BLOCK 671 LOT 8 QUALIFICATION CODE — ADDRESS (SITE) 56 Chambers Bridge Road PERMIT NO. 12-1015

C12-000403

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Space #23A Solid Wood Cab

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge rd Brick NJ
2. Name of Owner in Fee: Federal Realty Investment Trust
   Tel. (484) 9191212 e-mail
   Address 50 Brick Plaza Highway 70 Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Mid Atlantic Home Rem Tel. (215) 6518438
   Address 35 Nancy dr e-mail
   Richboro PA 18954
   License No. OR, if new home, Builder Reg. No. 13VH05824000 Exp. Date 12/31/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 27-229-6129 FAX: (215) 9424008
5. Architect or Engineer Alan Blair Contact
   Address 35 Ridgeview dr Berlin NJ 08009 e-mail
   Tel. (856) 767-1064 FAX: ( )
6. Responsible Person in Charge once Work has Begun H. Berman
   Tel. (215) 6518438 FAX: (215) 9424008

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 300		165
2. Electrical	65		
3. Plumbing		90	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 25	8	8
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	2		
12. Other			173 TENANT
13. TOTAL	$ 390	98	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		1
2. Height of Structure	ft.	15
3. Area — Largest Floor	sq. ft.	3,200
4. New Building Area	sq. ft.	—
5. Volume of New Structure	cu. ft.	—
6. Max. Live Load		50PSF
7. Max. Occupancy Load		25
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	10000	KB	2/1/12		2/23/12	[illegible]			
☐ Electrical					2/28/12	ST	6-7-12 6-5-12		JS JS
☐ Plumbing									
☐ Fire Protection					[illegible]	[illegible]			
☐ Elevator		Eng Exempt			2/22/12	ECC			
TOTAL COST	10000								

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: SHOWROOM
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present Proposed 2B

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

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 H. Berman

Address 35 Nancy Ln Richboro PA 18954

Telephone (215) 6518438

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/21/2012
Control Number C-12-000403
Permit Number 12-1015
Permit Issue Date 4/23/2012
Certificate Number 12-1015

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Cabinet shop-Space #23A Former Hollywood Tan Brick Township, NJ Block: 671 Lot: 8 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (484) 919-1212

Contractor: Mid Atlantic Home Remodeling

Address: 35 naney Ln. Richboro PA 18954

Telephone: (215) 651-8438 Fax: (215) 942-4008

License Number or Builders Registration Number: 13VH05824000 Federal Emp. Number: 27-2296129

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Wood Cabinet store.

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: 6/21/2012

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

☒ BUILDING ☐ ELECTRICAL

☐ PLUMBING FIRE

☐ ELEVATOR DEVICES ☐ PROTECTION

☐ OTHER ______________________

Type of Inspection Final

Date 6-1-12 Inspector C P

Comments Install vertical grab bar in bath. Alarm on back door. Recommend T.C.O. 30 days

C.O. Form I-230B

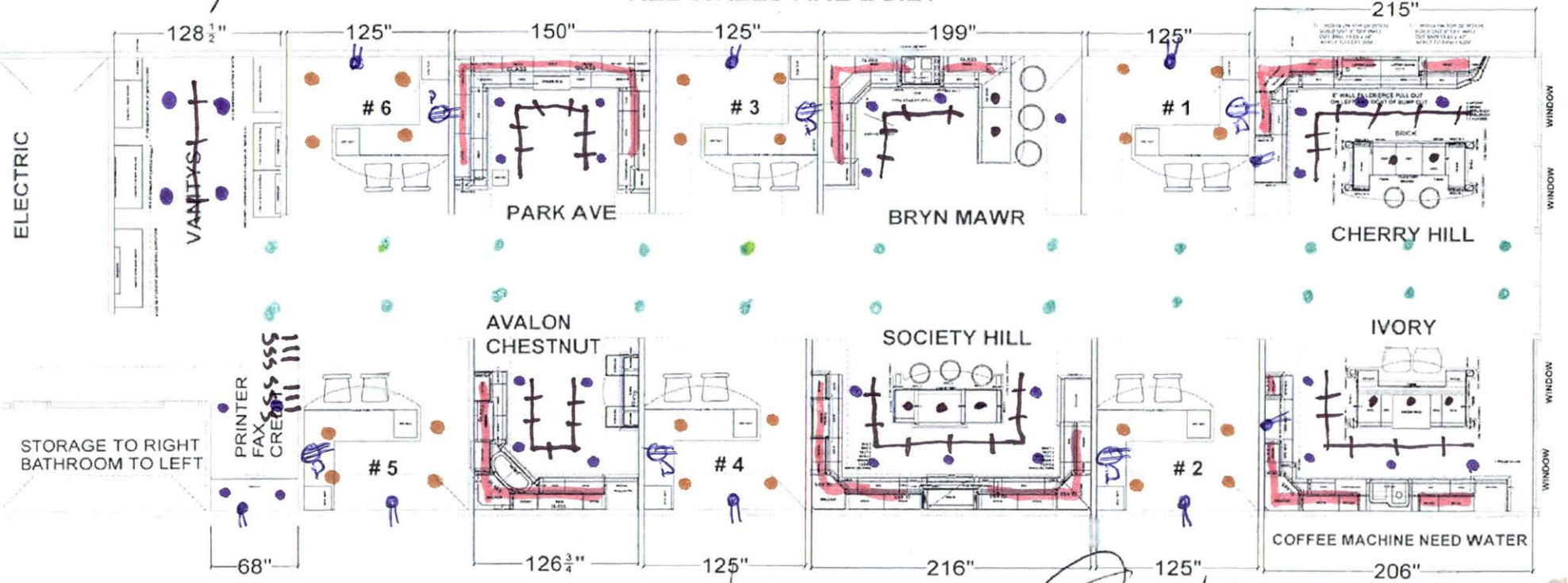
CAMPASCO Electric
NJ LIC 16755

- TV OUTLETS 20 Amp circuit
- Double Duplex outlet 2-20 Amp circuits left/Right side
- HALL High hats 20 Amp circuit
- TRACK lights 20 Amp circuit
- Kitchen High hats 20 Amp circuit
- OFFICE High hats 20 Amp circuit
- Pendalum light 20 Amp circuit
- Under CABINET lighting 300 WATTS per Kitchen. 20 Amp circuit

APPROVED

BRICK SHOWROOM 05-07-2012

ALL WALLS ARE BUILT



OK
Michael Dwell
5/11/2012
3:15 PM

5/11/12

APPROVED

CABINET SHOP

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPdate

Date Received 4/23/12
Control #
Date Issued
Permit # 12-1015

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

Block 611 56 Lot 8 Qualification Code

Work Site Location 50 Brick Plaza Highway 70, 08723

Owner in Fee Solid wud Cabinet

Address 50 Brick Plaza Highway 70, 08723

Tel (215) 778 2524

Contractor CANASCO Electric Co.

Address 5791 Blvd East Apt 6b West New York NJ 07093

Tel (201) 334 2585 FAX (866) 317-9685

Contractor License No. 34EI01675500

Federal Emp. No. 27-1963246.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA Remodel/Remove Re/Inst Existing Fixtures

QTY.	SIZE	ITEMS	FEE (Office Use Only)
35		Lighting Fixtures	
		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
7		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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required 2-28-12 SJ (Date / Initial)

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 6/21/12
Approved by: SJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			5-9-12	DJ
Barrier-Free		WALLS	OMM	
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	5-24-12 DJ		6-20-12	DJ
Barrier-Free				

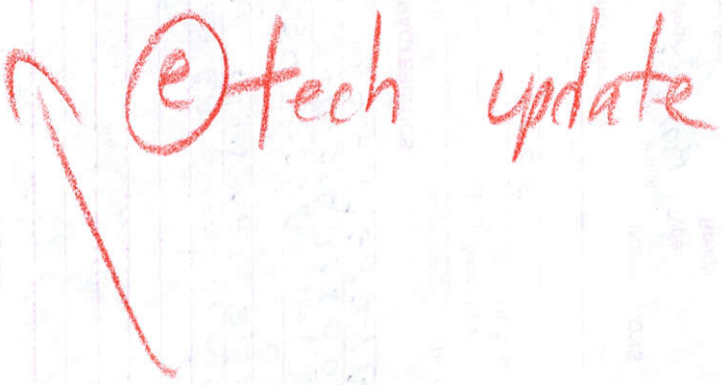
Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

5-29-12

AS BUILT DRAWINGS

UPDATE POWER

SUPPORT CABLES ABOVE CEILING W/ INDEPENDENT WIRES



NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/23/12

Date Issued / Permit # 12-1015

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

Block 671 Lot 8 Qualification Code

Work Site Location 100 Cedar Bridge rd 36 Chambers Bridge Brick NJ Space 23A

Owner in Fee: Federal Realty Investment Trust

Tel. (484) 919 1212 e-mail

Address 50 Brick Plaza Highway 70 Brick NJ 08723
street municipality zip code

Contractor: Mid Atlantic Home Remodel Tel. (215) 6518438

Address 35 Nancy Ln e-mail
Richboro PA 18954

Contractor License No. or Builder Registration No. 13VH05824000 Exp. Date 12/31/12

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

Federal Emp. ID No. 272296129 FAX: (215) 9424008

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior	2/23/12	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 6-7-12
Approved by: KA/JC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5-10-12	G.P
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO - 30 DAYS			6-1-12	G.P
Other				
Final	6-1-12		6/5/12	MW
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 $ 100000
3. Total (1+ 2) $

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:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Building not Bearing partitions, laminate floor, painting

Wood cabinet store

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)
$

COMMERCIAL

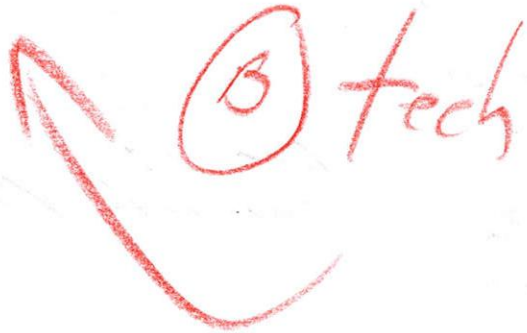
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

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

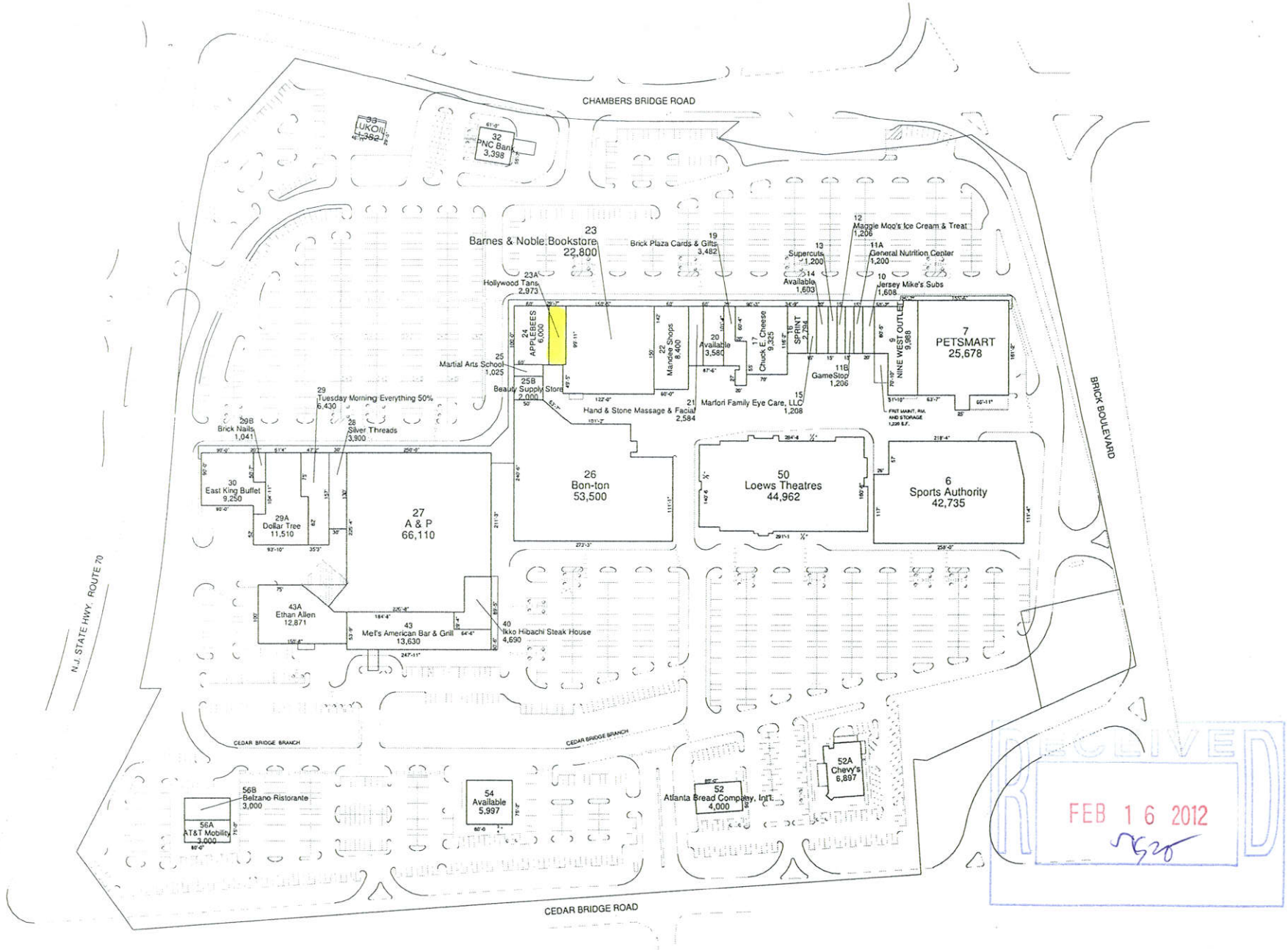
6-1-12 ~~FINAL~~ FINAL RES

1) VERTICAL GRAB BAR IN BATH MISSING
2) CHANGE NAME ON BACK DOOR



COMMERCIAL

Brick Plaza



The parties acknowledge that this Plan is for identification purposes only and does not constitute any covenant, representation, or warranty by Landlord that any existing or future conditions shown exists, or that, if they do exist, will continue to exist through out all or any part of the Lease term, except to the extent such covenant, representation or warranty is expressly set forth in the Lease.