars
Spotlight® Presentation Boards

ARTS & CRAFTS
Origami Paper
Rainbow® Bags
Notched Looms

RESUBMIT

DATE _____

CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL

REGISTERED FLAME RESISTANT PRODUCT

Product:
FLAMELESS ® DISPLAY PAPER

Registration No.
F-00805

Product Marketed By:
PACON CORP.
2525 N. CASALOMA DRIVE
APPLETON, WI 54913

This product meets the minimum requirements of flame resistance established by the California State Fire Marshal for products identified in Section 13115, California Health and Safety Code.

The scope of the approved use of this product is provided in the current edition of the **CALIFORNIA APPROVED LIST OF FLAME RETARDANT CHEMICALS AND FABRICS, GENERAL AND LIMITED APPLICATIONS CONCERNS** published by the California State Fire Marshal.

Deputy State Fire Marshal

Expire: 6/30/2015

RESUBMIT FR-8
DATE 8/14/15

Spectra-Guard® FR-Kote

Flame Retardant Coating

Features	Applications
• Flame Retardant	• Document Storage
• Water-Based	• Flammable Liquids
• Printable	• Building Materials

Spectra-Guard® FR-Kote is an aqueous based multi-functional flame retardant surface coating. The coating can be formulated to meet Class A, B & C flame spreads, as well as the NFPA 701 and ASTM – E662 tests concerning flame spread and flame retardancy. The applied coating is capable of withstanding the rigors of a wide range of manufacturing application environments while delivery excellent clean up and handling characteristics.

GLUEING & PRINTING

Spectra-Guard® FR-Kote can be glued with cold-set adhesives or hot-melt adhesives. Spectra-Kote can provide you with a detailed list of qualified adhesives best suited for use with this product.

Spectra-Guard® FR-Kote is over-printable using Flexographic presses. It is recommended that all inks be reviewed for suitability of ink coverage characteristics prior to production to ensure optimum printing results.

APPLICATION METHODS

Spectra-Guard® FR-Kote is designed to handle virtually any type of application environments. Off-Line, Flexo and Roto-gravure equipment can apply the coating. The coating can be applied on Rod and Roll coaters with in-line or off-line coating capabilities.

TECHNICAL INFORMATION

Coating Type:	Water-based
Color: Liquid/ Dry	Clear/Clear
% Solids:	35 – 40
Volatile Components:	Water
pH:	11.0 – 11.7
Specific Gravity:	1
Viscosity:	20
Repulpability:	Excellent
FDA Compliant*:	Not Applicable
Freeze / thaw:	Stable

*For complete compliance information please contact Spectra-Kote
The above properties are typical values and should not be interpreted as product specifications.

Spectra-Guard® FR-Kote is a non-hazardous water-based proprietary polymer coating designed for application on a wide array of paper substrates including mediums. Because all paper substrates vary in the coat weight required to obtain desired performance values, a thorough examination of the substrate/coating interaction and the type of application equipment being used, should be conducted to determine the exact application weight. Spectra-Kote will be happy to facilitate substrate discussions between box maker, paper producer and the end user of the carton to ensure the correct substrate, coating and application choice.

Spectra-Guard® FR-Kote is repulpable in both mill systems, acid and alkaline, and complies with the current German recycling norms.

COATING SPECIALISTS

Functional Coatings, Over Print Varnishes, Clay Colors, Silicones, Printed Designs
FOURTH AND EAST WATER STREET, GETTYSBURG, PENNSYLVANIA 17325-0369
717.334.3177 • 800.241.4626 • FAX 717.334.4990 • info@spectra-kote.com

RESUBMIT
DATE 8/14/15

Spectra-Guard® Coatings

HANDLING INSTRUCTIONS

The Spectra-Guard® water-based formulation is specially designed for simple handling. This non-hazardous odorless coating can be washed clean from machinery with soap and water. The coating is compatible with standard industry water-based cleansers. If the coating comes in contact with the skin, simply rinse with water.

ALTERNATIVE TO WAX AND POLYETHYLENE PRODUCTS

The Spectra-Guard® systems of coatings provide an excellent opportunity for every segment of the paper industry to offer unique innovations to their customers. This series of coatings is capable of being fully integrated into every type of waste stream used through out the industry. Coated substrates are fully repulpable with all types of recycle mills.

REPULPING STUDY

Since the inception of the Spectra-Guard® systems of coatings, Spectra-Kote has sought to validate its claims to repulpability. Due to the tremendous amount of process variation existent in the reclamation of fiber, Spectra-Kote has sought extensive testing though out the industry. With the help of prominent Paper Science Schools and close work with large reputable integrated paper producers, Spectra-Kote has met nothing but success in the return of substrates coated with Spectra-Guard® products. In every case, mill operators have experienced no difficulty in seamlessly integrating our coated paper into their processes. For further details and testimonials please contact Spectra-Kote or one of our experienced sales staff.

WHAT'S THE DIFFERENCE BETWEEN "RECYCLABLE" AND "REPULPABLE"?

Recyclability: Relates to how well a treated box can be re-hydrated and fiberized in a pulping device. Most wax boxes pulp more slowly than untreated boxes, reducing pulper throughput and mill production rate. A waxed box that has good repulpability does not necessarily have good recyclability.

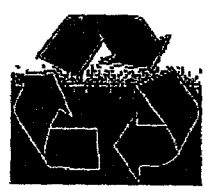
Repulpability: Relates to the overall ability of a treated box to be converted into recycled board, with minimal adverse effect on mill economics (yield and production rate), processing equipment and recycled board quality. Repulpability is a component of recyclability.

CORRUGATING

All liners coated with Spectra-Guard® coatings can be corrugated. Spectra-Kote has compiled a series of recommendations for the corrugating process to ensure seamless integration of our coated liners into your production process.

- Please contact us for our list of recommendations **800.241.4626**

ISO 9001 REGISTERED FIRM



COATING SPECIALISTS

Functional Coatings, Over Print Varnishes, Clay Colors, Silicones, Printed Designs
FOURTH AND EAST WATER STREET, GETTYSBURG, PENNSYLVANIA 17325-0369
717.334.3177 - 800.241.4626 - FAX 717.334.4990 - info@spectra-kote.com

Spectra-kote.
CORPORATION

FR - KOTE SURFACE FLAME SPREAD CERTIFICATION

FR-KOTE Certification is performed by inserting a coated sample 23 ½" X 3 ½" into an E-84 flame tunnel preset for 2000° fahrenheit and an adjusted airflow to cause the fire to spread . The coated sample is then exposed to the environment and measurements are taken every 15 seconds , and flame spread is reported.

The Government Specifications E-662 is not expected to spread more than 6".

For Class "A" the spread is not expected to spread more than 9".

For Class "C" the spread is not expected to spread more than 12".

COATED PAPER SPECIALISTS
Clay, Silicons, Functional Coatings, Overall Printed Designs
FOURTH STREET & EAST WATER STREET, P.O. BOX 3369, GETTYSBURG, PENNSYLVANIA 17325-0369
717-334-3177 • 800-241-4626 • FAX 717-334-4990

DNV

ACCREDITED REGISTRAR ANSI-RAB

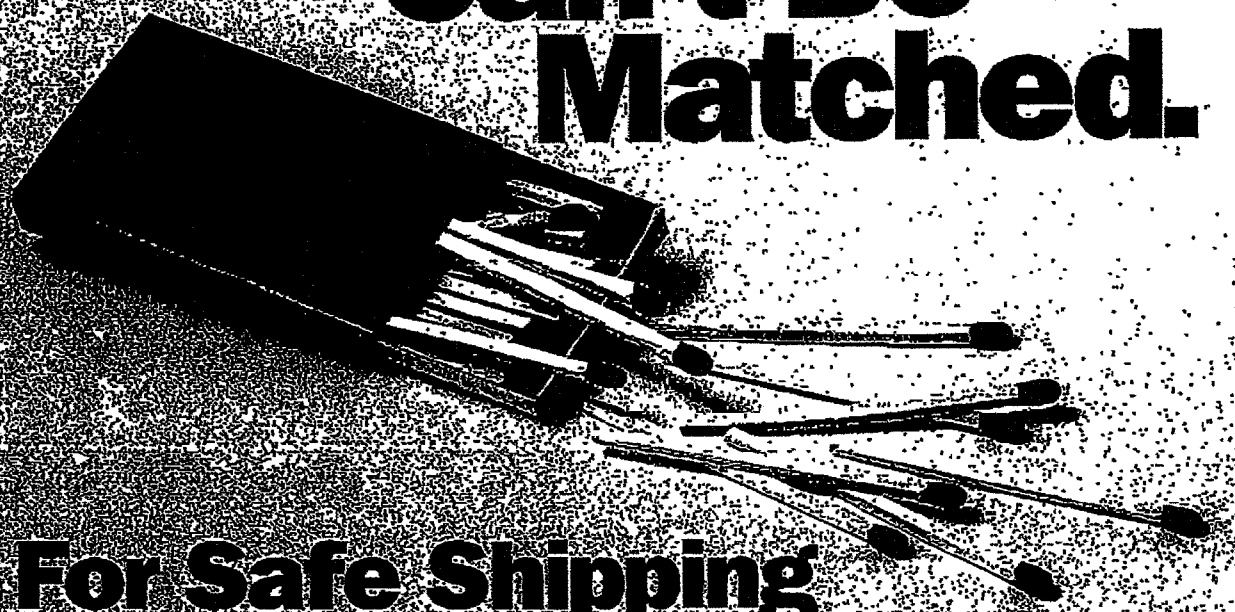
DNV Certification, Inc.

ISO 9001 REGISTERED FIRM

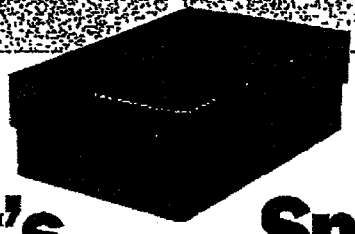
From Spectra-Kote's ISO 9001 certified Gettysburg, Pennsylvania, manufacturing facility, our organization consistently responds to customer demands with the ongoing development of barrier performing, environmentally-friendly repulpable products designed to replace containers currently utilizing salt based fire retardants.

FR KOTE treated medium and liners has been successful in application for office partitions and archival storage.

Protection That Can't Be Matched.



For Safe Shipping of Flammable Material,



Make Sure It's Spectra-Kote.

Trust Spectra-Kote to design a fire-retardant ceramic coating that's in a class by itself as a leader in fire safety.
Spectra-Kote has designed a proprietary intumescent ceramic coating that's impervious to acids, alkalis and petroleum distillates and performs up to 3000 degrees fahrenheit. That's hot protection you need when shipping flammable material and the kind of protection that meets the U.S. Navy Packaging Standards (ASTM E-162-Flame Spread and ASTM B-662-Specific Optic Density) and surpasses the U.L. NFPA Classification Test.

Trust Spectra-Kote to ship it safe.

- Coating needed only on the outer liner
- Applied to 90#, 69#, 42#, 33#, 26# liner grades
- Roll widths from 54" to 100"
- Minimum of only 8000 lineal feet

Spectra-Kote® CORPORATION

A Toll-Free Number: Call Spectra-Kote to learn more about what's hot in fire-retardant coatings 1-800-241-4626.

Fourth Street & East Water Street, P.O. Box 3369, Gettysburg, Pennsylvania, 17325-0369, 1-800-241-4626/717-334-3177

MATERIAL SAFETY DATA SHEET

FOR COATINGS, RESINS, AND RELATED MATERIALS

Date of Preparation: January 7, 2010 Revised: 6/15/07
Prepared by : **MARK BUNDA**
Manufacturer: **PPI COATINGS**
Address : **681 RACE STREET**
COLDWATER, MI 49036

Telephone#: **517-279-8051** Night: **517-279-8051**
Emergency#: **517-279-8051** Night: **517-279-8051**

****

SECTION I PRODUCT IDENTIFICATION

Name of Coating: **Clear Base**
Manufacturer's Code Identification: **P5XXXX**
Product Class: **WATERBORNE COATINGS**
Trade Name : N/A

HMIS Information: Health- 1 Flammability- 0
Reactivity- 0 Personal Protective Equipment- B
HAZARD INDEX: 4= Severe 3= Serious 2= Moderate 1= Slight 0= Least

---

****

SECTION II HAZARDOUS INGREDIENTS

Ethylene Glycol Monobutyl Ether (2-butoxyethanol) (butyl cellosolve); CAS#111-76-2; RTECS# KJ8575000; OSHA PEL (Skin) – 25ppm; TLV-20; Effects-TOX IRR CBL; % in Product – 0-3%

****

SECTION III PHYSICAL DATA

Boiling Range: High- 343.0 F Low- 336.0 F
Vapor Pressure: See Section II
Vapor Density: Heavier Than Air
Evaporation Rate: Slower than Butyl Acetate
Weight per Gallon: 8.59
Weight Solids: 39.23%(+/- 1%) Volume Solids: 37.09% (+/- 1%)
Appearance: n/a
pH n/a VOC (MATERIAL) : 0.2007 LBS./GAL.
VOC (COATING) : 0.5411 LBS./GAL.

RESUBMIT
DATE 8/14/15

MATERIAL SAFETY DATA SHEET

****
****

SECTION IV FIRE AND EXPLOSION HAZARD DATA

Flammability Classification: Class 3B
Actual Flashpoint TCC: 998.0
Explosion Level: Lower- 1.1 Upper- 10.6
Lower Flammability Limit: N/A

HEAT PROTECTION PROCEDURES
Containers exposed to intense heat from fires should be cooled with water to prevent vapor pressure buildup, which could result in container rupture.

EXTINGUISHING MEDIA
Use a CO2, Dry Chemical, or Foam extinguisher.
The National Fire Protection Association Class B extinguisher is designed to extinguish fires originating from burning liquids.

SPECIAL FIRE FIGHTING PROCEDURES
Water spray may be ineffective. Water may be used to cool closed containers to prevent pressure buildup and possible auto-ignition or explosion when exposed to extreme heat. If water is used, fog nozzles are preferable.

UNUSUAL FIRE AND EXPLOSION HAZARDS
Keep containers tightly closed. Isolate from heat, electrical equipment, sparks and open flame. Closed container may explode when exposed to extreme heat. Do not apply to hot surfaces. Never use welding or cutting torch on or near container (even empty) because product (even residue) may ignite explosively.

****

SECTION V HEALTH HAZARD DATA

EFFECTS OF EXCESSIVE OVEREXPOSURE
Reports have associated repeated and prolonged occupational overexposure to solvents with permanent brain nervous system damage. Intentional misuse by deliberately concentrating and inhaling the contents may be harmful or fatal. Do not breathe vapors or spray mist. Wear an appropriate, properly fitted respirator (NIOSH/MSHA approved) during and after application unless air monitoring demonstrates vapor/mist levels are below applicable limits. Follow respirator manufacturer's directions for respirator use.
This product contains organic solvents, which may cause eye, skin, and respiratory tract irritation. The symptoms of exposure are: tearing eyes; redness, drying and cracking of the skin; dizziness, nausea, and fatigue from inhalation; and vomiting from ingestion.
Based on the presence of components (01) ingestion of this product will cause irritation of the gastrointestinal tract and may cause effects resembling those from inhalation of vapor.
Ingestion may cause possible kidney damage.
Ingestion may cause possible liver damage.

MATERIAL SAFETY DATA SHEET

****

FIRST AID
EYE CONTACT: Flush with luke warm water for 15 minutes. Contact a physician immediately.
SKIN CONTACT: Flush/wash with copious amounts of luke warm water. Remove contaminated clothing promptly. Contact a physician immediately.
INHALATION: Remove exposed individual to fresh air. Restore breathing if required. Contact a physician immediately.
INGESTION: Rinse mouth immediately. Give exposed individual 6 to 8 ounces of liquid. (Never give anything by mouth to an unconscious person.) Do NOT induce vomiting unless advised by a physician. Contact a physician immediately.
****

SECTION V I REACTIVITY DATA

CONDITIONS TO AVOID
Avoid exposure to sparks, open flame, hot surfaces, and all sources of heat and ignition.
May produce hazardous fumes when heated to decomposition as in welding.
Fumes may contain carbon monoxide, carbon dioxide, and oxides of nitrogen.
INCOMPATIBILITY (Materials to Avoid)
Based on the presence of components (01) this product is incompatible with strong oxidizing agents.
HAZARDOUS POLYMERIZATION
Will not occur.
STABILITY
This product is stable.
****

SECTION V I I SPILL OR LEAK PRODCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED.
Stay upwind and away from spill unless wearing appropriate protective equipment. Stop and/or contain discharge if it may be done safely. Keep all sources of ignition away. Ventilate area of spill. Use non-sparking tools for cleanup. Cover with inert material to reduce fumes. Keep out of drains, sewers, or waterways. Contact fire authorities. Notify local health and pollution control agencies. Call spill response teams if large spill occurs.
WASTE DISPOSAL METHOD
DO NOT FLUSH TO SEWER, WATERSHED, OR WATERWAY.
Dispose of in accordance with local, state and federal regulations. Do not incinerate closed containers.

MATERIAL SAFETY DATA SHEET

****
****

SECTION VIII SAFE HANDLING AND USE INFORMATION

PROTECTIVE EYEWEAR

Avoid contact with eyes. Wear goggles if there is a likelihood of contact with eyes. Eyewash stations and safety showers should be readily available in handling areas.
Use safety eyewear with perforated side shields.

RESPIRATORY PROTECTION

In outdoor or open areas use (NIOSH/MSHA approved) mechanical filter respirator to remove solid airborne particles of over spray during spray application. In restricted ventilation areas use (NIOSH/MSHA approved) chemical-mechanical filters designed to remove a combination of particulate and gas and vapor. In confined areas use (NIOSH/MSHA approved) air line type respirators or hoods. Respiratory protection may also be necessary in any later manufacturing operations in which the product may become airborne in the form of vapor or dust.

VENTILATION

Use ventilation as required to control vapor concentrations. Avoid prolonged or repeated breathing of vapors. If exposure exceeds TLV, use a NIOSH-approved respirator to prevent overexposure.
Provide general dilution or local exhaust ventilation in volume and pattern to keep TLV of the most hazardous ingredient in Section II below acceptable limit, LEL in Section IV below stated limit, and to remove decomposition products during welding or lame cutting on surfaces coated with this product.

PROTECTIVE GLOVES

Required for prolonged or repeated contact. Wear resistant gloves such as natural rubber, neoprene, buna N or nitrile. An apron should be worn to avoid skin contact.

HYGIENIC PRACTICES

Wash hands thoroughly before eating and using washroom. Remove contaminated clothing immediately and do not wear again until it has been properly laundered.

****

SECTION IX SPECIAL PRECAUTIONS

HANDLING AND STORING PRECAUTIONS

Keep product containers cool, dry, and away from sources of ignition. Use and store this product with adequate ventilation. Do NOT smoke in storage areas.
Personnel should avoid inhalation of vapors. Personal contact with the product should be avoided. Should contact be made, remove saturated clothing and flush affected skin areas with water. Containers of this material may be hazardous when emptied. Since emptied containers retain product residues (vapors, liquid, and/or solid), all hazard precautions given in this sheet must be observed.

MATERIAL SAFETY DATA SHEET

****

SECTION X SECTION 313 Toxic Chemicals

****

This product contains the following toxic chemicals subject to the reporting requirements of section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 and of 40 CFR 372. This information must be included in all MSDS' that are coped and distributed for this material. (*Denotes percent parent metal contained in the preceding chemical compound)

Chemical	CAS Number	Weight %
Ethylene Glycol Monobutyl Ether	111-76-2	2.3%

****

THE INFORMATION CONTAINED HEREIN IS INFORMATION RECEIVED FROM OUR RAW MATERIAL SUPPLIERS AND OTHER SOURCES AND IS BELIEVED TO BE RELIABLE. THIS DATA IS NOT TO BE TAKEN AS A WARRANTY OR REPRESENTATION FOR WHICH PANEL PROCESSING, INC. ASSUMES LEGAL RESPONSIBILITY.

****

Spectra-Kote CORPORATION

FR-Kote Rating From Small-Scale Flame Tunnel

Class A	7" or Below
Class B	8" to 11"
Class C	12" and More

This test requires a 4" x 24" sample (24" in machine direction) to complete

Sample is Burned Coating side to the flame

Charles W. Propst Jr.
President

COATING SPECIALISTS
Functional Coatings, Over Print Varnishes, Clay Colors, Silicones, Printed Designs
301 EAST WATER STREET, PO Box 3369, GETTYSBURG, PENNSYLVANIA 17325-0369
717.334.3177 • 800.241.4626 • FAX 717.334.4990 • info@spectra-kote.com • www.wampaper.com