BLOCK 1071 LOT 8 QUALIFICATION CODE ______ ADDRESS (SITE) 56 CHAMBERS BRIDGE RD PERMIT NO. 06-2625

006-103174

Called 8/8/06

CONSTRUCTION PERMIT APPLICATION

TUESDAY MORNING

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Rd
2. Name of Owner in Fee: TUESDAY MORNING Tel. (972) 387-3562
   Address 6250 LBJ FREEWAY (street) DALLAS, TX (municipality) 75240 (zip code)
3. Ownership in fee: Public ______ Private ______ DEE RICHARDSON
4. Principal Contractor: TUESDAY MORNING, INC Tel. (972) 387-3562
   Address 6250 LBJ FREEWAY DALLAS, TX 75240
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 75-1482494 FAX: (___) ______
5. Architect or Engineer ______ Tel. (___) ______
   Address ______ Contact ______
6. Responsible Person in Charge once Work has Begun DEE RICHARDSON
   Tel. (214) 697-9952 FAX: (317) 299-4812

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical				
3. Plumbing				
4. Fire Protection			65	
5. Elevator Devices		1		
6. Subtotal	$			
7. *Less 20% for State Plan Review*				
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	41	65	

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		

LDS BR-B 10676505

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		QD	7/14/06		8 8 06	[illegible]			
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					8-4-06	[illegible]			
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1100.-								

VII. DESCRIPTION OF BUILDING USE

COMMERCIAL

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

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name DEE RICHARDSON

Address 4250 LBJ FREEWAY

DALLAS TX 75244

Telephone (214) 697-9952

Signature Dee Richardson

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. _____	_____	_____	_____	_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	8/14/2006
Tracking Number	C-06-103174
Permit Number	06-2625
Permit Issue Date	8/8/2006

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone:

Contractor DEE RICHARDSON

Address 6250 LBJ FREEWAY DALLAS TX 75240

Telephone: (972) 387-3562 Fax: (972) 788-5211

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

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:

ALTERATION BUILD SHELVING UNITS

Certificate Comments:

☐ **Certificate of Occupancy**

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

☑ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

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

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

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

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

☐ Total removal of asbestos hazards in scope of work

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Construction Official

Fee: $0.00

Check Number:

Collected By: Stephanie Capozzi

Date Printed: 8/14/2006

PERMIT UPDATE

Date Update Issued 8/9/2006
Control # C-06-103695
Permit # 06-2625+A

IDENTIFICATION Block: 671 Lot: 8 Qualifier

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

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

Contractor: DEE RICHARDSON
Address: 6250 LBJ FREEWAY DALLAS TX 75240
Telephone: (972) 387-3562
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 75-1482994

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:
BUILD SHELVING UNITS

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

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$65
Check No.	6496
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/8/06
Permit # 06-2625

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

Block 671 Lot 9 Qualification Code
Work Site Location 54 CHAMBERS BRIDGE RD

Owner in Fee TUESDAY MORNING, INC
Address 6250 LBJ FREEWAY
DALLAS, TX 75240
Tel: (972) 387-3562
Contractor TUESDAY MORNING, INC (DEB RICHARDSON)
Address 6250 LBJ FREEWAY
DALLAS TX 75240
Tel. (972) 387-3562 FAX (972) 788-5211
Contractor License No. or Builder Registration No.
Federal Emp. No 75-1482994

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8/8/06	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8.9.06
Approved by: FM

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/9/06	FM
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1100.-

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
Build Shelving Units
See Revised O.L.
Fire Permit Also Required

COMMERCIAL

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 8-9-06

Date Issued
Permit # 06-2625+A

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

Block 671 Lot 8 Qualification Code ____

Work Site Location 56 Chambers Bridge Rd
TUESDAY MORNING

Owner in Fee Federal Realty Investment TRUST

Address 50 E Wynnewood Rd Suite 200
Wynnewood PA 19096

Tel (610) 896-5870

Contractor TUESDAY MORNING

Address 6250 LBJ Freeway
DALLAS TX 75240

Tel (972) 387-3562 FAX (____) ____

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

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

Fire Alarm Contractor No. ____

Federal Emp. No. 75-1482994

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 $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 8-9-06

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 8-11-06

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8-11-06	[signature]
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: Tenant Fit up

Water Supply Source EXISTING

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Shelving Tenant Fit Up		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		65

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 ▶	$ 36,073.84
1. Deduct windows, hardware, operating controls, electrical outlets and signage. ▶	$- 9,272.00
2. Deduct mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$-
3. Deduct the repair or installation of siding, roofing or other exterior wall treatment. ▶	$-
Remaining total cost of the project deducting **1., 2., & 3.** above. ▶	$ 26,801.84
Calculate 20% of the remaining total cost. ▶	$ 5,360.37

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.

Tuesday Morning
Everything 50% to 80% Off

August 3, 2006

Township of Brick, New Jersey
Attn: Frank Miser
401 Chambers Bridge Road
Brick, NJ 08723
Fax 732-262-8954

RE: Barrier Free Requirements

Dear Mr. Miser

I have attached the Barrier Free Requirements for the new Tuesday Morning store located at 56 Chambers Bridge Road, Brick Plaza.

The overall cost for the fixtures, equipment and signage is $36,073.84.
The cost of the signage is $9,272.00
This will leave a remaining cost of $26,801.84
20% of the remaining cost is $5,360.37

This 20% amount is to be used to make improvements in the "Path of Travel to the Primary Function Space".

Tuesday Morning Cash Wrap area cost $ 2,379.46

Tuesday Morning is a Tenant in the Brick Plaza Shopping Center, which is owned by Federal Realty Investment. As per the lease, the Landlord was responsible for the Tenant Improvements. The contractor for Federal Realty Investment has submitted a Barrier Free Requirement for the Improvements, and has complied with the 20% amount to make improvements in the "Path of Travel to the Primary Function Space". Tuesday Morning has not and will not do any alterations to the building.

If you have any questions, please feel free to contact me.

Thank you,

Cynthia Johnson
New Store Administrator

FAX

Tuesday Morning, Inc.
6250 LBJ FREEWAY
DALLAS, TX 75240

Date 8/3

NUMBER OF PAGES INCLUDING COVER SHEET 3

To: Frank Miser
Township of Buck

PHONE

FAX # 732-268-5454

CC:

From: Cynthia Johnson

PHONE 972-387-3562 x 713
800-457-0099

FAX # 972-788-5211

REMARKS:

☐ URGENT ☒ FOR REVIEW ☐ REPLY ASAP ☐ PLEASE COMMENT

KB Design Group, Inc.
113 West Jersey Avenue
Pitman, New Jersey 08071
856/589-3110 fax 856/589-1770

LETTER OF TRANSMITTAL

TO
Holiday Inn (Hotel Guest)
290 Route 37 East
Toms River, NJ 08753
732-244-4000

DATE	JOB NO.
7/20/06	06059

ATTENTION: **Dee Richardson**
RE: Tuesday Morning
Brick Plaza
Brick, NJ

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via FedEx First Del The following items:

☐ Shop Drawings ☒ Prints ☐ Sepia ☐ Samples ☐ Specifications

☐ Copy of Letter ☐ Change Order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
		2	Prints of signed and sealed Fixture Plan w/ Occupancy Loads

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submit ☐ Resubmit ___Copies for approval
☒ For you use ☐ Approved as noted ☐ Submit ___Copies for approval
☒ As requested ☐ Returned for corrections ☐ Returning ___Copies for approval
☐ For review and comment ☐ Copy of letter ☐ For Bids due _____

REMARKS:
The enclosed prints have forwarded per the request of Cynthia Johnson of Tuesday Morning, Inc. for your use.

COPY TO:

SIGNED: Ben Bonaccorso

IF ENCLOSURES ARE NOT AS NOTED,KINDLY NOTIFY US AT ONCE

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 103174

Resub 8-4-06

Resubmit 7/21/06

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 56 Chambers Bridge. rd.

DATE REVIEWED: 7-18-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: 317-299-4812 Att Dee

1) No Use Group
2) No Occupancy load
3) Details on Managers OFFice
4) Barrier Free inFo (See enclosed Sheet
5) No Architect

7-19-06 Spoke to Dee She will be in

See Attachd Note on "Vanella Box"

7-21-06 - Spoke to Jim O.L. Too High. see 1003.2.2 Effects plumbing No 20% ADA

8-2-06 Called Jim 609-685-3990 Twice

Frank/plan review template

Barrier Free Requirements - 20% Cost

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

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

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

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

WORKSHEET

Overall cost of the project: ▶ $_____

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

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

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

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

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1027
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

TO: Cynthia Johnson

FROM: Frank Mizer

COMPANY: Tuesday Morning

DATE: 8-3-06

FAX NUMBER: 972-788-5211

TOTAL NO. OF PAGES INCLUDING COVER: 2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

KB Design Group, Inc.
113 West Jersey Avenue
Pitman, New Jersey 08071
856/589-3110 fax 856/589-1770

7-21 Resubmit to Building

July 21, 2006

Frank Mizer
Building Subcode Official
Brick Township, NJ

PH: 732-262-1008
FAX: 732-262-8954

RE: Tuesday Morning
Brick Plaza
Brick, New Jersey

Dear Mr. Mizer:

Pursuant to your receipt of the copies of our plans earlier today, please accept this letter on my behalf as a correction to the Occupancy Load Calculation that was listed on those same plans. The correct Occupancy Load for this space should be 58 people (our plans submitted incorrectly listed 182 persons).

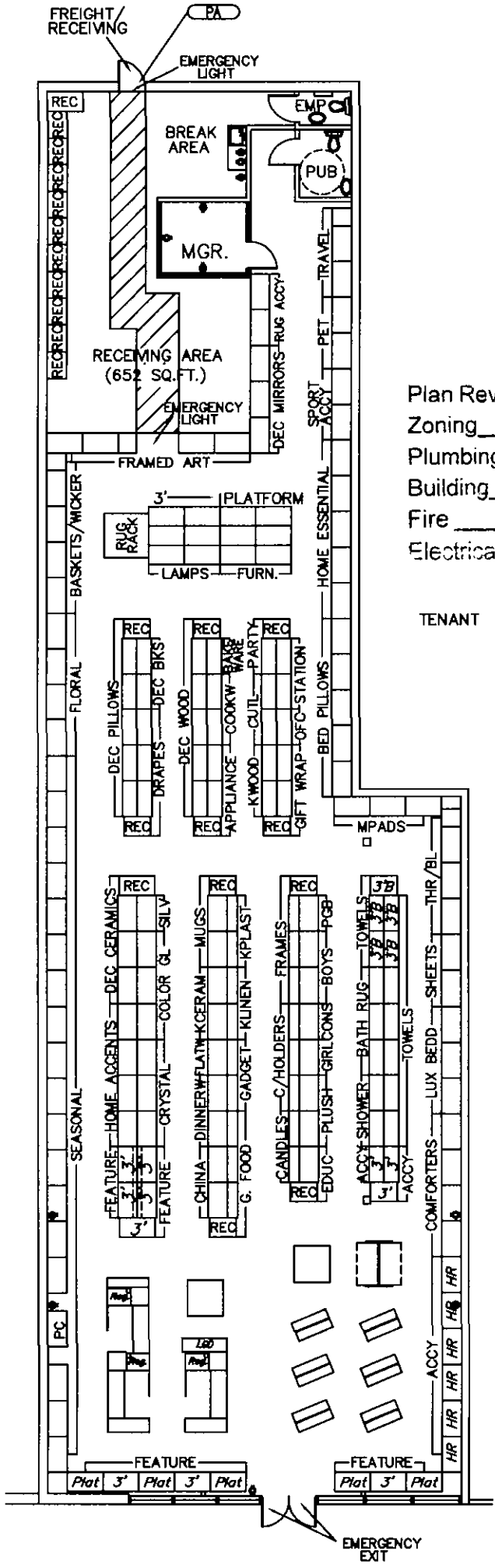
I hope this will satisfy your record file and please feel free to contact me should you need any further documentation.

Thank you for your assistance in this important matter.

Sincerely,

R G Stange

Richard Stange /KB Design Group, Inc.
Registered Architect



Brick Township

Plan Review Class Date By

Zoning _____

Plumbing _____

Building _____

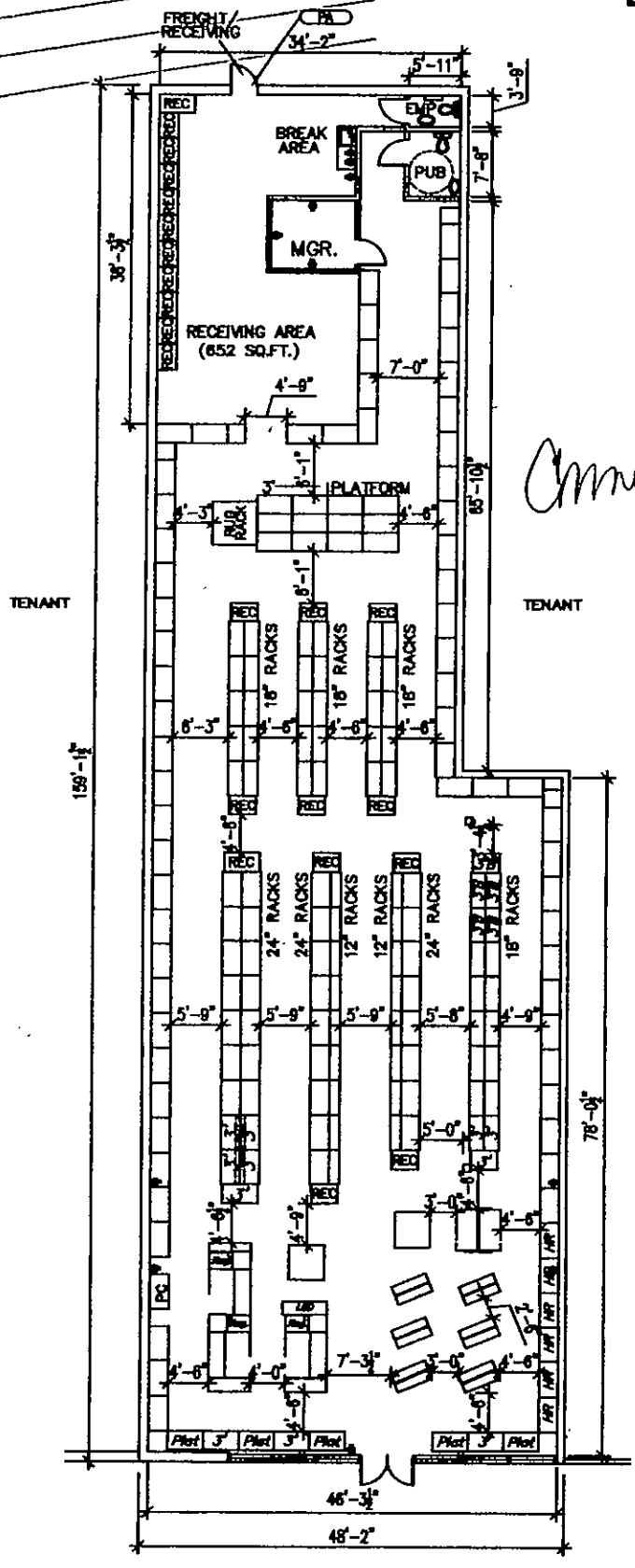
Fire _____

Electrical _____

TENANT

Brick Township
Plan Review Class Date By
Zoning
Plumbing
Building
Fire
Electrical

TUESDAY MORNING



On behalf of Tuesday Morning Inc.

CONNIE J. DALTON
Notary Public, State of Texas
My Commission Expires
March 15, 2009

FIXTURE COUNT:

72 – 8' RACKS	10 – 3'X2' REC
17 – 6' RACKS (12"W)	01 – 4'X2' REC
40 – 6' RACKS (18"W)	04 – 2'X2' END CAP
31 – 6' RACKS (24"W)	00 – 3'X18" CASCADING
03 – 3' RACKS (18"W)	02 – 4 WAYS
14 – 3' RACKS (24"W)	01 – H RACKS
05 – 3' BINS	01 – RUG RACK
06 – 4'X2' FEATURE	01 – 12"X36" RACK
11 – PLATFORMS	02 – 9" PLATFORM
	01 – LGD

10 – 3'X2' REC (stock room)
01 – 4'X2' REC (stock room)
03 CASHIER STANDS
03 2X2 CASHIER FIX.

TOTAL RACKS:	222
RACKS PER 1000 S.F.	
SALES:	42
GROSS:	34

SALES AREA:	5297
RECEIVING:	652
OTHER:	597
GROSS:	6546

FIXTURE PLAN

BRICK, NJ

BRICK PLAZA
BRICK, NJ

SQ.FT: 6546 | DATE: 06/05/06

STORE OPS APPROVED:

DRAWN BY: ZEKE OSORIO

NEW STORE: ☒ RELOCATION: ☐ EXPANSION: ☐

OPENING DATE: 0/0000

REVISIONS:

SCALE 3' 10' 1' 5' 20'

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