BLOCK 671 LOT 8 QUALIFICATION CODE C4-78 ADDRESS (SITE) 56 Chambers Bridge PERMIT NO. 00-0347

RECEIVED 2 4 2000 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

"The W/Z" Brick NJ 08723

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

I. IDENTIFICATION

1. Propsed Work Site at: The Wiz Brick Plaza Rt 70 + Chambers Bridge Rd 56 Chambers Bridge
2. Name of Owner in Fee: Federal Realty Investment Trust Tel. (301) 998-8100
   Address Suite 500, 4800 Hampden Lane Bethseda MD 20814 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: MID COM INC Tel. (718) 815-3375 call
   Address 422 MANOR ROAD, Staten Island NY 10314
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3231278 FAX: (718) 815-3376
5. Architect or Engineer MJ MACALUSO Assoc. Tel. (212) 355-6555
   Address 305 EAST 46th Street NY NY 10017
6. Responsible Person In Charge of Work Carmine Comitini
   Tel. (718) 815 3375 FAX (718) 815-3376

2/18/00

Alterations Interior Work

data lines will be updated

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 760		
2.	Electrical	160		
3.	Plumbing			
4.	Fire Protection	35	65	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	30		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 985		

IMPORTANT A.R.B.T. MANDATORY FEE - COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS (office use only)

COMMERCIAL

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 ____
10. Wetlands yes ____ no ____
11. Max. Live Load ____
12. Max. Occupancy Load ____

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work	4000								
2. ☐ New Building		JF			2-7-00	FM	4/20/00		OK
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection					2-4-00	KER	4/20/00		OK
6. ☐ Plumbing									
7. ☑ Electrical	6000				2 8 00	WW	6/12/00		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	10,000								

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

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

APPROVAL

LDS BR 10401445

U.C.C. F100-1 (rev 3/96)

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 Carmine Comitini

Address _____

MID-COM INC.
GENERAL CONTRACTORS
422 MANOR ROAD
STATEN ISLAND, NY 10314

Telephone (718) 815-3375

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. _____	_____	_____	_____	_____

0.00
760.00
16.00
35.00
36

BLOCK 671 #
LOT 8 #
BUILDING #
ELEC #

02/15/01 40.5

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/15/2000
Control #
Permit # 00-0347

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Telephone (301)998-8100

Contractor MID COM INC
Address 422 MANOR RD
STATEN ISLAND, NY 10314-
Telephone (718)815-3375
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3231278

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS TO "THE WIZ"
LARGER BREAK ROOM AND CABLE VISION AREA

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 $ 37,500

J. Curiazza/SC
Construction Official

02/15/2000
Date

PAYMENTS (Office Use Only)

Building	760
Electrical	160
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	30
Cert. of Occupancy	0
Other	
Total	985
Check No.	1018
Cash	
Collected By	SC

U.C.C. F170 (rev. 3/96)

0010
0347*#
BLOCK 671 #
LOT 8 #
FIRE 65.00
D.C.A. 2.00
TOTAL 67.00
CASH 67.00
CHANGE 0.00
02/18/00 NO. 5 0018A005 12:00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/18/2000
Control #
Permit # 00-0347+A
Permit Issued 02/15/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Telephone (301)998-8100

Contractor ALL STATE SPRINKLER CORP
Address 1869 WHITE PLAINS RD
BRONX, NY 10463-
Telephone (718)597-4060
Lic. No. or Bldrs. Reg. No. 354B
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REVISE AND MODIFY 4 EXISTING SPRINKLER HEADS AND PIPING

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	
Cash	X
Collected By	LRT

Estimated Cost of Work $ 2,500

J. Curiazza/Lot
Construction Official

02/18/2000
Date

U.C.C. 7190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(301)998-8100
Contractor MID COM INC
Address 422 MANOR RD
STATEN ISLAND, NY 10314-
Tele.(718)815-3375 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3231278

C. CERTIFICATION IN LIEU OF OATH

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

Signature

COMMERCIAL

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATIONS TO "THE WIZ"
LARGER BREAK ROOM AND CABLE VISION AREA

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-7-00	FH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/20/00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			2-17-00	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/20	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 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. $ 0
2. Alteration $ 30,000
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	760
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 760
DCA Training Fee	$ 24

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(301)998-8100
Contractor MID CON INC
Address 422 MANOR RD
STATEN ISLAND, NY 10314-
Tele.(718)815-3375 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3231278

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

INTERIOR ALTERATIONS TO "THE WIZ"
LARGER BREAK ROOM AND CABLE VISION AREA

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-7-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				✓
Other				
Final				
BarrierFree				

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		760
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 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. $ 0
2. Alteration $ 30,000
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 760
	DCA Training Fee	$ 24

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(301)998-8100
Contractor MID COM INC
Address 422 MANOR RD
STATEN ISLAND, NY 10314-
Tele.(718)815-3375 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3231278

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

INTERIOR ALTERATIONS TO "THE WIZ"
LARGER BREAK ROOM AND CABLE VISION AREA

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Req.
- [X] All — 2-7-00 — FM
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present N Proposed N
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 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. $ 0
2. Alteration $ 30,000
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$	0
[ ] Addition		0
[X] Alteration		760
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0 Height (exceeds 6')		0
[ ] Sign 0 Sq. Ft.		0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	760
DCA Training Fee	$	24

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR ELE
Address 302 DAKOTA ST
PATERSON, NJ
Tele.(973)523-9400
Lic. No. or Bldrs. Reg. No. 12838
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2 Sep 00
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
20		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
2		Emergency & Exit Lights	
4		Communications Points	
0		Alarm Devices/F.A.C. Panel	
49		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
3	14	HP/KW Space Heater/Air Handler	120
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 160
DCA Training Fee	$ 5

Paid [ ] Check #
Collected by:

U.C.C. #120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR ELE
Address 302 DAKOTA ST
PATERSON, NJ
Tele.(973)523-9400
Lic. No. or Bldrs. Reg. No. 12838
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2 8 00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6 12 00
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough	2-17-00		2-22-00	CO
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

4/20/00 5/1/00 6/12/00

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
20		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
2		Emergency & Exit Lights	
4		Communications Points	
0		Alarm Devices/F.A.C. Panel	
49		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
3	14	HP/KW Space Heater/Air Handler	120
0	0	Baseboard Heat	0
0	0	HP Motors 1/3 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 160
DCA Training Fee	$ 5

U.C.C. F120 (rev. 3/96)

2-12-00
LIST PANEL
M.C. CONECTORS
SUPORT MC

1

4/20/00

COVER FLOOR OUTLETS -
3 SCREWS IN ~~[illegible]~~ mubahny COVERS
2- DUO RECEPTACLES

ID MAIN BREAKER TO SUB PANEL

COMMERCIAL

5/4/00 MAIN BREAKER LABLED OK
4x4 3-SCREW PLATES IN OK
SUB PANEL ROOM LOCKED -
DEAD RECEPTACLE - AND DEAD BOX NOT BLANKED OFF

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR ELE
Address 302 DAKOTA ST
PATERSON, NJ
Tele.(973)523-9400
Lic. No. or Bldrs Reg. No. 12838
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2/15/00
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
20		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
2		Emergency & Exit Lights	
4		Communications Points	
0		Alarm Devices/F.A.C. Panel	
49		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
3	14	HP/KW Space Heater/Air Handler	120
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 160
DCA Training Fee $ 5

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE P[illegible]ECTION
TECH[illegible]TION

Received 02/03/2000
Issued 2/15/00
C[illegible] #C4-78
F[illegible] 0-0347

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIL
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(973)523-9400 Fax (__)
Contractor NORTHSTAR ELE
Address 302 DAKOTA ST
PATERSON, NJ
Tele.(973)523-9400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-4-00
Approved By: ECB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity 0 Fuel

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other EXIT/EMER LIGHT		35
Other		0

Interior reconfiguration only from sprkr

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/17/2000
Date Issued ~~01/01/1984~~
Control # 2-18-00
Permit # 00-0347+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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(718)597-4060 Fax (718)597-0090
Contractor ALL STATE SPRINKLER CORP
Address 1869 WHITE PLAINS RD
BRONX, NY 10463-
Tele.(718)597-4060
Lic. No. or Bldrs. Reg. No. 354B
Federal Emp. No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,500

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

Remodle Plan on File

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ]~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 2-17-00
Approved By: KLR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	4	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

RELOCATE 2
ADD 2

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 65
	DCA Training Fee	$ 2

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR ELE
Address 302 DAKOTA ST
PATERSON, NJ
Tele.(973)523-9400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 2-4-00
Approved By: EJA

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-20-00
Approved By: EJA

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			4-20-00	BB
Other			4-20-00	BB

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

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Reaction Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other EXIT/EMER LIGHT		35
Other		0

Interior reconfiguration only
Fees spec'd

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

COMMERCIAL COPY

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/17/2000
Date Issued ~~01/01/1954~~
Control # 2-18-00
Permit # 00-0347+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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele (718)597-4060 Fax (718)597-0090
Contractor ALL STATE SPRINKLER CORP
Address 1869 WHITE PLAINS RD
BRONX, NY 10463-
Tele (718)597-4060
Lic. No. or Bldrs Reg No 354R
Federal Emp. No. [redacted]

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,500

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

Remodle Pkg Rec'd

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ]~~ No Plans Required.
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 2-17-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO			4-20-00	
Final			4-20-00	
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.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		RELOCATE 2 ADD 2
Alarm Devices(smoke heat pulls water/flow)	0	
Supervisory Devices (tampers low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	4	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	2

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/17/2000
Date Issued ~~01/01/1934~~ 2-18-00
Control
Permit # 00-0347+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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY/THE MIA
Address SUITE 500; 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(718)597-4060 Fax (718)597-0090
Contractor ALL STATE SPRINKLER CORP
Address 1869 WHITE PLAINS RD
BRONX, NY 10462-
Tele.(718)597-4060
Lic. No. or Bldrs. Reg. No. 354B
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,500

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

Remodle on FILE

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ]~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 2-17
Approved By: KW
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supery

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	REWCATE 2 ADD 2
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	4	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 65
	DCA Training Fee	$ 2

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/03/2000
Date Issued 2/15/00
Control # C4-78
Permit # 00-0347

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 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY/THE WIZ
Address SUITE 500, 4800 HAMPTEN LN
BETHSEDA, MD 20814-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR ELE
Address 302 DAKOTA ST
PATERSON, NJ
Tele.(973)523-9400
Lic. No. or Bldr [redacted]
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 2-4-03
Approved By: EAB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other EXIT/EMER LIGHT		35
Other		0

Interior reconfiguration only fully sprink

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

M. J. Macaluso & Associates
ARCHITECTS
305 East 46th Street
New York, NY 10017
212-355-6555

****
****

FACSIMILE TRANSMITTAL

FAX: 212-355-6919

DATE: 2/04/2000

TO: MR. FRANK MIZER
BRICKTOWN BUILDING DEPARTMENT

FROM: FRANK A. SRATKOWSKI

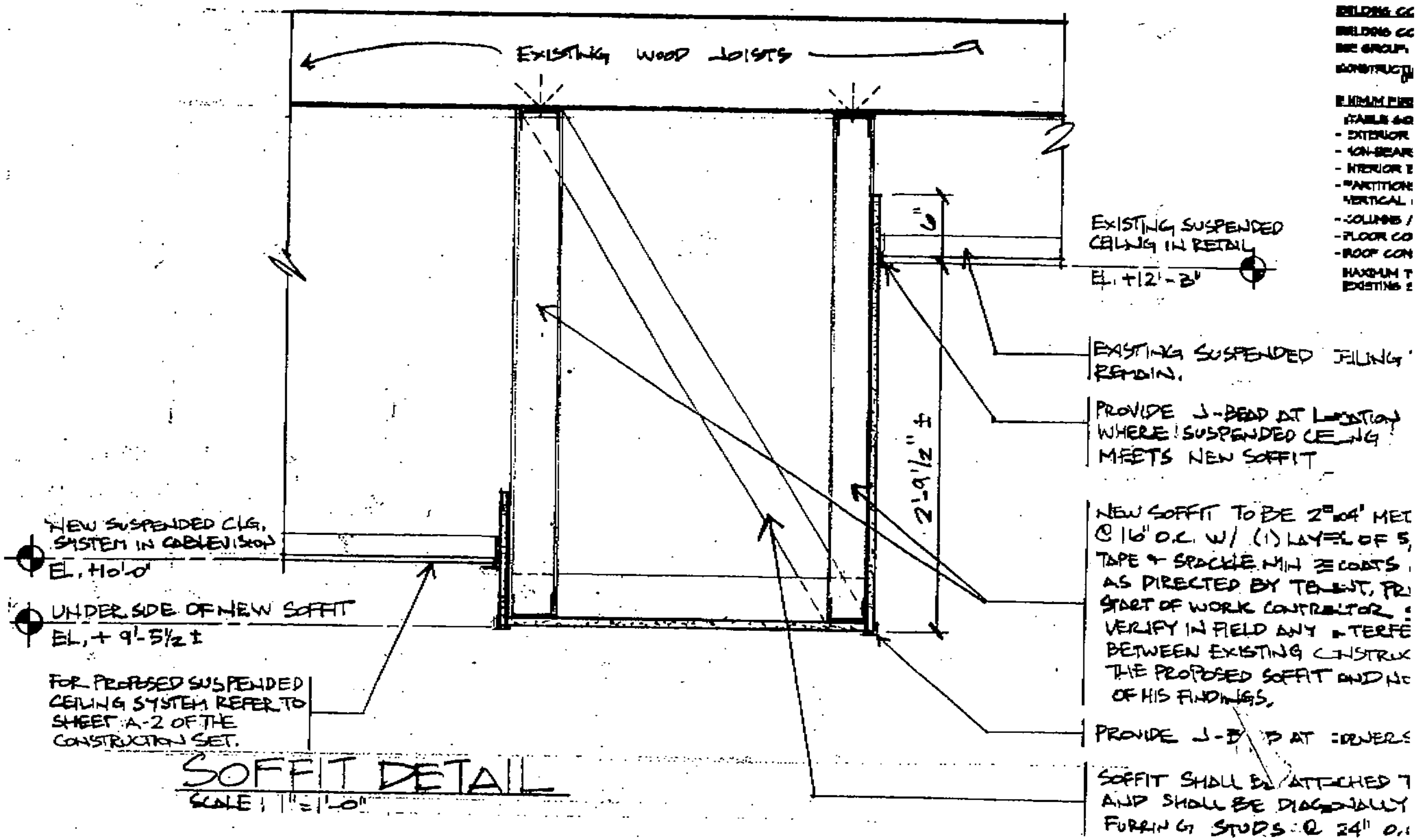
RE: THE WIZ : BRICKTOWN, N.J.
SOFFIT DETAIL

PAGES TRANSMITTED (INCLUDING THIS PAGE) 2

COMMENTS: ENCLOSED PLEASE FIND A TYPICAL SOFFIT DETAIL FOR THE ABOVE REFERENCED PROJECT. IF YOU REQUIRE ADDITIONAL DETAILS OR INFORMATION PLEASE DO NOT HESITATE TO CALL.

Frank A. Sgattoni

Any problems? Please call 1-212-355-6555



THE WIZ
YOUR TICKET TO ENTERTAINMENT

PROJECT LOCATION: THE WIZ : BRICKTOWN, N.J.
BRICKTOWN PLAZA
BRICKTOWN, N.J.

SHEET TITLE:
SOFFIT DETAIL AT CABLEVISION

MJ Macaluso & Associates
ARCHITECTS

DE ANALYSIS

DE: 1996 BOCA NATIONAL BUILDING CODE
MERCANTILE - 'M' (EXISTING)

ON CLASS: TYPE 2A (EXISTING)
ROTECTED) (NO SECTION 603.0)

E RESISTANT REQUIREMENTS FOR STRUCTURAL ELEMENTS

2)
WALLS - 2 HR.
NG WALLS - 0 HR.
EARING WALLS & PARTITIONS - 1 HR.
S AT SHAFTS / STAIRWAY / HOISTWAYS,
OPENINGS, CORRIDORS - 2 HR.
BEAMS / GIRDERS / TRUSSES - 1 HR.
NSTRUCTION - 1 HR.
STRUCTION - 1 HR.
RAVEL DISTANCE (1006.5) - 250 FT.
PRINKLERED BUILDING)

TO

AL STUDS
/8" GYP. BD
AND FINISH
ODE TO
SHALL
RENCES
TION AND
TIFY ARCHITECT

S (TYP).

D EXISTING WOOD FINISH
SUPPORTED W/ METAL
L.

DATE:	PROJECT#:	SHEET NUMBER
02/04/2000	99437-26	SK-3
DRAWN BY: F.A.S.	SCALE: 1/8"=1'-0"	

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 2-04-00

JURISDICTION The Wiz
(City, County, Township, etc.)

BUILDING LOCATION _____
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Architectural Plans Have Note That Concerns "New SOFFIT" In CABle-usion Area, BUT NO Plans.	
	Will This Be Hung From Top Chord OF BAR-JOIST ? Please Provide	
	Section Drawing Showing Construction As well as Hangers	

Spoke TO Builder

06/93

DIRECTIONS FOR PERMIT FILING

1.EATONTOWN BUILDING DEPT
732 389-7615

TAKE GARDEN STATE PARKWAY SOUTH TO EXIT 105 GO 3 LIGHTS 3RD LIGHT WILL BE WYCKOFF RD MAKE RIGHT YOU WILL BE ON RTE 35 GO DOWN TILL YOU SEE RTE 71 MAKE A RIGHT BUILDING BE ON LEFT SIDE NEXT TO FIRE HOUSE
47 BROAD STREET

2. BRICK BUILDING DEPT
732 262-1027

TAKE THE GARDEN STATE PARKWAY SOUTH TO EXIT 91 WHEN YOU GET OFF THE EXIT YOU WILL BE ON RTE 549 STAY IN RIGHT LANE ABOUT 3 MILES TILL YOU SEE THE JUGHANDLE SO YOU WILL BE BACK THE OPPOSITE WAY AND YOU FIND WITHIN 2-5 MIN'S
401 CHAMBERBRIDGE RD

3. LAWRENCEVILLE BUILDING DEPT
609-844.7060

TAKE RTE 1 SOUTH TO 295 NORTH TO 206 SOUTH GO AROUND THE JUGHANDLE AND GO OVER THE BRIDGE THE BILDING WILL BE ON THE RIGHT SIDE IF YOU GET TO RYDER UNIVERSITY YOU WENT TO FAR

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS 47 Hamilton Ave (A
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Wine Retail

APPLICANT DiDomi Inc. PHONE NUMBER (718) 815-9577
APPLICANT ADDRESS 466 Lincoln Pl. CITY & STATE Staten Island NY
PERMIT # CH-78 NAME OF BUSINESS The Wine

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 15,500.00 Date 5-11-00

Estimated Required Fee $ 155.00

Required Deposit on Estimate $ 62.00 Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5-9-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 611 LOT 8 SITE ADDRESS 56 Chambers Bridge Rd.

TYPE OF SITE _____ TYPE OF BUSINESS The Luz
(Residential/Commercial)

APPLICANT Laborers Inc. CITY & STATE Staten Island, NY

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 12,500 "C"

Frederick R. Millman, CTA, Tax Assessor

5/9/00
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

M.J. Macaluso & Associates
ARCHITECTS
305 East 46th Street
New York, NY 10017
212-355-6555

****
****

FACSIMILE TRANSMITTAL

FAX: 212-355-6919

DATE: 2/18/00

TO: THOMAS OLSEN

FROM: JOHN SCHESCHWICZ
PROJECT ARCHITECT

RE: W12-BROOKLYN

PAGES TRANSMITTED (INCLUDING THIS PAGE) 3

COMMENTS:

PERMIT #00-0347 (previously 0342)

Any problems? Please cal 1-212-355-6555

M.J. Macaluso & Associates
ARCHITECTS

305 East 46th Street
New York, NY 10017-3058

212 355 6555
212 355 6919 fax
e-mail: mjmacaluso@mindspring.com

February 18, 2000

00-0347
Block 671
Lot 8

Memorandum

To: Mr. Thomas Olsen
Town of Bricktown

From: Michael J. Macaluso, R.A.

Re: The Wiz
Bricktown, NJ
Architect's Project #99437-28

Based upon the existing conditions, installation of the proposed electric subpanel and respective wiring without grounding conductor will not interfere with the harmonics of the existing store equipment, lighting, outlets, etc.

Michael J. Macaluso, R.A.
M.J. Macaluso & Associates

Facsimile

cc: Mr. Charles Better, The Wiz
Mr. Carmine Comitini, Mid-Com

M.J. Macaluso & Associates
ARCHITECTS
305 East 46th Street
New York, NY 10017-3058
212 355 6856
212 355 6919 fax
e-mail: mjmacaluso@mindspring.com

February 18, 2000

00 0342
Block 671
Lot 8

Memorandum

To: Mr. Thomas Olsen
Town of Bricktown

From: John J. Scheschareg, R.A.
Project Architect
M.J. Macaluso & Associates

Re: The Wiz
Bricktown, NJ
Architect's Project #99437-28

The Contractor has informed me of the new electric subpanel to be installed in relation to the interior alteration to The Wiz.

Attached find drawing ELEC-1 indicating the location of the proposed subpanel (signed and sealed).

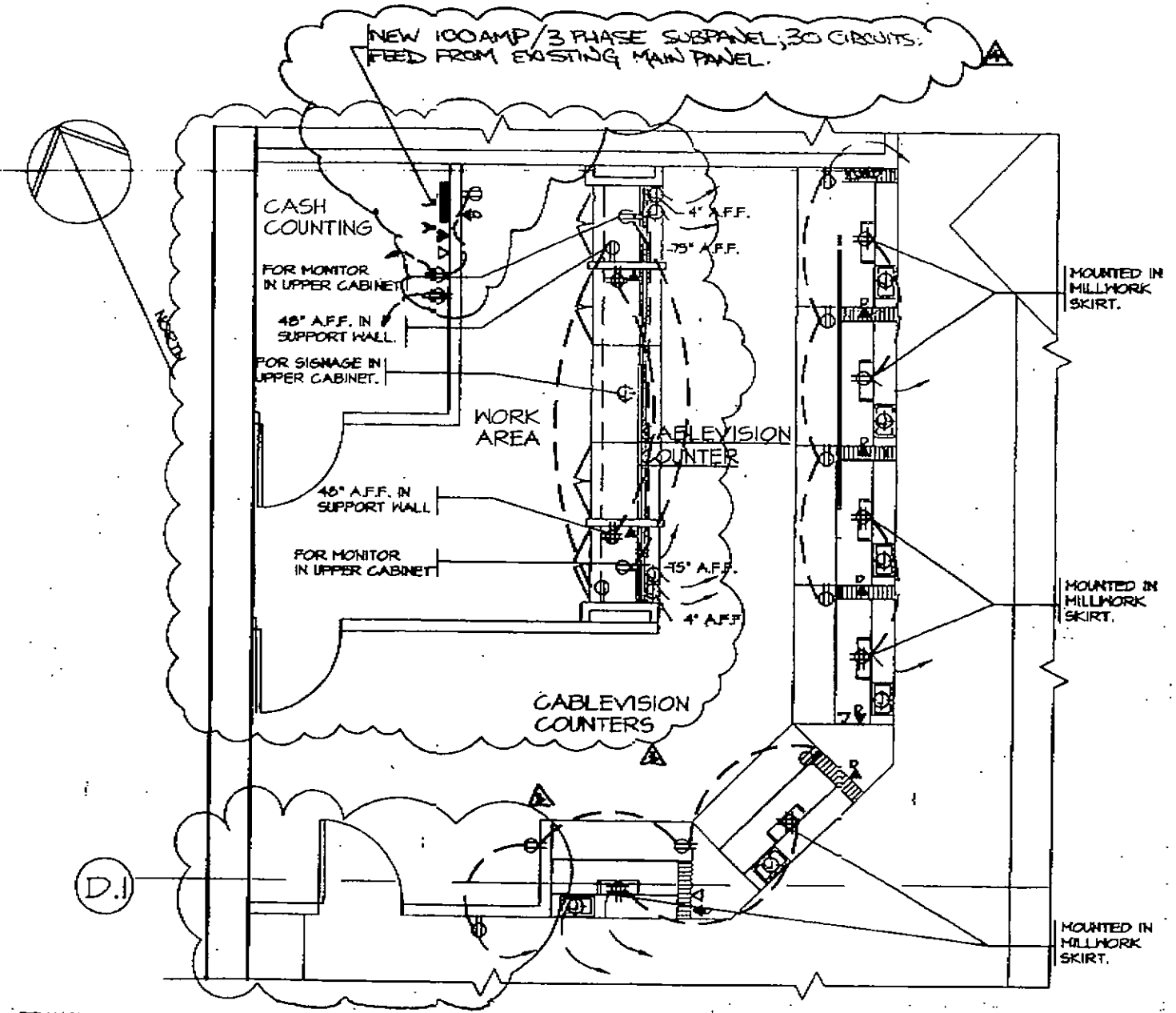
The Contractor will be hand delivering the original signed and sealed drawings to you on Monday morning. We herewith respectfully ask that work and sign-off continue in an expeditious manner. We apologize for the exclusion of this subpanel on our original documents.

If there is any way our office may assist you, contact us at your convenience.

Facsimile

cc: Mr. Carmine Comitini, Mid-Com
Mr. Charles Better, The Wiz

JJS:dr

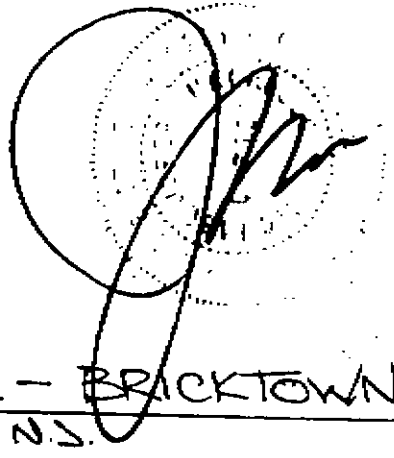


BRANCH CIRCUIT NOTES:

- CIRCUITING ARE FOR REFERENCE ONLY AND INDICATE THE OUTLETS REQUIRED TO BE CONNECTED TO DESIGNATED CIRCUITS.
- THE CONTRACTOR IS RESPONSIBLE FOR DETERMINING AND PROVIDING THE ACTUAL NUMBER OF CONDUCTORS REQUIRED FOR ALL BRANCH CIRCUIT WIRING TO SERVE THE INTENDED FUNCTION.
- THE CONTRACTOR IS RESPONSIBLE FOR PROPERLY BALANCING LOADS DURING CONSTRUCTION OF THIS AREA.
- FURNISH AND INSTALL JUNCTION BOXES AS REQUIRED FOR ROUTING OF BRANCH CIRCUIT HOMERUN FROM OUTLETS IN CABINET WORK TO ELECTRIC PANEL.
- CONTRACTOR SHALL CHASE FLOOR FOR (2) ONE INCH CONDUITS. ONE CONDUIT SHALL BE 120v POWER CIRCUIT TO FLOOR MOUNTED DUPLEX RECEPTACLE AND THE SECOND CONDUIT SHALL BE FOR DATA AND SIGNAL CABLES. PATCH FLOOR WITH EPOXY GROUT. COORDINATE WITH TENANT.

THE WI
BRICKTOW
ELEC-1
ELECTR
SCALE: 1/4" =

305 EAST 46TH
NEW YORK, N.
212-355-6555
JJS 2/18/



Z – BRICKTOWN
S, N.J.

—
ICAL POWER PLAN
'-0"

Macaluso & Associates
ARCHITECTS

STREET
. 10017

∞ ⚠

"The N12"

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 56 Chambersbridge Block 671 Lot 8

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING	APPROVED	4/20/00 OK
PLUMBING	APPROVED	N/A
FIRE	APPROVED	4/20/00 OK
ELECTRIC	APPROVED	6/12/00 OK
ENGINEERING	APPROVED	N/A
O.C.SOIL	APPROVED	N/A

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AHBT FINAL APPROVAL

AFFORDABLE HOUSING.....
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 611 LOT 8 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial) TYPE OF BUSINESS wiz & hat

APPLICANT [illegible] PHONE NUMBER (718) [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # C4-74 NAME OF BUSINESS The Wiz

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X ◊ Commercial is .01 %

Estimated Assessment $ 12500.00 Date 2-11-00
Estimated Required Fee $ 125.00
Required Deposit on Estimate $ 62.50 Date 2-14-00
Check # 5338 Receipt # 8508
Actual Assessment $ 12500.00 Date 6-19-00
Actual Required Fee $ 125.00
Minus Deposit of Estimate $ 62.50
Balance Due $ 62.50 Date 7-24-00
Check # 1681 Receipt # 8729
Amount Paid In Full $ 125.00

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 2-9-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS 56 Chambers Bridge Rd

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS The Wiz

APPLICANT MIDCOM INC. CITY & STATE STATEN ISLAND, NY

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 12,500 42

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

2/9/00

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 12,500 42

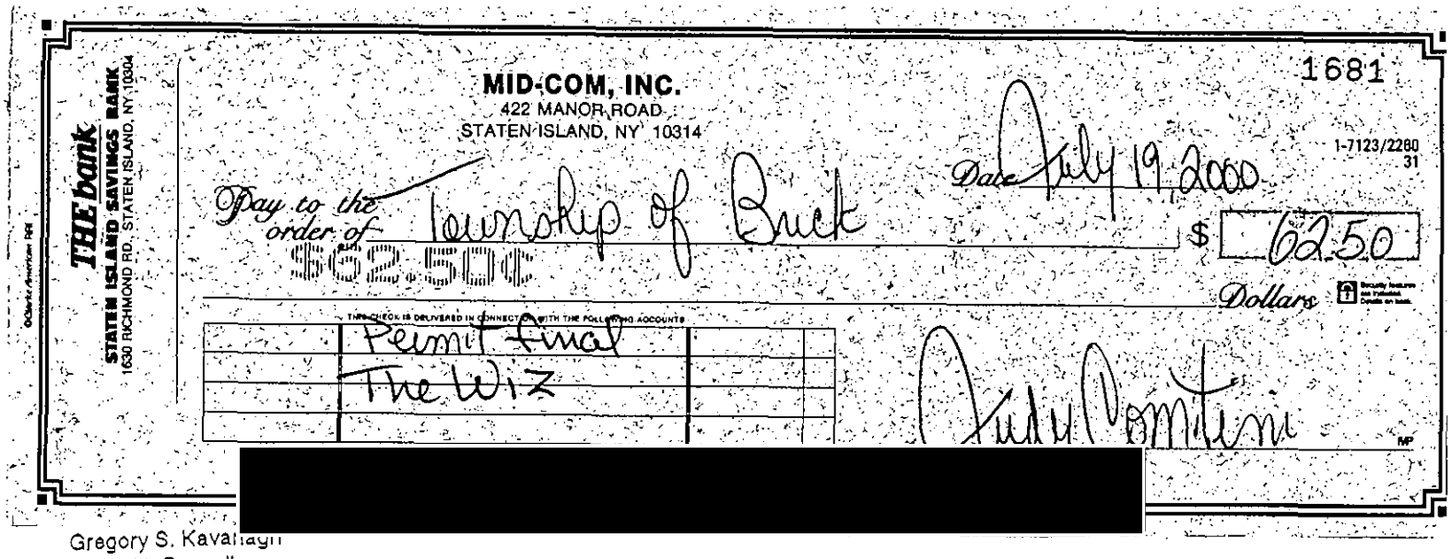
Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

6/19/00

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold



THE bank
STATEN ISLAND SAVINGS BANK
1630 RICHMOND RD., STATEN ISLAND, NY 10304

MID-COM, INC.
422 MANOR ROAD
STATEN ISLAND, NY 10314

1681

1-7123/2260
31

Date July 19, 2000

Pay to the order of Township of Buck

$ 62.50

Dollars

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

Permit Final
The Wiz

[redacted]

Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 7-24-00

Business/Development: The Wiz

Owner/Applicant: Mid-Com Inc.

Property Address: 56 Chambers Bridge Rd

Block: 671 Lot: 6

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 1681

Final Fee $ 125.00

Less Deposit $ 62.50

Final Payment $ 62.50

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

7/24/00
Date

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: The Wiz - Brick Plaza Rt 70 + Chambers Bridge Rd Brick NJ 08723
Block: _____ Lot: _____
Owner's Name: Federal Realty Investment Trust
Owner's Mailing Address: Suite 500, 4800 Hampden Lane, Bethesda MD 20814

Phone: (301) 998-8100

BUILDING

Contractor: MD Com Inc
Address: 422 MANOR ROAD
Staten Island NY 10314
Phone#: 718-815-3375
Lis #
Federal Emp # or SSN 22-3231278

Technical Data

Description of Work:

X

Larger Break Room
+
CABLE VISION AREA

Type of Work

___New Building	___Siding
___Addition	___Fence
✓Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Estimated Cost of Building Work: X 30,000

Signature: X
Please Print Name X Peter Sellitto

ELECTRICAL

Contractor: Northstar Elec
Address: 302 Dakota St
Paterson NJ
Phone#: 973-523-9400
Lis #: 12838
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	20
Receptacles	20
Switches	3
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	2
Communication Points	4
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	3 At 14 Kw-ea KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 6000.00

Signature: Michael Hanak
Please Print Name Michael Hanak

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: X North Star Elc
Address: X 302 Dakota St
Paterson NJ
Phone #: 973 523 9400
Lis #: 12838
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: Emergency & exit lites

Estimated Cost of Fire Work X 1500 ~~00~~

Signature: X Michael Hanak

Print Name: X Michael Hanak

MID-COM INC.
422 MANOR ROAD
STATEN ISLAND, NY 10314

5338

1-7123/2280
31

DATE 2-11-00

PAY TO THE ORDER OF Town of Bucks $ 62.50

DOLLARS

THE bank
STATEN ISLAND SAVINGS BANK
1630 RICHMOND RD., STATEN ISLAND, NY 10304

FOR [redacted]

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 2-14-00

Business/Development: The W.Z

Owner/Applicant: Mid-Com Ins

Property Address: 56 Chambers Bridge Rd

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
~~Residential~~
Inclusionary Development Fee

Check Number 125.00

Estimated Fee $ 62.50

Deposit Amount $ 62.50

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature _____ Date 2/14/00

732-489-5562
JOHN LEUCI
CALL WHEN READY

Counter Form
PLEASE PRINT

Bl 671 Update
Lt 8
00 0347
HA

PLUMBING ✓

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work

Signature:

Please Print Name:

FIRE ✓

Contractor: ALLSTATE SPRINKLER CORP
Address: 1869 WHITE PLAINS RD
BRONX NY 10462
Phone #: 718-597-4060 FAX # 718-597-0090
Lis #: 354B
Federal Emp # or SSN [redacted]

Technical Data

Description of Work: REVISE AND MODIFY 4 EXISTING SPRINKLER HEADS & PIPING

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

Water Supply Source EXISTING
Method of Valve Supervision "
Local Alarm Supervision "
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
existing being removed (2) ADDING (2)	
Wet Sprinkler Heads	4-SPRINKLER HEADS
Dry Sprinkler Heads	
Total	4
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work 2500.00 XX

Signature: Howard Goodrich

Print Name: HOWARD GOODRICH

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

00-0347 T

Site Location:_____
Block:_____ Lot:_____
Owner's Name:_____
Owner's Mailing Address:_____
_____
Phone: (_____)_____

BUILDING

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq f

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Estimated Cost of Building Work:_____

Signature:_____

Please Print Name_____

ELECTRICAL

Contractor:_____
Address:_____
_____
Phone#:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:_____

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL