BLOCK 671 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge PERMIT NO. 06-3461

CONSTRUCTION PERMIT APPLICATION C06.104420

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

I. IDENTIFICATION

1. Propsed Work Site at: 28 BRICK PLAZA (CHUCK E CHEESE) 56 Chambers Bridge
2. Name of Owner in Fee: CEC ENTERTAINMENT Tel. (972) 258-8507
   Address 4441 W. AIRPORT FREEWAY, IRVING, TX. 75062 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PARKWAY CONSTRUCTION Tel. (972) 221-1979
   Address 1000 CIVIC CIRCLE
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (972) 559-3923
5. Architect or Engineer CAMP ARCHITECTURAL GROUP Tel. (303) 743-0002
   Address 2 TAMARAC AVE, DENVER CO Contact STAYTON WOOD
6. Responsible Person in Charge once Work has Begun PARKWAY CONSTRUCTION
   Tel. ( ) _____ FAX: ( ) _____

Sewer Service
Public _____
Private _____

V. FEE SUMMARY (for office use only)

			FA Update	FB Update
1. Building	$	2850		
2. Electrical		55		
3. Plumbing				50
4. Fire Protection			75	
5. Elevator Devices				
6. Subtotal	$	2905		
7. Less 20% for State Plan Review	$	290.	6	16
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy		3,175		
12. Other			81.	66
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		

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	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					10-16-06		5/30/07		
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☒ c. Renovation	150,000								
☐ d. Reconstruction									
5. ☒ Fire Protection					3000 4/24/07		5/14/07		
6. ☐ Plumbing					1700		5/29/07		
7. ☒ Electrical	50,000						6-9-07		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	200,000								

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

U.C.C. F100-1 (rev. 12/03)

CALLED LEFT MESSAGE 10/17/06

LDS BR-B 10428287

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. 5:23-2.15(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 TASIA KALLIES - BURNHAM NATIONWIDE

Address 111 W. WASHINGTON STREET, STE 450
CHICAGO, IL. 60602

Telephone (312) 260-7090

Signature _____ 9/13/04

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

BLOCK 671 LOT 8 QUALIFICATION CODE ADDRESS (SITE) 56 Chambers Bridge Rd - 28 Brick Plaza PERMIT NO.

Mail to

CONSTRUCTION PERMIT APPLICATION

C05-133251

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers Bridge Rd - 28 Brick Plaza - Brick, NJ 08723
2. Name of Owner in Fee: Chuck-E-Cheese Tel. ( )
   Address 56 Chambers Bridge Rd - 28 Brick Plaza - Brick, NJ 08723 (street / municipality / zip code)
3. Ownership in fee: Public ✓ Private
4. Principal Contractor: DOX Enterprises Inc Tel. 631-836-2740
   Address 16 Barrington Dr Whatley Heights, NY 11798
   License No. OR, If new home, Builder Reg. No. 15017 Exp. Date
   Federal Employee No. FAX: ( )
5. Architect or Engineer Tel. ( )
   Address Contact
6. Responsible Person in Charge once Work has Begun Tommy Brton
   Tel. (757) 287-7104 FAX: ( )

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	4/17	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
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	

RECEIVED APR 2005 BMR

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									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

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

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 DOX Enterprises Inc.

Address 16 Barrington Dr

Whatley Heights, NY 11798

Telephone (631) 926-2740

Signature Jawad Qasim Oppenheimer

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	05/30/2007
Tracking Number	C-06-104420
Permit Number	06-3461
Permit Issue Date	10/19/2006
Certificate Number	06-3461

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. 28 BRICK PLAZA , NJ Block: 671 Lot: 8 Qual:

Owner In Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 56 CHAMBERS BRIDGE RD. NJ

Telephone:

Contractor: BURNHAM NATIONWIDE

Address: 111 W WASHINGTON STREET SUITE 450 CHICAGO IL 60602

Telephone: (312) 260-7090 Fax:

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: INTERIOR ALTERATION(S) GENERAL REMODEL OF GAME AND DINING AREAS. NOW WORK DONE IN KITCHEN. NO STRUCTURAL WORK,

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 05/30/2007

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location 28 BRICK PLAZA

Owner In Fee CEC ENTERTAINMENT INC

Address 4441 W. AIRPORT FREEWAY
IRVING TX. 75062

Tel. (972) 258-8507

Contractor PARKWAY CONSTRUCTION & ABC

Address 1000 CIVIC CIRCLE
LEWISVILLE TX 75067

Tel. (972) 221-1979

Lic. No. or Bldrs. Reg. 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:
GENERAL REMODEL - NEW CARPET AND PAINT. REPLACE BOOTHS, GAMES AND REMOVE INTERIOR HALF WALLS. NO KITCHEN WORK.

NOTE: If construction 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 $ _____

_____ Construction Official

_____ Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

CONSTRUCTION PERMIT

Date Issued 10/19/2006
Control # C-06-104420
Permit # 06-3461

IDENTIFICATION Block: 671 Lot: 8 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 28 BRICK PLAZA , NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Address: 56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor: BURNHAM NATIONWIDE
Address: 111 W WASHINGTON STREET SUITE 450 CHICAGO IL 60602
Telephone: (312) 260-7090
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATION(S) GENERAL REMODEL OF GAME AND DINING AREAS. NOW WORK DONE IN KITCHEN. NO STRUCTURAL WORK.

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 $200,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$2,850
Electrical	$55
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$270
CO Fee	
Other	$0
Total	$3,175
Check No.	44046
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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.

PERMIT UPDATE

Date Update Issued 5/10/2007
Control # C-07-001729
Permit # 06-3461+B

IDENTIFICATION Block: 671 Lot: 8 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 28 BRICK PLAZA , NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Address: 56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor: BURNHAM NATIONWIDE
Address: 111 W WASHINGTON STREET SUITE 450 CHICAGO IL 60602
Telephone: (312) 260-7090
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:

GAS PIPING, HOT WATER HEATER GENERAL REMODEL OF GAME AND DINING AREAS. NOW WORK DONE IN KITCHEN. NO STRUCTURAL WORK, UPDATE +B RELOCATE HWH

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 $12,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$16
CO Fee	
Other	$0
Total	$66
Check No.	7186
Cash	$0
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.

PERMIT UPDATE

Date Update Issued 5/3/2007
Control # C-07-001757
Permit # 06-3461+C

IDENTIFICATION Block: 671 Lot: 8 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 28 BRICK PLAZA, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Address: 56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor: BURNHAM NATIONWIDE
Address: 111 W WASHINGTON STREET SUITE 450 CHICAGO IL 60602
Telephone: (312) 260-7090
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:

ELECTRICAL ALTERATIONS GENERAL REMODEL OF GAME AND DINING AREAS. NOW WORK DONE: IN KITCHEN. NO STRUCTURAL WORK.

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 $5,000

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	$7
CO Fee	
Other	$0
Total	$47
Check No.	
Cash	$47
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.

PERMIT UPDATE

Date Update Issued 03/22/2007
Control # C-07-001033
Permit # 06-3461+A

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. 28 BRICK PLAZA, NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 56 CHAMBERS BRIDGE RD. NJ
Telephone:

Contractor BURNHAM NATIONWIDE
Address 111 W WASHINGTON STREET SUITE 450 CHICAGO IL 60602
Telephone: (312) 260-7090
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:

FIRE ALTERATIONS GENERAL REMODEL OF GAME AND DINING AREAS. NOW WORK DONE IN KITCHEN. NO STRUCTURAL WORK.

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 $4,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$81
Check No.	1271
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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

Chuck-E-Cheese

Date Received
Control # 06-3461

Date Issued
Permit # 10-19-06

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 (SO Chanley MK-ISE)
Work Site Location 28 BRICK PLAZA
BRICK, NJ. 08723
Owner in Fee CEC ENTERTAINMENT INC
Address 4441 W. AIRPORT FREEWAY
IRVING, TX. 75062
Tel. (972) 258-8507
Contractor PARKWAY CONSTRUCTION & ASSOC
Address 1000 CAVE CIRCLE
LEWISVILLE, TX. 75067
Tel. (972) 221-1979 FAX (972) 559-3923
Contractor License No. or Builder Registration No. 64124E
Federal Emp. No

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.

Signature 9/13/06

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GENERAL REMODEL OF EXISTING SPACE IN GAME AND DINING AREAS. NO WORK TO BE DONE IN KITCHEN AREA TO REPLACE GAMES, BOOTHS, AND SOME INTERIOR HALF WALLS. NO STRUCTURAL WORK. NEW CARPET AND PAINT O.K. NOT TO EXCEED Rehab Section 611

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	10/16/06	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL temp Pol
[ ] CO [ ] CCO [ ] OA
Date: 3-30-07
Approved by: 5-11-07 FM FM

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame Partial See Back			11/27/07	FM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-30-07	FM
Barrier-Free				

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

FEE (Office Use Only)
$

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

COMMERCIAL

B. BUILDING CHARACTERISTICS

Use Group Present A-2 Proposed
Constr. Class Present V-B Proposed
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor 8897 (INSIDE) 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 $ 150,000
3. Total (1+ 2) $ 150,000

3/21/07 mtg Partial Frame App

1) Vestibule Only — walls only

BUILDING SUBCODE
TECHNICAL SECTION

Chuck E. Cheese

Date Received
Control # 06-3461

Date Issued
Permit # 10-19-06

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 [illegible]

Work Site Location 28 BRICK PLAZA
BRICK, NJ. 08723

Owner In Fee CEC ENTERTAINMENT INC

Address 4441 W. AIRPORT FREEWAY
IRVING, TX. 75062

Tel. (972) 258-8507

Contractor PARKWAY CONSTRUCTION & ASSOC

Address 1000 CIVIC CIRCLE
LEWISVILLE TX. 75067

Tel. (972) 221-1979 FAX (972) 559-3923

Contractor License No. or Builder Registration No. 64124E

Federal Emp. No

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.

Signature [signature] 9/13/06

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GENERAL REMODEL OF EXISTING SPACE IN GAME AND DINING AREAS. NO WORK TO BE DONE IN KITCHEN AREA TO REPLACE GAMES, BOOTHS, AND SOME INTERIOR HALF WALLS. NO STRUCTURAL WORK. NEW CARPET AND PAINT

O.K. NOT TO Exceede Rehab Section 611

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/16/06	[illegible]
[X] 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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present A2 Proposed

Constr. Class Present V-B Proposed

No. of Stories 1

Height of Structure ____ Ft.

Area — Largest Floor 8897 (INSIDE) 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* $ 150,000
3. Total (1+2) $ 150,000

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other ____
- [ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

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

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 671 Lot 8 Qualification Code

Work Site Location 56 Chambers Bridge Rd
28 Brick Plaza Brick, NJ 08723

Owner in Fee Chuck-E-Cheese

Address

Tel ( )

Contractor DOX Enterprises Inc.

Address 16 Barrington Dr
Wheatley Heights, NY 11798

Tel (631) 926-2740 FAX ( )

Contractor License No. 15017

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

COMMERCIAL

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	
9	Floor Boxes	Receptacles	
4	will fit	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 $ 10
Minimum Fee $
State Permit Surcharge Fee $ 41
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

Chuck-E-Cheese

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 671 Lot 8 Qualification Code

Work Site Location 28 BRICK PLAZA (Chuck E Cheese) BRICK NJ. 08723

Owner in Fee: CEC ENTERTAINMENT INC

Tel. (972) 258-8507 e-mail

Address 4441 W. AIRPORT FREEWAY, IRVING, TX 75062
street municipality zip code

Contractor: PARKWAY CONSTRUCTION + ASSOC Tel. (972) 221-1979

Address 1000 CIVIC CIRCLE e-mail

Contractor License No. Exp. Date

Federal Employee No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present A2 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50,000

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	FEE (Office Use Only)
86		Lighting Fixtures NEW	
48		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	

COMMERCIAL

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

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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

56 Chambers Bridge Rd

Chuckie Cheese

06-3460
10-19-06

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 671 Lot 8 Qualification Code

Work Site Location 28 BRICK PLAZA, BRICK, NJ, 08723

Owner in Fee: CEC ENTERTAINMENT, INC.

Tel. (972) 258-8507 e-mail

Address 4441 West Airport FREEWAY, IRVING, TX
street municipality zip code

Contractor: DOX ENTERPRISES INC Tel. (631) 926-2740

Address 16 BARRINGTON DR. WHEATLEY HTS e-mail N.Y. 11798

Contractor License No. 15017 Exp. Date

Federal Employee No. ~~75-2675348~~ FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50,000

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.

David D Oxenford

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
100		Lighting Fixtures	
30		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

[X] Elec. Plans Approved

Date: 9-27-06

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 5 10 07

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	3/2007		3/30/07	
~~Barrier-Free~~ Plumbing			4/20/07	MK - See Back
Trench				
Temp. Serv.				
~~Constr. Serv.~~ ½ wall outlet			3/27/07	
TCO				
~~Other~~ Theatre outlet			3/27/07	
~~Service~~ Open ceiling	4/26/07			
Final			5/9/07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Battery unit. Low voltage by Applicant

(6) to Emt

(2) Open Ceiling Box

(3) Panel Room Ceiling not lifted

(9) Ex. + Pool Cable, not lifted

Elect Room Wall, West Wall, Mech Room wall
Rough only 42007 MK

42607 MK Open Box in Colum.

5-4-07

SUPPORT WIRES NEAR FIXTURES
5-10' BETWEEN SUPPORTS.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5/3/07
Permit # 06-3461C
CU7-00157

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

Block 67 Lot 8 Qualification Code
Work Site Location 28 BRICK PLAZA 56 Chambers Bridge Rd.
CHUCK-E-CHEESES
Owner in Fee CEC ENTERTAINMENT INC
Address 4441 IRVING TEXAS 75062
Tel (972) 258 8507
Contractor DOX ENTERPRISES
Address 16 BARRINGTON DRIVE
WHEATLEY HEIGHTS NY 11798
Tel (631) 926-2740 FAX ( )
Contractor License No. 15017
Federal Emp. No. 65-1170965

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed APPR
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $5,000.00

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
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
14		Communications Points
		Alarm Devices/F.A.C. Panel
12		AUDIO + VIDEO FOR SHOW 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

FEE (Office Use Only)

$ COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5207
Approved by: VMR

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5907
Approved by: VMR

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5907	TO
Barrier-Free				

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

06-3461

Date Received
Control #
Date Issued 10-19-06
Permit #

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 671 Lot 8 Qualification Code

Work Site Location 28 BRICK PLAZA, BRICK, NJ, 08723

Owner in Fee: CEC ENTERTAINMENT, INC.

Tel. (972 258 - 8507 e-mail

Address 4441 West Airport FREEWAY IRVING, TX
street municipality zip code

Contractor: DOX ENTERPRISES INC Tel. (631) 926-2740

Address 16 BARRINGTON DR. WHEATLEY HTS e-mail N.Y. 11798

Contractor License No. 15017 Exp. Date

Federal Employee No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50,000

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.

David D Ogandine
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
100		Lighting Fixtures	
30		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
[X] Elec. Plans Approved

Date: 92706
Approved by: VM

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			12/5	
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
Control #
Date Issued 5/2/17
Permit # 06-3461AC

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

Block 611 Lot X Qualification-Code

Work Site Location 28 BRICK PLAZA
CHUCK-E-CHEESE'S

Owner in Fee CEC ENTERTAINMENT INC

Address 4441 IRVING TEXAS 75062

Tel (972) 258 9507

Contractor DOX ELECTRIC

Address 16 BARNING TAIL DR, NE
WANTAGH HEIGHTS NY 11793

Tel (631) 926-2790 FAX ( )

Contractor License No. 15017

Federal Emp. No. 65-1170965

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A2/R2

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ #5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

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

Date: 5.2.17
Approved by: MR

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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. 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	
11		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		AUDIO + VIDEO FOR SHOW 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	$

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received update 06-3461
Control #
Date Issued 3/22/07
Permit # 06-3461 tA

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 CHUCK E CHEESE'S 28 BRICK PLAZA
BRICK, N.J. 08723 Site (Chambers Bridge)

Owner in Fee C&E&C ENTERTAINMENT INC.

Address 4441 WEST AIRPORT FREEWAY
IRVING TEXAS 75062

Tel (972) 221 1979

Contractor UNITED SPRINKLER CO. INC.

Address 2714 BRANCH PIKE
CINNAMINSON, N.J 08077

Tel (856) 829 1715 FAX (856) 829 4270

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00529

Fire Alarm Contractor No.

Federal Emp. No. 22-195-8515

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 4,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 3/20/07

Approved by: RJV

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 5/14/07

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			5/14/07	
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	3-30-07		5/14/07	
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's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CUT BACK TO EXISTING DROPS TO THE NEW 12'-0 CEILING HEIGHT

Water Supply Source EXISTING CITY WATER

Method of Alarm/Suppression System Supervision EXISTING

	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)	10	
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		

COMMERCIAL

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

5/24/07 Phase I ok.. only for partial to allow

OB

ok.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/22/07
Permit # (1-2461FA

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 CHUCK E CHEESES 28 BRICK PLAZA
BRICK, N.J. 08723

Owner in Fee C & F & C ENTERTAINMENT INC

Address 4441 WEST AIRPORT FREEWAY
IRVING TEXAS 75062

Tel (972) 221 1979

Contractor UNITED SPRINKLER CO INC

Address 2714 BRANCH PIKE
CINNAMINSON, N.J 08077

Tel (856) 829 1715 FAX (856) 829 4270

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P00529

Fire Alarm Contractor No.

Federal Emp. No. 22-195-8515

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ 4,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 3/20/07

Approved by: RSV

SUBCODE APPROVAL

[ ] 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				

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: CUT BACK TO EXISTING DROPS TO THE NEW 12'-0 CEILING HEIGHT

Water Supply Source EXISTING CITY WATER

Method of Alarm/Suppression System Supervision EXISTING

	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)	10	
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		

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

5-10-07

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # C07-001729
Permit # 06-3461+6

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 Chuck Eggers 56 Chambers Bridge Rd.
Owner in Fee
Address 28 Brick Plaza Brick, NJ
Tele. ( )
Contractor *All Clear Plumbing Heating & Drain Cleaning*
Address *1195 Airport Road, Phase 2, Unit 8*
Lakewood, New Jersey 08701
Tele (*732*) *223-1855* Fax (*732*) *364-8962*
Lic. No. *10960*
Federal Emp. No. *22-3439991*

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 $ 12,000

COMMERCIAL

UPDATE 06-3461
DATE 4/23/07
INITIALED BY
FOR

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other relocate Hvac	
	Other	
	Other	

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/24/07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-23-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			5-23-07	
Gas Piping	5-16-07		5-23-07	
Solar				
TCO				

Administrative Surcharge $
MInImum Fee $
DCA Training Fee $
TOTAL FEE $

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

U.C.C. F130
(rev 3/96)

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

5-16-07

6 No test on Gas

2 No screws in flue

3 No A vent

4 CSST not seen

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5-10-07
Date Issued
Control # C07-001729
Permit # 06-3461 + b

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

Block 671 Lot 8
Work Site Location Chuckanucks 510 Victorias Bridge Rd.
Owner In Fee
Address 28 Brick Place Brick, NJ
Tele. ( )
Contractor *All Clear Plumbing Heating & Drain Cleaning*
Address *1195 Airport Road, Phase 2, Unit 8*
Lakewood, New Jersey 08701
Tele (*732*) *223-1855* Fax (*732*) *364-8962*
Lic. No. *10960*
Federal Emp. No. *22-3439991*

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 13,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4/24/07
Approved by:

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

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

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	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other relocate Hwtr.	
	Other	
	Other	

06-3461 4/23/07 Plumbing

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

U.C.C. F130 (rev 3/96)

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

FedEx. US Airbill
Express

FedEx Tracking Number 8555 9518 3994

Form ID No. 0200

Sender's Copy

1 From *Please print and press hard.*

Date 10-19-06 Sender's FedEx Account Number

Sender's Name Building Department Phone (732) 262-1024

Company Township OF BRICK

Address 401 CHAMBERS BRIDGE RD
Dept./Floor/Suite/Room

City BRICK State NJ ZIP 08723

2 Your Internal Billing Reference OPTIONAL
First 24 characters will appear on invoice.

3 To

Recipient's Name Burnham NATIONWIDE Phone (312) 260-7090

Company ATTN. Tasia Kallies

Recipient's Address 111 West WASHINGTON ST.
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address Suite 450
To request a package be held at a specific FedEx location, print FedEx address here.

City Chicago State IL ZIP 60602

Try online shipping at fedex.com

By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

Questions? Go to our Web site at fedex.com
or call 1.800.GoFedEx 1.800.463.3339.

4a Express Package Service To add SATURDAY Delivery, see Section 6. *Packages up to 150 lbs.* * To most locations.

- ☐ FedEx Priority Overnight — Next business morning.*
- ☒ FedEx Standard Overnight — Next business afternoon.*
- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations.*
- ☐ FedEx 2Day — Second business day.*
- ☐ FedEx Express Saver — Third business day.*

FedEx Envelope rate not available. Minimum charge. One-pound rate.

4b Express Freight Service To add SATURDAY Delivery, see Section 6. *Packages over 150 lbs.* ** To most locations.

- ☐ FedEx 1Day Freight* — Next business day.**
- ☐ FedEx 2Day Freight — Second business day.**
- ☐ FedEx 3Day Freight — Third business day.**

* Call for Confirmation:

5 Packaging * Declared value limit $500.

- ☐ FedEx Envelope*
- ☐ FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- ☒ FedEx Box
- ☐ FedEx Tube
- ☐ Other

6 Special Handling Include FedEx address in Section 3.

- ☐ **SATURDAY Delivery** Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes.
- ☐ **HOLD Weekday** at FedEx Location NOT Available for FedEx First Overnight.
- ☐ **HOLD Saturday** at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

- ☒ No
- ☐ Yes — As per attached Shipper's Declaration.
- ☐ Yes — Shipper's Declaration not required.
- ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

☐ Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.

- ☐ Sender — Acct. No. in Section 1 will be billed.
- ☒ Recipient
- ☐ Third Party
- ☐ Credit Card
- ☐ Cash/Check

FedEx Acct. No. / Credit Card No. 170852893 Exp. Date

Total Packages	Total Weight	Total Declared Value†
		$ .00

†Our liability is limited to $100 unless you declare a higher value. See back for details. FedEx Use Only

8 *NEW* Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

- ☐ No Signature Required — Package may be left without obtaining a signature for delivery.
- ☐ Direct Signature — Anyone at recipient's address may sign for delivery. Fee applies.
- ☐ Indirect Signature — If no one is available at recipient's address, anyone at a neighboring address may sign for delivery. Fee applies.

520

Rev. Date 5/05 • Part #156281 • ©1994–2005 FedEx • PRINTED IN U.S.A. SRY

RETAIN THIS COPY FOR YOUR RECORDS.

Terms And Conditions

Definitions On this Airbill, "we," "our," "us," and "FedEx" refer to Federal Express Corporation, its employees, and agents. "You" and "your" refer to the sender, its employees, and agents.

Agreement To Terms By giving us your package to deliver, you agree to all the terms on this Airbill and in the current FedEx Service Guide, which is available upon request. You also agree to those terms on behalf of any third party with an interest in the package. If there is a conflict between the current FedEx Service Guide and this Airbill, the current FedEx Service Guide will control. No one is authorized to change the terms of our Agreement.

Responsibility For Packaging And Completing Airbill You are responsible for adequately packaging your goods and properly filling out this Airbill. If you omit the number of packages and/or weight per package, our billing will be based on our best estimate of the number of packages we received and/or an estimated "default" weight per package as determined by us.

Responsibility For Payment Even if you give us different payment instructions, you will always be primarily responsible for all delivery costs, as well as any cost we incur in either returning your package to you or warehousing it pending disposition.

Limitations On Our Liability And Liabilities Not Assumed

- Our liability in connection with this shipment is limited to the lesser of your actual damages or $100, unless you declare a higher value, pay an additional charge, and document your actual loss in a timely manner. You may pay an additional charge for each additional $100 of declared value. The declared value does not constitute, nor do we provide, cargo liability insurance.
- In any event, we will not be liable for any damage, whether direct, incidental, special, or consequential, in excess of the declared value of a shipment, whether or not FedEx had knowledge that such damages might be incurred, including but not limited to loss of income or profits.
- We won't be liable:
  - for your acts or omissions, including but not limited to improper or insufficient packing, securing, marking, or addressing, or those of the recipient or anyone else with an interest in the package.
  - if you or the recipient violates any of the terms of our Agreement.
  - for loss of or damage to shipments of prohibited items.
  - for loss, damage, or delay caused by events we cannot control, including but not limited to acts of God, perils of the air, weather conditions, acts of public enemies, war, strikes, civil commotions, or acts of public authorities with actual or apparent authority.

Declared Value Limits

- The highest declared value allowed for a FedEx Envelope, FedEx Pak, or FedEx Sleeve shipment is $500.
- For other shipments, the highest declared value allowed is $50,000 unless your package contains items of extraordinary value, in which case the highest declared value allowed is $500.
- Items of extraordinary value include shipments containing such items as artwork, jewelry, furs, precious metals, negotiable instruments, and other items listed in the current FedEx Service Guide.
- You may send more than one package on this Airbill and fill in the total declared value for all packages, not to exceed the $100, $500, or $50,000 per package limit described above. (Example: 5 packages can have a total declared value of up to $250,000.) In that case, our liability is limited to the actual value of the package(s) lost or damaged, but may not exceed the maximum allowable declared value(s) or the total declared value, whichever is less. You are responsible for proving the actual loss or damage.

Filing A Claim YOU MUST MAKE ALL CLAIMS IN WRITING and notify us of your claim within strict time limits set out in the current FedEx Service Guide.

You may call our Customer Service department at 1.800.GoFedEx 1.800.463.3339 to report a claim; however, you must still file a timely written claim.

Within nine months (from the ship date) after you notify us o your claim, you must send us all the information you have about it. We aren't obligated to act on any claim until you have paid all transportation charges, and you may not deduc the amount of your claim from those charges.

If the recipient accepts your package without noting any damage on the delivery record, we will assume the packag was delivered in good condition. For us to process your claim you must make the original shipping cartons and packing available for inspection.

Right To Inspect We may, at our option, open and inspec your packages before or after you give them to us to deliver

Right Of Rejection We reserve the right to reject a shipment when such shipment would be likely to cause delay or damage to other shipments, equipment, or personnel; or if the shipment is prohibited by law; or if the shipment would violate any terms of our Airbill or the current FedEx Service Guide.

C.O.D. Services C.O.D. SERVICE IS NOT AVAILABLE WITH THIS AIRBILL. If C.O.D. Service is required, please use a FedE C.O.D. Airbill.

Air Transportation Tax Included A federal excise tax when required by the Internal Revenue Code on the air transportation portion of this service, if any, is paid by us.

Money-Back Guarantee In the event of untimely deliver FedEx will, at your request and with some limitations, refun or credit all transportation charges. See the current FedEx Service Guide for more information.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C05-133251

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambers Bridge Rd

DATE REVIEWED: 3-16-05

REVIEWED BY: VR

CONTACT CALLED/FAXED: No plan

757 287 7904
Tom Selton

Frank/plan review template

BURNHAM
NATIONWIDE

SIMPLY
GETTING IT DONE >> > > > >

TRANSMITTAL

DATE: September 13, 2006

FROM: Tasia Kallies

TO: Frank Mizer
Brick Township, City of-- NJ
401 Chambersbridge Road
Brick, NJ 08723

Re: Chuck E Cheese – 28 Brick Plaza

Frank:

Please find the following items/documents:

- Applications
- Two (2) sets of the original signed/sealed permit drawings.

If you have any questions please call me at (312) –260-7090.

Thank You!

Tasia Kallies
Burnham Nationwide – Where We Simply Get It Done

> 111 West Washington Street
Suite 450
Chicago, IL 60602

phone > 312.407.7990
fax > 312.407.7915

www.BurnhamOnline.com

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ▶	$________
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶	$-________
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$-________
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶	$-________
Remaining total cost of the project deducting **1.**, **2.**, & **3.** above. ▶	$________
Calculate **20%** of the remaining total cost. ▶	$________

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

Land Use/ Bldg Dept Fax:732-262-8954

*** Transmit Conf. Report ***

Sep 14 2006 15:16

P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
19725593923	NORMAL	14,15:15	1'10"	2	OK	

(Bldg) Elect Fire Plumbing (Please mark subcode

CONTROL NUMBER 104420

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 28 Brick Plaza Chuck E. Ch.

DATE REVIEWED: 9-14-06

REVIEWED BY: FM

CONTACT CALLED/(FAXED): To 972-559-3923

(1) Existing O.L. 303 Application Note
Please Justify Egress Paths & wd

(2) Complete 20% Requirement For ADA

Franklin review template

BURNHAM
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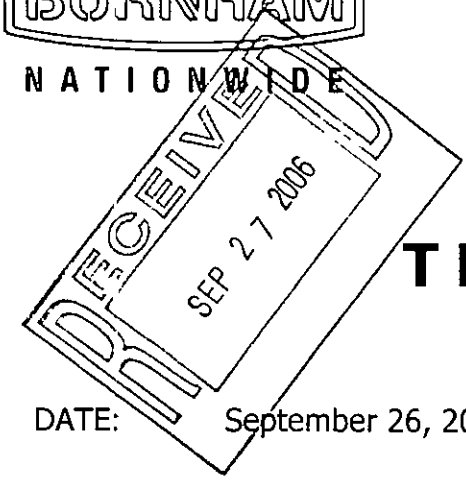


TRANSMITTAL

DATE: September 26, 2006

FROM: Tasia Kallies

TO: Frank Mizer
Brick Township, City of-- NJ
401 Chambersbridge Road
Brick, NJ 08723

Re: Chuck E Cheese – Brick NJ
28 Brick Plaza

Frank:

Please find the following items/documents:

- Original Electrical Subcode Form – Signed and Sealed

Please do not hesitate to call me with any questions at (312) 260-7090.

Thank You!

Tasia Kallies
Burnham Nationwide – Where We Simply Get It Done

> 111 West Washington Street
Suite 450
Chicago, IL 60602

phone > 312.407.7990
fax > 312.407.7915

www.BurnhamOnline.com

10/6/06

Cahen Architectural Group P.C.

OWNER	☒
ARCHITECT	☒
CONSULTANT	☐
CONTRACTOR	☒
CITY	☒
OTHER	☐

Control No. 104420

RESPONSE TO CITY COMMENTS:

PROJECT:
Brick, NJ #500
28 Brick Plaza
Brick, NJ 08723

OWNER:
Chucke Cheese
4441 West Airport Freeway
Irving, TX 75062

CONTRACTOR:
Parkway Construction.
1000 Civic Circle
Lewisville, TX 75067

ARCHITECT: Cahen Architectural Group P.C.
7535 East Hampden Avenue,
Suite 425
Denver, Colorado 80231
Phone: (303) 743-0002
Fax: (303) 743-0005

RESPONSE NO.: 01

DATE OF ISSUANCE: *10/6/06*

CONTRACT FOR: Interior Tenant Finish

ARCHITECT'S PROJECT NO.: *26943*

Response to: *Township of Brick, NJ*
(Please see end pages for copy of Review Remarks)

Dated: 9/14/06

1. **Egress Paths and Widths:** See new sheet A9.1 for egress path and widths.
2. **20% Requirement for ADA:** See attached letter and worksheet for justification of 20% compliance with ADA.

Attachments:
(1) 8.5x11 comments sheet

REQUESTED BY:

SIGNATURE

Stayton Wood - *Architectural Project Manager*
PRINTED NAME AND TITLE

Cahen Architectural Group P.C.

October 5, 2006

Township of Brick, NJ
401 Chambers Bridge Road
Brick, NJ 08723

Re: Chuck E Cheese – Store # 500
Brick, New Jersey

To Whom It May Concern:

Regarding the Barrier Free Requirements for ADA, the following is submitted:

1. The total calculated cost of this remodel project is approximately **$296, 578.00.**
2. The exempt items (to include electrical and mechanical work) is approximately **$87.038.00.**
3. The balance of the remaining cost of the proposed project is **$209,540.00.**
4. 20% of the remaining balance is **$41,908.00** to be spent on ADA compliance. The following is a summary of items that meet ADA criteria:

(a) Modification of store entry and removal of existing half walls:	**$22,935**
(b) Provide compliant seating / booths:	**$ 7,000**
(c) Provide new ADA compliant carpet	**$ 9,534**
(d) Provide new ADA compliant had sinks in restrooms	**$ 4,568**
Total	**$44,037**

Please contact our office if you need further discussion or clarification.

Respectfully:
CAHEN ARCHITECTURAL GROUP PC

Craig I. Cahen, AIA
President

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project:	$ 296,578
1. Deduct windows, hardware, operating controls, electrical outlets and signage.	$
2. Deduct mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials.	$ 87,038
3. Deduct the repair or installation of siding, roofing or other exterior wall treatment.	$
Remaining total cost of the project deducting 1., 2., & 3. above.	$ 209,540
Calculate 20% of the remaining total cost.	$ 41,908

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

Bldg (circled) Elect Fire Plumbing (Please mark subcode)

Copied to Nehemiah 9/15/06.

CONTROL NUMBER 104420

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 28 Brick Plaza Chuck E. Cheese

DATE REVIEWED: 9-14-06

REVIEWED BY: FM

CONTACT CALLED/FAXED (FAXED circled): To 972-559-3923

(1) Existing O.L. 303 Application Notes 55%
Please Justify Egress Paths & widths Per Code.

(2) Complete 20% Requirement For ADA

Cahen Architectural Group P.C.

October 5, 2006

Township of Brick, NJ
401 Chambers Bridge Road
Brick, NJ 08723

Re: Chuck E Cheese – Store # 500
Brick, New Jersey

To Whom It May Concern:

Regarding the Barrier Free Requirements for ADA, the following is submitted:

1. The total calculated cost of this remodel project is approximately **$296, 578.00.**
2. The exempt items (to include electrical and mechanical work) is approximately **$87.038.00.**
3. The balance of the remaining cost of the proposed project is **$209,540.00.**
4. 20% of the remaining balance is **$41,908.00** to be spent on ADA compliance. The following is a summary of items that meet ADA criteria:

(a) Modification of store entry and removal of existing half walls:	**$22,935**
(b) Provide compliant seating / booths:	**$ 7,000**
(c) Provide new ADA compliant carpet	**$ 9,534**
(d) Provide new ADA compliant had sinks in restrooms	**$ 4,568**
Total	**$44,037**

Please contact our office if you need further discussion or clarification.

Respectfully:
CAHEN ARCHITECTURAL GROUP PC

Craig I. Cahen, AIA
President

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items, (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project:	$ 296,578
1. Deduct windows, hardware, operating controls, electrical outlets and signage.	$
2. Deduct mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials.	$ 87,038
3. Deduct the repair or installation of siding, roofing or other exterior wall treatment.	$
Remaining total cost of the project deducting 1., 2., & 3. above.	$ 209,540
Calculate 20% of the remaining total cost.	$ 41,908

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

Bldg Elect Fire Plumbing (Please mark subcode)

Approved & Faxed to Alabama 9/15/06

CONTROL NUMBER 104420

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 28 Brick Plaza Chuck E. Cheese

DATE REVIEWED: 9-14-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: To 972-559-3923

(1) Existing O.L. 303 Application Notes 557
Please Justify Egress Paths & widths Per Code.

(2) Complete 80% Requirement For ADA

Prohibition notice template

TWO TAMARAC, 7535 East Hampden Avenue, Suite 425, Denver, Colorado 80231 (303) 743-0002 (303) 743-0005 Fax

10/6/06

Cahen Architectural Group P.C.

OWNER	☒
ARCHITECT	☒
CONSULTANT	☐
CONTRACTOR	☒
CITY	☒
OTHER	☐

Control No. 104420

RESPONSE TO CITY COMMENTS:

PROJECT:
Brick, NJ #500
28 Brick Plaza
Brick, NJ 08723

OWNER:
Chucke Cheese
4441 West Airport Freeway
Irving, TX 75062

CONTRACTOR:
Parkway Construction.
1000 Civic Circle
Lewisville, TX 75067

ARCHITECT: Cahen Architectural Group P.C.
7535 East Hampden Avenue,
Suite 425
Denver, Colorado 80231
Phone: (303) 743-0002
Fax: (303) 743-0005

RESPONSE NO.: 01

DATE OF ISSUANCE: *10/6/06*

CONTRACT FOR: Interior Tenant Finish

ARCHITECT'S PROJECT NO.: *26943*

Response to: *Township of Brick, NJ*
(Please see end pages for copy of Review Remarks)

Dated: 9/14/06

1. **Egress Paths and Widths:** See new sheet A9.1 for egress path and widths.
2. **20% Requirement for ADA:** See attached letter and worksheet for justification of 20% compliance with ADA.

Attachments:
(1) 8.5x11 comments sheet

REQUESTED BY:

SIGNATURE

Stayton Wood - *Architectural Project Manager*
PRINTED NAME AND TITLE

BURNHAM
NATIONWIDE

SIMPLY
GETTING IT DONE >> > > > >

TRANSMITTAL

DATE: October 10, 2006

FROM: Tasia Kallies

TO: Frank Mizer
Brick Township, City of-- NJ
401 Chambersbridge Road
Brick, NJ 08723

Re: Chuck E Cheese – Brick Plaza

Frank:

Please find the following items/documents:

- Two (2) Original Sealed Response Letters
- Two (2) sets of the Revised Signed/Sealed permit drawings.

If you have any questions please call me at (312) 260-7090.

Thank You!

Tasia Kallies
Burnham Nationwide – Where We Simply Get It Done

> 111 West Washington Street
Suite 450
Chicago, IL 60602

phone > 312.407.7990
fax > 312.407.7915

www.BurnhamOnline.com

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 104420

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 28 Brick Plaza Chuck E. Cheese

DATE REVIEWED: 9-14-06

REVIEWED BY: FM 10-6-06

CONTACT CALLED/(FAXED): To 972-559-3923 - 312-407-7915

(1) Existing O.L. 303 Application Notes 557
Please Justify Egress Paths & widths Per Code.

(2) Complete 20% Requirement For ADA

Frank/plan review template

BURNHAM NATIONWIDE
Burnham Nationwide, Inc.

44046

44046

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE
BRICK	Brick Township	0043421	10/17/2006

OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
0053936	1-IGZPV - PERMIT	10/17/2006	$3,175.00	$3,175.00	$0.00	$0.00	$3,175.00

KALTAS

$3,175.00	$3,175.00	$0.00	$0.00	$3,175.00

COMMENT 1-IGZPV

BURNHAM NATIONWIDE
Burnham Nationwide, Inc.

44046

44046

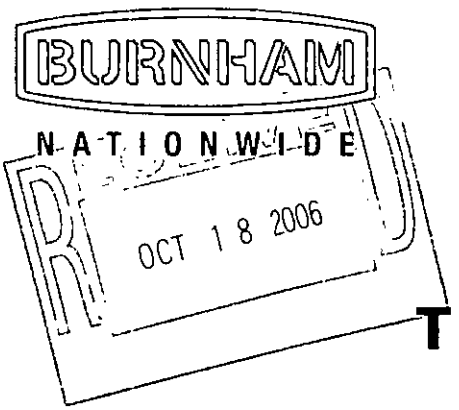
VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE
BRICK	Brick Township	0043421	10/17/2006

OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE OFF	NET
0053936	1-IGZPV - PERMIT	10/17/2006	$3,175.00	$3,175.00	$0.00	$0.00	$3,175.00

CHUCK E CHEESE
BRICK PLAZA

$3,175.00	$3,175.00	$0.00	$0.00	$3,175.00

COMMENT 1-IGZPV



SIMPLY
GETTING IT DONE >>

TRANSMITTAL

DATE: October 17, 2006

FROM: Tasia Kallies

TO: Frank Mizer
Brick Township, City of-- NJ
401 Chambersbridge Road
Brick, NJ 08723

Re: Chuck E Cheese – Brick Plaza

Frank:

Please find the following items/documents:

- Check # 44046 for Building Permit

If you have any questions please call me at (312) 260-7090.

Thank You!

Tasia Kallies
Burnham Nationwide – Where We Simply Get It Done

> 111 West Washington Street
Suite 450
Chicago, IL 60602

phone > 312.407.7990
fax > 312.407.7915

www.BurnhamOnline.com

SPRINKLER SYSTEMS – REPORT OF TESTS AND INSPECTIONS

Sheet 1 of 1

N.A. – NOT APPLICABLE *ALL "NO" ANSWERS TO BE EXPLAINED

LOCATION OF TEST *(List all addresses and if corner, give streets and direction)*

56 CHAMBERS BRIDGE RD - 28 BRICK PLAZA BRICK N.J

OWNER/TENANT *(Name and address)* BRICK PLAZA 28

CHUCK ENGESS 56 CHAMBERS BRIDGE RD BRICK N.J. 08723

TESTING AGENCY OR PERSON *(Name and address)*

UNITED SPRINKLER CO., INC. 2714 BRANCH PIKE, CINNAMINSON, NJ 08077 856-829-1715

	Yes	NA*	No
1. GENERAL			
a. Are all systems in service?	X		
b. Is hazard completely sprinklered?	X		
c. Are all new additions and building changes properly protected?	X		
d. Is all stock or storage properly below sprinkler piping?	X		
e. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?	X		
f. Is the building completely sprinklered?	X		
2. CONTROL VALVES *(see Section 14)*			
a. Are all sprinkler system main control valves open?	X		
b. Are all other valves in proper position?	X		
c. Are all control valves in good condition and sealed or supervised? CHAIN LOCK	X		
d. Are durable tags affixed to all control valves indicating the date the inspection was made and the name of the person making the inspection?	X		
3. WATER SUPPLIES *(see Section 15)* Was a water flow test made and results satisfactory?	X		
4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Are Fire Dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?	X		
b. Are fire pumps in good condition and properly maintained?		X	
c. Does the sprinkler system have at least one male siamese pumper connection which is connected directly to the system by a four (4) inch pipe which has a straightway check valve in the connection?	X		
d. Was the fire pump tested to capacity with hose streams?		X	
e. Is there a metallic plate attached to each connection or to the building near each connection with the words "SPRINKLERS" or "BASEMENT SPRINKLERS"?	X		
f. Are water tanks in good condition and properly maintained?		X	
5. WET SYSTEMS *(see Section 12)*			
a. Are cold weather valves open or closed as necessary?		X	
b. Have anti-freeze systems been tested and left in satisfactory condition?		X	
c. Are alarm valves and water flow indicators in satisfactory condition?	X		

	Yes	NA*	No
6. DRY SYSTEMS *(see Section 13)*			
a. Is dry valve in service and in good condition?			
b. Is air pressue and priming water level normal?			
c. Is air compressor in good condition?			
d. Were low points drained during fall and winter inspections?			
e. Are Quick Opening Devices in service?			
f. Has piping been checked for stoppage within last 10 years?			
g. Has piping been checked for proper pitch within last 5 years?			
h. Have dry valves been trip tested satisfactorily as required			
i. Are dry valves adequately protected from freezing?			
j. Valve house and heater condition satisfactory?			
7. ALARMS			
a. Water motor and gong test satisfactory?			X
b. Electric alarm test satisfactory?	X		
c. Supervisory alarm service test satisfactory?	X		
d. Was inspector's test drain used to test alarm?	X		
8. SPRINKLERS – PIPING			
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?	X		
b. Are all sprinklers less than 50 years old?	X		
c. Are extra sprinklers readily available?	X		
d. Is condition of piping, drain valves, check valves, hangers, pressure guages, open sprinklers, strainers satisfactory?	X		
e. Are all sprinklers of proper temperature rating?	X		
9. Date Dry System Piping last checked for stoppage.			
10. Date Dry System Piping last checked for proper pitch.			
11. Date Dry Pipe Valve last trip tested.			
12. Wet Systems: No. – 1 Make & Model – 4" RISER CHECK FLOW SWITCH & STROBES	X		
13. Dry Systems: No. – Make & Model –			

14. CONTROL VALVES	No.	Type	Open Yes	Open No	Secured Yes	Secured No	Closed Yes	Closed No	Signs Yes	Signs No	Condition
City Connection Control Valve	1	RD BOX	X		X			X	X		GOOD
Tank Control Valves											
Pump Control Valves											
Sectional Control Valves											
System Control Valves	1	4" OSY	X		X			X	X		GOOD

15. WATER FLOW TEST *(If none made, why?)* 2" DRAIN FLOWING 63 PSI

WATER PRESSURE: CITY 65 PSI; TANK NONE PSI; FIRE PUMP NONE PSI

TEST PIPE LOCATED	SIZE	PRESSURE BEFORE	PRESSURE FLOW	PRESSURE AFTER
Store Room	1 1/2	65	63	65

TEST PIPE LOCATED	SIZE	PRESSURE BEFORE	PRESSURE FLOW	PRESSURE AFTER

Explanation of "No" Answers

Adjustments or Corrections Made

ADJUST SPRINKLER HEADS IN NEW 12'-0 CEILING AREA NEAR ENTRANCE - FOR COVERAGE
ADJUST PIPE SUPPORTS ON SEVERAL BRANCH LINES SO DEFLECTOR WAS BELOW CEILING ELEVATION
INSTALL ESCUTHEON PLATES ABOUT 30.
SYSTEM MEETS THE CODE.
WORK COMPLETED UNDER PERMIT 06-3461

Improvements or Corrections Necessary

ADJUSTED SPRINKLER HEADS IN NEW 12'-0 CEILING AREA WILL BE CUT BACK FOR CHROME PLATED HEADS. ADDITIONAL PIPE SUPPORTS WILL BE ADJUSTED & NEW PLATES WILL BE INSTALLED AS REQUIRED IN SOME AREAS OF THE REMODEL.

Remarks:

CERTIFICATION

I certify that we have tested and examined the Sprinkler System on MARCH 29 2007.

The results of this test indicate that no element of the system was found to be defective on this date.

GLENN SOBOTA
Agent

MARCH 29 2007
Date

This test was conducted in accordance with the requirements of National Fire Protection Association Standard No. 13A and in accordance with the requirements of the (N.J.S.A. 2A:58-1 et. seq.).

UNITED SPRINKLER CO., INC.
Organization

Glenn Sobota
Signature