

BLOCK 671 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) BRICK PLAZA, #9 PERMIT NO. 06-1010



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 54 Chambers Bridge
2. Name of Owner in Fee: FEDERAL REALTY INV. TRUST Tel. (610) 896-5870
Address 50 E. WYNNEWOOD RD, WYNNEWOOD PA 19096
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: JA CARPENTRY Tel. (201) 498-1477
Address 150 ENGLISH ST HACKENSACK, NJ 07601
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 22-3364644 FAX: () _____
5. Architect or Engineer: DTM ARCHITECTS Tel. (817) 483-1146
Address ARLINGTON, TX Contact DENNIS MITCHELL
6. Responsible Person in Charge once Work has Begun DAVE DYKHOUSE
Tel. (201) 498-1477 FAX: (201) 498-1978

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>888</u>		
2. Electrical	<u>185</u>	<u>40</u>	
3. Plumbing			
4. Fire Protection	<u>65</u>		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review	<u>74</u>		
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other <u>24</u>	<u>30</u>		
13. TOTAL	\$ <u>1242</u>	<u>41</u>	

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK	OPTIONAL (for office use only)						
	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval Rejection
1. ☐ Minor Work							
2. ☐ New Building							
3. ☐ Addition							
4. ☐ a. Repair							
☒ b. Alteration							
☐ c. Renovation							
☐ d. Reconstruction							
5. ☐ Fire Protection							
6. ☐ Plumbing							
7. ☒ Electrical	<u>18,000</u>						
8. ☐ Elevator Devices							
9. ☐ Asbestos Abat. Subch. 8							
10. ☐ Lead Hazard Abatement							
11. ☐ Demolition							
TOTAL COSTS	<u>55,000</u>						

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: RETAIL
2. Use Group: M
3. Change in Use Group, Indicate Former: NO CHANGE
4. No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss 0
B. NON-RESIDENTIAL
1. State Specific Use: RETAIL
2. Use Group: M
3. Change in Use Group, Indicate Former: N/A

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☒ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

COMMERCIAL

Handwritten notes: 29929 Tenant Fit up, 2009 All in one, 0205-50

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 JA CARPENTRY, DAVID DYKHOUSE, PM

Address 150 ENGLISH ST
HACKENSACK, NJ 07601

Telephone (201) 498-1477

Signature David Dykhous

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ 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

IMPORTANT

Ms. A. 9. 2. 1. 3. 9. 6. 8. 1.
3/28/06 JET

Constituent Contact Report

[illegible]

☒ Zoning Application deemed complete

Initialed:

80

Date:

3/15/06

☐ Zoning Application approved

Initialed:

Date:

- Zoning permit updates:

1



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/13/2006
Tracking Number C-06-100198
Permit Number 06-1010
Permit Issue Date 04/12/2006

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 8 Qual: _____
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: _____
Contractor: JA CARPENTRY
Address: 150 ENGLISH STREET HACKENSACK NJ 07601
Telephone: (201) 498-1477 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3364644

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

TENANT FIT UP FLOORING/PARTIONS/SHELVING/CASHWRAP.IGHTING

Certificate Comments:

Hot for Shoes, Space #9

☒ **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

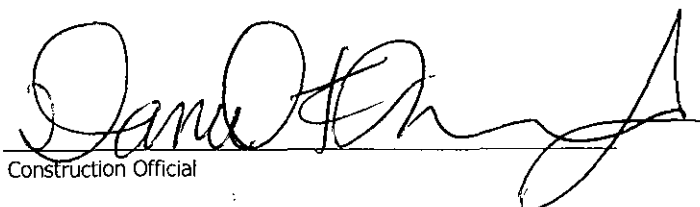
☐ **Certificate of Compliance**

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

Date Printed: 06/13/2006

Fee: \$0.00
Check Number: 9376
Collected By: Mary Jane Rinaldi

Page 1



PERMIT UPDATE

Date Update Issued 05/08/2006
Control # C-06-101141
Permit # 06-1010+A

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor JA CARPENTRY
Address 150 ENGLISH STREET HACKENSACK NJ 07601
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON ST. ROCKVILLE NJ
20852 Telephone: (201) 498-1477
Telephone: Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3364644

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

COMMUNICATION POINTS FLOORING/PARTIONS/SHELVING/CASHWRAP LIGHTING

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 \$800

Construction Official

05/08/2006
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

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

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.



CONSTRUCTION PERMIT

Date Issued 04/12/2006
Control # C-06-100198
Permit # 06-1010

IDENTIFICATION Block: 671 Lot: 8 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor JA CARPENTRY
Address 150 ENGLISH STREET HACKENSACK NJ 07601
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON ST. ROCKVILLE NJ Telephone: (201) 498-1477
20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3364644

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:

TENANT FIT UP FLOORING/PARTIONS/SHELVING/CASHWRAP LIGHTING

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 \$55,010

Construction Official _____

04/12/2006
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$888
Electrical	\$185
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$74
CO Fee	
Other	\$30
Total	\$1,242
Check No.	9376
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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



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 BRICK PLAZA UNIT 9

RT 70 + CHAMBERS BRIDGE RD BRICK, NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST

Address 50 E. WYNNEWOOD RD., WYNNEWOOD, PA 19092

Tel. (610) 896-5870

Contractor JA CARPENTRY DAVID DYKHOUSE, PM

Address 150 ENGLISH ST

HACKENSACK NJ 07601

Tel. (201) 498-1477 FAX (201) 498-1478

Contractor License No. or Builder Registration No. _____

Federal Emp. No. 22-3364644

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☒ No Plans Required								
☒ All	<u>4-11-04</u>	<u>[Signature]</u>		Footing				
☐ Footing				Footing Bonding				
☐ Foundation				Foundation				
☐ Frame				Slab				
☐ Other				Frame				
				Truss Sys./Bracing				
				Barrier-Free				
				Insulation				
				Finishes - Base Layer				
				Finishes - Final				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work
Constr. Class	Present	Proposed	<u>\$37,000</u>
No. of Stories			1. New Bldg. \$
			2. Rehabilitation \$
			3. Total (1+2) \$
Height of Structure			
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 David Dykhouse PM

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT-UP

flooring

partitions

lighting

cashwrap

skelving

COMMERCIAL

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Sliding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

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

Date Received
Control #
Date Issued
Permit #
4-12-04



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 1011 for stores Qualification Code 9

Owner in Fee for stores

Address 30 E. Wynnwood Rd, 19094

Tel () 343-6943 Fax 343-6943

Contractor Zeedy Electrical Construction Inc.

Address 1414 1/2 1st Ave.

Federal Emp. No. 2234103106

Use Group Present Proposed 8

Building Occupied as Temporary Utility Co. 8

Est. Cost of Elec. Work 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☐ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
☐ Building ☐ Plumbing			Trench			
☐ Fire ☐ Elevator			Temp. Serv.			
☐ Elec. Plans Approved			Constr. Serv.			
Date: <u>4/24/99</u>			TCO			
Approved by: <u>DR [Signature]</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO <u>X</u> <u>1</u> CA			Final Cut-in-Card Date Issued			
Date: <u>5-9-08</u>			Annual Pool Inspection			
Approved by: <u>W</u>			Date of Grounding and Bonding			
			Certification			

UPDATE 06-10-10 Date Received 5/8/06
DATE 4/24/99 Control # 06-1010610114
INITIALED BY [Signature] Date Issued 5/8/06
FOR [Signature] Permit # 06-1010610114

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors—Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- Pool Permit/with UW Lights
- Storable Pool/Spa/Hot Tub
- KW Elec. Range/Receptacle
- KW Oven/Surface Unit
- KW Elec. Water Heater
- KW Elec. Dryer/Receptacle
- KW Dishwasher
- HP Garbage Disposal
- KW Central A/C Unit
- HP/KW Space Heater/Air Handler
- KW Baseboard Heat
- HP Motors 1/+ HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

CO. INCIAL

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 611 Lot 8 Qualification Code ECF
Work Site Location 56 Chambers Road

Owner in Fee Federal Road
Address 56 Chambers Road

Tel (601) 846-5870 PH 19004
Contractor Zephyr Electrical Construction Inc
Address 14 Walnut Avenue
80605A MS 39003

Tel ad 343-0943 FAX (601) 343-6021
Contractor License No. 9360
Federal Emp. No. 223410306

B. ELECTRICAL CHARACTERISTICS
Use Group Present 201-651-2634 Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☐ No Plans Required	Type: _____ Failure _____ Failure _____ Approval _____ Initial _____
Joint Plan Review Required:	Rough <u>W/US ONH</u> <u>4-20-04</u> <u>CO</u>
☐ Building ☐ Plumbing	Barrier-Free _____
☐ Fire ☐ Elevator	Trench _____
☐ Elec. Plans Approved	Temp. Serv. _____
Date: _____	Constr. Serv. _____
Approved by: _____	TCO _____
	Other _____
	Service _____
	Final _____
	Barrier-Free _____
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____
☒ SCO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued _____
Date: <u>5-4-06</u>	Annual Pool Inspection _____
Approved by: <u>W</u>	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
George of Contractor
Date Received 06-10-10
Control # _____
Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA
Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors--Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 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 \$	



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 Qualification Code 8
Work Site Location Hot for Shores - Back Plaza Unit #9
aka HOT EGG STORES

Owner in Fee: FEDERAL KENNETH INVESTMENT TRUST

Tel. (610) 886-5870 e-mail _____

Address 50 E. WYNEWOOD RD STE 200 WYNEWOOD, PA 19096
street municipality zip code

Contractor: Lords Electric Inc. Tel. (732) 928-9681

Address 587 N. Capoline Rd. e-mail _____
Jackson NJ 075.

Contractor License No. 2088 Exp. Date 4/06

Federal Employee No. 22-3538756 FAX: (732) 928-9684

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ✓

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 18,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
☐ No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:							
☐ Building	☐ Plumbing		Rough				
☐ Fire	☐ Elevator		Barrier-Free				
☒ Elec. Plans Approved			Trench				
Date: <u>4506</u>			Temp. Serv.				
Approved by: <u>[Signature]</u>			Constr. Serv.				
			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL							
☐ CO	☐ CCO	☐ CA	Temp. Cut-in-Card Date Issued				
			Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			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 ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>82</u>		Lighting Fixtures
<u>30</u>		Receptacles
<u>2</u>		Switches
<u>1</u>		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 <u>Existing</u>
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

COMMERCIAL

FEE (Office Use Only)

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



FIRE PROTECTION 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 BRICK PLAZA UNIT 9 dba HOT FOR SHOPS

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 50 E. WYNWOOD RD WYNNEWOOD PA 19092

Tel (610) 896-5870

Contractor JA CARPENTRY
Address 150 ENGLISH ST.
HACENSACK, NJ 07101

Tel (201) 498-1477 FAX (201) 498-1478

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. 28-3364644

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M 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: _____

Puel Type: [] Flammable or [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Type:	Failure Failure Approval Initial
[] No Plans Required	Alarm System	
Joint Plan Review Required:	Suppression Sys.	
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: <u>3-31-06</u>	Mechanical	
Approved by: <u>OS</u>	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CCO <u>17CA</u>	Flam/Combust Tanks	
Date: <u>5-10-06</u>	Fireplace Venting	
Approved by: <u>OS</u>	Final	
	Other	



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or owner of record) and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT FIT-UP/SET-UP

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks
Alarm Systems

[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices _____

TOTAL
Suppression Systems
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes

Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ 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 Pictures/Exit 1945

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

COMMERCIAL

Date Received 04-10-10
Control # _____
Date Issued 4-12-06
Permit # _____

cell # -
3) Vanessa DeJesus Mgr - 609-309-2459

key resident
① Mike Rottigliano - ~~232~~ 908 783-8412 cell

② Vanessa Rivera - 732-934-7909 cell

732-252-8506 h.m.

Regional

4) Wanda Russo - Dpt. Mgr -

732-441-2531 office

848-459-2359 cell -

**Township of Brick
Zoning Permit**

Approved: Tuesday, March 21, 2006 **Number:** 276

Block 671 **Lot** 8 **Zone:** B-3, Highwat Dev.

Property Address: 56 Chambers Bridge Road; Brick Plaza

Applicant: David Dykhous; JA Carpentry

Property Owner Federal Realty Investment Trust

Existing Use: Vacant unit, Space No. 9.

Proposed Use: Nine West Shoes store.

Proposed Construction: Interior alterations.

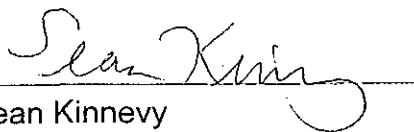
Conditions: An additional zoning permit is required for any sign or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.



Michael P. Fowler, AICP/PP

Principal Planner



Sean Kinnevy

Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information
will delay processing and may be returned to you.

MAR 16 2006

BLOCK 671 LOT P QUALIFIER

PROPERTY ADDRESS BRICK PLAZA, RT 70 + CHAMBERS BRIDGE RD. SPACE 9

PERSONAL NAME OF APPLICANT DAVID DYKHOUSE, PM

BUSINESS NAME OF APPLICANT JA CARPENTRY

MAILING ADDRESS OF APPLICANT 150 ENGLISH ST HACKENSACK, NJ 07601

PROPERTY OWNER'S FULL NAME FEDERAL REALTY INVESTMENT TRUST

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling

☒ Commercial (please describe) VACANT

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling

☒ Commercial (please describe) RETAIL - NINE WEST SHOES

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____

☐ Addition - Height _____

☐ Alteration _____

☐ Porch or deck - Height _____

☐ Shed - Height _____

☐ Fence - Type _____ Height _____

☐ Swimming Pool ☐ in-ground ☐ above-ground

☒ Other (please describe) Tenant Fit up

CHECKLIST

- ☐ All information completed above
- ☐ Two (2) copies of a plot plan containing:
- ☐ All existing and proposed structures
- ☐ All dimensions of the lot and structures
- ☐ All setbacks from the structures to the property lines
- ☐ All adjacent streets and waterways
- ☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT David Dykhouse Date 3-14-06

Reviewed by Zoning Office JK Date 3/21/06 (X) Approved () Denied

March 2003-----

COMMERCIAL

3/17/06

[Handwritten signature]

201-498-1478
201-8654

THE BRICK TOWNSHIP
 MUNICIPAL UTILITIES AUTHORITY

Certificate of Compliance

Date 4/18/06

NAME Federal Realty

ADDRESS 1626 E Jefferson St Rockville MD 20852

PROPERTY LOCATION 56 Chambersbridge Rd Unit 30A
NINE WEST SHOPS

Account No 6914516 Block 671 Lot 8

Residential	Commercial - Specify Type	No. of Units
Size of Sewer, Svc. <u>4"</u>	Size Water Svc. <u>3/4"</u>	Meter Size <u>3/4"</u>
APPLICATION FEES	WATER SVC. /	SEWER SVC.
CONNECTION FEES	<u>4467.00</u>	<u>2894.00*</u>
INSPECTION FEES	<u>1500.00</u>	<u>106.00</u>
<u>Water fee</u>	<u>106.00</u>	<u>412.95</u>

For the Authority [Signature]

4-71267 on Ave. 01.01.06

Permit #

Permit Date



COMcheck Software Version 3.1 Release 1

Lighting Compliance Certificate

2003 IECC

Report Date: 04/03/06

Data filename: H:\NewInteriors\Hot For Shoes\HS05199\HFS05199.cck

Section 1: Project Information

Project Title:

Construction Site:

Owner/Agent:

Neil Dorso
Jones Retail Group
1129 Westchester Ave.
White Plains, NY 10604
914-640-3516
neil_dorso@nlnewest.com

Designer/Contractor:

Dannic Mitchell
DTM Architect
6031 1-20 West, Suite 260
Arlington, TX 76017
817-483-1148
dtmarchitect@dtmarchitect.com

Section 2: General Information

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

Activity Type(s)

Retail Sales, Wholesale Showroom

Floor Area

9972

Section 3: Requirements Checklist

Interior Lighting:

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

Allowed Watts	Actual Watts	Complies
21872	18840	YES

- ☐ 2. Exit signs 5 Watts or less per side.

Exterior Lighting:

- ☐ 3. Efficacy greater than 45 lumens/W.

Exceptions:

Specialized lighting highlighting features of historic buildings; signage; safety or security lighting; low-voltage landscape lighting.

Controls, Switching, and Wiring:

- ☐ 4. Independent controls for each space (switch/occupancy sensor).

Exceptions:

Areas that must be continuously illuminated.

- ☐ 5. Master switch at entry to hotel/motel guest room.
☐ 6. Individual dwelling units separately metered.
☐ 7. Each space provided with a manual control to provide uniform light reduction by at least 50%.

Exceptions:

Only one luminaire in space;
 An occupant-sensing device controls the area;
 The area is a corridor, storeroom, restroom, public lobby or guest room;

Areas that must be continuously illuminated;
Areas that use less than 0.6 Watts/sq.ft.

- ☐ 8. Automatic lighting shutoff control in buildings larger than 5,000 sq.ft.
- ☐ 9. Photocell/astromonomical time switch on exterior lights.

Exceptions:

Lighting intended for 24 hour use.

- ☐ 10. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).

Exceptions:

Electronic high-frequency ballasts; Luminaires on emergency circuits or with no available pair.

Section 4: Compliance Statement

Compliance Statement: The proposed lighting design represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting system has been designed to meet the 2003 IECC, Chapter 8, requirements in COMcheck Version 3.1 Release 1 and to comply with the mandatory requirements in the Requirements Checklist.

DENNIS T. MITCHELL
Principal Lighting Designer-Name

[Signature]
Signature

4.4.06
Date

Permit #
Permit Date



COMcheck Software Version 3.1 Release 1

Lighting Application Worksheet

2003 IECC

Report Date:

Data filename: H:\Newinteriors\Hot For Shoes\HS05199\HFS05199.cck

Section 1: Allowed Lighting Power Calculation

A Area Category	B Floor Area (ft ²)	C Allowed Watts / ft ²	D Allowed Watts (B x C)
Retail Sales, Wholesale Showroom	9972	1.7	16952
Allowance: Fine Merchandise Display / Fix. ID: TR	1320(a)	3.9	4920(b)
Total Allowed Watts =			21872

(a) Area claimed must not exceed the illuminated area permitted for this allowance type.

(b) Allowance is (B x C) or the actual wattage of the fixtures given in Section 2, whichever is less.

Section 2: Actual Lighting Power Calculation

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
T8 / T12 Fluorescent 1: EX: 2 x 4 Lay-In Fluorescent / 48" T8 32W / Electronic	4	98	140	13720
Incandescent 2: A: RECESSED DOWNLIGHT / Incandescent 100W	1	2	100	200
Incandescent 6: TR: TRACKHEAD / Incandescent 60W	1	82	60	4920
Incandescent 7: EM: Exit/Emergency / Other Exemption: Emergency Lighting (Automatic Control)	1	16	8	Exempt
Total Actual Watts =			18840	

Section 3: Compliance Calculation

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

Total Allowed Watts = 21872
 Total Actual Watts = 18840
 Project Compliance = 3032

Lighting PASSES: Design 14% better than code.

Permit #
Permit Date



COMcheck Software Version 3.1 Release 1

Lighting Compliance Certificate

2003 IECC

Report Date: 04/03/06

Data filename: H:\NewInteriors\Hot For Shoes\HS05199\HFS05199.cck

Section 1: Project Information

Project Title:

Construction Site:

Owner/Agent:

Neil Dorso
Jones Retail Group
1129 Westchester Ave.
White Plains, NY 10604
914-640-3516
neil_dorso@nlnwest.com

Designer/Contractor:

Donnic Mitchell
DTM Architect
6031 1-20 West, Suite 260
Arlington, TX 76017
817-483-1148
dtmarchitect@dtmarchitect.com

Section 2: General Information

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

Activity Type(s)

Retail Sales, Wholesale Showroom

Floor Area

9972

Section 3: Requirements Checklist

Interior Lighting:

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

Allowed Watts	Actual Watts	Complies
21872	18840	YES

- ☐ 2. Exit signs 5 Watts or less per side.

Exterior Lighting:

- ☐ 3. Efficacy greater than 45 lumens/W.

Exceptions:

Specialized lighting highlighting features of historic buildings; signage; safety or security lighting; low-voltage landscape lighting.

Controls, Switching, and Wiring:

- ☐ 4. Independent controls for each space (switch/occupancy sensor).

Exceptions:

Areas that must be continuously illuminated.

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

- ☐ 6. Individual dwelling units separately metered.

- ☐ 7. Each space provided with a manual control to provide uniform light reduction by at least 50%.

Exceptions:

Only one luminaire in space;

An occupant-sensing device controls the area;

The area is a corridor, storeroom, restroom, public lobby or guest room;

Areas that must be continuously illuminated;
Areas that use less than 0.6 Watts/sq.ft.

- ☐ 8. Automatic lighting shutoff control in buildings larger than 5,000 sq.ft.
- ☐ 9. Photocell/astronomical time switch on exterior lights.

Exceptions:

Lighting intended for 24 hour use.

- ☐ 10. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).

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DEWIST. MITCHELL
Principal Lighting Designer-Name

Signature

4.4.06
Date

Permit #

Permit Date



COMcheck Software Version 3.1 Release 1

Lighting Application Worksheet

2003 IECC

Report Date:

Data filename: H:\NewInteriors\Hot For Shoes\HS05199\HFS05199.cck

Section 1: Allowed Lighting Power Calculation

A Area Category	B Floor Area (ft ²)	C Allowed Watts / ft ²	D Allowed Watts (B x C)
Retail Sales, Wholesale Showroom	9972	1.7	16952
Allowance: Fine Merchandise Display / Fix. ID: TR	1320(a)	3.9	4920(b)
Total Allowed Watts =			21872

(a) Area claimed must not exceed the illuminated area permitted for this allowance type.

(b) Allowance is (B x C) or the actual wattage of the fixtures given in Section 2, whichever is less.

Section 2: Actual Lighting Power Calculation

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
T8 / T12 Fluorescent 1; EX: 2 x 4 Lay-In Fluorescent / 48" T8 32W / Electronic	4	98	140	13720
Incandescent 2: A: RECESSED DOWNLIGHT / Incandescent 100W	1	2	100	200
Incandescent 6: TR: TRACKHEAD / Incandescent 60W	1	82	60	4920
Incandescent 7: EM: Exit/Emergency / Other Exemption: Emergency Lighting (Automatic Control)	1	16	8	Exempt
Total Actual Watts =				18840

Section 3: Compliance Calculation

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

Total Allowed Watts = 21872
 Total Actual Watts = 18840
 Project Compliance = 3032

Lighting PASSES: Design 14% better than code.

Permit #

Permit Date



COMcheck Software Version 3.1 Release 1

Lighting Compliance Certificate

2003 IECC

Report Date: 04/03/06

Data filename: H:\NewInteriors\Hot For Shoes\HS05199\HFS05199.cck

Section 1: Project Information

Project Title:

Construction Site:

Owner/Agent:

Neil Dorso
Jones Retail Group
1129 Westchester Ave.
White Plains, NY 10604
914-640-3516
neil_dorso@nlnewest.com

Designer/Contractor:

Donnic Mitchell
DTM Architect
6031 1-20 West, Suite 260
Arlington, TX 76017
817-483-1146
dtmarchitect@dtmarchitect.com

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Floor Area

9972

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21872	18840	YES

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Only one luminaire in space;

An occupant-sensing device controls the area;

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Exceptions:

Lighting Intended for 24 hour use.

- ☐ 10. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).

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DEWIST HITCHELL
Principal Lighting Designer-Name

[Signature]
Signature

4.4.06
Date

Permit #

Permit Date



COMcheck Software Version 3.1 Release 1

Lighting Application Worksheet

2003 IECC

Report Date:

Data filename: H:\NewInteriors\Hot For Shoes\HS05199\HFS05199.cck

Section 1: Allowed Lighting Power Calculation

A Area Category	B Floor Area (ft ²)	C Allowed Watts / ft ²	D Allowed Watts (B x C)
Retail Sales, Wholesale Showroom	9972	1.7	16952
Allowance: Fine Merchandise Display / Fix. ID: TR	1320(a)	3.9	4920(b)
Total Allowed Watts =			21872

(a) Area claimed must not exceed the illuminated area permitted for this allowance type.

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Section 2: Actual Lighting Power Calculation

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Incandescent 2: A: RECESSED DOWNLIGHT / Incandescent 100W	1	2	100	200
Incandescent 6: TR: TRACKHEAD / Incandescent 60W	1	82	60	4920
Incandescent 7: EM: Exit/Emergency / Other Exemption: Emergency Lighting (Automatic Control)	1	16	8	Exempt
Total Actual Watts =				18840

Section 3: Compliance Calculation

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

Total Allowed Watts = 21872

Total Actual Watts = 18840

Project Compliance = 3032

Lighting PASSES: Design 14% better than code.



TRANSMITTAL

DATE: 04 • 03 • 06
PROJECT: Hot for Shoes
LOCATION: Brick Plaza
Brick, NJ

JOB NO: 05199

ATTENTION: Marcel Renson
FIRM: Brick Township Building Department
401 Chambers Bridge Road
Brick, NJ 08723

WE ARE TRANSMITTING:

- ☒ Prints ☐ Specifications
☐ Color BD ☐ Samples
☐ Photos ☐ Diskette(s)

☒ AIRBILL ☐ FED X ☐ UPS ☐ US MAIL ☐ MESSENGER ☐ PICK UP

THESE ITEMS ARE:

- ☐ For Review & Comment ☐ For Bid
☐ For Record ☒ As Requested
☒ For Your Use ☐ Return Copies

VELLUM	BOND	PHOTO COPIES	DESCRIPTION:
		9	(3) Sets - Lighting Compliance Certificates

REMARKS:

These are being send to you at the request of Jon Dattoli.

Thank you,

cc: File

FROM: Kathryn Kimball/mbp

Ni Design

11 Talcott Notch Road • Farmington, CT 06032 • T: 860.678.1946 • F: 860.678.7111 • nidesign@nidesign.net

Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER

~~108198~~
108198

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION:

Brick Plaza hot for shoes

DATE REVIEWED:

3 29 06

56 Chambers Bridge Rd

REVIEWED BY:

MM

CONTACT CALLED/FAXED:

Dennis Matlock

201 498 1477



TOWNSHIP OF BRICK LANDLORD LETTER OF AUTHORIZATION

60 E. Wynnewood Rd. Ste. 200
Wynnewood, PA 19096-2013
PH 610.896.5870
FX 610.896.5876

March 10, 2006

TO: Township of Brick
Attn: Building Dept./Permits Dept.
401 Chambers Bridge Road
Brick Twp., NJ 08723

RE: Brick Plaza – Hot for Shoes

To Whom It May Concern:

Please be advised JA Carpentry, Inc. has permission from Federal Realty Investment Trust to apply for any and all permits required for work to be done at the above referenced location at Brick Plaza.

Should you have any questions, please feel free to contact me at (610)-896-5870.

Sincerely,

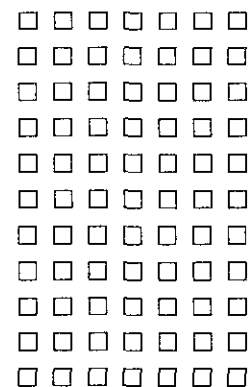
Neil P. Cain
Senior Tenant Coordinator

NC/hmw

cc: J.A. Carpentry, Inc.
Neil Dorso – Nine West
T/C File



FOUNDATIONS OF OPPORTUNITY



50 E. Wynnewood Rd. Ste. 200

Wynnewood, PA 19096-2013

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Senior Tenant Coordinator

NC/hmw

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T/C File

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth

Department of Engineering

Office of the Municipal Engineer

(732) 262-1040

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: 3.14.06

PLOT PLAN EXEMPT FORM

Block: 671 Lot: 8

Property Address: BRICK PLAZA UNIT 9 HOT FOR SHOES (d/b/a)

I, DAVID DYKHOUSE of TENANT CONTRACTOR
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

David Dykhous, PM
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 3/28/06

Signed: [Signature]

Rejected on: _____

Signed: _____

Comments:

COMMERCIAL