BLOCK 671 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Rd PERMIT NO. 06-3005

mail in #

CONSTRUCTION PERMIT APPLICATION C06-10354?

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Rd
2. Name of Owner in Fee: Federal Realty Inv Tr Tel. (410) 896-3870
   Address 1626 East Jefferson St Rockville MD (street / municipality / zip-code)
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Schimenti Construction Tel. (914) 244-9100 x311
   Address 118 N Bedford Rd · Mount Kisco, NY 10549
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   ~~Federal~~ Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1152 40	40
2.	Electrical			
3.	*Plumbing*			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		79	1
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	1271	41

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. *Total Land Area Disturbed* _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

COMMERCIAL

Called 8/24 to get message

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					8-7-06	KM	1-30-07		DK
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical				[illegible]	8-24-06	KM	11/1/07		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10677501

U.C.C. F100-1 (rev. 04/03)

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(e)1.vii:

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. 5:32-2.15(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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

BLOCK 671 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 56 CHAMBERS BRIDGE RD. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 22 BRICK PLAZA - 56 CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST - JOEL COX
   Tel. (610) 896-5870 e-mail _____
   Address 50 E. WYNNEWOOD RD. WYNNEWOOD, PA 19096 (street / municipality / zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: SCHIMENTI CONSTRUCTION VINNY TIBERIA Tel. (914) 244-9100 EXT. 311
   Address 118 N. BEDFORD RD. MOUNT KISCO, NY 10549 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer DONALD J. RETHMAN Contact JEREMIAH TRAMMEL
   Address 7575 PARAGON RD. e-mail JTRAMMEL@DESIGNFORUM.COM
   Tel. (937) 312-8957 FAX: (937) 439-7247
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK — OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration	47,000								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical & HVAC	3,000								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	50,000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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(e)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 DONALD J. RETHMAN - DESIGN FORUM ARCHITECTS

Address 7575 PARAGON RD.
DAYTON, OH 45459

Telephone (937) 312-8957

Signature Donald J. Rethman

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	01/31/2007
Tracking Number	C-06-103547
Permit Number	06-3005
Permit Issue Date	09/13/2006
Certificate Number	06-3005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 671 Lot: 8 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone:

Contractor FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

ALTERATION NO CHANGE OF OCCUPANCY - -RELOCATION OF 4 DIFFUSERS.

Certificate Comments:

☐ **Certificate of Occupancy**

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

☑ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Fee: $0.00

Check Number: 56395

Collected By: Inspection Account

Date Printed: 01/31/2007

PERMIT UPDATE

Date Update Issued 9/27/2006
Control # C-06-104500
Permit # 06-3005+A

IDENTIFICATION Block: 671 Lot: 8 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

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

Contractor: FEDERAL REALTY INVESTMENT TRUST
Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone:
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:

COMMUNICATION POINTS NO CHANGE OF OCCUPANCY - -RELOCATION OF 4 DIFFUSERS.

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

Estimated Cost of Work $600

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	
Cash	$41
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 08/01/2006
Control # C-06-103547
Date Issued 9/13/06
Permit # 06-3005

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

Block 671 Lot 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 22 BRICK PLAZ Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ

Tel.

Contractor: SCHIMENTI CONSTRUCTION COMP

Address 118 N BEDFORD RD MT KISCO NJ

Tel. 914/244-9100 Fax.

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

Federal Employee No. 13-4093945

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION, NO CHANGE OF OCCUPANCY - -RELOCATION OF 4 DIFFUSERS.

Air Ballance Test Required For CO.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☒ All	9/7/06	KM
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

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

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 1-30-07
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			9/27/06	MW
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy Mechanical - ABOVE CLG			10/12/06	KM
TCO				
Other Final *	1/10/07	MW	1/29/07	MW
Barrier-Free				

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

COMMERCIAL

FEE (Office Use Only)

	$0
	$0
	$1,152
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$65
TOTAL FEE	$1,217

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B

Constr. Class Present Proposed

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Bldg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $0
2. Rehabilitation $48,000
3. Total (1+2) $48,000

Applicant: When submitting this form to your Local Construction Code

1/10/07 — Final Req—

1) Unable to test Emer. ⊕$ Signs—(Contractor to be present)

2) No Air Balance Report

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 08/01/2006
Control # C-06-103547
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 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 22 BRICK PLAZ Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ

Tel.

Contractor: SCHIMENTI CONSTRUCTION COMP

Address 118 N BEDFORD RD MT KISCO NJ

Tel. 914/244-9100 Fax.

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

Federal Employee No. 13-4093945

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☑ All	1.26	KM
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

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

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $0
2. Rehabilitation $48,000
3. Total (1+2) $48,000

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION, NO CHANGE OF OCCUPANCY - -RELOCATION OF 4 DIFFUSERS.

Air Balance Test Required for CO.

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$1,152
☐ Roofing	$0
☐ Siding	$0
☐ Fence Height (exceeds 6')	$0
☐ Sign Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$65
TOTAL FEE	$1,217

Applicant: When submitting this form to your Local Construction Code

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 8 Qualification Code

Work Site Location 22 BRICK PLAZA - 56 CHAMBERS BRIDGE RD. BRICK TOWNSHIP, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST - JOEL COX

Tel. (610) 896-5870 e-mail

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

Contractor SCHIMENTI CONSTRUCTION - VINNY TIBERIA Tel. (914) 244-9100 EXT 311

Address 118 N. BEDFORD RD. MT. KISCO, NY 10549 e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group Present H Proposed
Constr. Class Present 2B Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor 2842 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 47,000
3. Total (1+ 2) $ 47,000

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.

Donald Schuman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR REMODEL OF AN EXISTING SPRINT STORE SPACE BY OTHERS. NON-STRUCTURAL, NO EXTERIOR SIGNAGE INVOLVED, NO CHANGE OF OCCUPANCY.

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 08/01/2006
Control # C-06-103547
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 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 22 BRICK PLAZ Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ

Tel.

Contractor: SCHIMENTI CONSTRUCTION COMP

Address 118 N BEDFORD RD MT KISCO NJ

Tel. 914/244-9100 Fax.

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

Federal Employee No. 13-4093945

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☑ All	7.06	
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

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

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $0
2. Rehabilitation $48,000
3. Total (1+2) $48,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION, NO CHANGE OF OCCUPANCY - -RELOCATION OF 4 DIFFUSERS.

Air Ballance Test Required For CO.

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$1,152
☐ Roofing	$0
☐ Siding	$0
☐ Fence Height (exceeds 6')	$0
☐ Sign Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$65
TOTAL FEE	$1,217

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one additional plus these photocopies

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 8 Qualification Code

Work Site Location 22 BRICK PLAZA - 56 CHAMBERS BRIDGE RD. BRICK TOWNSHIP, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST · JOEL COX

Tel. (610) 896.5870 e-mail

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

Contractor: SCHIMENTI CONSTRUCTION · VINNY TIBERIA Tel. (914) 244.9100 EXT 311

Address 118 N. BEDFORD RD. MOUNT KISCO, NY 10549 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000

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. T. Ro JUL 14 2006

Applicant's Signature/Contractor's Seal and Signature

[ ] 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	
		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 — Date — Initial

[ ] No Plans Required

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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. 12/05) 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

Date Received
Control #
Date Issued 7/12/06
Permit # 16-115

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

Block 671 Lot 8 Qualification Code

Work Site Location 22 BRICK PLAZA Sce CHAIN LINE
KEYPORT, NJ 07735

Owner in Fee: FEDERAL LOCATION

Tel. ( ) 610-891-5870 e-mail

Address 16316 EAST Jefferson St. KEYKUILLE NT
street municipality zip code

Contractor: BENDER ELECTRIC Tel (908) 248-8780

Address 132 MARKET ST. KEYPORT 07735 e-mail

Contractor License No. 80160 Exp. Date

Federal Employee No. 22-1711905 FAX: (908) 24-7752

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

[ ] Pole/Pad # [ ] Temporary [ ] Other EXIST'G LANDLORD SVC.

Building Occupied as RETAIL Utility Co. JCP&L

Est. Cost of Elec. Work $ 10,000

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
12		Lighting Fixtures
23		Receptacles
4		Switches
		Detectors
		Light Poles
		Motors–Fract. HP
1		Emergency & Exit Lights
8		Communications Points
		Alarm Devices/F.A.C. Panel
2		LTG. CONTACTORS
50		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

FEE (Office Use Only)

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 Date Initial

[ ] No Plans Required

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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

C.06-10354

ELECTRICAL 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 8
Work Site Location 22 Brick Plaza
Brick Township N.J 08723
Owner in Fee/Occupant Ener Realty
Address 1626 East Jefferson St
Rockville N.J.
Tele. (732) 685-7767
Contractor Bill Kettle Cabling
Address 1600 Oxford Ln.
Wall N.J. 07719
Tele. (732) 449-2917 Fax (732) 449-7767
Lic. No.
Federal Emp. No. 1083

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

William S Hall
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [✓] 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	
20		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 09/18/2006
Date Issued 9-27-06
Control # C-06-104500
Permit # 06-3005+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 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ

Tel.

Contractor: BILL KETTLE CABLING

Address 1600 OXFORD LANE WALL NJ

Tel. (732) 449-2917 Fax. (732) 449-7767

Lic No. 1083

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
Date: 9-2006		
Approved by:		

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
20		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
20		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/13/06
Permit # 06-3005

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

Block 671 Lot 8 Qualification Code

Work Site Location 72 ~~BRICK PLAZA~~ Ste Chambers BRICK, NJ 08723

Owner in Fee: Federal Realty

Tel. (732) 610-896-5870 e-mail

Address 16216 EAST Jefferson St. Rockville MT
street municipality zip code

Contractor: BENDER ELECTRIC Tel (908) 241-8980

Address 132 MARKET ST. Kenilworth e-mail 07033

Contractor License No. 80060 Exp. Date

Federal Employee No. 22-1711005 FAX: (908) 24-9752

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

[ ] Pole/Pad # [ ] Temporary [ ] Other EXIST'G LANDLORD SVC.

Building Occupied as RETAIL Utility Co. JCP&L

Est. Cost of Elec. Work $ 10,000

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'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)
12		Lighting Fixtures	SPRINT SMOKE
23		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors–Fract. HP	
1		Emergency & Exit Lights	
8		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		LTG. CONTACTORS	
50		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	COMMERCIAL
		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 — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8 24 06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			10/20/06	MK
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			Check	
Other			C of C	
Service				
Final			Final	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

0 0 6 M

9-26-06 NEED CHANGE OF CONTRACTOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of Contractor Only

Date Received
Control #
Date Issued
Permit # 06-3005

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

Block 411 Lot 8 Qualification Code
Work Site Location 50 Chambers Bridge

Owner in Fee Federal Realty
Address Main Point Jefferson St.
Rockville, NY

Tel ( )
Contractor Bijsose Electric Inc
Address 43 Commerce Lane
East Hanover NJ 07936
Tel (973) 575-6868 FAX (973) 575-6864
Contractor License No. 12757
Federal Emp. No. 22-3285271

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

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

[ ] 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	
		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 — Date — Initial

[ ] No Plans Required

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

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 09/18/2006
Date Issued 9-27-06
Control # C-06-104500
Permit # 06-3005+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 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ

Tel.

Contractor: BILL KETTLE CABLING

Address 1600 OXFORD LANE WALL NJ

Tel. (732) 449-2917 Fax. (732) 449-7767

Lic No. 1083

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☒ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☐ Electrical Plans Approved

Date: 9 2006
Approved by: MM

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 11 07
Approved by: MM

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11 07 MM	
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
20		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
20		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

COMMERCIAL

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

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

Change of Contractor Only

Date Received
Control #

Date Issued
Permit # 06-3005

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 477 Lot 8 Qualification Code

Work Site Location Sprint / Nextel 56 Chambers Bridge

Owner in Fee Federal Realty

Address ~~22 Brick Plaza~~ 1626 East Jefferson St. ~~Brick, N.J.~~ Rockville, NY

Tel ( )

Contractor Bergsoe Electric Inc

Address 43 Cotte Ton Lane East Hanover NJ 07936

Tel (973) 525-6868 FAX (973) 525-6864

Contractor License No. 12257

Federal Emp. No. 22-3385921

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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	
		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 — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 1/10/07

Approved by: WR

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			1/12/06	WR
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/10/07	WR
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

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 8 Qualification Code

Work Site Location 22 BRICK PLAZA · 56 CHAMBERS BRIDGE RD.
BRICK TOWNSHIP, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST - JOEL COX

Address 50 E. WYNNEWOOD RD.
WYNNEWOOD, PA 19096

Tel (610) 896-5870

Contractor SCHIMENTI CONSTRUCTION - VINNY TIBERIA

Address 118 N. BEDFORD RD.
MOUNT KISCO, NY 10549

Tel (914) 244-9100 EXT. 311 FAX ( )

Contractor License No.

Federal Emp. No.

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5

Heating System [ ] Conversion [ ] Replacement

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

Type: [ ] Hydronic [ ] Hot Air

Estimated Cost of Mechanical Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.

PLANS APPROVED
Date:
Approved by:

SUBCODE APPROVAL
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

T. Ra — JUL 14 2006
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RELOCATION OF 4 DIFFUSERS

SEE PLUMBING JOB FOR FRANK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

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

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

Schimenti Construction Co., L.L.C.
118 North Bedford Road
Mount Kisco, NY 10549

Schimenti
Construction Company

FAX

Date: January 29, 2007

# of pages including cover sheet: 5

To: Mike Vecchio
Company: Brick Building Dept.
Fax phone: 732-262-8954

From: Raymond Lamanna
Phone: 914-244-9100 Ext. 318
Fax phone: 914-244-9103

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

RE: Sprint Brick, NJ **Project # 2671**

Mike –

Please find attached the TAB report for the above referenced project as you requested.. Please feel free to contact me if you have any questions.

- Raymond Lamanna

Royal MechanicalServices
www.royalsvcs.com
P. O. Box 23116 Overland Park, KS 66283
Phone: 913-897-3436 Fax: 913-897-6931

HVAC MECHANICAL TAB (Test, Adjust and Balance)

TAB Date: 10/25/06

Store Name & Number: PCN 2823

Address: 22 Brick Plaza **City & St.:** Brick, NJ **Zip:** 08723

HVAC TAB Overview:

Performed HVAC TAB on one existing RTU system.

- Ductwork has some leakage.
- Transverse at the supply is 89% of design, 2676 / 3000 CFM
- Total airflow at the diffusers is 71% of design, 2139 / 3000 CFM, ductwork leaking 500+ CFM.
- Outside air has no hood cover, outside air set, marked and closed to keep weather and animals out.
- EF-3 omitted, bathroom replaced with storage closet.

No other problems noted during TAB.

Royal MechanicalServices
www.royalsvcs.com
P. O. Box 23116 Overland Park, KS 66283
Phone: 913-897-3436 Fax: 913-897-6931

HVAC Testing, Adjusting & Balancing
Package Rooftop/Heat Pump/Air Conditioning Unit Test Report

TAB Date: 10/25/06

Store Name & Number: PCN 2823 **System/Unit:** RTU-1

Address: 22 Brick Plaza **City & St.:** Brick, NJ **Zip:** 08723

UNIT DATA			BLOWER MOTOR DATA	
Manufacturer	Trane		(From blower motor data plate)	
Model Number	YCD090C3LOBE		**Mfg. & Frame #**	56-70
Unit type & tons	Roof		**HP / RPM**	1 / 1,725
Serial Number	M15104376D		**Volts / Phase/ Hertz**	208-230 / 460 / 3 / 60
Filters Size - Qty	16x25x2		**FLA / Service Factor**	3.8-4.2 / 2.1 / 1.5
Fan Sheave Make				
Sheave Diam./Bore	5" x .75"		**Sheave Make**	
Belts Size & Quantity	A44		**Sheave Diam. / Bore**	3.125" x .625"
Heat Type			**Pulley C to C distance**	16.75"

TEST DATA / EVAPORATOR	DESIGN	ACTUAL	Problem / Discrepancy
Total CFM (L/s)	3,000	2,676	
Total External Static Pressure	NA	0.47	
Ext. Discharge Static Pressure		0.21	
Ext. Suction Static Pressure		-0.26	
Out. Air CFM (L/s)	820	823	
Return Air CFM (L/s)	2,180	1,853	
Return Air Temp. DB/WB			
Outside Air Temp. DB/WB		53°/46°	
Mixed Air Temp. DB/WB (before coil)		*	
Supply Air Temp. DB/WB		71°/60°	
Blower Fan RPM	NA	1,038	
Blower Motor Voltage	208-230	212 / 208 / 210	
Blower Motor Amp T1/T2/T3	3.8-4.2	4.2/4.5/3.9	
Air Filter Condition (circle one)	Clean	Slightly Dirty	Dirty Very Dirty Plugged
Coil Condition (circle one)	Clean	Slightly Dirty	Dirty Very Dirty Plugged

REMARKS/OBSERVATIONS:

Outside air is a blast gate damper. Set to design and marked, closed damper due to missing hood cover.

Royal Mechanical Services
www.royalsvcs.com
P. O. Box 23116 Overland Park, KS 66283
Phone: 913-897-3436 Fax: 913-897-6931

HVAC Testing, Adjusting & Balancing
Air Outlet Test Report

TAB Date: 10/25/06

Store Name & Number: PCN 2823 **System/Unit:** RTU-1

Address: 22 Brick Plaza **City & St.:** Brick, NJ **Zip:** 08723

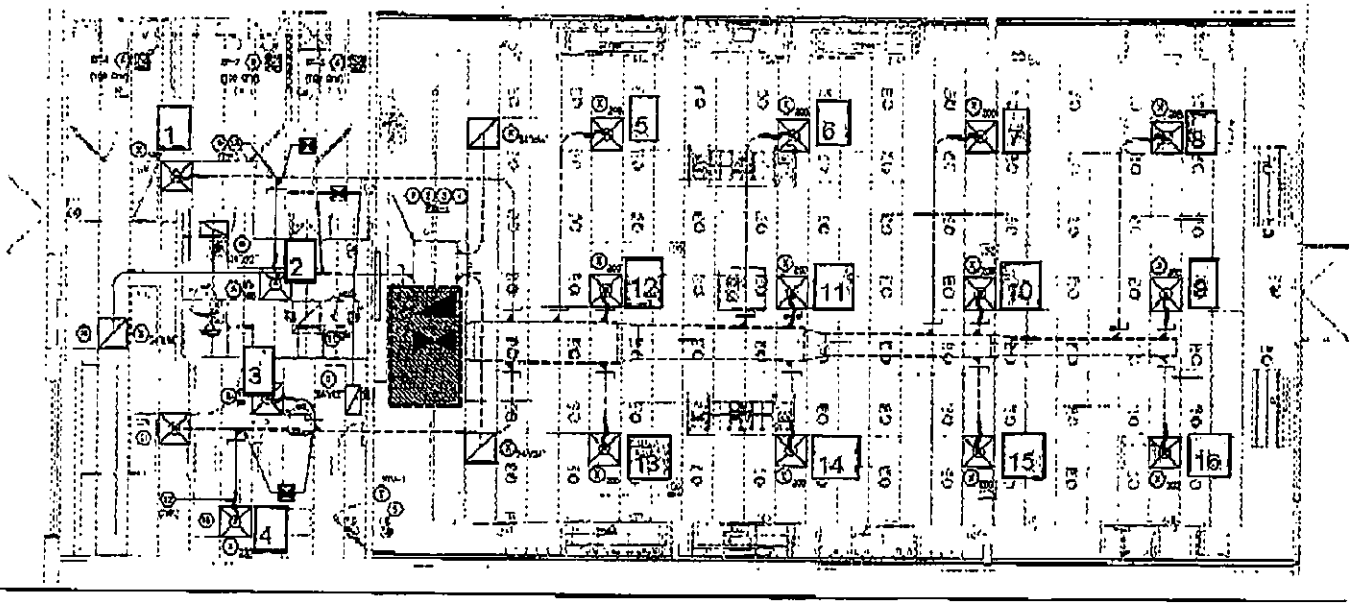
AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		PERCENT OF DESIGN
	NO.	TYPE	SIZE	AK	FPM	CFM	FPM	CFM			FPM	CFM	
	1	Lay-in	24x24			140		260		99		107	76%
	2	Lay-in	24x24			160		159		114		118	74%
	3	Lay-in	24x24			80		89		57		61	76%
	4	Lay-in	24x24			220		159		156		160	73%
	5	Lay-in	24x24			200		113		142		139	70%
	6	Lay-in	24x24			200		136		142		140	70%
	7	Lay-in	24x24			200		134		142		149	75%
	8	Lay-in	24x24			200		134		142		145	73%
	9	Lay-in	24x24			200		127		142		130	65%
	10	Lay-in	24x24			200		141		142		147	74%
	11	Lay-in	24x24			200		145		142		149	75%
	12	Lay-in	24x24			200		102		142		110	55%
	13	Lay-in	24x24			200		56		142		146	73%
	14	Lay-in	24x24			200		152		142		156	78%
	15	Lay-in	24x24			200		149		142		142	71%
	16	Lay-in	24x24			200		130		142		140	70%
					Total	3,000					Total	2,139	71%
1	EF-1	Grille				100		50				50	50%
1	EF-2	Grille				100		48				48	48%

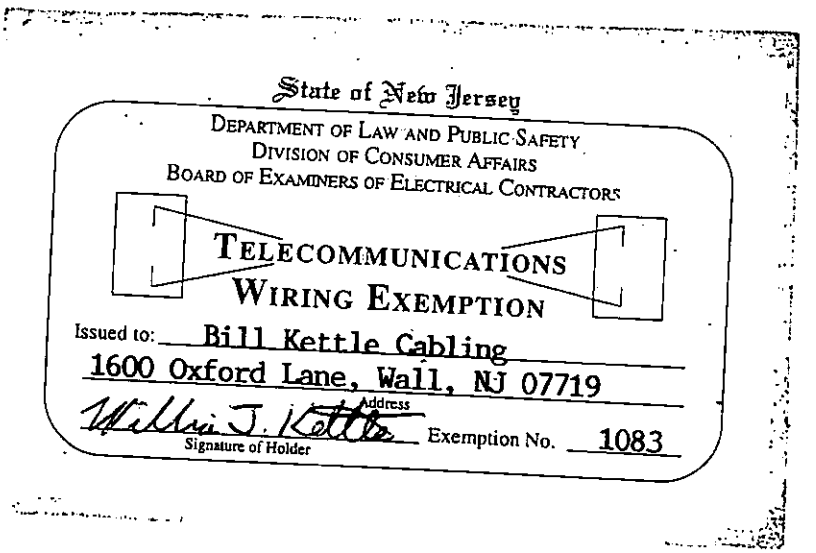
REMARKS/OBSERVATIONS:

Ductwork is existing and has some leakage on supply main and on seams (slips and drives) of branch duct take-off. Proportionally balanced the airflow.

EF-3 omitted, bathroom replaced with storage closet.

Royal MechanicalServices
www.royalsvcs.com
P. O. Box 23116 Overland Park, KS 66283
Phone: 913-897-3436 Fax: 913-897-6931





State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS
WIRING EXEMPTION

Issued to: Bill Kettle Cabling

1600 Oxford Lane, Wall, NJ 07719
Address

William J. Kettle
Signature of Holder

Exemption No. 1083

Bldg (Elect) Fire Plumbing (Please mark subcode)

CONTROL NUMBER 103547

Newbright 8/23/06 mb

Sprint Store

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambers Bridge

DATE REVIEWED: 8 2 06

REVIEWED BY: VM

CONTACT CALLED/FAXED:

914 7:44 9100 x311

Elect Tech Blank ??? Why

Did we Take this in ???

design-forum.

LETTER OF TRANSMITTAL

To: ATTN: Building Dept. Brick Township Building Dept. 401 Chambers Bridge Rd. Brick Township, NJ 08723	***From:*** Jeremiah Trammel ***Project Title:*** Sprint – n2823 Brick Township, NJ ***Project No. :*** 265192.02 ***Via:*** UPS

We are sending you:

☐ Computer Files ☐ Construction Documents ☐ Samples ☐ Specifications
☐ Design Sketches ☐ Plans ☐ Shop Drawings ☐ Other, see below

Quantities	***Description***
2	Set of Construction Documents – Sprint store n2823, remodel in
	22 Brick Plaza (56 Chambers Bridge Rd.) Brick Township, NJ
	For Permit
3	Energy Calculations
1	Building Application Permit Packet

☐ For your use ☐ For review & comment ☐ For your files
☐ For approval ☐ As requested ☐ Other

Remarks:

Scope of work: interior remodel of existing space

If you have any questions please let me know.

Sincerely,

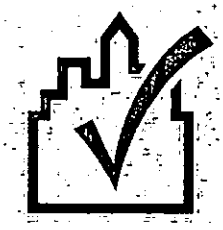
Jeremiah Trammel (937) 312-8957

Jtrammel@designforum.com

Signed: Jeremiah Trammel – Project Director ***Date:*** 7/14/06

7575 Paragon Road
Dayton, Ohio 45459
phone: 937.439.4400
fax: 937.439.4340

Permit #
Permit Date



COM*check* Software Version 3.2.0

Lighting and Power Compliance Certificate

Standard 90.1-1999

Report Date: 07/03/06

Data filename: M:\Sprint\Brick Township NJ_N2823 (265192.02)\05 CDs\(B) PME\Brick Twp 2823 energy.cck

Section 1: Project Information

Project Title: Sprint 2823

Construction Site:
22 Brick Plaza
Brick Township, NJ 08723

Owner/Agent:

Designer/Contractor:
Tim Raberding
Design Forum Engineering
7575 Paragon Road
Dayton, OH 45459
937-439-4400

Section 2: General Information

Building Use Description by: **Activity Type**
Project Type: **Alteration**

Activity Area Compliance Exemption Qualifications

Activity Area	Total Wattage Pre-Alt.	Total Wattage Post-Alt.	Total Pre-Alt. Fixtures	# Fixtures Repl./Added
Retail and Banking:General Retail Sales Area (2112 sq.ft.): Exemption: Less than 50% fixture replacement.	6392	4052	102	7
Common Space Types:Restrooms (150 sq.ft.): Exemption: Less than 50% fixture replacement.	288	288	3	0
Common Space Types:Office - Enclosed (85 sq.ft.): Compliance required.	—	—	—	—
Common Space Types:Conference/Meeting/Multipurpose (343 sq.ft.): Exemption: Less than 50% fixture replacement.	480	480	5	0
Industrial and Auto Service:Workshop (117 sq.ft.): Compliance required.	—	—	—	—

Section 3: Requirements Checklist

Interior Lighting:

☐ 1. Total actual watts must be less than or equal to total allowed watts.

Allowed Watts	Actual Watts	Complies
420	412	Passes

Exterior Lighting:

☐ 2. Minimum efficacy of 60 lumen/watt for lamps greater than 100W.

☐ 3. Lighting power for canopies, entrances, and exits meets the following criteria (trade-offs allowed among these applications):

(i) Lighting power for free-standing canopy areas or building entrances with canopies is less than or equal to 3 watts per square foot.

(ii) Lighting power for building entrances without a canopy is less than or equal to 33 watts per linear foot of door width.

(iii) Lighting power for building exits is less than or equal to 20 watts per linear foot of exit door width.

☐ 4. Lighting power for building facades is less than or equal to 0.25 watts per square foot of the illuminated area.
Exceptions:
Controlled by motion sensor, signal or advertising signage, highlighting features of historic monuments and buildings, or required for safety or security.

Controls, Switching, and Wiring:

☐ 5. Independent manual or occupancy sensing controls for each space (remote switch with indicator allowed for safety or security).

☐ 6. Automatic shutoff control for lighting in >5000 sq.ft buildings by time-of-day device, occupant sensor, or other automatic control.
Exceptions:
24 hour operation lighting.

☐ 7. Master switch at entry to hotel/motel guest room.

☐ 8. Separate control device for display/accent lighting, case lighting, task lighting, nonvisual lighting, lighting for sale, and demonstration lighting.

☐ 9. Photocell/astronomical time switch on exterior lights.
Exceptions:
Covered vehicle entrance/exit areas requiring lighting for safety, security and eye adaptation.

☐ 10. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).
Exceptions:
Electronic high-frequency ballasts;
Luminaires not on same switch;
Recessed luminaires 10 ft. apart or surface/pendant not continuous;
Luminaires on emergency circuits.

Voltage Drop:

☐ 11. Feeder conductors have been designed for a maximum voltage drop of 2 percent.

☐ 12. Branch circuit conductors have been designed for a maximum voltage drop of 3 percent.

☐ 13 Voltage drop analysis must include the parts of the existing system extending to the point of electrical supply at the transformer or service equipment entrance.

Section 4: Compliance Statement

Compliance Statement: The proposed lighting alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting alteration project has been designed to meet the Standard 90.1-1999, Chapter 8, requirements in COM*check* Version 3.2.0 and to comply with the mandatory requirements in the Requirements Checklist.

Principal Lighting Designer Name	Signature	Date
	f. Ra	JUL 05 2006

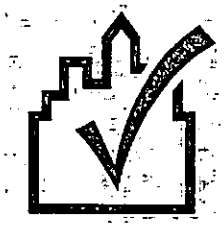
STATE OF NEW JERSEY
No. 45614
LICENSED PROFESSIONAL ENGINEER

Section 5: Post Construction Compliance Statement

Record Drawings and Operating and Maintenance Manuals

Construction documents with record drawings and operating and maintenance manuals provided to the owner.

Permit #
Permit Date



COM*check* Software Version 3.2.0

Lighting Application Worksheet

Standard 90.1-1999

Report Date:

Data filename: M:\Sprint\Brick Township NJ_N2823 (265192.02)\05 CDs\(B) PME\Brick Twp 2823 energy.cck

Section 1: Allowed Lighting Power Calculation

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B x C)
Common Space Types:Office - Enclosed	85	1.5	128
Industrial and Auto Service:Workshop	117	2.5	292
		Total Allowed Watts =	420

Section 2: Actual Lighting Power Calculation

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Common Space Types:Office - Enclosed (85 sq.ft.)				
Linear Fluorescent 1: F4: 2'X4' troffer / 48" T8 32W / Electronic	3	1	96	96
Industrial and Auto Service:Workshop (117 sq.ft.)				
Compact Fluorescent 1: C: 7" downlight / Triple 4-pin 42W / Electronic	1	4	44	176
Incandescent 1: A1: Graphic wall wash / Other	1	2	70	140
			Total Actual Watts =	412

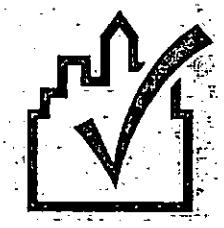
Section 3: Compliance Calculation

If the Total Allowed Watts minus the Total Actual Watts is greater than or equal to zero, the building complies.

Total Allowed Watts =	420
Total Actual Watts =	412
Project Compliance =	8

Lighting PASSES

Permit #
Permit Date



COM*check* Software Version 3.2.0

Lighting and Power Compliance Certificate

Standard 90.1-1999

Report Date: 07/03/06

Data filename: M:\Sprint\Brick Township NJ_N2823 (265192.02)\05 CDs\(B) PME\Brick Twp 2823 energy.cck

Section 1: Project Information

Project Title: Sprint 2823

Construction Site:
22 Brick Plaza
Brick Township, NJ 08723

Owner/Agent:

Designer/Contractor:
Tim Raberding
Design Forum Engineering
7575 Paragon Road
Dayton, OH 45459
937-439-4400

Section 2: General Information

Building Use Description by: **Activity Type**
Project Type: **Alteration**

Activity Area Compliance Exemption Qualifications

Activity Area	Total Wattage Pre-Alt.	Total Wattage Post-Alt.	Total Pre-Alt. Fixtures	# Fixtures Repl./Added
Retail and Banking:General Retail Sales Area (2112 sq.ft.): Exemption: Less than 50% fixture replacement.	6392	4052	102	7
Common Space Types:Restrooms (150 sq.ft.): Exemption: Less than 50% fixture replacement.	288	288	3	0
Common Space Types:Office - Enclosed (85 sq.ft.): Compliance required.	—	—	—	—
Common Space Types:Conference/Meeting/Multipurpose (343 sq.ft.): Exemption: Less than 50% fixture replacement.	480	480	5	0
Industrial and Auto Service:Workshop (117.sq.ft.): Compliance required.	—	—	—	—

Section 3: Requirements Checklist

Interior Lighting:

☐ 1. Total actual watts must be less than or equal to total allowed watts.

Allowed Watts	Actual Watts	Complies
420	412	Passes

Exterior Lighting:

☐ 2. Minimum efficacy of 60 lumen/watt for lamps greater than 100W.

☐ 3. Lighting power for canopies, entrances, and exits meets the following criteria (trade-offs allowed among these applications):

(i) Lighting power for free-standing canopy areas or building entrances with canopies is less than or equal to 3 watts per square foot.

(ii) Lighting power for building entrances without a canopy is less than or equal to 33 watts per linear foot of door width.

(iii) Lighting power for building exits is less than or equal to 20 watts per linear foot of exit door width.

☐ 4. Lighting power for building facades is less than or equal to 0.25 watts per square foot of the illuminated area.
Exceptions:
Controlled by motion sensor, signal or advertising signage, highlighting features of historic monuments and buildings, or required for safety or security.

Controls, Switching, and Wiring:

☐ 5. Independent manual or occupancy sensing controls for each space (remote switch with indicator allowed for safety or security).

☐ 6. Automatic shutoff control for lighting in >5000 sq.ft buildings by time-of-day device, occupant sensor, or other automatic control.
Exceptions:
24 hour operation lighting.

☐ 7. Master switch at entry to hotel/motel guest room.

☐ 8. Separate control device for display/accent lighting, case lighting, task lighting, nonvisual lighting, lighting for sale, and demonstration lighting.

☐ 9. Photocell/astronomical time switch on exterior lights.
Exceptions:
Covered vehicle entrance/exit areas requiring lighting for safety, security and eye adaptation.

☐ 10. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).
Exceptions:
Electronic high-frequency ballasts;
Luminaires not on same switch;
Recessed luminaires 10 ft. apart or surface/pendant not continuous;
Luminaires on emergency circuits.

Voltage Drop:

☐ 11. Feeder conductors have been designed for a maximum voltage drop of 2 percent.

☐ 12. Branch circuit conductors have been designed for a maximum voltage drop of 3 percent.

☐ 13 Voltage drop analysis must include the parts of the existing system extending to the point of electrical supply at the transformer or service equipment entrance.

Section 4: Compliance Statement

Compliance Statement: The proposed lighting alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting alteration project has been designed to meet the Standard 90.1-1999, Chapter 8, requirements in COM*check* Version 3.2.0 and to comply with the mandatory requirements in the Requirements Checklist.

Principal Lighting Designer-Name	Signature	Date
		JUL 0 5 2006

STATE OF NEW JERSEY
ANTHONY L. RABBEN
No. 45614
LICENSED PROFESSIONAL ENGINEER

Section 5: Post Construction Compliance Statement

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Lighting Application Worksheet

Standard 90.1-1999

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