BLOCK 621 LOT 1.01 QUALIFICATION CODE _____ PERMIT NO. 13-1434

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1048 Cedar Bridge Road, Township of Brick, NJ 08724
2. Name of Owner in Fee: Federal Realty Investment Trust
   Tel. (484) 419-1215 e-mail djoss@federalrealty.com
   Address 50 E. Wynnwood Rd., Wynnwood, PA 19096
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Mulvey Construction, Inc.- Jeff Stehlar Tel. (716) 434-1404
   Address 5583 Davidson Rd e-mail jstehlar@mulveyconstruc
   Lockport, NY 14046
   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. 161358505 FAX: _____
5. Architect or Engineer John W. Lister Contact Colleen Brogan
   Address 115 Westtown Rd, West Chester, PA e-mail cbrogan@listerarch.com
   Tel. (610) 429-4470 FAX: (610) 429-4472
6. Responsible Person in Charge once Work has Begun Jeff Stehlar
   Tel. (716) 359-4220 FAX: (716) 434-9029

SPEED ON BACK SHEET

PLANS STAMPED & SIGNED

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 5,963		
2.	Electrical	1,360		1,260
3.	Plumbing		300	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	157		
10.	Subtotal	$		
11.	Cert. of Occupancy	75.00		
12.	Other EP	450		
13.	TOTAL	$ 8,022	300	1,260

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	27 ft.	
3.	Area — Largest Floor	8,180 sq. ft.	
4.	New Building Area	8,180 sq. ft.	
5.	Volume of New Structure	220,860 cu. ft.	
6.	Max. Live Load	150	
7.	Max. Occupancy Load	339	
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 X		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. Subch. 8
- ☒ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☒ Demolition
- ☐ Reconstruction
- ☐ 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	1,233,400		JAN 2	2/19/13			4/2/13		KA
☒ Electrical	135,700				3/19/13	JT	6/20/13		JT
☒ Plumbing	140,700			3-4-13 (W) 3-22-13	4-4-13	JD	7-24-13 (W)		
☒ Fire Protection	30,200			3/28/13					
☐ Elevator			3/14/13		3/18/13				
TOTAL COST	$1,600,000								

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: Restaurant
2. Use Group, Proposed: A-2
3. Change in Use Group, Indicate Present: M

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

D. Construct. Classification: Present 2C
Proposed VB

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
   ☐ High Pressure Boilers
   ☐ Pressure Vessels
4. ☒ Refrigeration Systems
5. ☒ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/31/2013
Control Number C-13-001145
Permit Number 13-1434
Permit Issue Date 4/3/2013
Certificate Number 13-1434

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. aka 1048 Cedar Bridge Road (Joe's Crab Shack) Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone:

Contractor Mulvey Construction, Inc.

Address 5583 Davidson Road Lockport NY 14046

Telephone: (716) 434-1404 Fax: (716) 434-9029

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: NEW COMMERCIAL STRUCTURE Joe's Crab Shack

Certificate Comments: FOR MERCHANDISING ONLY

☐ **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: 8/26/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 8/26/2013
Conditions to be met:
Final Engineering/Final Fire inspection

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/31/2013 U.C.C. F260 (rev. 08/05)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(—) Check if contractor.

Agent Name John W. Lister

Address 115 Westown Rd.

West Chester, PA 19382

Telephone (610) 429-4470

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 8/7/2013
Control Number C-13-001145
Permit Number 13-1434
Permit Issue Date 4/3/2013
Certificate Number 13-1434

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. aka 1048 Cedar Bridge Road (Joe's Crab Shack) Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone:

Contractor Mulvey Construction, Inc.

Address 5583 Davidson Road Lockport NY 14046

Telephone: (716) 434-1404 Fax: (716) 434-9029

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 339

Description of Work/Use: NEW COMMERCIAL STRUCTURE Joe's Crab Shack

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: $956.00
Check Number: 050237
Collected By: Mary Jane Rinaldi

Date Printed: 8/7/2013

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

13-1434

New Commercial Structure

Certificate Requirements

print
reset defaults
check all
complete

Joe's Crab Shack
516 Chambers Bridge Rd. B:671 L:1.01

Certificate of Occupancy for New Commercial Structure

Prior Approvals

Proof of final payment to Affordable Housing (mandatory development fee)	comment	☑
Engineering Final Approval	comment	☑
Certificate of Compliance from the BTMUA	comment	☑
Ocean County Soil Conservation District final approval	comment	☑

Code Requirements

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 N/A	comment	☑
CO application	comment	☑

This checklist has been given to: (edit)

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 · Fax 609.971.3391 · www.ocscd.org

SEP 19 2012

SOIL EROSION AND SEDIMENT CONTROL CERTIFICATION
N.J.S.A. 4:24-39, ET. SEQ., CHAPTER 251, P.L.1975

Certification Date: September 18, 2012

Planning Board OK for 9/26/12

David T. Joss
Federal Realty Investment Trust
50 Wynnewood Road, Suite 200
Wynnewood PA 19096-2013

Re: SCD# 14916 Joe's Crab Shack – Site Plan;
Block 671, Lot 1.01;
Brick Township

Pursuant to Chapter 251, Soil Erosion and Sediment Control Act, P.L. 1975, the Ocean County Soil Conservation District, hereby, grants certification of the soil erosion and sediment control plan for the above-referenced project, subject to the following:

1. The applicant is required to schedule a pre-construction meeting with the District prior to the start of soil disturbance activities. The applicant must also notify the District, by mail or fax, at least 48 hours prior to initial land disturbance.

2. The applicant must notify the District when the project is completed.
Note: A certificate of occupancy may not be granted by a municipality until a report of compliance has been issued by the District.

3. Changes in the certified plan relating to or that will affect land disturbance on the site must be submitted to the District for review and approval.

4. The applicant must carry out all land disturbance activities in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey, promulgated by the State Soil Conservation Committee. A copy of the certified plan and a copy of these provisions must be kept on the job site at all times.

5. Any conveyance of the project (or portion thereof) will transfer full responsibility for compliance to subsequent owner(s). The District must be notified in writing of any change of ownership.

6. This certification is limited to the controls specified in this plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency. THIS CERTIFICATION SHALL EXPIRE IN 3-1/2 YEARS.

Failure to comply with any of the above conditions may result in the issuance of a Stop Construction Order.

Note: All work is to be done in accordance with the Standards for Soil Erosion and Sediment Control in New Jersey.
Note: Install a stabilized construction access, in accordance with State Standards, at each point where traffic will access the site.

Charles Costa
SUPERVISOR

Block 671 Lot 1.01

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 339
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP A-2

Joe's Crab Shack

BUILDING SUBCODE
TECHNICAL SECTION

Mike 716-807-5352 Super

Date Received 02/27/2013
Control # C-13-001145
Date Issued 04/03/2013
Permit # 13-1434

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. aka 1048 Cedar Bridge Road (Joe's Crab Shack) Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Tel. Email

Contractor: Mulvey Construction, Inc.

Address 5583 Davidson Road Lockport NY 14046

Email jstehlar@mulveyconstruction

Tel. (716) 434-1404 Fax. (716) 434-9029

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW COMMERCIAL STRUCTURE,

COPY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☑ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☒ CO ☐ CCO ☐ CA
Date: 07/31/13
Approved by: MEK.

over →

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing	OVER			
Footing Bonding				
Foundation - Partial			*4/24/13	JW
~~Slab~~ Open Form			*4/25/13	JW
Frame	N.R 5-28-13	OVER	6-13-13	C.P
Truss Sys./Bracing				
Barrier-Free				
Insulation - OVER			6-26-13	C.P
Finishes-~~Base Layer~~ Sheathing			05/22/13	MEK
Finishes-Final				
~~Energy~~ Slab + OF			5/14/13	JW
Mechanical - Wind Uplift Anchors			05/23/13	MEK.
TCO				
~~Other~~ DOCPS			6-27-13	C.P
Final	*7-18-13		7-24-13	C.P
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-2

Constr. Class Present Proposed

Number of Stories 1

Height of Structure 27 Ft.

Area - Largest Floor 8180 Sq. Ft.

New Bldg. Area / All Floors 8180 Sq. Ft.

Volume of New Structure 220860 Cu. Ft.

Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg. $1,450,000
2. Rehabilitation
3. Total (1+2) $1,450,000

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
☐ Other
☐ Demolition

FEE (Office Use Only)

	$5,963
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$738
TOTAL FEE	$6,701

Applicant: When submitting this form to your Local Construction Code

BUILDING SUBCODE
TECHNICAL SECTION

Data Received 4-3-13
Control #
Date Issued
Permit # 13-1434

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 1048 Cedar Bridge Road
Township of Brick, NJ 08724

Owner in Fee: Federal Realty Investment Trust

Tel. (484) 419-1215 e-mail djoss@federalrealty.com

Address 50 E. Wynnwood Rd, Wynnwood PA 19096
(street, municipality, zip code)

Contractor: Mulvey Construction, Inc. - Jeff Stehlar Tel.

Address 5583 Davidson Rd e-mail jstehlar@mulveyconstruction
Lockport, NY 14046

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

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

Federal Emp. ID No. 161358505 FAX: (716) 434-9029

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	4/2/13	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ]		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	OVER			
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7-24-13	G.P.

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A-2
Constr. Class Present 2C Proposed VB
No. of Stories 1
Height of Structure 27 ft.
Area — Largest Floor 8,180 sq. ft.
New Bldg. Area/All Floors 8,180 sq. ft.
Volume of New Structure 142,105 cu. ft.
Max. Live Load 150
Max. Occupancy Load 339

If Industrialized Building:
State Approved UL

Est. Cost of Bldg. Work:
1. New Bldg. $ 1,600,000
2. Rehabilitation $
3. Total (1 + 2) $ ~~1,600,000~~ 1,450,000

minus $150,000 - (per email)

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: JOHN W. LISTER, RA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~The work consist of the razing of an existing 6,000 building~~ and construction of a 8,180 SF resturant with 543 SF covered trash area. The exterior work will include sidewalks, landscaping, fenced in child's play area and building signage.

Commercial Structure

Joe's Crab Shack

TYPE OF WORK:
- [X] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [X] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter
- [ ] Lead Hazard Abatement Subchapter
- [ ] Radon Remediation
- [ ] Other
- [X] Demolition

FEE (Office Use Only)
$

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

J.C.C. F110 (rev. 12/05) Internet version

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

Rec'd 2/5/13

JOE'S CRAB SHACK

C-13-001145 +B

4/23/13

13-4134 +B

TONY

MIKE

MIKE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Work Site Location 1048 Cedar Bridge Rd. 56 CHAMBERS BRIDGE
Brick, N.J.

Owner in Fee Federal Realty Investment Trust

Address O.E. Wynwood Rd.
Wynnwood, PA 19096

Tele. 484-419-1215 e-mail djoss@feralrealty.com

Contractor All American Backflow

Address 38 Clark Dr.
Howell, N.J. 07731 TONY 732-239-8365

Tele. 732-239-8365 Fax 732-202-8957

Lic. No. N.J.M.P.L.# 10803

Federal Emp. No. 45-2388451

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 119,416.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 4-16-13

Approved by: SJ

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 8-1-13

Approved by: SJ

INSPECTIONS Type:	Failure	Failure	Approval	Initials
Slab			05.06.13	PA
Rough			06-11-13	PA
Water			05-24-13	PA
Sewer			05-24-13	PA
Fixtures				
Gas Equipment				
Gas Piping			06-27-13	PA (K)
Solar				
TCO				
FINAL	02-24-13	07-30-13	07-30-13	PA

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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
4 6	Water Closet
2	Urinal/Bidet
	Bath Tub
7	Lavatory
	Shower
19	Floor Drain
10 15	Sink 10+16=26
12	Dishwasher
	Drinking Fountain
	Washing Machine
2	Hose Bibb
1	Water Heater
	Fuel Oil Piping
18	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
1 III	Backflow Preventer Annual Certification
1	Greasetrap
1	Sewer Connection
1	Water Service Connection
	Stacks
1	Other Water filters
16	Other Floor sinks
3	Other compartment sinks

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

DCA Training Fee $

TOTAL FEE $

UCC F130
(rev 3/96)

NJ Permits, Inc.

PLUMBING SUBCODE
TECHNICAL SECTION

Update

Date Received 7/30/13 G
Control #
Date Issued
Permit # 13-14354 + [illegible]

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 1048 Cedar Bridge Ave

Owner in Fee: Federal Realty Investment Trust

Tel. (484) 419-1215 e-mail

Address 0E Wynnwood Rd. Wynnwood PA 19096
street municipality zip code

Contractor: All American Backflow Tel. (732) 239-8365

Address 38 Clark dr e-mail
Howell NJ 07731 Tony 732-239-8365

Contractor License No. 10803 Exp. Date 6-30-15

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

Federal Emp. ID No. 45-2388451 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ ~~1,941,000~~ 25,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Tony Annecharico

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Additional Fixtures As per PA~~A~~uth.

480
42
522

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
+2	Water Closet	
	Urinal/Bidet	
5	Bath Tub	
	~~Lavatory~~ Hand Sink	
	Shower	
	Floor Drain	
~~+6~~	Sink ~~+6~~, Floor Sinks	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
+1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
+2	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
+7	~~Water Service Connection~~ Refrigeration units	
+1	~~Slacks~~ Water Softener Sys.	
+5	Other RTU.	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 07-29-13 Approved by: PA
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-30-13
Approved by: BW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8-1-13
Approved by: BW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			07-30-13	PA

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

IPCTAF 11/11

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Initial Physical Connection Test & Maintenance Report

Instructions: After installation both pages of this form are to be completed for the initial test of each proposed Physical Connection Backflow Prevention Valve, performed by a Certified Tester and shall be submitted to the Department of Environmental Protection, Division of Water Supply & Geoscience, Bureau of Water System Engineering.

Date of test 7/ 24 /13

To: NJ DEP
Mail Code 401-03
Division of Water Supply & Geoscience
Bureau of Water System Engineering
PO Box 420
Trenton, NJ 08625-0420

From: (Name of Permit Holder)
Joes Crab Shack
1048 Cedar Bridge Ave.
Brick, N.J

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Wilkins ☐RPZ ☒DCVA
Model Number: 350 A Size: 4 in.
Serial Number: 34120
Comments and Notations: PASSED

Location of Valve

Fire suppression main in mechanical room on north side of building

	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☐ at 4.0 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass Used ☐	Closed Tight ☒ at 2.6 psid Leaked ☐	Opened at _____ psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

Certification by the Certified Tester

I hereby certify that on 7/ 24 / 13 the Backflow Prevention Device listed on this form was functioning satisfactorily at the time of the test.

Name of Firm: All American Backflow N.J.M.P.L.# 10803

Address : 38 Clark Dr. Howell, N.J. 07731

Certified Testers Name: Tony Annecharico Title: Owner

Certified Testers Signature: _____ Date: 7 /24 /13

Certifying Authority: U.A. Local 9 Training Center Cert. ID #: L.U.#9-273 Exp.Date: 12 / 12 / 15

IPCTAF 11/11

Physical Connection Permit No.: _____-WPC_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Initial Physical Connection Test & Maintenance Report

Instructions: After installation both pages of this form are to be completed for the initial test of each proposed Physical Connection Backflow Prevention Valve, performed by a Certified Tester and shall be submitted to the Department of Environmental Protection, Division of Water Supply & Geoscience, Bureau of Water System Engineering.

Date of test 7/ 24 /13

To: NJ DEP
Mail Code 401-03
Division of Water Supply & Geoscience
Bureau of Water System Engineering
PO Box 420
Trenton, NJ 08625-0420

From: (Name of Permit Holder)
Joes Crab Shack
1048 Cedar Bridge Ave.
Brick, N.J

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Watts ☒RPZ ☐DCVA
Model Number: LF 009 M2QT Size: 2 in.
Serial Number: 008977
Comments and Notations: _____

Location of Valve

Domestic water main valve in mechanical room on north side of building

	PRESSURE TEST REDUCED PRESSURE ZONE ASSEMBLY DOUBLE CHECK VALVE			INTERNAL INSPECTION DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed ☒ Failed ☐	Closed Tight ☐ at 8.4 psid Leaked ☐ No. 2 Shut-off Valve Closed Tight ☒ Leaked ☐ By-pass Used ☐	Closed Tight ☒ at _____ psid Leaked ☐	Opened at 4.2 psid Did Not Open ☐	OK ☐ Failed ☐	OK ☐ Failed ☐
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ _____ psid	Closed Tight ☐ _____ psid	Opened at _____ psid	OK ☐	OK ☐

Certification by the Certified Tester

I hereby certify that on 7/ 24 / 13 the Backflow Prevention Device listed on this form was functioning satisfactorily at the time of the test.

Name of Firm: All American Backflow N.J.M.P.L.# 10803

Address : 38 Clark Dr. Howell, N.J. 07731

Certified Testers Name: Tony Annecharico Title: Owner

Certified Testers Signature: _____ Date: 7 / 24 / 13

Certifying Authority: U.A. Local 9 Training Center Cert. ID #: L.U.#9-273 Exp.Date: 12 / 12 / 15

New England Water Works Association

A Section of the American Water Works Association

Backflow Prevention Device Inspection and Maintenance Report Form

Owner of Property: Federal Realty Investment Trust

Mailing Address: 1626 East Jefferson st. Rockville (Town) NJ 20852 (Zip)

Contact Person: Mike

Device Address: 1048 Cedar Bridge Rd. (Joe's Crab shack) Brick (Town) 08723 (Zip)

Exact Device Location: Main water closet in the rear of the building

Date: 7/25/13

Examined by: Scott Ingram

Certificate #: 10576

RPZ ☐ DCVA ☒ PVB ☐

Bronze ☐ Iron ☐ St. Steel ☐

Make: Febco Model No.: 850

Size: 1" Serial No.: HD27300

	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker	
	Double Check Valve Assembly				
	Check Valve No. 1	Check Valve No. 2	Relief Valve	Check Valve	Air Inlet
Initial Test	Closed Tight ☐ Leaked ☐ 2.1 PSID	Closed Tight ☐ Leaked ☐ 2.2 PSID	Opened at _____ PSID Did Not Open ☐	Closed Tight ☐ Leaked ☐ _____ PSID	Opened at _____ PSID Did Not Open ☐
Repairs					
Test After Repairs	Closed Tight ☐ _____ PSID	Closed Tight ☐ _____ PSID	Opened at _____ PSID	Closed Tight ☐ _____ PSID	Opened at _____ PSID
Condition of No. 2 Shutoff Valve	☒ Closed Tight ☐ Leaked				

Witnessed by:

PASS ☒ FAIL ☐

Owner Agent

Water Works Official

Tate Official

Certified Tester Scott Ingram

Remarks

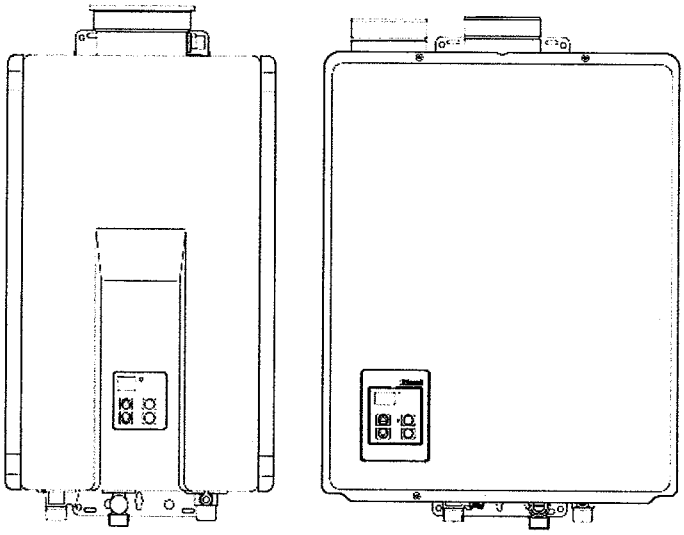
b:\cc&bf4\testform.doc

Rinnai®

Direct Vent Tankless Water Heater

Operation and Installation Manual

R50LSi **REU-VA2019FFUD**
R75LSi ..... **REU-VA2528FFUD(A)**
R94LSi **REU-VA2535FFUD**
R98LSi **REU-VA3237FFU**
R98LSi-ASME.... **REU-VA3237FFU-ASME**



FOR INDOOR APPLICATIONS ONLY

Register your product at www.rinnairegistration.com or call 1-866-RINNAI1 (746-6241)

INSTALLER: Leave this manual with the appliance.
CONSUMER: Retain this manual for future reference.

WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result causing property damage, personal injury or death.

— **Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.**

— **WHAT TO DO IF YOU SMELL GAS**

- **Do not try to light any appliance.**
- **Do not touch any electrical switch; do not use any phone in your building.**
- **Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.**
- **If you cannot reach your gas supplier, call the fire department.**

— **Installation and service must be performed by a qualified installer, service agency or the gas supplier.**

ENERGY STAR

NSF

UPC

ANS Z21.10.3
•
CSA 4.3

If the water heater is to be used for both water (potable) heating and space heating then the following apply.

- The piping and components connected to the water heater shall be suitable for use with potable water.
- Toxic chemicals, such as used for boiler treatment, shall not be introduced into the potable water.
- The water heater shall not be connected to any heating system or components previously used with a nonpotable water heating appliance.
- When the system requires water for space heating at temperatures higher than required for other uses, a means such as a mixing valve shall be installed to temper the water for other uses in order to reduce the scald hazard potential.

Space heating applications are considered commercial applications for warranty purposes.

Temperature Setting

When using this appliance to provide domestic hot water it is recommended that the domestic hot water temperature be reduced to acceptable temperatures in accordance with local codes. In the absence of local codes it is recommended that the domestic hot water temperature be set to 140° F (60° C) or lower in accordance with UPC 501.6 by using mixing valves or the temperature controller for the water heater.

Pumps

Only use pumps of brass or stainless steel construction. Do not use pumps of iron construction as they will oxidize and clog the inlet filter on the appliance.

Pumps circulating water through the water heater must be sized to overcome the pressure loss through the water heater, the heating system, and any additional plumbing pressure losses. The pressure drop curve based on the water heater model is provided in this manual.

Replacement

When replacing an existing space heating application's water heating source (boiler, tank water heater, tankless water heater etc.) with Rinnai water heaters ensure that the water heaters are sized to adequately provide the necessary BTU input for the desired space heating application. Rinnai water heaters are designed to maintain a constant outlet temperature and will supply only the necessary amount of BTU's to maintain that temperature. Depending on the application the maximum BTU rating of the unit may not be achieved. Contact Rinnai's Applications Engineering Department for assistance at (800) 621-9419 ext. 4490.

Iron Components

Do not use Rinnai water heaters directly for space heating applications involving iron radiators or applications with any iron components. Iron components may oxidize creating rust that will clog the inlet filter of the Rinnai water heater.

Consumer Support

Warranty Information

The installer is responsible for your water heater's correct installation.
Please complete the information below to keep for your records:

Purchased from: _____

Address: _____ Phone: _____

_____

Date of Purchase: _____

Model No.: _____

Serial No.: _____

Installed by: _____ Installer's License No.: _____

Address: _____ Phone: _____

Date of Installation: _____

Limited Warranty

What is covered?

This Warranty covers any defects in materials or workmanship when the product is installed and operated according to Rinnai written installation instructions, subject to the terms within this Limited Warranty document. This Warranty applies only to products that are installed per local and/or state codes. Improper installation may void this Warranty. Rinnai strongly suggests that you use a state qualified or licensed installer who has attended a Rinnai product knowledge class before installing this water heater. This Warranty extends to the original purchaser and subsequent owners, but only while the product remains at the site of the original installation. This Warranty only extends through the first installation of the product and terminates if the product is moved or reinstalled at a new location.

How long does coverage last?

Item	VA LS Series Period of Coverage (from date of purchase)		
	Residential Applications	Used with Rinnai Air Handler for domestic heating and water	Commercial Applications including radiant heating
Heat Exchanger	12 years *	10 years * †	5 years *
All Other Parts and Components	5 years *	5 years * †	5 years *
Reasonable Labor	1 year		

* Note: Period of coverage is reduced to 3 years from date of purchase when used as a circulating water heater within a hot water circulation loop, where the water heater is in series with a circulation system and all circulating water flows through the water heater, and where an on-demand recirculation system is not incorporated.

On-demand recirculation is defined as a hot water recirculating loop or system that utilizes existing hot and cold lines or a dedicated return line, and only activates when hot water is used. It can be activated by a push button, motion sensor, or voice activation but not by a temperature sensor. A timer added to a standard recirculating pump is not considered as on-demand.

There is no warranty coverage on product installed in a closed loop application, commonly associated with space heating only applications.

Use of an MCC-91 controller in a residential dwelling will reduce the warranty coverage to that of a commercial warranty application (except when an MCC-91 is used with a Rinnai Hydronic Air Handler).

The integrated controller on indoor models has a 1 year warranty on parts.

† Note: Period of coverage is reduced to 3 years from date of purchase if the Rinnai water heater temperature setting exceeds 160° F (71° C).

115 Westtown Road
Suite 201
West Chester, PA 19382
610.429.4470 p
610.429.4472 f
CBrogan@listerarch.com

JOHN W. LISTER architect

October 31, 2012

Mr. Daniel Newman
Construction Official
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Re: Joe's Crab Shack
1048 Cedar Bridge Road
Lot 1.01 Block 671
Brick, NJ 08724

Dear Mr. Newman,

We respectfully request a courtesy review of our proposed building construction documents prior to our application for a formal building permit. The Primary and Final Site Plan for this building was recommended for approval by the Planning Board on the hearing of September 26, 2012. It is currently in the process of obtaining full resolution compliance.

We would like the enclosed documents to be reviewed for all phases and disciplines; building, fire, and mechanical, electrical and plumbing. Upon receipt of the approved and signed Preliminary and Final Site Plan, we will submit for the building and sub-code permits.

Thank you for this opportunity of a courtesy review, we look forward to your review comments. If you have any questions or require any additional information, please contact me.

Respectfully,

Colleen Brogan, RA

Encl.: Drawings

115 Westtown Road
Suite 201
West Chester, PA 19382
610.429.4470 p
610.429.4472 f
cbrogan@listerarch.com

JOHN W. LISTER architect

LETTER OF TRANSMITTAL

DATE	11/01/12	JOB NO.	12-025
ATTN:	Daniel Newman		
RE:	Joe's Crab Shack Brick Plaza		

401 Chambersbridge Road
Brick, NJ 08723

We are sending you ATTACHED via **FED-EX** the following items:

COPIES	DATE	NO.	DESCRIPTION
1	11/08/12		1 Full size set of Construction Documents

Remarks: For your use in a courtesy review

Copy to:

Signed: Colleen Brogan

INSPECTOR: Russell Harris

DATE: Tues. 8/6/13

JOB: Joes Crab Shack

SECTION: N/A

TYPE OF WORK: Final CO

WEATHER: Clear

LOCATION: 56 Chambers Bridge Rd. aka 1048 Cedar Bridge Rd.

TEMPERATURE: 70's

BLOCK: 671

LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of

_____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: Russell Harris

DATE: Fri. 7/26/13

JOB: Joe's Crab Shack SECTION: N/A

TYPE OF WORK: Store Merchandising CO

WEATHER: clear

LOCATION: 56 Chambers Bridge Rd. AKA 1048 Cedar Bridge Rd.

TEMPERATURE: 70's

BLOCK: 671 LOT: 1.01

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

* Punch-List issued for Final CO

RECOMMENDATIONS:

☒ TEMP. C.O.- Expire 8/26/13

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received 7/18/13
Control # 13-1434 + FF
Date Issued
Permit #

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 ~~1048 Cedar Ridge Road~~ 560 Chambers Bridge Rd.

Owner in Fee: Joe's Crab

Tel. (609) 839-3210 e-mail brian.mcfadyen@sbdinc.com

Address Brian McFadyen 2000 Cabot Blvd, Ste 100 Langhorne PA 19047

Contractor: A-D (street) & S Electrical Contractors (municipality) Tel. (215) 843-9290 (zip code)

Address PO Box 4970 Phila., PA 19119 e-mail Lic# 6968

andy@erafire.com 246 W. Upsal St.

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. NJ Elec #6968 Exp 3-2015

Fire Alarm Contractor No. 166359 Exp. Date 4-30-2013

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

Federal Emp. ID No. 23-2882036 FAX: (215) 843-5268

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 $ 9100

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[X] Certified Contractor Applicant's Signature/Contractor's Signature [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: System As per Plans

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)	14	
Signaling Devices (i.e., horn/strobes, bells)	20	
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		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Fire Protection Plans Approved
Date: 8-26-13 Approved by: NG
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-27-13
Approved by: KGR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 8-5-13
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			7-26-13	NG
Flam/Combust Tanks				
Fireplace Venting				
Final			8-5-13	[signature]
Other _____				

U.C.C. F140 (rev. 12/07) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Update

Date Received 5/10/13
Control # 13-1434+D

Date Issued
Permit # APR 18 2013

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 ~~1048 CEDAR BRIDGE Rd~~ Joe's Crab Shack
BRICK NJ 56 Chambers Bridge

Owner in Fee: JOE'S CRAB SHACK

Tel. ( ) e-mail

Address 1048 CEDAR BRIDGE Rd
street municipality

Contractor: Reliable Fire Protection Inc. Tel. (732) 643-0075
zip code

Address 20 Meridian Rd., Eatontown, NJ 07724 email: service@reliablefirepro.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00049

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153565

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 22-3103000 FAX: (732) 643-0076

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 $ 3675.00

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Doug Cosgrr

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

DESCRIPTION OF WORK: INSTALL 1 UL 300
Water Supply Source KITCHEN ANSUL SYSTEM
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	1	
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		

SITE NEED UPDATE AND DRAWING FOR HOOD & VENTILATION

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 4-19-13
Approved by: CR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-5-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			7/26/13	CR
Flam/Combust Tanks				
Fireplace Venting				
Final			8-5-13	
Other				

C-13-001145+FPC

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 5/10/13

Date Issued / Permit # 13-1434+C

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 1048 CEDAR BRIDGE RD.

Owner in Fee: FEDERAL REALTY TRUST

Tel. (484) 419-1215 e-mail

Address 50 E. WYNNWOOD RD. WYNNWOOD, PA. 19096
street municipality zip code

Contractor: MULVEY CONSTRUCTION Tel. (716) 434-1404

Address 5583 DAVISON RD. e-mail

LOCKPORT NY 14094

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 $ 2,000-

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 5-6-13

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-5-13

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control			5-6-13	
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6-5-13	
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: John Schick

Print name here:

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

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
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 [X] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other DEDICATED FIRE LINE	1	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

5/6/13 * CONTRACTOR BITMER JIM ALLEN PHOTOS REPORT FOLLOWS

C-13-0045+A

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Joe Crab Shaw

Date Received
Control # 5/10/13

Date Issued
Permit # 13-1434+Update

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 1048 CEDAR Bridge RD. Brick, NJ.

Buiding Owner FEDERAL REALTY INVESTMENT TRUST.

Address 50 E. Wynnewood Rd. Wynnewood, PA. 19096

Tel (484) 419-1215

Contractor FIRE PRO TECH, INC. JF

Address 6 STATION Pl. Howell, NJ. 07731

Tel (732) 363-5955 FAX (732) 363-3031

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

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

Fire Alarm Contractor No. P00747

Federal Emp. No. 22 355 4108

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [X] New OR [ ] Existing [ ] HVAC

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

Location: ____

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System: [X] New OR [ ] Existing

Location of Main Control Valve: MECH. Room.

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 26000

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. Timothy P. Shaw

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW FIRE Sprinkler System Design & Installation

Water Supply Source CITY

Method of Alarm/Suppression System Supervision CENTRAL.

	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)	4	
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)	131	
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		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other BACKFLOW DEVICES	2	

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 5-6-13

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CEO [X] CA

Date: 6-5-13

Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			7/26/13	CA
Flam/Combust Tanks				
Fireplace Venting				
Final			8/5/13	
Other ____				

13-1434+E

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 5/10/13

Date Issued
Permit #

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 1048 Cedar Bridge (60 Chambers Bridge Brick, NJ 08723

Owner in Fee: Federal Realty TRUST

Tel. (484) 49-1215 e-mail

Address 50 E. Wynnwood Rd. Wynnwood PA.
street municipality zip code

Contractor: Mulvey Construction Tel. ( )

Address 6583 Davison Rd e-mail
Lockport NY 14094

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 $ 1,000

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

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 5-6-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-5-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO			7/26/13	MR
Flam/Combust Tanks				
Fireplace Venting				
Final			8-5-13	MR
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

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

DESCRIPTION OF WORK:
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
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	18	
Fireplace Venting/Metal Chimney		
Other		

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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST BRICK, NEW JERSEY 08724 458-7000

WATER SERVICE PERMIT

Block: 671 Lot: 1.01 6" FIRE LINE
1048 Cedar Bridge Ave

Federal Realty Trust
1626 East Jefferson St
Rockville MD 20852

ACCOUNT # 3592814-49 METER # _____ METER MFGR. _____

SIZE OF SVC LINE 6" ~~METER SIZE~~ no meter

CONNECTION FEE $ _____ 6/28 Ck

INSPECTIONS 15.00

	Date 1st	Insp. 2nd	Comment	Inspector
A. Service Line			witnessed fully by J. Allen Bowers (See Permit)	
B. Curb Connection				
C. House Conn & Mtr				
D. Cross-Connection				

Inspector

John Schick 6/28/13
Homeowner/Applicant

Fire Suppression System Certificate of Installation

Reliable Fire Protection
20 Meridian Road, Suite 1 • Eatontown, NJ 07724
350 Fifth Avenue • 59th Floor • New York, NY 10118
Phone: (732) 643-0075 • Toll Free: (800) 368-0024 • Fax: (732) 643-0076

Job Information

Job Name	JOE'S CRABSHACK	Job Number:	164661752
Job Address	1048 CEDAR BRIDGE RD	Type of System:	Ansul R-102 7.5 System
	BRICK, NJ 08724		

Fire System Distributor

Fuel/Energy Shut Off Device Gas Valve: Electrical (X) Mechanical ( ) Size: 2"

Installed. Tested on 7/22/13 Electric Equipment Shut-down Tested: ( ) Yes ( ) No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

ANSUL 7.5 / PCU COOK System TESTED + PASSED

Installer's Name KRIS CARS

Signature _____ Date 7/22/13

Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Signature Date

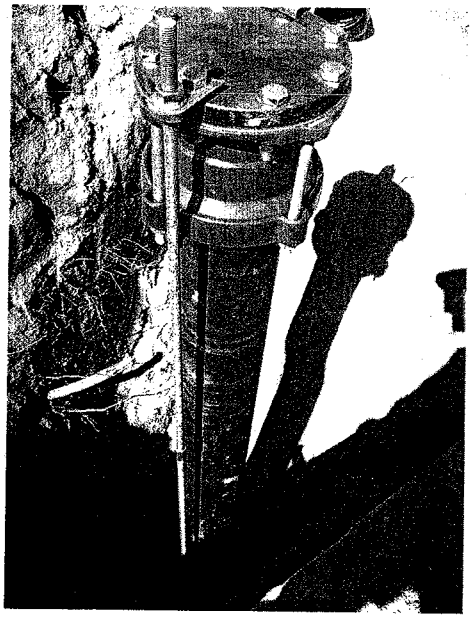
Authority Having Jurisdiction

Type of Test: _ __ Cartridge Dump _ _ Other

Functional tests have been witnessed and the system performs as designed.

Signature _____ Date _____

Shooting Date/Time : 5/3/2013 9:06:35 AM



Shooting Date/Time : 5/3/2013 9:06:38 AM

Shooting Date/Time : 5/3/2013 9:06:51 AM

DAILY REPORT

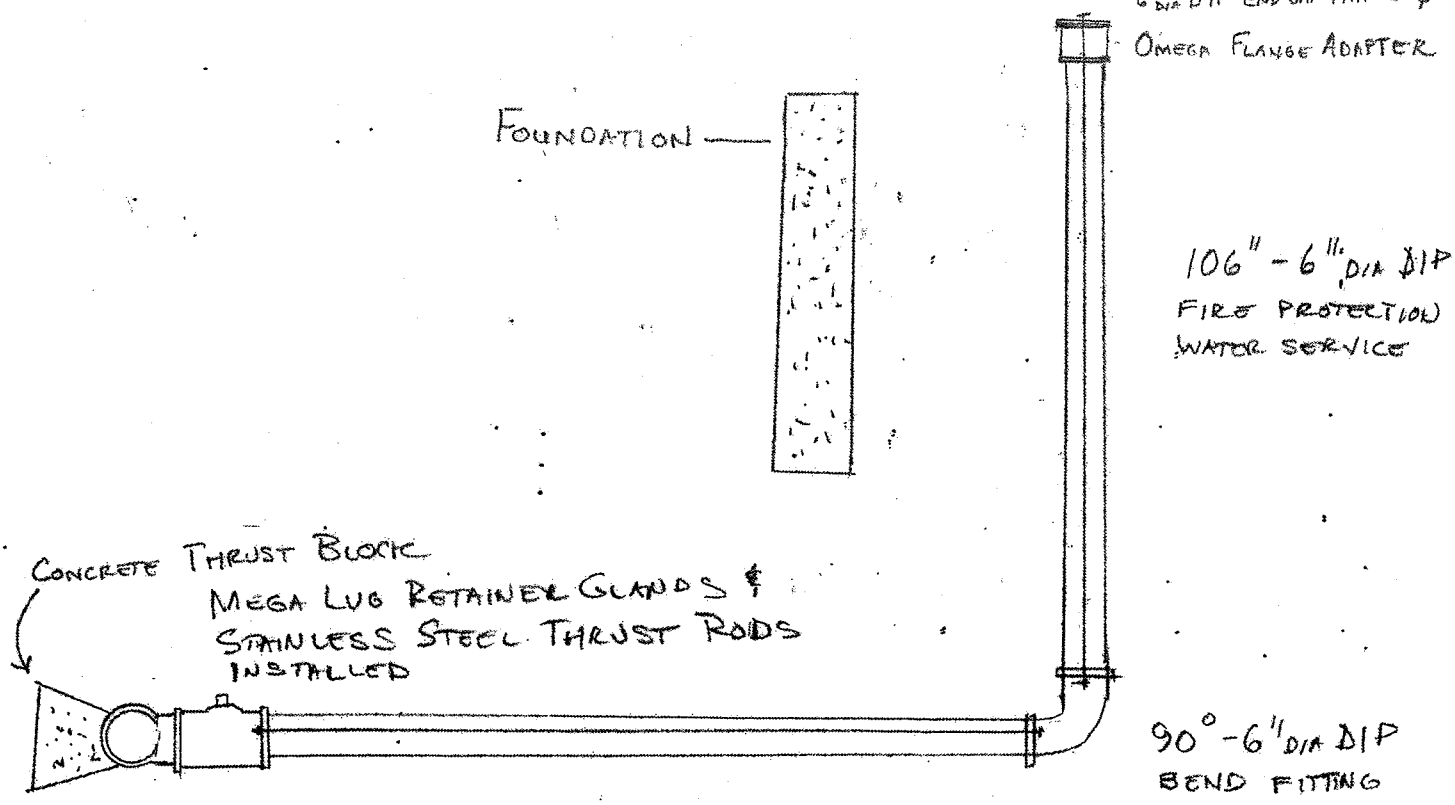
PROJECT NAME: Joe's Crab Shack/ Brick Plaza DATE: May 2, 2013

LOCATION: 1048 Cedar Bridge Avenue TIME: 9:30AM

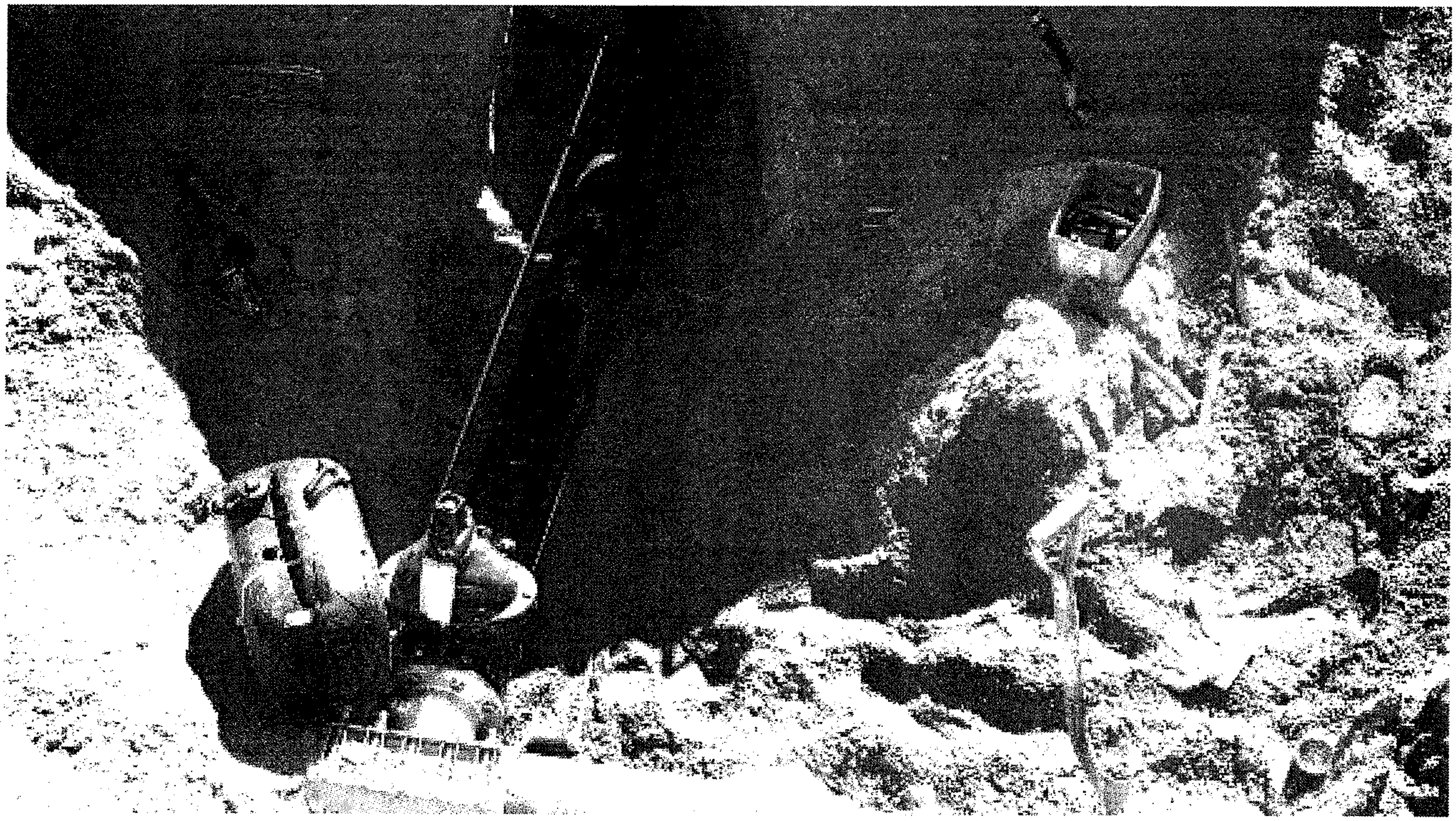
CONTRACTOR: Total Site Improvements S&W # 2124
Tom Chamberlain

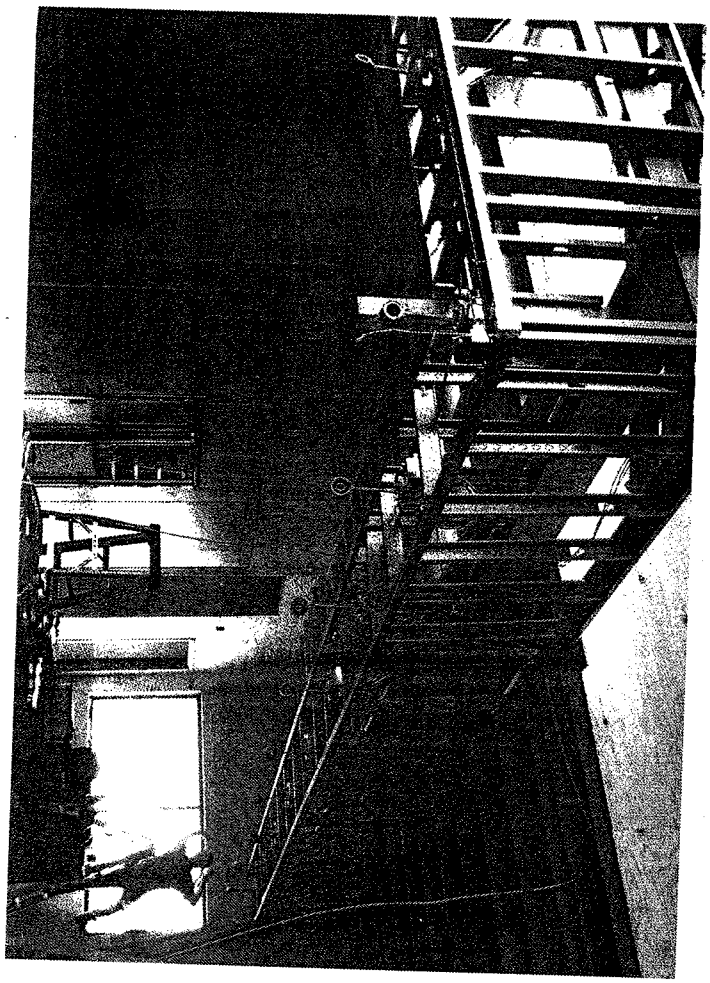
Contractor excavated around existing 8" dia DIP water main in order to complete the 8" x 6" dia. wet-tap for the new 6" dia DIP fire protection water service line for the restaurant. Croft Construction completed the 8" x 6" dia wet tap and installed the 6" dia Mueller tapping valve. Contractor installed 6" dia DIP water [redacted] line from 6" dia tapping valve to the 6" dia end cap fitting.
All excavations were backfilled

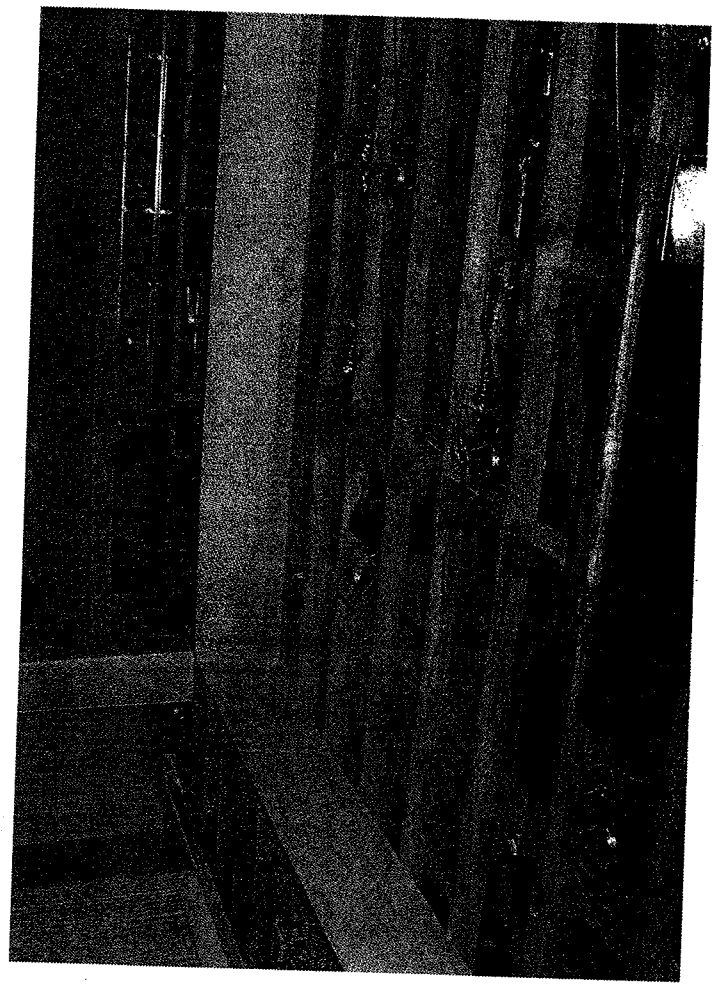
SKETCH OF WORK INSPECTED _____ SEWER ✓ WATER

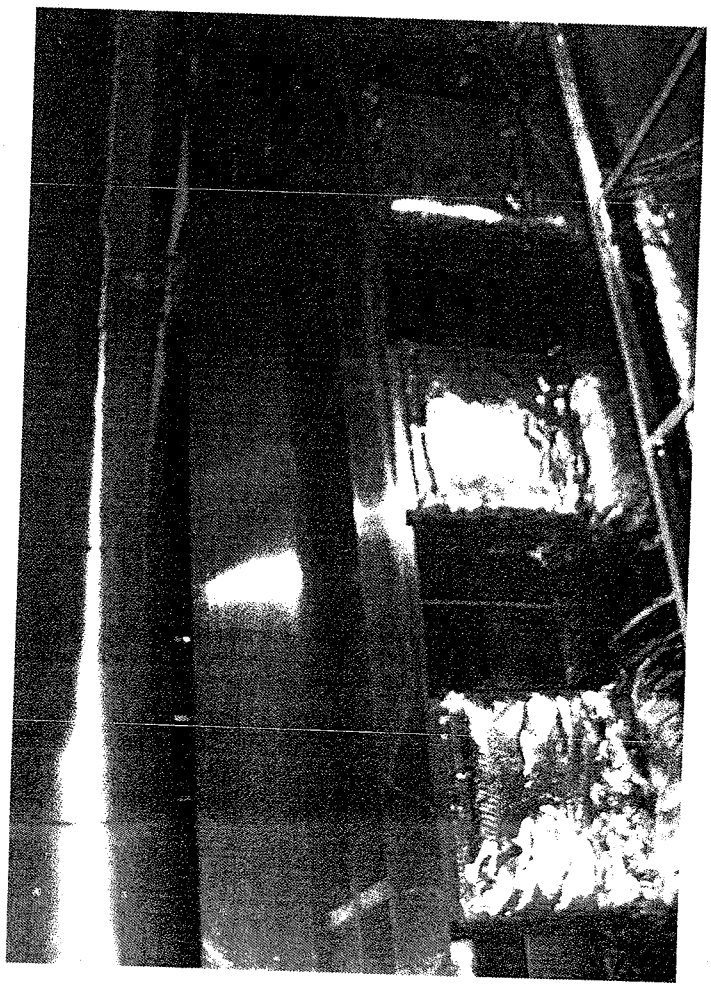


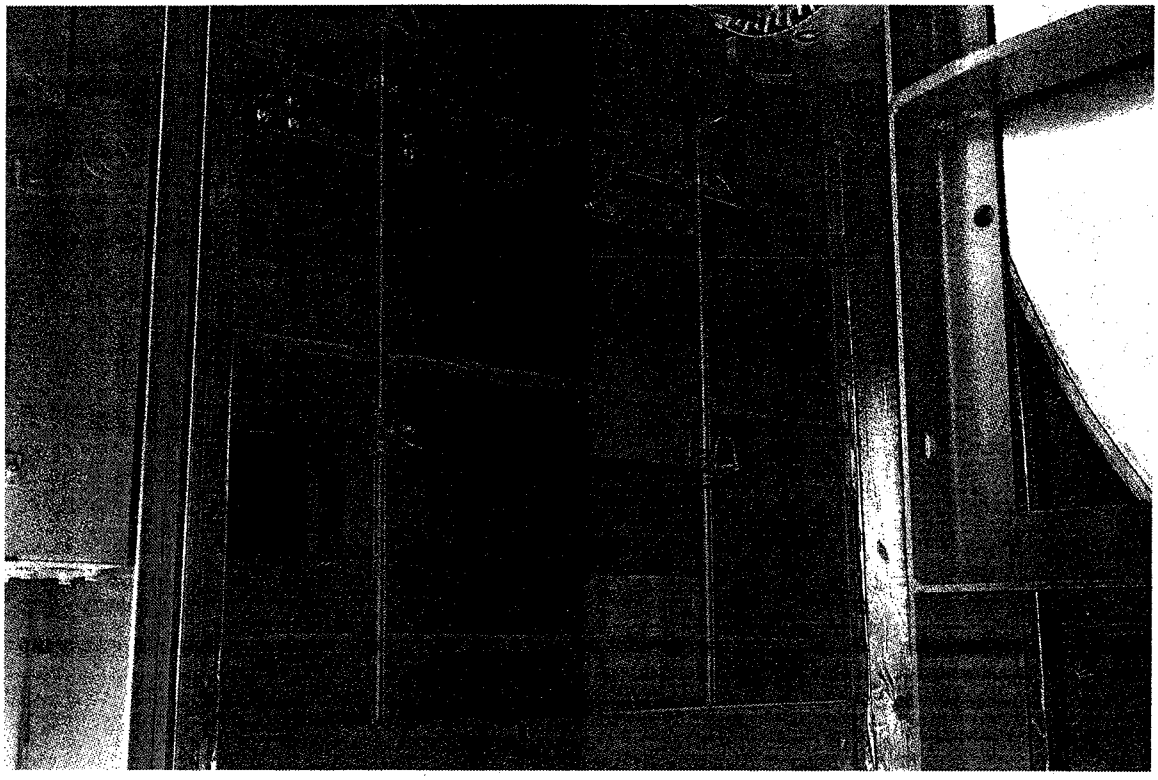
SIGNED: James Allen

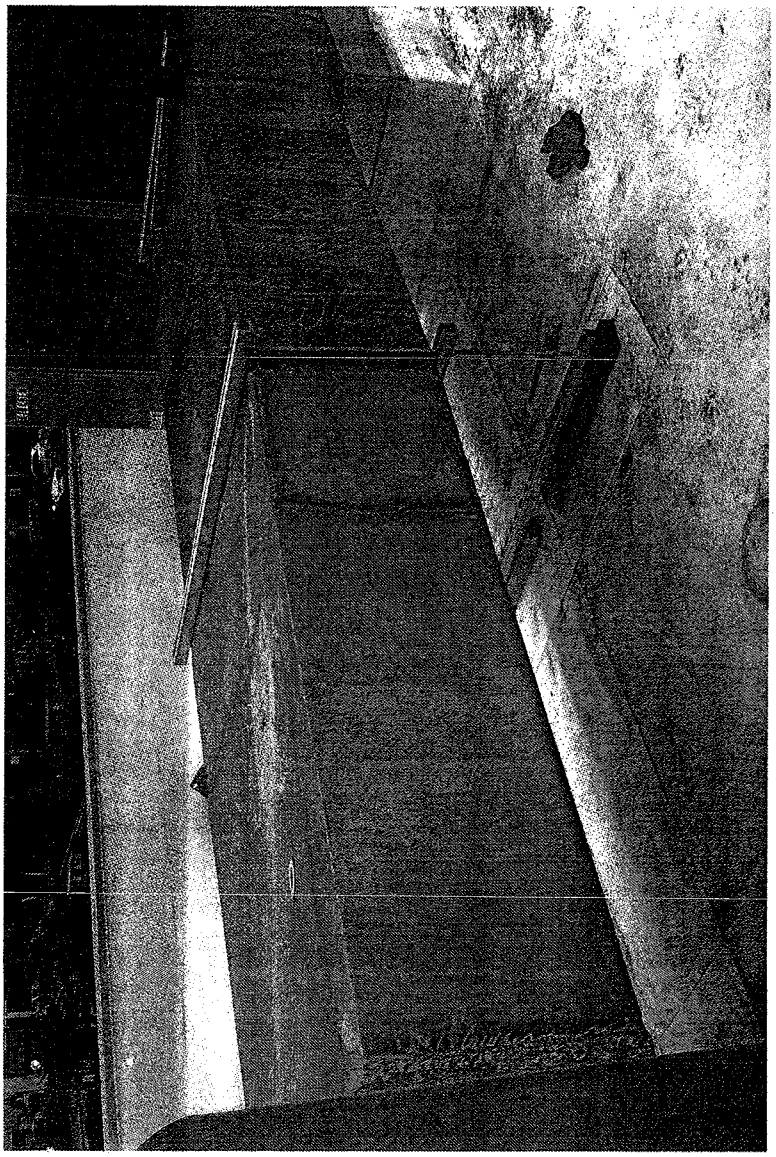


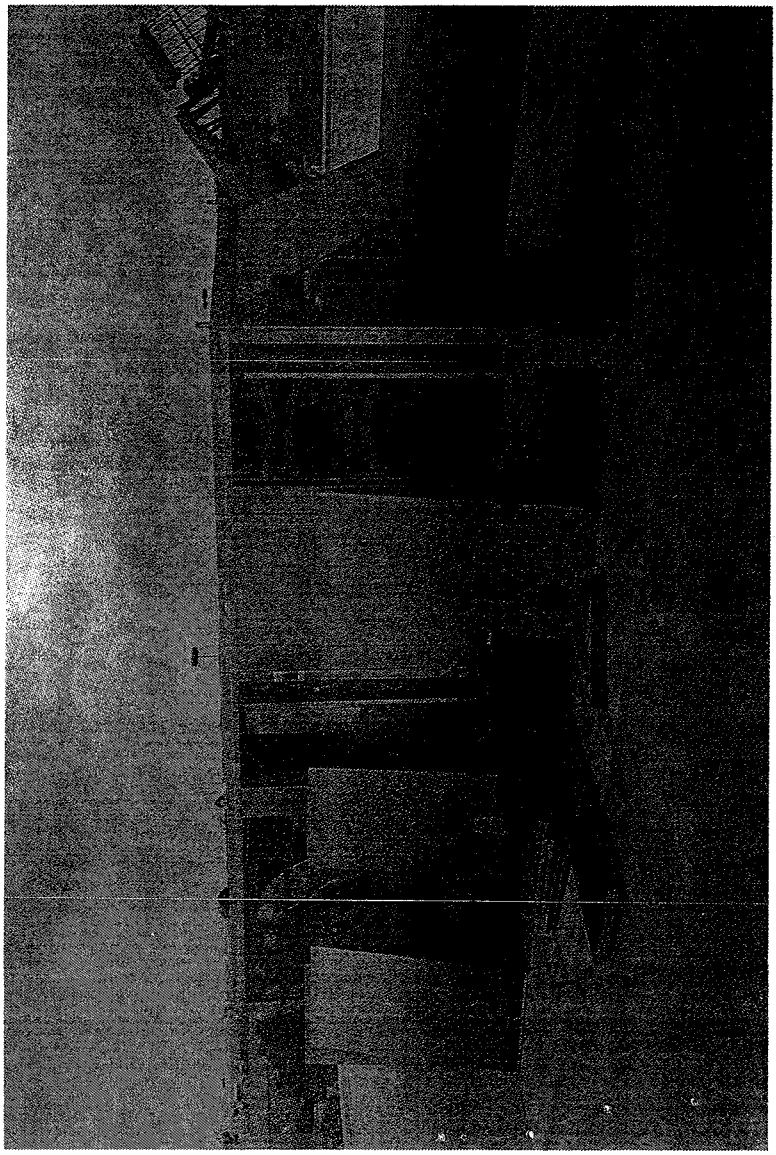












Joes Crab Shack Brick NJ NFPA and Test Report

Hanly, Christopher [Christopher.Hanly@sbdinc.com]

Sent: Wednesday, July 31, 2013 1:22 PM

To: Fire Bureau

Cc: Love, John [John.Love@sbdinc.com]

Attachments: 1048 Cedar Bridge Rd. - Jo~1.pdf (2 MB) ; JCS Brick FA Test.pdf.pdf (16 KB)

Good afternoon,

Attached are the test report and the NFPA forms for the above referenced site. If you need anything else or have any questions please let me know.

Thanks for your help.

Christopher Hanly
District Operations Manager

2000 Cabot Blvd West Suite 100
Langhorne, PA 19047
O: 215-710-9286 **F:** 215-757-2266
christopher.hanly@sbdinc.com **I** www.stanleysecurity.com

STANLEY
Security

FIRE ALARM SYSTEM RECORD OF COMPLETION

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

1. Protected Property Information

Name of property: Joe's Crab Shack

Address: 1048 Cedar Bridge Rd.

Description of property: Wood-frame single story restaurant

Occupancy type: Restaurant (IFC Group A-2)

Name of property representative:

Address:

Phone: Fax: E-mail:

Authority having jurisdiction over this property:

Phone: Fax: E-mail:

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

Installation contractor for this equipment: Emergency Response Associates

Address: Post Office Box 4970 Philadelphia, PA 19119

Phone: 215-843-9290 Fax: 215-843-5268 E-mail: Andy@erafire.com

Service organization for this equipment: Stanley Convergent Security Solutions

Address: 2000 Cabot Blvd. Langhorne, PA

Phone: 609 839 3210 Fax: E-mail:

Location of as-built drawings: On Site Location of Historical Test Reports: On Site

Location of system operation and maintenance manuals: on site by panel

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

Contracted testing company:

Address:

Phone: Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections:

3. Type of Fire Alarm System or Service

NFPA 72®, Chapter Reference of System Type:

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

Alarm: Stanley Security Phone:

Supervisory: " Phone:

Trouble: " Phone:

Entity to which alarms are retransmitted: Phone:

Method of retransmission of alarms to that organization or location:

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

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

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

3.1 System Software

Operating system (executive) software revision level:

Site-specific software revision date: Revision completed by:

4. Signaling Line Circuits

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

Quantity: 1 Style: Class: B

5. Alarm-Initiating Devices and Circuits

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

Quantity: Style: Class:

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 6

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

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 1

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

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

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 4

Type of coverage:

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

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 0

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

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

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 1

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

5.2.5 Alarm Verification Number of devices subject to alarm verification: 0

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

6. Supervisory Signal-Initiating Devices and Circuits

6.1 Sprinkler System Number of valve supervisory switches: 1

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

6.2 Fire Pump

Type of fire pump: ☐ Electric ☐ Diesel

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

Fire Pump Functions Supervised

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

☐ Engine or control panel trouble ☐ Low fuel

Other:

6.3 Engine-Driven Generator

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

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

Other:

7. Annunciators

7.1 Annunciator 1 ☐ Local ☒ Remote

Type: ☒ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: Front door

7.2 Annunciator 2 ☐ Local ☐ Remote

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

7.3 Annunciator 3 ☐ Local ☐ Remote

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

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: Number of multiple voice alarm channels:

Number of speakers: Number of speaker zones:

8.2 Telephone Jacks

Number of telephone jacks installed: Number of telephone handsets stored on site:

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

8.3 Nonvoice Audible System

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

Quantity: 4 Style: Class: B

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells:	With visual device:	Horns: 12	With visual device: 12
Chimes:	With visual device:	Bells:	With visual device:
Visual devices without audible devices: 5		Other (describe):	

9. Emergency Control Functions Activated

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

☐ Door unlocking ☐ Elevator recall ☐ Other

10. System Power Supply

10.1 Primary Power

Nominal voltage: 110 Amps: 15

Overcurrent protection: Type: Breaker Amps: 15

Location (of primary supply panelboard): Elect Room

Disconnecting means location: house panel

10.2 Secondary Power

Location: In panel Type: Batteries Nominal voltage: 12 Current rating:

Number of standby batteries: 2 Amp hour rating: 7

Location of emergency generator: N/A

Location of fuel storage:

Calculated capacity of secondary power to drive the system

In standby mode: 24 hrs In alarm mode: 60 min

11. Record of System Installation

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

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

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

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

System deviations from referenced NFPA standards:

Signed: Printed name: Pee Sandstrom Date: 7/29/13

Organization: Emergency Response Title: Operations Mgr. Phone: 215 843 9290

12. Record of System Operation

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

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

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

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

Signed: Printed name: Pee Sandstrom Date: 7/29/13

Organization: Emergency Response Title: Operations Mgr. Phone: 215 843 9290

13. Certifications and Approvals

13.1 System Installation Contractor

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

Signed: _____ Printed name: Andrew Lieberman Date: 7/29/13

Organization: Emergency Response Title: Owner Phone: 215-843-9290

13.2 System Service Contractor

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.3 Central Station

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

STANLEY Security Solutions

All Activity Report

Activity from 07/22/13 09:30 to 07/22/13 14:20 with open/close activity.

1116922558
JOE'S CRAB SHACK #0779
0779 - FA
1048 CEDAR BRIDGE RD
BRICK, NJ 08724
732-473-7670

Date/Time	Day	Panel	Zone #	Zone Area	Zone Type	Event Information/Comment
07/22/13 09:31:54	Mon		DMSG		EQUIPMENT SUPERVISION	ALARM PROGRAM MODE EXIT
07/22/13 09:31:58	Mon		TMSG	FIRE PANEL	EQUIPMENT SUPERVISION COM	TROUBLE SYSTEM RESET
07/22/13 09:32:01	Mon		203	SPRINKLER TAMPER VALVE SUPERVISION		ALARM FIRE SUPERVISORY-GATE VALVE
07/22/13 09:32:04	Mon		204	SPRINKLER TAMPER VALVE SUPERVISION		ALARM FIRE SUPERVISORY-GATE VALVE
07/22/13 09:59:20	Mon		GRF	FIRE PANEL	EQUIPMENT SUPERVISION	TROUBLE GROUND FAULT
07/22/13 10:00:30	Mon		GRF	FIRE PANEL	EQUIPMENT SUPERVISION	RESTORE GROUND FAULT
07/22/13 10:22:26	Mon		GRF	FIRE PANEL	EQUIPMENT SUPERVISION	TROUBLE GROUND FAULT
07/22/13 10:23:14	Mon		GRF	FIRE PANEL	EQUIPMENT SUPERVISION	RESTORE GROUND FAULT
07/22/13 10:34:21	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	ALARM FIRE ALARM

Date/Time	Day	Panel	Zone #	Zone Area	Zone Type	Event Information/Comment
07/22/13 11:05:25	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	RESTORE FIRE ALARM
07/22/13 11:06:49	Mon		203	SPRINKLER TAMPER VALVE SUPERVISION		RESTORE FIRE SUPERVISORY-GATE VALVE SENSOR
07/22/13 11:06:52	Mon		204	SPRINKLER TAMPER VALVE SUPERVISION		RESTORE FIRE SUPERVISORY-GATE VALVE SENSOR
07/22/13 12:27:00	Mon		216	KITCHEN ANSUL	FIRE - SPECIAL	ALARM FIRE ALARM
07/22/13 12:28:35	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	ALARM FIRE ALARM
07/22/13 12:28:55	Mon		216	KITCHEN ANSUL	FIRE - SPECIAL	RESTORE FIRE ALARM
07/22/13 12:31:02	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	RESTORE FIRE ALARM
07/22/13 12:38:17	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	ALARM FIRE ALARM
07/22/13 12:44:12	Mon		AT	FIRE PANEL	AUTOTEST	ALARM PERIODIC TEST, SYS TRBL
07/22/13 12:56:48	Mon		216	KITCHEN ANSUL	FIRE - SPECIAL	ALARM FIRE ALARM
07/22/13 13:01:24	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	RESTORE FIRE ALARM
07/22/13 13:01:28	Mon		216	KITCHEN ANSUL	FIRE - SPECIAL	RESTORE FIRE ALARM
07/22/13 13:17:19	Mon		204	SPRINKLER TAMPER VALVE SUPERVISION		ALARM FIRE SUPERVISORY-GATE VALVE

Date/Time	Day	Panel	Zone #	Zone Area	Zone Type	Event Information/Comment
07/22/13 13:33:26	Mon		204	SPRINKLER TAMPER VALVE SUPERVISION		RESTORE FIRE SUPERVISORY-GATE VALVE SENSOR
07/22/13 13:34:28	Mon					SYS COMM TECH JASON CALLED TO CHECK SIGNALS ALL RECIEVED ...WILL CB
07/22/13 13:35:56	Mon		209	LOADING DOCK	FIRE - MANUAL PULL STATIO	ALARM PULL STATION
07/22/13 13:37:37	Mon		209	LOADING DOCK	FIRE - MANUAL PULL STATIO	RESTORE PULL STATION
07/22/13 13:58:37	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	ALARM FIRE ALARM
07/22/13 13:58:40	Mon		216	KITCHEN ANSUL	FIRE - SPECIAL	ALARM FIRE ALARM
07/22/13 13:59:23	Mon		202		WATERFLOW	ALARM WATER FLOW
07/22/13 14:02:57	Mon		202		WATERFLOW	RESTORE WATER FLOW
07/22/13 14:03:00	Mon		215	POLLUTION CONTROL	FIRE - SMOKE ALARM	RESTORE FIRE ALARM
07/22/13 14:03:03	Mon		216	KITCHEN ANSUL	FIRE - SPECIAL	RESTORE FIRE ALARM
07/22/13 14:07:05	Mon					CALL IN
07/22/13 14:07:21	Mon					SYS COMM PER LOG ALL SIGNALS GOOD, TECH MIKE CALLING BACK TO PLACE ACCT
07/22/13 14:07:31	Mon					SYS COMM DAILY AUTO TEST PROGRAMMED

Date/Time	Day	Panel	Zone #	Zone Area	Zone Type	Event Information/Comment
07/22/13 14:07:36	Mon					AUTO COMME MS TEST => ISVC
07/22/13 14:17:25	Mon		202		WATERFLOW	ALARM WATER FLOW
07/22/13 14:18:38	Mon					ALARM ACK PIX: 1
07/22/13 14:19:00	Mon					FIRE BRICK TOWNSHIP FIRE 7322621100
07/22/13 14:19:14	Mon					CALL RES ANSWER

Fire Suppression System Certificate of Installation

Reliable Fire Protection
20 Meridian Road, Suite 1 • Eatontown, NJ 07724
350 Fifth Avenue • 59th Floor • New York, NY 10118
Phone: (732) 643-0075 • Toll Free: (800) 368-0024 • Fax: (732) 643-0076

Job Information

Job Name	JOE'S CRABSHACK	Job Number:	164661752
Job Address	1048 CEDAR BRIDGE RD BRICK, NJ 08724	Type of System:	Ansul R-102 7.5 System

Fire System Distributor

Fuel/Energy Shut Off Device Gas Valve: Electrical (X) Mechanical ( ) Size: 2½0

Installed. Tested on 7/22/13 Electric Equipment Shut-down Tested: ( ) Yes ( ) No

This Fire Suppression System is installed in accordance with the Manufacturer's instructions and drawings, NFPA 96 and 17 (current issues) and all applicable state and local codes. All electrical work or work performed by others to complete the installation of this system has been completed. Exceptions to the above are noted below. (Use back of sheet if necessary)

ANSUL 7.5 / PCU CORE SYSTEM TESTED + PASSED

Installer's Name KRIS CARR

Signature _____ Date 7/22/13

Owner or Owner's Representative

I have received a copy of the Fire Suppression System Owner's Manual and I understand it. I also understand that it is the recommendation of the National Fire Protection Association (NFPA) that the system be inspected every six months to maintain its reliability.

Signature _____ Date _____

Authority Having Jurisdiction

Type of Test: _ __ Cartridge Dump _ _ Other

Functional tests have been witnessed and the system performs as designed.

Signature _____ Date _____

Joe's Crab Shack:

Tim's Mail [tim@fireprotechinc.com]

Sent: Thursday, August 01, 2013 4:26 PM

To: Fire Bureau

Attention Inspector Orlando,

Contractor's Material and Test Certificate for Aboveground Piping is attached for the above referenced project.

Sincerely,

Tim Shannon
Fire Pro Tech, Inc.
6 Station Place
Howell, NJ 07731
O - 732-363-5955
F - 732-363-3031
www.fireprotechinc.com

Contractor's Material and Test Certificate for Aboveground Piping

PROCEDURE

Upon completion of work, inspection and tests shall be made by the Contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.
A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Joe's Crab Shack | DATE 7/31/13

PROPERTY ADDRESS 1048 Cedar Bridge Road Brick, NJ 08723

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES) The Township of Brick

ADDRESS 401 Chambersbridge Road Brick, NJ 08723

INSTALLATION CONFORMS TO ACCEPTED PLANS ☒ YES ☐ NO
EQUIPMENT USED IS APPROVED ☒ YES ☐ NO
IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

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

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES
1. SYSTEM COMPONENTS INSTRUCTIONS ☒ YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS ☒ YES ☐ NO
3. NFPA 25 ☒ YES ☐ NO

LOCATION

SUPPLIES BUILDINGS Entire Building

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Reliable	F1FR56	2012	1/2"	95	155°
Reliable	G5-56	2012	1/2"	29	165°
Reliable	F3QR	2012	1"	5	155°
Tyco	DS-3 ECOH	2012	1"	2	155°

PIPE AND FITTINGS

TYPE OF PIPE Black Steel
TYPE OF FITTINGS Cast Iron

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MIN	SEC
Vane	Potter	VSR	0	45

DRY PIPE OPERATING TEST

MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
N/A					

	TIME TO TRIP THROUGH TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
WITH Q.O.D.									
W/O Q.O.D.									

IF NO, EXPLAIN

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC
PIPING SUPERVISED ☐ YES ☐ NO DETECTING MEDIA SUPERVISED ☐ YES ☐ NO
DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? ☐ YES ☐ NO IF NO, EXPLAIN

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

PRESSURE REDUCING VALVE TEST

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

TEST DESCRIPTION	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped. PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1½ psi in 24 hours.
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT 200Lbs. FOR 2 HOURS IF NO, STATE REASON DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO EQUIPMENT OPERATES PROPERLY ☒ YES ☐ NO DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ☒ YES ☐ NO DRAIN TEST READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION 71 PSI RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE 62 PSI UNDERGROUND MAINS AND LEAD-IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING. VERIFIED BY COPY OF THE U FORM NO. 858 ☐ YES ☒ NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND SPRINKER PIPING ☒ YES ☐NO IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE IF NO, EXPLAIN HAS REPRESENTATIVE SAMPLE TESTING BEEN COMPLETED? ☐ YES ☐ NO
BLANK TEST GASKETS	NUMBER USED LOCATIONS NUMBER REMOVED
WELDING	WELDED PIPING ☐ YES ☒ NO IF YES... DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9. LEVEL AR 3? ☐ YES ☐ NO DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9. LEVEL AR 3? ☐ YES ☐ NO DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? ☐ YES ☐ NO
CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☒ YES ☐ NO
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED ☒ YES ☐ NO IF NO, EXPLAIN
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN. 7/31/13
SIGNATURES	NAME OF SPRINKER CONTRACTOR: Fire Pro Tech, Inc. TESTS WITNESSED BY FOR PROPERTY OWNER (SIGNED) TITLE DATE FOR SPRINKLER CONTRACTOR (SIGNED) TITLE Insp Coord DATE 7-31-13.

ADDITIONAL EXPLANATIONS AND NOTES:

FRENCH & PARRELLO
ASSOCIATES, PA, CONSULTING ENGINEERS

April 11, 2013

Jeff Stehlar
MULVEY CONSTRUCTION
5583 Davison Road
Lockport, NY 14094

Re: Field Observation Services
Joes Crab Shack
Brick, NJ
FPA No. 7072.001

Gentlemen:

Attached please find a copy of the report describing the daily field activity observed by our representative on March 29, 2013 at the referenced project site. We have also included the results of geotechnical laboratory testing performed.

Should you have any questions concerning any of the items discussed in this report, please do not hesitate to contact us.

Very truly yours,

FRENCH & PARRELLO ASSOCIATES, PA

David I. Calnan, PE
Senior Vice President

DIC/jac
Attachments

4/11/13 MV
Not Approved
This is the site
Compaction Prior to
excavation Bottom
of Footing Req'd

FRENCH & PARRELLO
ASSOCIATES, P.A., CONSULTING ENGINEERS

1800 Route 34, Suite 101
Wall, New Jersey 07719
Phone: (732) 312-9800

***Date:* 03/29/13**	***Job No:*7072.001**
Project: Joe's Crab Shack	
Location: Brick Plaza, NJ	
Contractor: Mulvey	***Owner:***
Weather: Clear	***Temp:* 40's°**
***Present at Site:* Jay Kenny**	

TO: _____

_____

_____

_____

FIELD REPORT

THE FOLLOWING WAS NOTED:

The writer arrived on site to monitor the removal of the existing footings and electrical conduit from the proposed building pad. After the removal of the footings and conduit the contactor backfilled the area in controlled 12" inch lifts utilizing a John Deere 450H dozer. Each lift was compacted utilizing Single drum vibrating roller. Writer conducts in place density test with Troxler Nuclear Density Gauge. Test results meet Project specifications.

See attached sheet for density test results and work location.

Copies to: Field File

Signed Jay Kenny

FRENCH & PARRELLO

Nuclear Density Test Results

Project: Joe's Crab Shack **Sheet:** 2 **of** 3

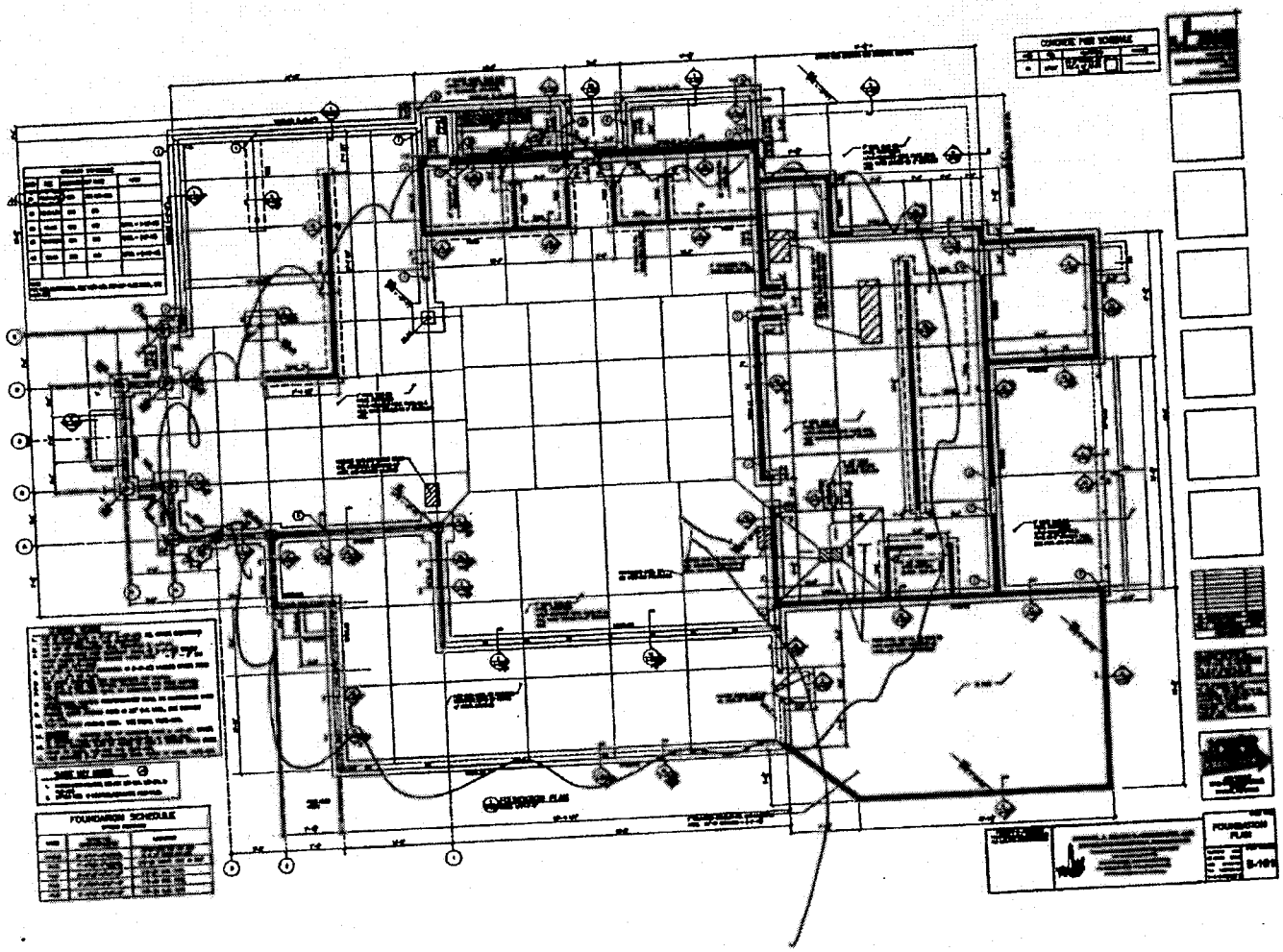
Job Number: 7072.001 **Date:** 3/29/13 **Gauge:** 19939

Operator: Jay Kenny **MS:** 532 **DS:** 2135

Test Number	Probe Depth (In)	Wet Density (PCF)	Dry Density (PCF)	Percent Moisture	Proctor Value (PCF)	Percent Compaction
1	12	139.0	128.9	7.8	132.0	97.7
2	12	140.8	127.6	10.3	132.0	96.7
3	12	139.6	128.1	9.0	132.0	97.0
4	12	141.5	129.1	9.6	132.0	97.8
5	12	140.7	130.2	8.1	132.0	98.6

Test Number	Test Locations and Remarks
1	Building Pad south east corner 3' below grade
2	Building Pad south end 2' below grade
3	Building Pad south east corner 1' below grade
4	Building Pad south west corner 1' below grade
5	Building Pad middle Approx grade

7072.001 3/29/13 Joe's CRAB SHACK



Approx location of Density Test's

FRENCH & PARRELLO
ASSOCIATES, P.A. CONSULTING ENGINEERS

SUMMARY OF LABORATORY TESTING

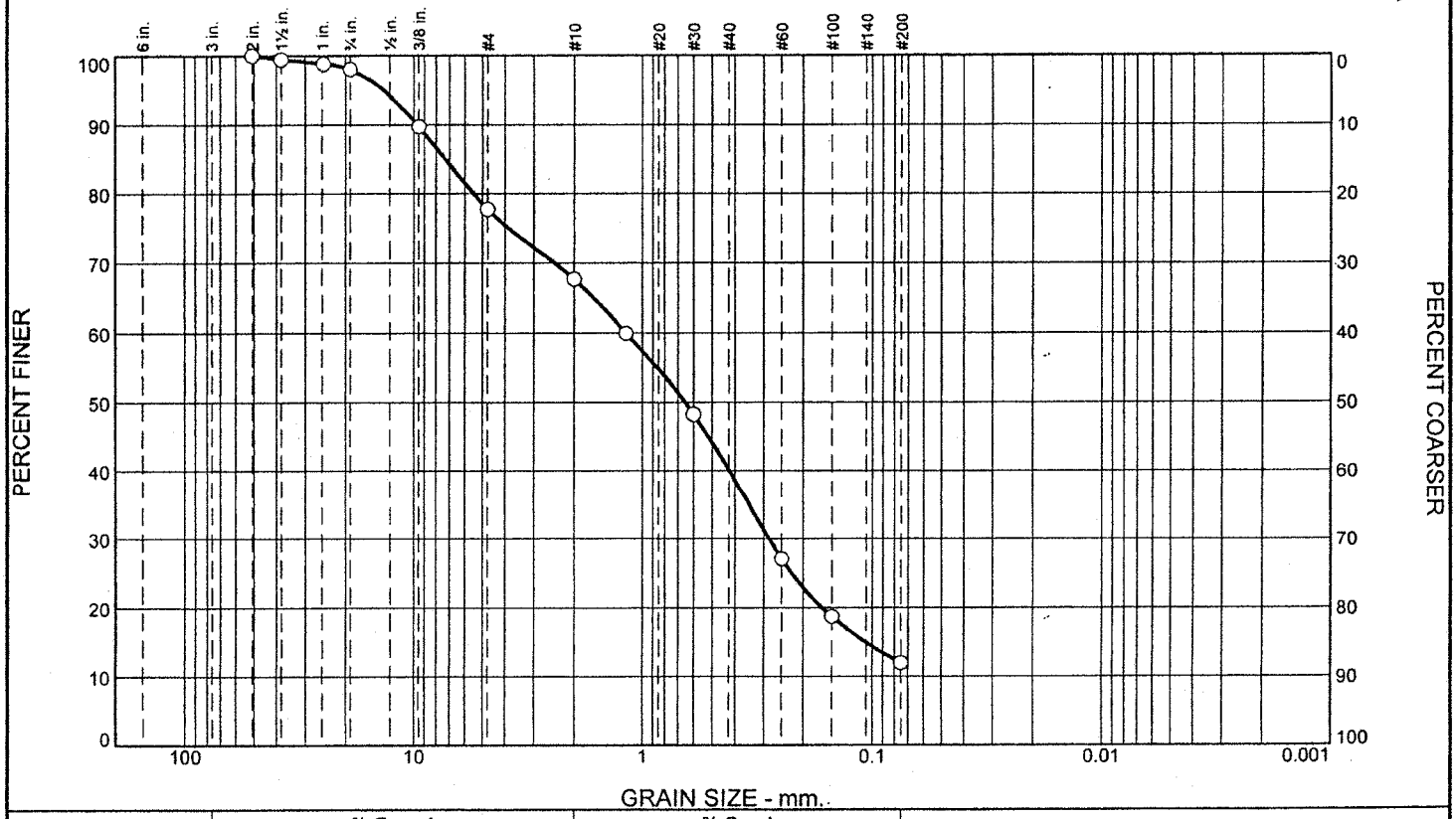
AASHTO Accredited Laboratory

PROJECT: Joe's Crab Shack **PROJECT #:** 7072.001 **DATE:** 4/13

Sample Number & Date Received	Source	Classification	Natural Water Content %	Atterberg Limits		Unconfined Compression		Unit Dry Weight PCF	Specific Gravity	Permeability cm/sec @ 20 deg C	Compaction	Grain Size	Consolidation	Triaxial	CBR	pH	Organic Content %
				Liquid Limit	Plastic Limit	Stress TSF	Strain %										
S-1 3/29/13	Onsite Material	Brown cmf SAND, some+ mf+ Gravel, little- Silt	5								*	*					

* SEE TEST CURVES

Particle Size Distribution Report



% Cobbles	% Gravel			% Sand			% Fines
	Coarse	Medium	Fine	Coarse	Medium	Fine	
0.0	1.2	9.0	22.1	19.4	21.2	15.1	12.0

SIEVE SIZE	PERCENT FINER	SPEC.* PERCENT	PASS? (X=NO)
2	100.0		
1.5	99.4		
1	98.8		
.75	98.0		
.375	89.7		
#4	77.7		
#10	67.7		
#16	60.0		
#30	48.3		
#60	27.1		
#100	18.7		
#200	12.0		

* (no specification provided)

Material Description

Brown cmf SAND, some+ mf+ Gravel, little- Silt

Atterberg Limits

PL= LL= PI=

Coefficients

D_{90}= 9.6503 D_{85}= 7.2851 D_{60}= 1.1834
D_{50}= 0.6524 D_{30}= 0.2843 D_{15}= 0.1063
D_{10}= C_u= C_c=

Classification

USCS= AASHTO=

Remarks

Location: Onsite Material
Sample Number: S-1

Date: 4/1/13

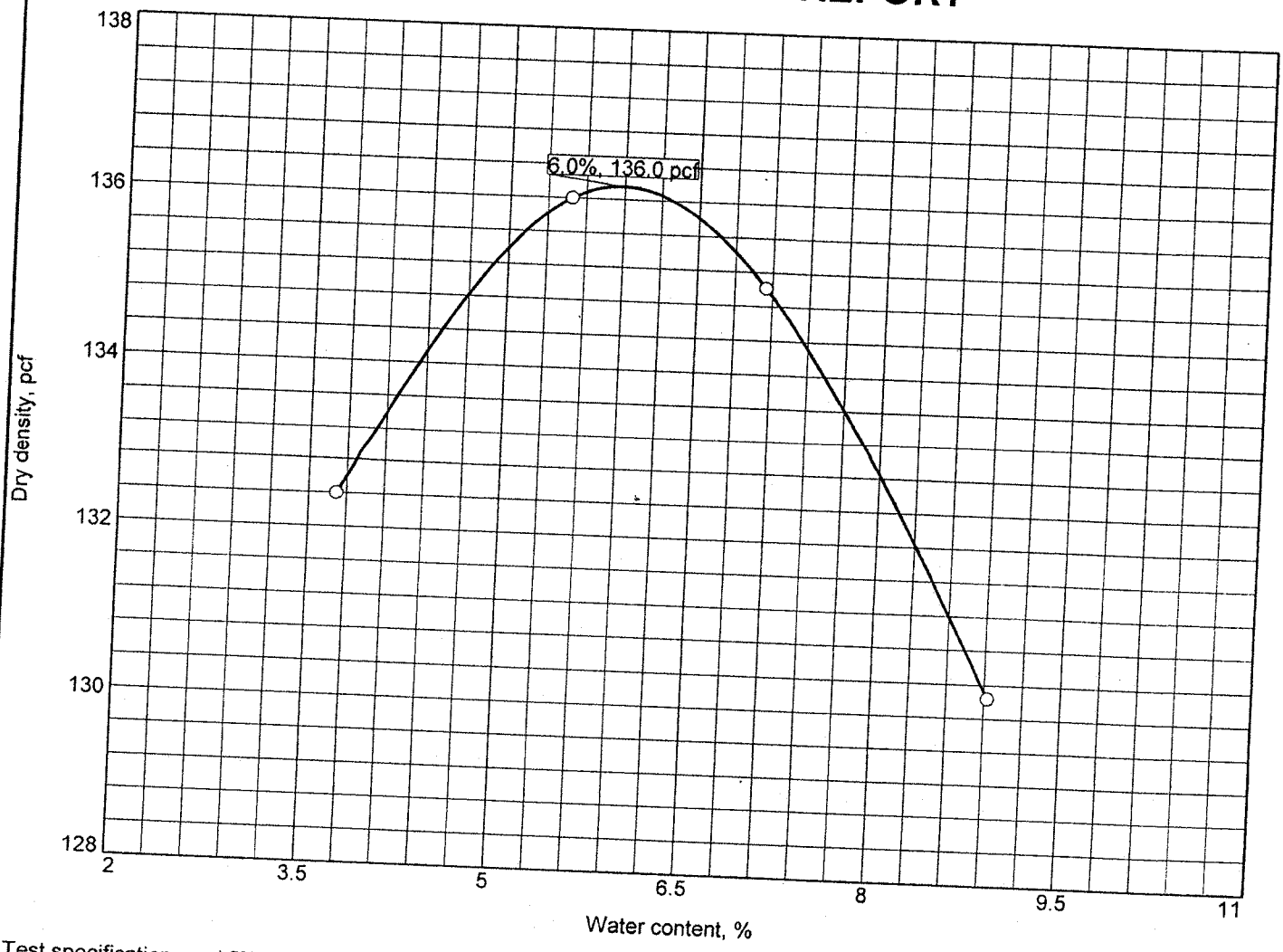
FRENCH & PARRELLO ASSOCIATES, P.A.
CONSULTING ENGINEERS
Wall, NJ

Client:
Project: Joe's Crab Shack

Project No: 7072.001 **Figure**

Tested By: AF **Checked By:** RT

COMPACTION TEST REPORT



Test specification: ASTM D 1557-07 Method C Modified

Elev/ Depth	Classification		Nat. Moist.	Sp.G.	LL	PI	% > 3/4 in.	% < No.200
	USCS	AASHTO						
			5				2.0	12.0

TEST RESULTS

Maximum dry density = 136.0 pcf

Optimum moisture = 6.0 %

MATERIAL DESCRIPTION

Brown cmf SAND, some+ mf+ Gravel, little- Silt

Project No. 7072.001 **Client:**

Project: Joe's Crab Shack

Remarks:

○ **Location:** Onsite Material **Sample Number:** S-1

FRENCH & PARRELLO ASSOCIATES, P.A.
CONSULTING ENGINEERS
Wall, NJ

Figure

Tested By: AF **Checked By:** RT

Michael A. Beach & Associates

Consulting Structural Engineering

Michael A. Beach, PE
Paul L. Constantini, SE, PE
Timothy D. Jennings, PE
Anthony J. Varano, SE, PE

April 30, 2013

MAY 01 2013

6/11/1.01

John W. Lister, Architects
Attn: Mr. John W. Lister, RA
115 Westtown Road
Suite 201
West Chester, PA 19382

Re: Joe's Crab Shack
Brick, NJ
File 1143.43

Dear John:

Pursuant to your request we have prepared the attached sketches SK-S-1, SK-S-2, SK-S-3 and SK-S-4. These sketches have been prepared to document revisions performed in the field. These revisions were performed due to field conditions and/or construction techniques.

We hope that this letter and the attached sketches satisfy your requirements at this time. If there are any further questions or comments regarding this documentation please do not hesitate to call our office.

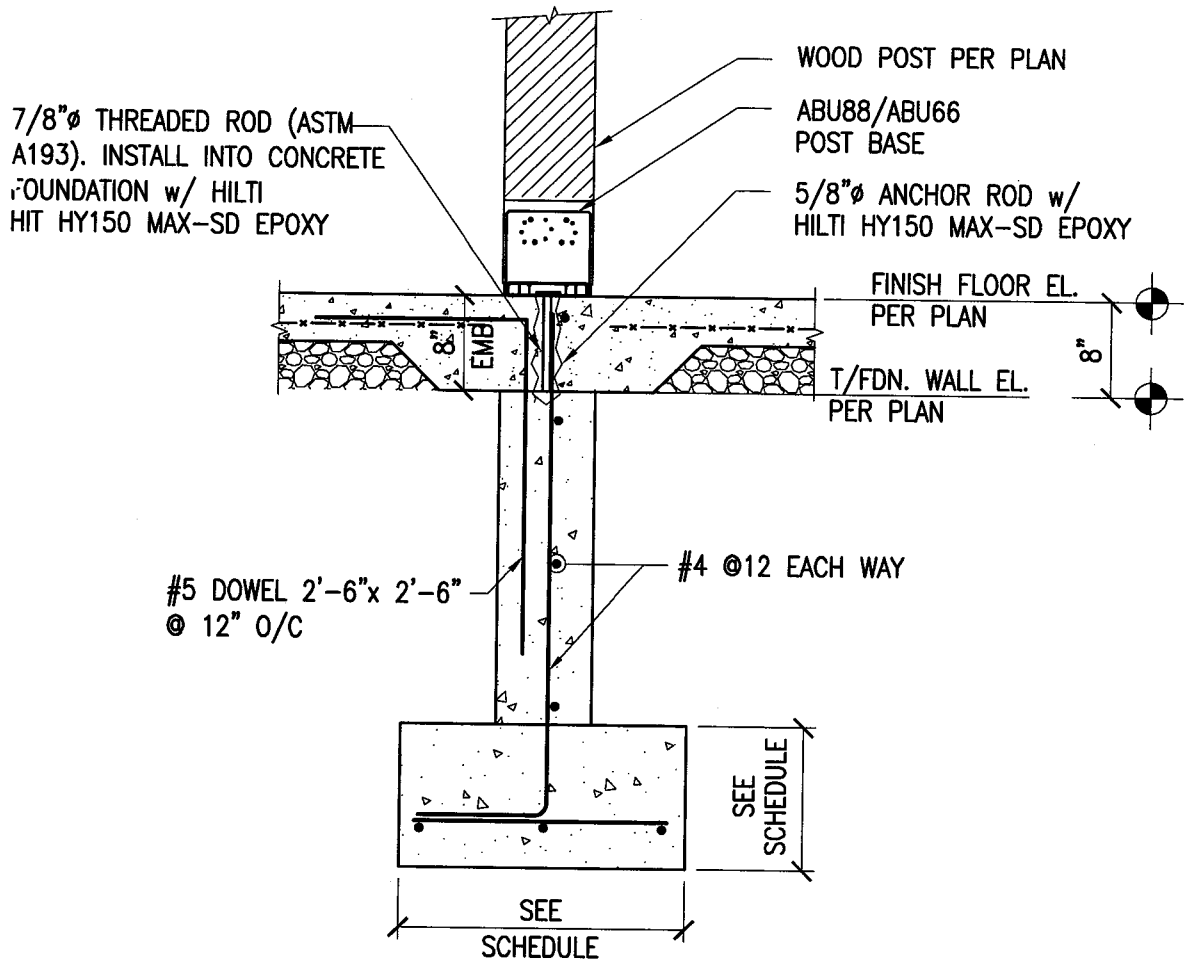
Very truly yours,

Michael A. Beach & Associates, LLC

Timothy D. Jennings, PE
Project Manager
NJ License No. 24GE03838500

Attachments (4 sketches)

Twin Ponds Executive Campus
200 Birchfield Drive • Suite 205 • Mount Laurel, New Jersey 08054
Phone: (856) 273-1909 • Fax: (856) 273-1480 • E-mail: mail@mabeachassoc.com
www.mabeachassoc.com



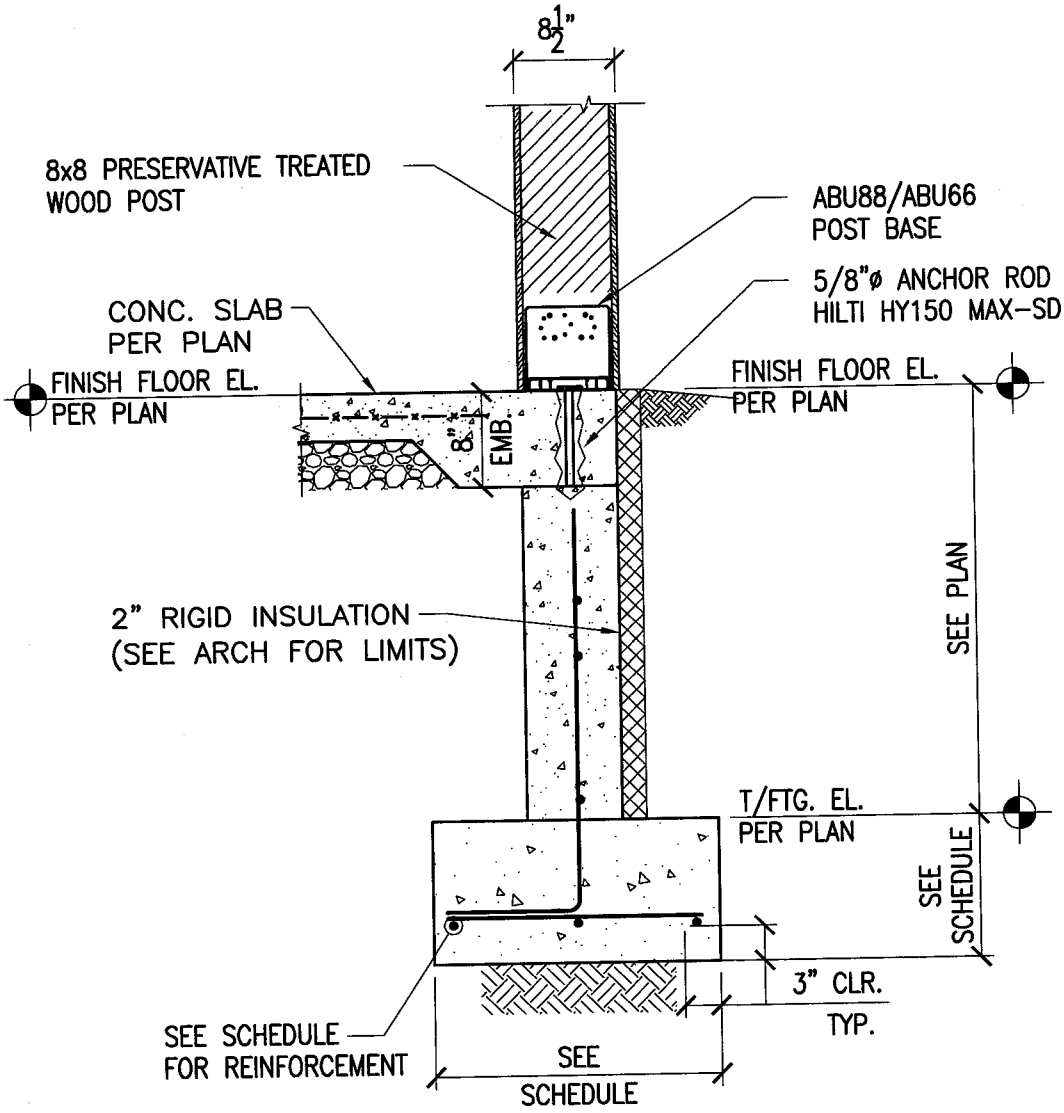
10 / S-201 REVISED SECTION
SCALE: 3/4" = 1'-0"

TIMOTHY D. JENNINGS
PROFESSIONAL ENGINEER
NJ LIC. NO. 24GE03838500

4-30-13

MICHAEL A. BEACH & ASSOCIATES, LLC
CONSULTING STRUCTURAL ENGINEERING
TWIN PONDS EXECUTIVE CAMPUS
205 BIRCHFIELD DRIVE
MOUNT LAUREL, NEW JERSEY 08054
PH: (856) 273-1909 FAX: (856) 273-1480
EMAIL: mail@mabeachassoc.com
NJ Certificate of Authorization No. GA278484

Project No. 1143.43		Date: 04-30-2013	Drawing:
JOE'S CRAB SHACK 1048 CEDAR BRIDGE ROAD BRICK, NJ 08724		Drawn By: BS Scale: 3/4" = 1'-0" Revision:	SK-S-1

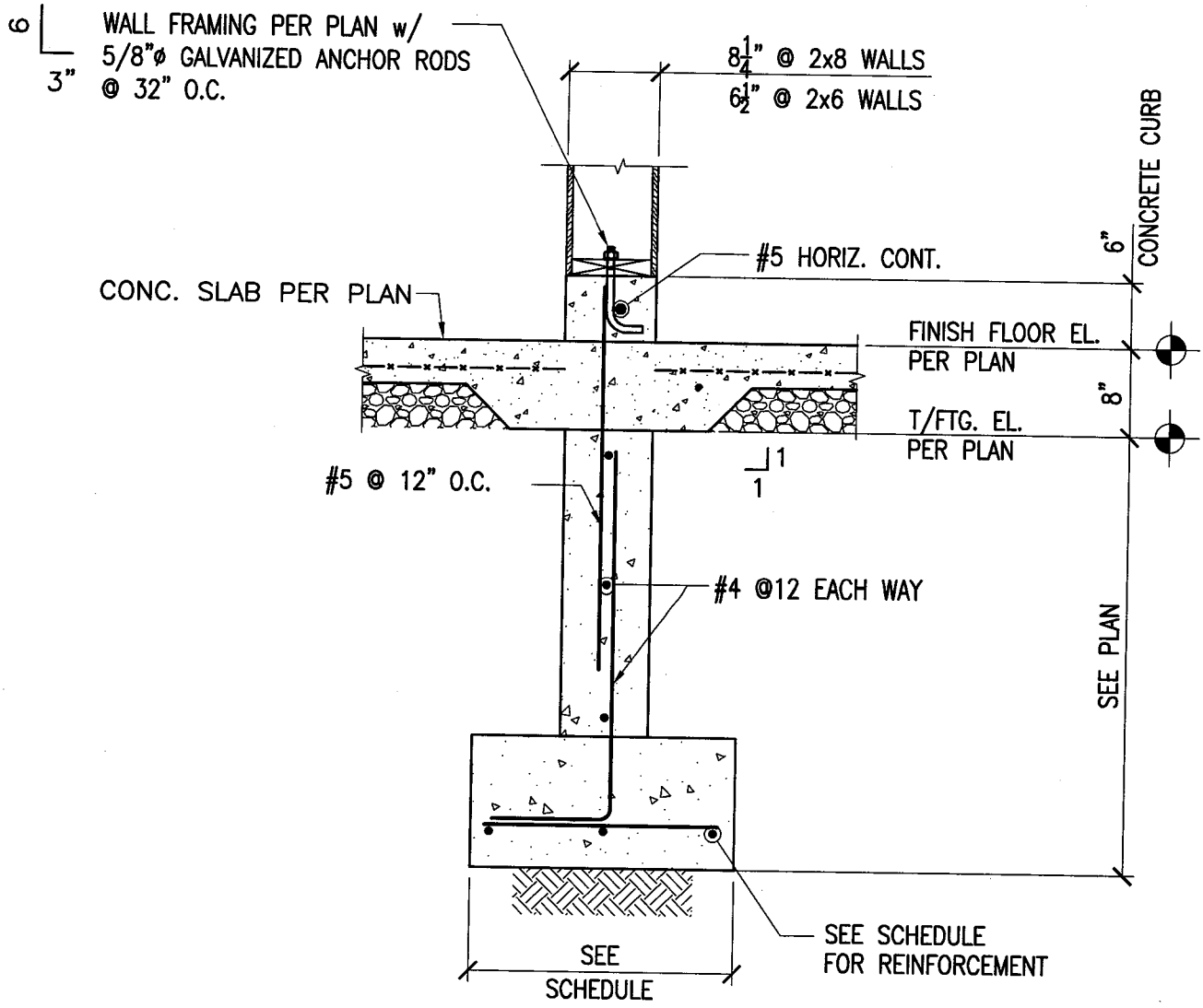


11 / S-201 REVISED SECTION
SCALE: 3/4" = 1'-0"

TIMOTHY D. JENNINGS
PROFESSIONAL ENGINEER
NJ LIC. NO. 24GE03838500

MICHAEL A. BEACH & ASSOCIATES, LLC
CONSULTING STRUCTURAL ENGINEERING
TWIN PONDS EXECUTIVE CAMPUS
205 BIRCHFIELD DRIVE
MOUNT LAUREL, NEW JERSEY 08054
PH: (856) 273-1909 FAX: (856) 273-1480
EMAIL: mail@mabeachassoc.com
NJ Certificate of Authorization No. GA278484

Project No. 1143.43	Date: 04-30-2013	Drawing:
JOE'S CRAB SHACK 1048 CEDAR BRIDGE ROAD BRICK, NJ 08724	Drawn By: BS Scale: 3/4" = 1'-0" Revision:	SK-S-2



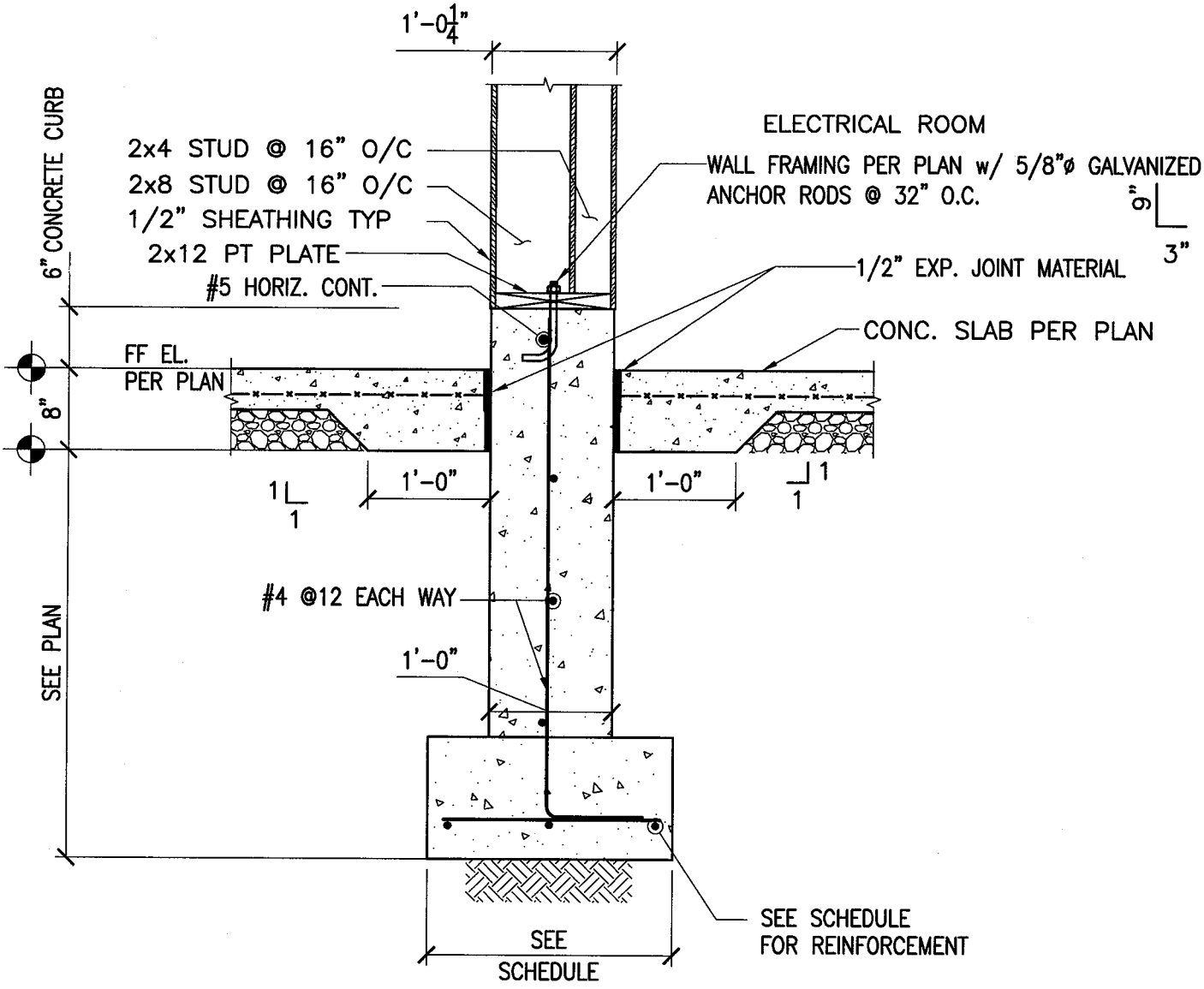
20 / S-201 REVISED SECTION
SCALE: 3/4" = 1'-0"

TIMOTHY D. JENNINGS
PROFESSIONAL ENGINEER
NJ LIC. NO. 24GE03838500

4-30-13

MICHAEL A. BEACH & ASSOCIATES, LLC
CONSULTING STRUCTURAL ENGINEERING
TWIN PONDS EXECUTIVE CAMPUS
205 BIRCHFIELD DRIVE
MOUNT LAUREL, NEW JERSEY 08054
PH: (856) 273-1909 FAX: (856) 273-1480
EMAIL: mail@mabeachassoc.com
NJ Certificate of Authorization No. GA278484

Project No. 1143.43	Date: 04-30-2013	Drawing:
JOE'S CRAB SHACK 1048 CEDAR BRIDGE ROAD BRICK, NJ 08724	Drawn By: BS Scale: 3/4" = 1'-0" Revision:	SK-S-3



23 / S-201 REVISED SECTION
SCALE: 3/4" = 1'-0"

TIMOTHY D. JENNINGS
PROFESSIONAL ENGINEER
NJ LIC. NO. 24GE03838500

MICHAEL A. BEACH & ASSOCIATES, LLC
CONSULTING STRUCTURAL ENGINEERING
TWIN PONDS EXECUTIVE CAMPUS
205 BIRCHFIELD DRIVE
MOUNT LAUREL, NEW JERSEY 08054
PH: (856) 273-1909 FAX: (856) 273-1480
EMAIL: mail@mabeachassoc.com
NJ Certificate of Authorization No. GA278484

Project No. 1143.43		Date: 04-30-2013	Drawing:
JOE'S CRAB SHACK 1048 CEDAR BRIDGE ROAD BRICK, NJ 08724		Drawn By: BS	SK-S-4
		Scale: 3/4" = 1'-0"	
		Revision:	

Joes cross stack

ELECTRICAL SUBCODE
TECHNICAL SECTION

327-149-405

Date Received 4-3-13

Permit # 13-1434

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 1048 Cedar Bridge Road
Township of Brick, NJ 08724

Owner in Fee: Federal Realty Investment Trust

Tel. (484) 419-1215 e-mail djoss@federalrealty.com

Address 50 E. Wynnwood Rd. (street) Wynnwood (municipality) PA 19096 (zip code)

Contractor: SIBLO ELECTRIC Tel. 973 670-4208

Address 8 FAIRVIEW DR e-mail
NORTH CALDWELL NJ

Contractor License No. 11502 Exp. Date

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

Federal Emp. ID No. 22-3377592 FAX: 973 228-4984

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed A-2

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

Building Occupied as Resaurant Utility Co.

Est. Cost of Elec. Work $ 135,700

C. CERTIFICATION IN LIEU OF OATH:

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

Applicant sign/Contractor sign and seal here:

Print name here:

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY	SIZE	ITEMS	FEE (Office Use Only)
221		Lighting Fixtures	
96		Receptacles	
45		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP RCP	
47		Emergency & Exit Lights	
41		Communications Points	
1		Alarm Devices F.A.C. Panel	
2		HAND DRYERS- put under drayer	
455 86		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	.6	KW Oven/Surface Unit CONVECTION	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
2	34.5	KW Dishwasher/BOOSTER	
		HP Garbage Disposal	
4	23	KW Central A/C Unit	
2	.58	HP/KW Space Heater/Air Handler	
5	1.5	KW Baseboard Heat	
4		HP Motors 1/+ HP EF	
		KW Transformer/Generator	
1	800	AMP Service IFS - MSB -	
2	100	AMP Subpanels	
		AMP Motor Control Center	
12	1.2	KW Elec. Sign/Outline Light	
4		WALK IN COOLERS.	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 3-19-13 Approved by: JS

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

SUBCODE APPROVAL for PERMIT
Date: 3-19-13
Approved by: SJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7/29/13
Approved by: SJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	SEE BACK			
Barrier-Free				
Trench			4-29-13	DJ
Temp. Serv.				
Constr. Serv.	HOOD COMM		6-27-13	DJ
TCO			7-19-13	JK
Other				
Service			7-3-13	DJ
Final			7-29-13	DJ
Barrier-Free				

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 7/18/13 F
Control #
Date Issued
Permit # 13-1434+1X

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 ~~1048 Cedar Ridge Road~~ SE Chambers Bridge Rd.

Owner in Fee Joe's Crab

Address 1048 Cedar Ridge Road Brick NJ 08724

Tel (609) 839-3210 Brian McFadden - Stanley Black & Decker

Contractor A-D & S Electrical Contractors of New Jersey

Address 314 Monmouth Drive Cherry Hill NJ 08002

Tel (215) 990-0370 FAX (215-)843-5268

Contractor License No. #6968

Federal Emp. No. 23-2882036

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 9100

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
34		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required — Date 6/20/13 Initial JS

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 7/30/13

Approved by: JS

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-20-13	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)
Internet version

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

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000

CERTIFICATE OF COMPLIANCE

Date 7/30/13

NAME Federal Realty Trust

ADDRESS 1626 E Jefferson St MD 20852

PROPERTY LOCATION 1048 Cedar Bridge Ave Joe's Crab Shack

Account No 3592814-49 Block 671 Lot 1.01

I herby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Jerry J O'Neill

APPLICATION FOR CERTIFICATE

Date Received 2/27/2013
Date Permit Issued 4/3/2013
Control # C-13-001145
Permit # 13-1434
Date Issued

IDENTIFICATION

Block 671 Lot 1.01 Qualifier

Work Site Location 56 CHAMBERS BRIDGE RD. aka 1048 Cedar Bridge Road (Joe's Crab Shack) Brick Township, NJ

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

Telephone

Contractor Mulvey Construction, Inc.
Address 5583 Davidson Road Lockport NY 14046

Telephone (716) 434-1404
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous A-2 Current

FINAL COST OF CONSTRUCTION: $ 1585700
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
New NEW COMMERCIAL STRUCTURE

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 Lacey Road, Forked River, NJ 08731
Tel 609.971.7002 • Fax 609.971.3391 • www.soildistrict.org

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL

MUNICIPALITY: Brick

PROJECT: Joe's Crab Shack

SCD NO: 14916

BLOCK NO.(S): /

LOT NO.(S): /

Final Compliance ☒ **Conditional Compliance** ☐

Block No.	Lot No.	Conditions
		Applicant remains responsible for permanent stabilization
671	1.01	1048 Cedar Bridge Ave.

TOTAL FEES DUE: $ —

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24 - 39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 07-25-13

Distribution: WHITE - Township
CANARY - Applicant
PINK - District

05.06.13 PA

① EXCLUDING TOE. RADIANT HEAT

② 05.10.12 PA
RADIANT HEAT IN SLAB IS OK.

PARTIAL 05.22.13 PA
① SEWER IS OK EXCLUDING THE SAMPLE WAY DOWNSTREAM OK 05.24.13 PA
FROM GREASE TRAP.

06.27.13 PA
① GAS PIPING INSTALLATION IS OK - JUST NEED ASBUILT OK 07.26.13 PA
DRAWINGS,
07.24.13 PA

① CAULKING BACK PUSH KITCHEN EQUIPMENT - OK
② C.O. COVERS ON WALLS. OK
③ CAULK MOP SINK OK
④ NEED RANGE SPECS FOR H.W.H. FOR RADIANT HEAT OK
⑤ NEED SPECS ON DISHWASHER AIR GAP KIT, OK
⑥ KITCHEN ICE MAKER NEEDS AIR GAP. OK
⑦ STOP INSPECTION NOT REMOVED
07.26.13 PA

① BAR AREA SPECS ON DISHWASHER + CAULK SINKS ETC. - OK
② INSTALL SODA STATION @ BAR OK
③ SECURE DISHWASHER OK 07.30.13 PA.
07.30.13 PA
④ FINAL IS OK - JUST UPDATE PERMIT 07.30.13 PA

07.26.13 PA

4-5-13 FOOTINGS, PARTIAL
APP. G.P. MARKED ON SUB SITE PRINT.
4/10/13 W Foot App- Contingent on ——→ Perimeter Balance
Compaction Report to be 95% or Better

4/17/13 - PARTIAL O.FORM MARKED ON SUB SITE PRINT APP. G.P.
4-22-13 - " " " " " " " " " "
4-22-13 - INSULATION, PARTIAL MARKED ON SUB SITE PRINT APP. G.P.
5/9/13 W Main Slab App-/Not Mech/Elect Cooler Room>—

4/24/13 KW Partial Back Fill Appvd -
See Jobsite Plans for locations -
4/25/13 KW Partial open form App -
See Jobsite Plans for locations
*Contingent on Architects letter to remove
5/8 Bars 2'6" x 2'6" and install #5's 12" OC. wet set

04/26/13 - Partial Slab Insulation
Marked up + noted on Field Copy of Plans
O.K. KW.

5-1-13 Footing App G.P. Footing complete
5/6/13 KW OF App top 16" of walls only at exterior playground
05/17/13 Partial slab Insp'n
Exterior Dumpster Enlosure + Interior Mech. Chase Curbs - O.K. KW.
6-12-13 Frame, Partial, Kitchen only App. G.P.
6-13-13 Insul, Kitchen only
6-18-13 Insul Res
1) Ext Alcove not done
2) All Ext. windows + doors not done
7-18-13 Final Res - N.R.

PERMIT UPDATE

Date Update Issued 7/30/2013
Control # C-13-004263
Permit # 13-1434+G

IDENTIFICATION Block: 671 Lot: 1.01

Work Site Location: 56 CHAMBERS BRIDGE RD. aka 1048 Cedar Bridge Road (Joe's Crab Shack) Brick Township, NJ

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

Telephone:

Qualifier

Contractor: Mulvey Construction, Inc.

Address: 5583 Davidson Road Lockport NY 14046

Telephone: (716) 434-1404

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS

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 $25,000

Daniel J. Newman Jr
Construction Official

Date 7/30/13

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$480
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$42
CO Fee	
Other	$0
Total	$522
Check No.	2206
Cash	$0
Credit	$0
Collected By	Nichol Miller

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

07/30/13 XX10 SERV.010
PLUMBING $480.00
DCA $42.00
CHECK $522.00

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

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

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

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

PERMIT UPDATE

Date Update Issued 7/18/13
Control # C-13-003389
Permit # 13-1434+F

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. aka 1048 Cedar Bridge Road (Joe's Crab Shack) Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone:

Contractor: Mulvey Construction, Inc.
Address: 5583 Davidson Road Lockport NY 14046
Telephone: (716) 434-1404
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM (BURGLAR OR FIRE)

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 $18,200

Construction Official Date 6/27/13

PAYMENTS (Office Use Only)

Building	$0
Electrical	$65
Plumbing	$0
Fire Protection	$130
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$30
CO Fee	
Other	$0
Total	$225
Check No.	9057
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Update

Date Received 7/18/13
Control #
Date Issued
Permit # 13-1434+A

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 ~~1048 Cedar Ridge Road~~ SL Chambers Bridge Rd.

Owner in Fee Joe's Crab

Address 1048 Cedar Ridge Road Brick NJ 08724

Tel (609) 839-3210 Brian McFadden - Stanley Black & Decker

Contractor A-D & S Electrical Contractors of New Jersey

Address 314 Monmouth Drive Cherry Hill NJ 08002

Tel (215) 990-0370 FAX (215-)843-5268

Contractor License No. #6968

Federal Emp. No. 23-2882036

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 9100

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
34		Alarm Devices/FA.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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required Date 6/20/13 Initial JS

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

Date Received 7/18/13
Control # 13-1434+FF
Date Issued
Permit #

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

Block 6071 Lot 1.01 Qualification Code

Work Site Location ~~1048 Cedar Ridge Road~~ 560 Chambers Bridge Rd.

Owner in Fee: Joe's Crab

Tel. (609) 839-3210 e-mail brian.mcfadyen@sbdinc.com

Address Brian McFadyen 2000 Cabot Blvd, Ste 100 Langhorne PA 19047

Contractor: A-D (street) & S Electrical Contractors (municipality) Tel. (215) 843-9290 (zip code)

Address PO Box 4970 Phila., PA 19119 e-mail Lic# 6968

andy@erafire.com 246 W. Upsal St.

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. NJ Elec #6968 Exp 3-2015

Fire Alarm Contractor No. 166359 Exp. Date 4-30-2013

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

Federal Emp. ID No. 23-2882036 FAX: (215) 843-5268

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 $ 9100

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
System AS per Plans

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)	14	
Signaling Devices (i.e., horn/strobes, bells)	20	
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 _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Fire Protection Plans Approved
Date: 7/26/13 Approved by: KGV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-21-13
Approved by: KGV

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

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

U.C.C. F140 (rev. 12/07) Internet version

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

5/3/13 - underground BTMCA

6/28/13 - 2hr 200 hydro / Above ceiling
main dining - bath
open area
ok to close ceiling

7/2/13 Light test cast Iron

7/3/13 OK to cover interior

wrap - parts
interior cast iron
still need exterior

7/10/13 Rooftop core system
cast iron pipe inspection (light test)

(F) Tech / (E)