Brick Plaza Space # 29 (Tuesday Morning)

BLOCK 671 LOT 8 QUALIFICATION CODE ADDRESS (SITE) 56 Chambers Bridge Rd. PERMIT NO. 06-2005

06/10/1653

CONSTRUCTION PERMIT APPLICATION

Tuesday Morning

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

I. IDENTIFICATION

1. Propsed Work Site at: Brick Plaza Space #29 56 Chambers Bridge Rd. (Tuesday Morning)
2. Name of Owner in Fee: Federal Realty Investment Trust Tel. (610) 896-5870
   Address 50 E. Wynnewood Rd. Suite 200 Wynnewood PA 19096
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Charles Pike Construction, Inc. Tel. (856) 742-0442
   Address 512 South Broadway Gloucester City, NJ 08030
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3754731 FAX: (856) 742-8787
5. Architect or Engineer KB Design Tel. (856) 589-3100
   Address 143 West Jersey Ave Pitman NJ 08071 Contact Joe Griffin
6. Responsible Person in Charge once Work has Begun James Kremmel
   Tel. (856) 742-0442 FAX: (856) 742-8787

Tenant fit up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	240	
2.	Electrical		40	40
3.	Plumbing		68	
4.	Fire Protection			75
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		21	3
8.	Subtotal	$		2
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		20	
13.	TOTAL	$	397	78-42

6392

Construction Value

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure ____ ft.	
3.	Area of Largest Floor ____ sq. ft.	
4.	New Building Area 0 sq. ft.	
5.	Volume of New Structure 0 cu. ft.	
6.	Construction Classification IIB	
7.	Total Land Area Disturbed 0 sq. ft.	
8.	Flood Hazard Zone ____	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no ____	
11.	Max. Live Load ____	
12.	Max. Occupancy Load ____	

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	X Minor Work	10,000	Drp	5/5/06		6-12-06	Fp			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	X Fire Protection	2000				6-27-06	RS			
6.	X Plumbing	3000				5-23-06		11/26/06		
7.	X Electrical	4000			5-31-06	5/31/06		8/9/06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Cwc	5/15/06		5/19/06				
	TOTAL COSTS	19,000								

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: Tuesday Morning Home Goods Store
2. Use Group: M
3. Change in Use Group. Indicate Former: M

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS BR-B 10676508

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 James Kremmel

Address 512 South Broadway
Gloucester City, NJ 08030

Telephone (856) 742-0442

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ 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. _____	_____	_____	_____	_____

CONTROL #_____

DATE RECEIVED_____

DATE RETURNED TO OWNER/AGENT_____

DATE RESUBMITTED _____ _____ _____ _____ _____ _____

BLOCK_____ LOT_____

NAME_____ DESCRIPTION_____

LOCATION_____

CONTRACTOR'S LICENSE NO._____ Application Given to Applicant [ ] Received [ ] [ ] OWNER

COMMENTS & SIGNATURES

ELECTRIC_____

Date Received _____

Approved _____

Disapproved _____ _____ _____ _____ _____ _____

Resubmitted _____ _____ _____ _____ _____ _____

PLUMBING_____

Date Received _____

Approved _____

Disapproved _____ _____ _____ _____ _____ _____

Resubmitted _____ _____ _____ _____ _____ _____

FIRE_____

Date Received _____

Approved _____

Disapproved _____ _____ _____ _____ _____ _____

Resubmitted _____ _____ _____ _____ _____ _____

BUILDING_____

Date Received _____

Approved _____

Disapproved _____ _____ _____ _____ _____ _____

Resubmitted _____ _____ _____ _____ _____ _____

COMMENTS _____

No fee required - Ret 5/17/06

CALLED: [ ] OWNER [ ] AGENT TO PICK UP PERMIT — DATE(s): _____

Spoke to _____ Left Message on _____ 's Machine

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	08/14/2006
Tracking Number	C-06-101653
Permit Number	06-2005
Permit Issue Date	06/19/2006

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone:

Contractor: CHARLES PIKE CONSTRUCTION INC

Address: 512 SOUTH BROADWAY GLOUCESTER NJ 08030

Telephone: 856-742-0442 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3754731

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP CONSTRUCT MANAGERS OFFICE

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: 6396
Collected By: Allison Peltier

Date Printed: 08/14/2006

CONSTRUCTION PERMIT

Date Issued 06/19/2006
Control # C-06-101653
Permit # 06-2005

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor CHARLES PIKE CONSTRUCTION INC
Address 512 SOUTH BROADWAY GLOUCESTER NJ 08030
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone:
Telephone: 856-742-0442
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3754731

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP CONSTRUCT MANAGERS OFFICE

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 $20,000

Construction Official
06/19/2006
Date

PAYMENTS (Office Use Only)

Building	$240
Electrical	$40
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$27
CO Fee	
Other	$30
Total	$397
Check No.	6396
Cash	$0
Credit	$0
Collected By	Allison Peltier

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 07/05/2006
Control # C-06-101653+A
Permit # 06-2005+A

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor CHARLES PIKE CONSTRUCTION INC
Address 512 SOUTH BROADWAY GLOUCESTER NJ 08030
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: 856-742-0442
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No. 22-3754731

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 CONSTRUCT MANAGERS OFFICE

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 $2,000

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	$3
CO Fee	
Other	$0
Total	$78
Check No.	6392
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.

PERMIT UPDATE

Date Update Issued 7/26/2006
Control # C-06-103244
Permit # 06-2005+B

IDENTIFICATION Block: 671 Lot: 8 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone:

Contractor CHARLES PIKE CONSTRUCTION INC
Address 512 SOUTH BROADWAY GLOUCESTER NJ 08030
Telephone: 856-742-0442
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3754731

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALARM SYSTEM (BURGLAR OR FIRE), COMMUNICATION POINTS CONSTRUCT MANAGERS OFFICE

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 $1,500

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	$2
CO Fee	
Other	$0
Total	$42
Check No.	
Cash	$42
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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 06-19-06
Control #

Date Issued 06-2005
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 Brick Plaza 56 Chambersbridge Rd. Space #79
Tuesday Morning

Owner in Fee Federal Realty Investment Trust

Address 50 E Wynnewood Rd. Suite 200
Wynnewood, PA 19096

Tel. (610) 896-5870

Contractor Charles Pike Construction, Inc.

Address 512 South Broadway
Gloucester City, NJ 08030

Tel. (856) 742-0442 FAX (856) 742-8787

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3754731

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up As per plan
Construct mgr office

Tennant must Apply For Actual Fit-up showing Floor Plan & Details

CONDITIONAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6-12-06	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-21-06 FM
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			7/12/06	M
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above Ceiling			7-19-06	FM
Final				
Barrier-Free			7/21/06	

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 $

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed M	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories		1	
Height of Structure			Ft.
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors		0	Sq. Ft.
Volume of New Structure		0	Cu. Ft.
Total Land Area Disturbed		0	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 10,000
3. Total (1+ 2) $ 10,000

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/5/06 BY A?P
Permit # 06-2005tA

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 56 Chambers Bridge Rd. Space # 29
Tuesday Morning
Owner in Fee Federal Realty Investment Trust
Address 50 E. Wynnewood Rd. Suite 200
Wynnewood, PA 19096
Tel (610) 896-5870
Contractor A & S Sprinkler
Address 101 E. Laurel Ave.
Cheltenham, PA 19012
Tel (215) 379-2900 FAX (215) 379-2901
Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00682
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 155177
Fire Alarm Contractor No.
Federal Emp. No. 232747727

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M
Constr. Class: Present IIB Proposed IIB
Heating System: [ ] New OR [✓] Existing [✓] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

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

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

Total Cost of Fire Protection Work $ 21000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 6-27-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 7-21-06
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			7-21-06	
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
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Relocate sprinkler coverage to accomodate new partition work
Water Supply Source EXISTING
Method of Alarm/Suppression System Supervision Flow Alarm / Monitored

COMMERCIAL

	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) Relocate	3	
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 $

Right, Left.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06-19-06
Control #

Date Issued
Permit # 06-2005

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 56 Chambers Bridge Rd. Space #29
Tuesday Morning

Owner in Fee Federal Realty Investment Trust

Address 50 E. Wynnewood Rd. Suite 200
Wynnewood, PA 19096

Tel (610) 896-5870

Contractor Harry C. Wittmaier Inc.

Address 215 E. Homestead Ave.
Collingswood, NJ 08108

Tel (856) 858-1965 FAX (856) 858-1972

Contractor License No. 8911

Federal Emp. No. 22-3058307

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 5-20-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 7-26-06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	7-7-06			
Water				
Sewer				
Fixtures			7-29-06	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final	7/26/06			MK

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 Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower Must meet A.D.A.
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
1	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other

FEE (Office Use Only)

$

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F130 (rev. 1/04)
Internet version

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

7-7-06

① Sink too deep
② Pump literature needed
③ Saddle no good, & anchage to high ?

Store is done conf. is treating this toilet room as existing is not ADA compliant.

new toilet Room OK for final except there is no signage at entrance (unisex toilet Room).

Township of Brick
Zoning Permit

Approved:	Thursday, May 11, 2006	**Number:**	577
Block	671	**Lot**	8
Zone:	B-3, Hwy. Dev.		

Property Address:	56 Chambers Bridge Road: Brick Plaza
Applicant:	Jim Kremmel, Charles Pike Construction, Inc.
Property Owner:	Federal Realty Investment Trust
Existing Use:	Retail Perfume Store; Space No: 29
Proposed Use:	Retail Home Goods "Tuesday Morning" Space No: 29
Proposed Construction:	Interior alterations.
Conditions:	An additional Zoning Permit is required for a sign or any 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

MAY 11 2006

(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.

BLOCK 671 LOT 8 QUALIFIER _____

PROPERTY ADDRESS Brick Plaza 56 Chambers Bridge Rd. Space # 29

PERSONAL NAME OF APPLICANT Jim Kreamer

BUSINESS NAME OF APPLICANT Charles Pike Construction, Inc. for Tuesday Morning

MAILING ADDRESS OF APPLICANT 512 South Broadway; Gloucester City, NJ 08030

PROPERTY OWNER'S FULL NAME Federal Realty Investment Trust 50 E. Wynnewood Rd. Suite 200 Wynnewood, PA 19096 (T) 610-896-5870

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Perfume Store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Tuesday Morning Retail Sales of Home goods

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) _____

COMMERCIAL

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 _____ Date 5/5/06

Reviewed by Zoning Office JSC Date 5/11/06 (✓) Approved ( ) Denied

5/5/06

A&S SPRINKLER CO., INC.
101 E. LAUREL AVENUE
CHELTENHAM, PENNSYLVANIA 19012

(215) 379-2900 FAX (215) 379-2901
E-MAIL: SPRINKAS@AOL.COM

LETTER OF TRANSMITTAL

DATE	JOB NO.
6/20/06	

ATTENTION: Kevin Batzel

RE: Tuesday Morning
Brick Plaza - Space 29
34 Chambers Bridge Road
Brick, NJ

TO: Brick Township
Municipal Bldg.
401 Chambers Bridge Road
Brick Township, NJ 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☒ Prints ☐ Plans ☐ Samples ☐ Hydraulic Calcs.
☐ Material Cut Sheets ☐ Change Order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3		FP-1	PE Stamped Fire Protection Plans

THESE ARE TRANSMITTED as checked below:

☒For Approval ☐Approved As Submitted ☐Resubmit _____Copies For Approval
☐For Your Use ☐Approved As Noted ☐Submit _____Copies For Distribution
☐As Requested ☐Returned For Corrections ☐Return _____Corrected Prints
☒For Review and Comment ☐ _____
☐FOR BIDS DUE _____ 19 _____ ☐PRINTS RETURNED AFTER LOAN TO US

REMARKS: The permit application was alrerady submitted by Charles Pike Construction Co. These are the Sprinkler Plans to go along with the application.

COPY TO:

SIGNED: *David Arnone*

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: ooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooo▶ $_____

1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooo▶ $-_____
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. oooooooooo▶ $-_____
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooooo▶ $-_____

Remaining total cost of the project deducting **1.**, **2.**, & **3.** above. oooooooooooo▶ $_____

Calculate **20%** of the remaining total cost. ooooooooooooooooooooooooooooooooooooooooo▶ $_____

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.

cPc

CHARLES PIKE CONSTRUCTION, INC.

June 9, 2006

Brick Township Building Department
Attn: Frank Mizer
401 Chambers Bridge Rd.
Brick Township, NJ 08723

RE: 56 Chambers Bridge Rd.
Tuesday Morning Space #29
Block 671 Lot 8
C-06-101653

Dear Mr. Mizer:

For clarification of work to be performed at the above listed address.

Cost of project before deductions: $40,000
Cost of mechanical / electrical: $10,000
Cost of project after deductions: $30,000
20%: $6,000

Handicapped break room area: $4,500
Improved Access to ADA restroom: $4,500
ADA Compliant manager's office: $5,000

Total spent on compliant improvement: $14,000

Since cost of compliance improvements exceeds the 20% of the project and is in fact 46% we feel that we have met the criteria for compliance improvements. Thank you for your consideration of this result.

Please feel free to contact me with any questions or concerns regarding this matter, 856-742-0442.

Sincerely,

James E. Kremmel
President

512 SOUTH BROADWAY GLOUCESTER CITY, NJ 08030 ■ PHONE: 856-742-0442 FAX: 856-742-8787

Bldg. Elect X (Fire) Plumbing (Please mark subcode)

res done 6-26-06

CONTROL NUMBER C06-101653

56 Chambers Bridge Rd

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: BRICK PLAZA SPACE #29 ~~TUESDAY MORNING~~

DATE REVIEWED: 6-2-06

REVIEWED BY: (KEN)

CONTACT CALLED/FAXED: Vic Arndt A/S Sprinkler

Called need spk plan - Are OK,

~~Building~~ plan

No Floor plan Counters?

Isles?

Called Jim Kraemer @ 5-20

Frank/plan review template