468 1 C28-2

BLOCK ~~27~~ 468 LOT ~~2,46,8,11~~ ADDRESS (SITE) Brick Plaza PERMIT NO. 98-4304

RECEIVED 20K
SEP 04 1998
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick Plaza Center / Hollywood Video
2. Name of Owner in Fee: Federal Realty Trust Tel. (301) 998-8100
   Address 1626 E Jefferson St. (street) Rockville Maryland (municipality) 08736 (zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Jaycee Const. Corp. Tel. (732) 223-5320
   Address 35 Colby Ave Manasquan NJ 08736
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. 22-279-7171 Social Security No. ______
5. Architect or Engineer Dietz + Associates Tel. (973) 994-9885
   Address 5 Regent St Suite 509 Livingston NJ 07039
6. Responsible Person in Charge of Work Tom Moore Tel. (732) 223-5320 Ext 24

new / Hollywood Video

II. PROPOSED WORK

Proposed Work	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	303,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	5000
8. ☒ Electrical	13000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	315000.00

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
New Building	[illegible]			11/29/98	FM			
Plumbing	Resubmitted 9/28/98			12-5-98	[illegible]			
Electrical				12-4-98	[illegible]			
				12-9-98	[illegible]	4/12/99		ok
	ENG	10/29/98		10/29/98	[illegible]			

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

V. FEE SUMMARY (for office use only)

			1A Update	1B Update
1. Building	$	3750		See letter jacket
2. Electrical		241	40	
3. Plumbing		30		
4. Fire Protection		70		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		240		
10. Subtotal	$			
11. Cert. of Occupancy		X 414		
12. Other ZPA + DP		$20		
13. TOTAL	$	4781	40	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	22'10" ft.	
3. Area—Largest Floor	6,000 sq. ft.	
4. New Building Area	~~12,000~~ 6,000 sq. ft.	
5. Volume of New Structure	250,000 cu. ft.	
6. Construction Classification	2C Non	
7. Total Land Area Disturbed	12,000 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load		

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: Video Store
2. Use Group: M
3. Change in Use Group, Indicate Former:

AMDT PRELIMINARY APPROVAL

ADMT FEE - COMMERCIAL

LDS BR 10303842

U.C.C. Form F-100B

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. (X) 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 New Jersey 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.

(X) Check if contractor.

Agent Name Tom Moore JAYCEE CONST. CORP.

Address 35 COLBY AVE MANASQUAN NJ 08736

Telephone (732) 223-5320

Signature Tom Moore Date 9-04-98

OFFICE DATE RECEIVED: _____

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

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/16/98
Control #
Permit # 98-4304

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA HOLLYWOOD VID
NEW BUILDING
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 16-5208600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW HOLLYWOOD VIDEO STORE BEHIND BRICK PLAZA

PAYMENTS (Office Use Only)

Building	3,750
Electrical	247
Plumbing	30
Fire Protection	70
Elevator Devices	0
Other	
DCA Training Fee	240
Cert. of Occupancy	414
Other Zlot 4781	30
Total	~~4,751~~
Check No.	7524
Cash	
Collected By	A.

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 $ 321,100

J Curuzzi 12/16/98
Construction Official — Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/16/98
Control #
Permit # 98-4304+A
Permit Issued 12/16/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA HOLLYWOOD VID
TEMP SERVICE 100 AMP
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Telephone (732)477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 15-7301631

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TEMP SERVICE 100 AMP TO HOLLYWOOD VIDEO

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	7524
Cash	
Collected By	AJP

Estimated Cost of Work $ 600

Construction Official

12/16/98
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/08/99
Control #
Permit # 98-4304+C
Permit Issued 12/16/98

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location 1060 CEDAR BRIDGE AVE HOLLYWOO
FIRE SPRINKLER SYSTEM
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor MAC SPRINKLER INC
Address 2811 BRISTOL PIKE
BENSALEM, PA 19020-
Telephone (215)245-0133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2885967

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE SPRINKLER SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	120
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	120
Check No.	2022
Cash	
Collected By	CS

Estimated Cost of Work $ 14,000

J Cunanzza / WS
Construction Official

04/08/99
Date

U.C.C. F190 (rev. 3/96)

0002
984304**
BLOCK 468 # 0.00
LOT 1 # 0.00
ELETRIC* 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
04/20/99 NO. 5 00134005 10:55

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/20/99
Control #
Permit # 98-4304+D
Permit Issued 12/16/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location 1060 CEDAR BRIDGE AVE HOLLYWOO
COMMUNICATION POINTS
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor THE INSTALLER
Address 24680 ROANOKE
OAK PARK, MI 48237-
Telephone (248)705-8897
Lic. No. or Bldrs. Reg. No. 482
Federal Emp. No. 36-5661850

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
COMMUNICATION POINTS

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1274
Cash	
Collected By	WP

Estimated Cost of Work $ 4,000

J. Cuniazza
Construction Official

04/20/99
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/09/99
Control #
Permit # 98-4304+J
Permit Issued 12/16/98

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location 1060 CEDAR BRIDGE AVE HOLLYWOO
PLUMBING FIXTURERS
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor APOLLO SEWER & PLUMBING
Address 110 WEST FRONT ST.
KEYPORT, NJ 07735-
Telephone (908)264-3666
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2347261

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PLUMBING FIXTURERS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	CS

Estimated Cost of Work $ 2,000

Construction Official

06/09/99
Date

U.C.C. #190 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 671 Lot 2, 4, 6, 8, 11
Work Site Location Brick Plaza Shopping Center Pad M of Cedar Bridge and Route 70
Owner in Fee Fedbrac Realty Trust
Address 1626 E Jefferson St.
Rockville Maryland 20852
Tele. (301) 998-8100
Contractor Jayeff Const. Corp.
Address 35 Colby Ave
Manasquan NJ 08736
Tele. (732) 223-5320 Fax (732) 223-6086
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-279-7171

Change Contractor 11/04/04

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 Thomas Moore

N/a

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW BUILDING
HOLLYWOOD VIDEO

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

[ ] Demolition

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

Use Group Present Merc Proposed Merc
Constr. Class Present 2C Non Proposed 2C Non
No. of Stories 1
Height of Structure 22' 10" Ft.
Area — Largest Floor 6000 Sq. Ft.
New Bldg. Area/All Floors 6,000 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed 12,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 303,000
2. Alteration $ _____
3. Total (1+ 2) $ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/28/98
Date Issued 12/16/98
Control # C28-2
Permit # 98-434

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA HOLLYWOOD VID
NEW BUILDING
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(301)998-8100
Contractor SAR-SER INC.
Address 198 N MAIN ST
WILKES BARRE, PA
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 16-5208600

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[X] All 11-23-98 Emp
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 23 Ft.
Area Largest Floor 6,000 Sq. Ft.
New Bldg. Area/All Floors 6,000 Sq. Ft.
Volume of New Structure 150,000 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 303,000
2. Alteration $ 0
3. Total (1+2)$ 303,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

NEW HOLLYWOOD VIDEO STORE BEHIND BRICK PLAZA

charge of contractor 11/20/98
Footing & Foundation & Frame only
Per Joe Coviazza, must update For Tenant
FM

TYPE OF WORK		FEE (Office Use Only)
[X] New Building		$ 3,750
[ ] Addition		0
[ ] Alteration		0
[ ] 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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 3,750
	DCA Training Fee	$ 240

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

Hollywood Video

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 671 Lot 2,4,6,8,11
Work Site Location Brick Plaza ccnter
Cedar Bridge and RT 70
Owner in Fee Federal Realty Trust
Address 1626 E Jefferson ST
Rockville Maryland 20852
Tele. ( )
Contractor Pro Maintenance
Address 1766 Hwy 34
Farmingdale, NJ. 07727
Tele. (732) 280-6700
Lic. No. 6629
Federal Emp. No. 223-430-998 or Social Security No.

Change of Contractor 9/11/01 New Tech.

B. ELECTRICAL CHARACTERISTICS

Use Group Present — Proposed M
[ ] Pole/Pad # P [ ] Temporary [ ] Other
Building Occupied as Utility Co. GPU
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. 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.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE		ITEM	FEE (Office Use Only)
16			Fixtures (1)	
6			Receptacles (2)	
2			Switches (3)	
24			Total 1 + 2 + 3	
-		Kw	Range	
-		Kw	Oven(s)	
		Kw	Surface Unit	
		hp	Dishwasher	
		hp	Garbage Disposal	
		Kw	Dryer	
3	7.5 Ton	Kw	A/C Unit	
			Burglar Alarms	
			Intercoms Panels	
3			Smoke Detectors	
-		hp	Whirlpool/spa	
-			Pool Bonding	
		hp	Pool Filter Motor	
			Pool Lights	
		Kw	Water Heater(s)	
		Kw	Central heat: oil, gas or elec.	
		Kw	Baseboard Heat Units	
			Thermostats	
		hp	Heat Pump	
		hp	Pump(s)	
		Amp	Motor Control Center/Sub Panels	
			Signs	
			Light Standards	
		hp	Motors—Fractional H.P.	
		hp	Motors—All Others	
		Kw	Transformers	
		Kw	Generators	
1	200	Amp	Service Entrance	
			Other	

120-208 3P

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

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

468 ⟷ 1

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/16/98
Date Issued 12/16/98
Control #
Permit # 98-4304+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 2 Qual

Work Site Location BRICK PLAZA HOLLYWOOD VID
TEMP SERVICE 100 AMP

Owner in Fee FEDERAL REALTY TRUST

Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-

Tele.(732)477-1725 Fax ( )

Contractor ITS ELECTRICAL CONT

Address 566 MICHELLE PL
BRICK, NJ 08723-

Tele.(732)477-1725

Lic. No. or Bldrs. Reg. No. 11930

Federal Emp. No. 15-7301631

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed H

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/16/98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv			1 11 99	
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued 1 11 99
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

E. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
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
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
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	$	40
DCA Training Fee	$	0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/08/99
Date Issued ~~01/01/54~~
Control # 4-20-99
Permit # 98-4304+D

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

Block 468 Lot 1 Qual
Work Site Location 1060 CEDAR BRIDGE AVE HOLLYWOO
COMMUNICATION POINTS
Owner in Fee FEDERAL REALTY TRUST
Address 1626 R JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(248)705-8897 Fax ( )
Contractor THE INSTALLER
Address 24680 ROANOKE
OAK PARK, MI 48237-
Tele.(248)705-8897
Lic. No. or Bldrs. Reg. No. 482
Federal Emp. No. 36-5661850

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as HOLLYWOOD VIDEO Utility Co.
Estimated Cost of Electrical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/13/99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	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 an the (agent of) owner of record and an 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)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
23		Communications Points	
0		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	35
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
0	0	HP/KW Space Heater/Air Handler	0
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	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/23/98
Date Issued 12/16/98
Control # C28-2
Permit # 98-434

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA HOLLYWOOD VID
NEW BUILDING
Owner in Fee FEDERAL REALTY IPUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(732)888-9625 Fax ( )
Contractor MAGIC TOUCH CONSTRUCTION
Address 59 N MAIN ST
KEYPORT, NJ 07735-
Tele.(732)888-9625
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1631968

SHELL ONLY AS PER PLAN J.C.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed H
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

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: 12-SSX
Approved By: (CCB)

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 an authorized to make this application.
Signature

D. TECHNICAL SITE DATA

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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
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/EMI LITES		35
Other DED FIRE LINE		35

Call for Fire Line TE.?

HVAC on Tenant Fit up?

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	70
DCA Training Fee	$	0

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 04/06/99
Date Issued 01/01/54
Control #
Permit # 98-4304+C

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

Block 468 Lot 1 Qual
Work Site Location 1060 CEDAR BRIDGE AVE HOLLYWOO
FIRE SPRINKLER SYSTEM
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)245-0133 Fax ( )
Contractor MAC SPRINKLER INC
Address 2811 BRISTOL PIKE
BENSALEM, PA 19020-
Tele.(215)245-0133
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2885967

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 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 $ 14,000

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: 4-7-55
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				
Final				
Other				

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

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
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)	59	120
Standpipes	0	0
Pre-Engineered Systems		
Wet Chenical	0	0
Dry Chenical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust Systen	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Alarm 31
OTHERS

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	120
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

4/20 OK

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/23/98
Date Issued 12/16/98
Control # C28-2
Permit # 98-4304

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

Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA HOLLYWOOD VID
NEW BUILDING

Owner in Fee FEDERAL REALTY TRUST

Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-

Tele.(732)888-9625 Fax ( )

Contractor MAGIC TOUCH CONSTRUCTION

Address 59 W MAIN ST
KEYPORT, NJ 07735-

Tele.(732)888-9625

Lic. No. or Bldrs. Reg. No. 7124

Federal Emp. No. 22-1631968

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-1-98
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	15
1	Water Service Connection	15
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 30
	DCA Training Fee	$ 0

SHELL ONLY

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/23/98
Date Issued 02/24/99
Control #
Permit # 98-4304

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA HOLLYWOOD VID
NEW BUILDING
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.( ) Fax ( )
Contractor OCEAN PIPE WORKS
Address P.O. BOX 945
OCEAN GATE, NJ 08740-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2898722

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

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

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 and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Change in Cost

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	15
1	Water Service Connection	15
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 7524 Minimum Fee $ 0
Collected by: AJP TOTAL FEE $ 30
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

BOCA® NATIONAL BUILDING CODE PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 11-18-98

JURISDICTION Plumbing *(City, County, Township, etc.)*

BUILDING LOCATION Hollywood Video *(Street address)*

BUILDING DESCRIPTION _____

REVIEWED BY DW

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)	NO DWV sketch OK-Rec 11/23/98	
(2)	NO floor plan showing Bathrooms	
(3)	NO Details on handicapp	
	DW 11-18-98	
	11/23/98 Resubmit	
	Plumbing inspector Danny -262-1099	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 11-18-97

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION Hollywood, FL DCA
(Street address)

BUILDING DESCRIPTION: _____ 200 occ
1220

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-	Need information on Fire sprinkler for bldg - (P9) Mel shows fire line - (Catch ED By Dumpster)	
2-	Smoke Det. required in DUCTS (3) sheet me 2.	
3-	NO floor PLANS Asiles, exit lights	
	1. Shell ONLY	
	2. Electrical Contr will install for HVAC	
	3 Shell ONLY	
	Fire inspection - Kevin 262-1035	

06/93

C-28-2

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 11-18-98

JURISDICTION: _____
(City, County, Township, etc.)

BUILDING LOCATION: Holly Land Wide
(Street address)

BUILDING DESCRIPTION: 200 Occ
Dorm

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-	Need information on Fire sprinkler for bldg - (P5) ME 1 shows fire line - (Water FD by Dumpster)	
2-	Smoke Det. required in ducts (3) sheet me 2	
3-	NO floor Plans Asiles, ext lighting	
	Fire inspection - Kevin 262-1035	

06/93

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

FAX CORRESPONDENCE

(732) 262-8954

DATE: 11/19/98 FAX. NO. _____ PAGES: 4

TO: Tom

FROM: Lisa Rose

MESSAGE: Per your request.

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 11-13-98

JURISDICTION Building
(City, County, Township, etc.)

BUILDING LOCATION Brick Plaza
(Street address)

BUILDING DESCRIPTION Hollywood Video

REVIEWED BY Fgg

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	No Shop Drawings	
2	No Floor Plan Showing Isle width	
	Recheck 11/20/98	
	Jeff Moffatt	
	Bldg. Inspector	
	Frank 762-1008	

06/93

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
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

November 4, 1998

Federal Realty Trust
1626 E. Jefferson Street
Rockville, MD 20852

RE: Mandatory Development Fee
Block 671, Lots 2, 4, 6, 8, 11; Hollywood Video, Brick Plaza

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on September 4, 1998, for the above block and lot at $300,000.00, resulting in an estimated fee of $3,000.00.

Therefore, you are required to submit half of the estimated fee ($1,500.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

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: 10-29-15

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 611 LOT 24.6 & 11 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial TYPE OF BUSINESS Hollywood Video
(Residential/Commercial)

APPLICANT Retail Realty CITY & STATE Rockville, Md

☒ 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:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1.11 LOT 246 & 11 SITE ADDRESS [illegible]
TYPE OF SITE (Residential)/ Commercial TYPE OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] NAME OF BUSINESS [illegible]

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 $ 300,000.00 Date 10-30-98

Estimated Required Fee $ 3000.00

Required Deposit on Estimate $ 1500.00 Date [illegible]

Check # [illegible] Receipt # [illegible]

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
PLOT PLAN REVIEW
CHECKLIST

BLOCK 671 LOT 24681 DATE RECEIVED 9-04-98

ADDRESS Brick Plaza Center Addition

APPLICANT Tom Moore PHONE 732-223-5320

CONTRACTOR JAYCEE CONST. CO PHONE

ADDRESS 35 Colby AVE MANASQUAN NJ SUBDIVISION

TYPE OF WORK New building ZONING APPROVAL

REVIEW FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP # DATED

FEMA LETTER RECEIVED YES NO

		YES	NO	N/A
1.	SITE PLAN &/OR SURVEY SIGNED & SEALED	✓		
2.	DRAW TO A SCALE OF NOT LESS THAT 1"-100'	✓		
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)	✓		
4.	SIDE PROPERTY LINES & DWELLINGS & PROP. CORNERS	✓		
5.	STREET GUTTER, TOP CURB & CENTER LINE ELEV.	✓		
6.	CONTOURS; 1' INCREMENTS / IF ELEV. FLUCTUATES 2'	✓		
7.	ADJACENT DWELLING CORNERS	✓		
8.	PROPOSED GRADING	✓		
9.	GARAGE / 1ST FLOOR / CRAWLSPACE / BASEMENT ELEV.		✓	
10.	LOT GRADING / FILLING & FINAL ELEVATION	✓		
11.	METHOD OF DRAINING	✓		
12.	FLOOD OPENING SIZED & PLACED	✓		
13.	DRIVEWAY WIDTH / TYPE & DRAINAGE	✓	1	
14.	DIMENSIONS / ACREAGE OF PARCEL IN QUESTION	✓		
15.	LOCATION OF FLOODWAY BOUNDARY / HAZARD AREA	✓		
16.	SIDEWALK	✓		
17.	PARKING AREAS	✓		
18.	UTILITY & CONNECTIONS; WATER / SEWER / GAS / ELEC	✓		
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS	✓		
20.	STREETS	✓		
21.	CURBING	✓		
22.	DESCRIPTION OF ALTERATIONS / REL. OF WATERCOURSE		✓	
23.	PRIOR APPR: ARMY CORP / NJDEP / WETLANDS, ETC.		✓	
24.	SOIL CONSERVATION SERVICE	✓		
25.	PLANNING BOARD	✓		

PLOT PLAN REVIEW X DATE 10/29/98 APPROVED X REJECTED

SIGNATURE Stanley Lut As per Site Plan

REVISED

REVISED

REVISED

FIELD CHECK

REVISED

REVISED

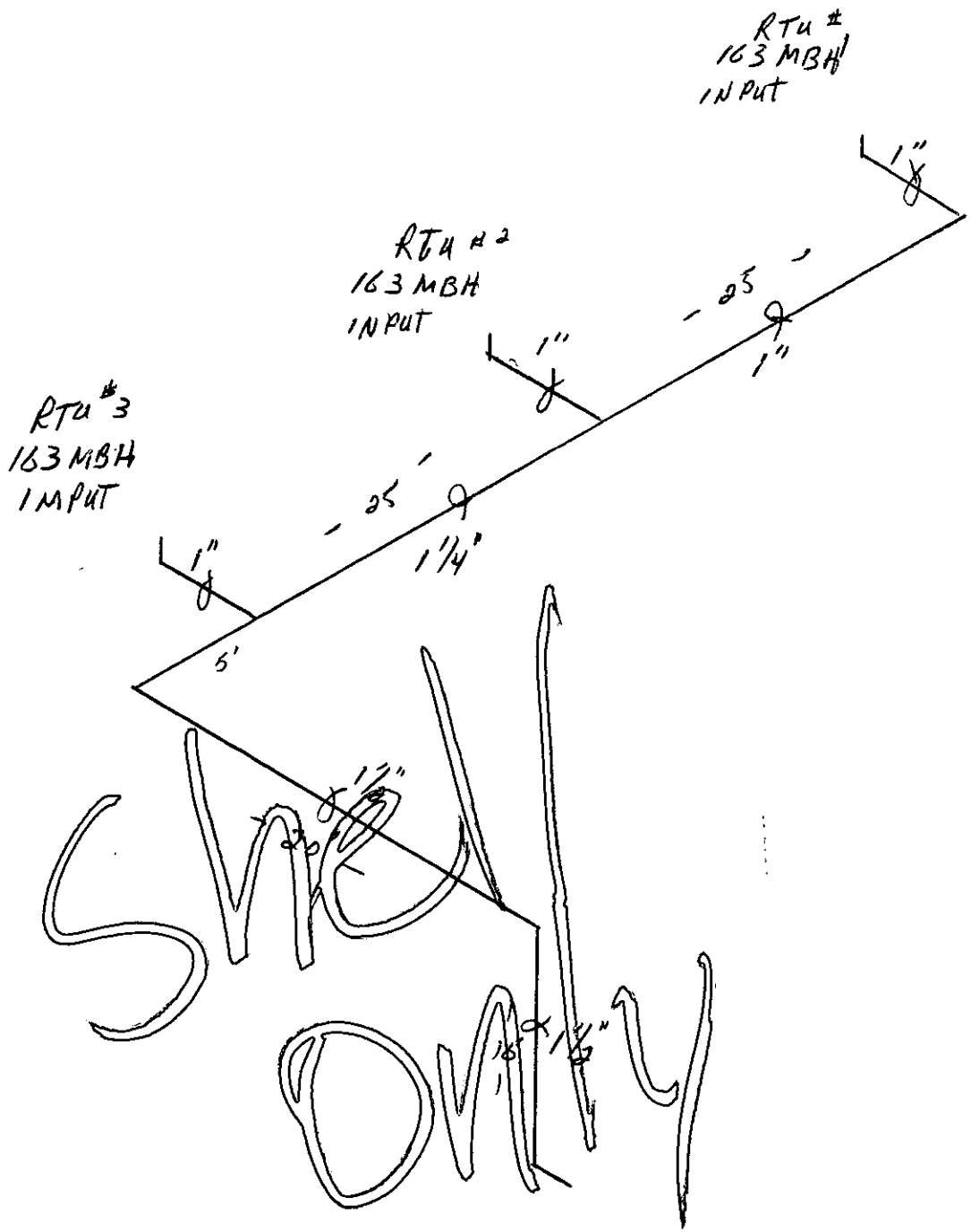
REVISED

MUNICIPAL ENGINEER

REVISED

REVISED

REVISED



HOLLYWOOD VIDEO, BRICK PLAZA
MAGIC TOUCH CONST 11/22/98

BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

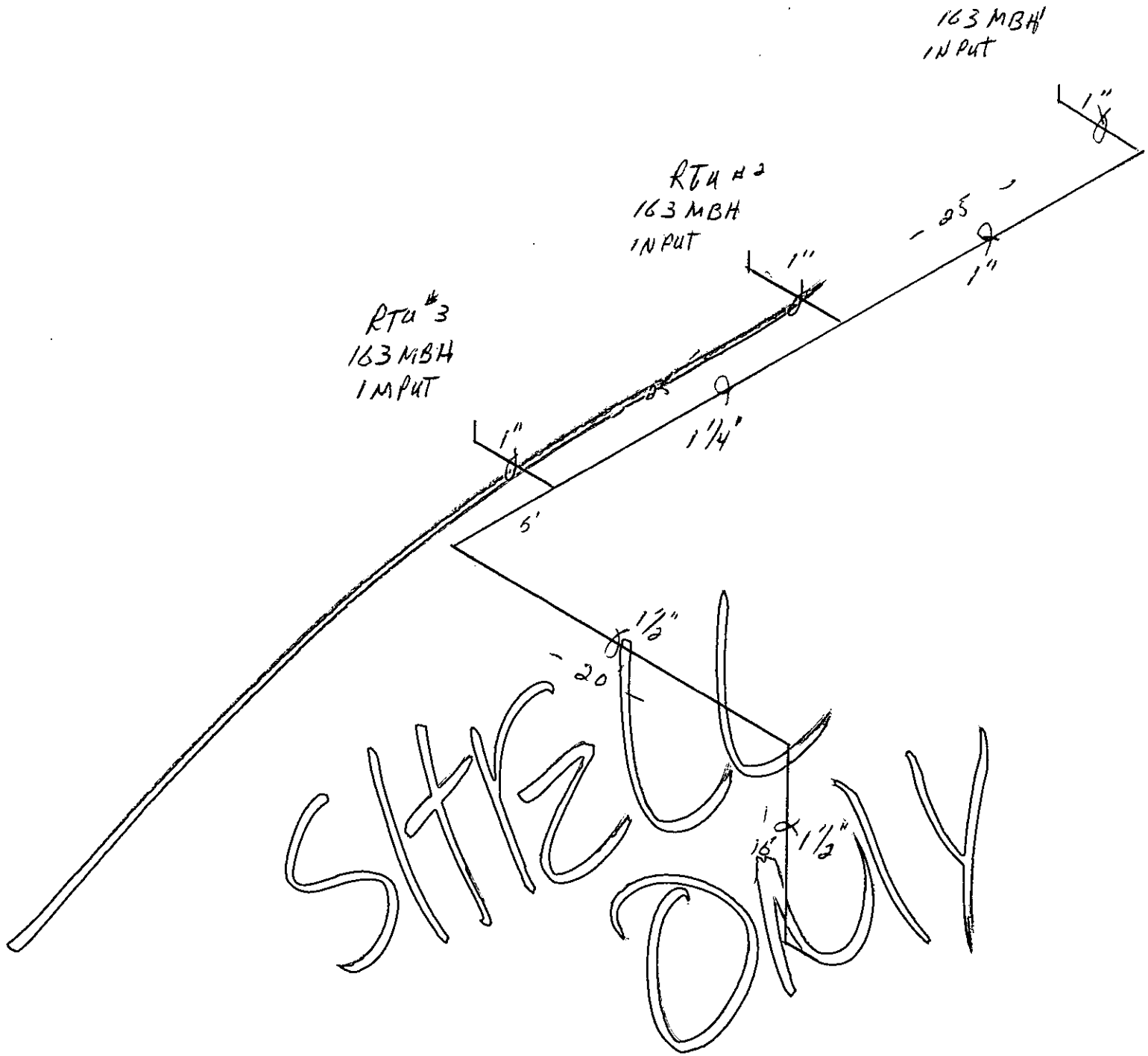
Plumbing _____

Building _____

Fire _____

Energy _____

Electrical _____



HOLLYWOOD VIDEO, BRICK PLAZA
MAGIC TOUCH CONST. 11/22/98

MAC
SPRINKLER, INC.
2811 BRISTOL PIKE, BENSALEM, PA. 19020

H Y D R A U L I C C A L C U L A T I O N S

C O V E R S H E E T

HOLLY WOOD VIDEO BRICK PLAZA BRICK

W A T E R S U P P L Y

STATIC PRESSURE	(psi)	65
RESIDUAL PRESSURE	(psi)	58
RESIDUAL FLOW	(gpm)	1211

B O O S T E R P U M P S

NUMBER OF BOOSTER PUMPS 0

S P R I N K L E R S

MAXIMUM SPACING OF SPRINKLERS	(ft)	8
MAXIMUM SPACING OF SPRINKLER LINES	(ft)	13
SPECIFIED DISCHARGE DENSITY	(gpm/sq. ft.)	.2

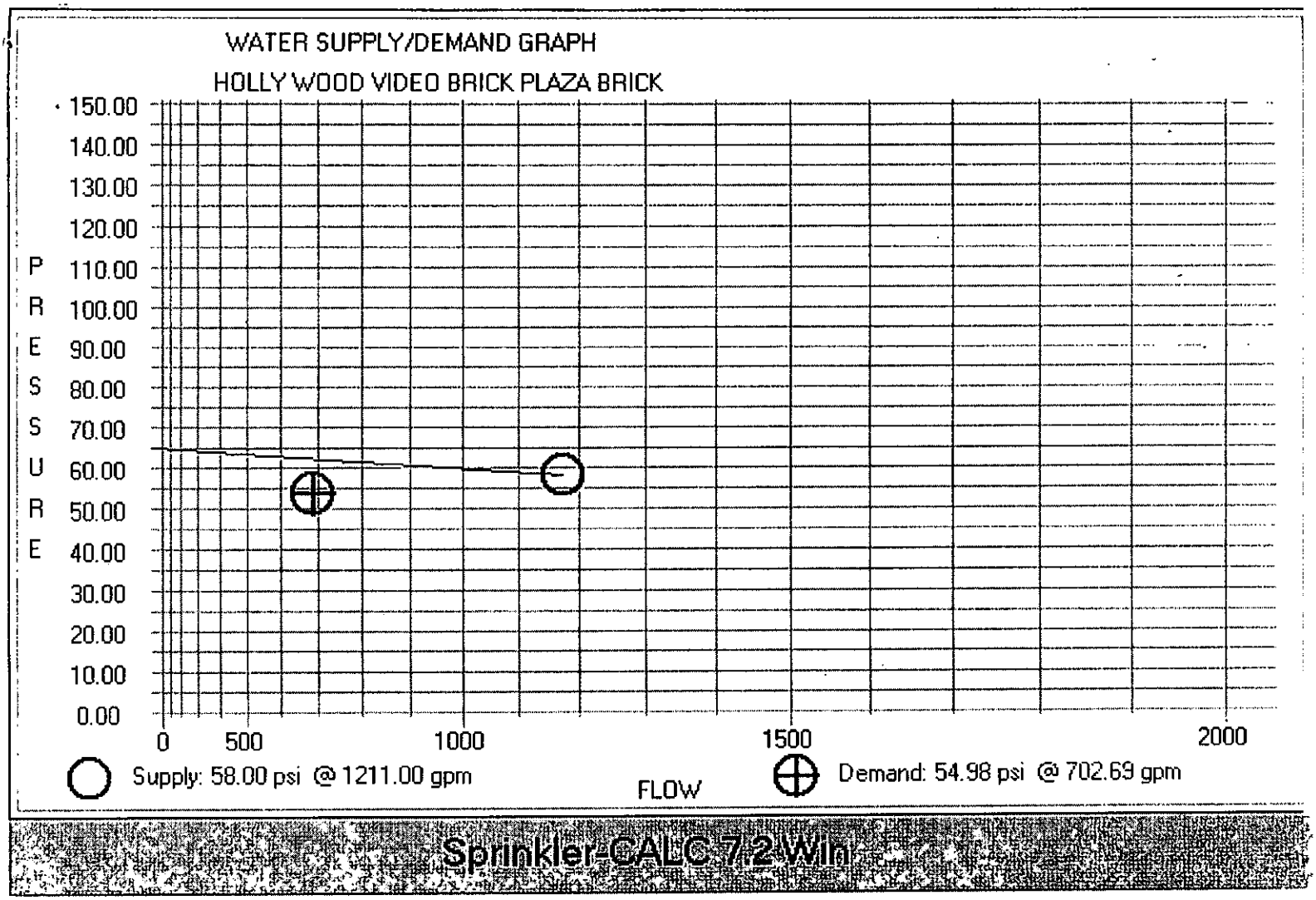
THIS SPRINKLER SYSTEM WILL DELIVER A DENSITY OF .2 gpm/sq. ft.
FOR A DESIGN AREA OF 1500 SQ. FT. OF FLOOR AREA

THIS SYSTEM OPERATES AT A FLOW OF 452.69 gpm AT A PRESSURE OF 53.34 psi
AT THE BASE OF THE RISER (REF. PT. 4)

PIPES USED FOR THIS SYSTEM
==========

111 DUCTILE IRON (350)
012 DYNA-FLOW 10
006 WHEATLAND WLS

E. Schober
1 APR 99


WATER SUPPLY/DEMAND GRAPH
HOLLY WOOD VIDEO BRICK PLAZA BRICK
150.00
140.00
130.00
120.00
P 110.00
R 100.00
E 90.00
S 80.00
S 70.00
U 60.00
R 50.00
E 40.00
30.00
20.00
10.00
0.00
0
500
1000
1500
2000
Supply: 58.00 psi @ 1211.00 gpm
FLOW
Demand: 54.98 psi @ 702.69 gpm
Sprinkler-CALC 7.2Win

MAC
SPRINKLER, INC.

HOLLY WOOD VIDEO BRICK PLAZA BRICK

HYDRAULIC CALCULATIONS AT SPECIFIED DENSITY

THE FOLLOWING SPRINKLERS ARE OPERATING IN:
[ ] TEST AREA 1 [ ] TEST AREA 2 [ ] TEST AREA 3 [ ] REMOTE AREA

Elevation of sprinklers = Elevation above water test.

REF. PT.	K	ELEV. ft	FLOW gpm	PRESSURE (psi) Total	Velocity	Normal
51	5.60	21.00	31.50	32.73	1.09	31.64
52	5.60	21.00	32.89	34.48	0.00	34.48
53	5.60	21.00	31.17	30.97	0.00	30.97
54	5.60	21.00	32.98	34.67	0.00	34.67
55	5.60	21.00	26.57	26.40	3.89	22.51
56	5.60	21.00	31.96	32.57	0.00	32.57
57	5.60	21.00	25.66	26.37	5.38	21.00
58	5.60	21.00	25.58	24.46	3.59	20.87
59	5.60	21.00	31.79	32.23	0.00	32.23
60	5.60	21.00	25.10	22.45	2.35	20.09
61	5.60	21.00	24.13	20.73	2.17	18.56
62	5.60	21.00	24.38	20.20	1.26	18.95
63	5.60	21.00	23.41	18.63	1.16	17.47
64	5.60	21.00	21.66	16.48	1.53	14.95
65	5.60	21.00	20.80	15.21	1.41	13.79
66	5.60	21.00	21.97	15.39	0.00	15.39
67	5.60	21.00	21.13	14.24	0.00	14.24

THE SPRINKLER SYSTEM FLOW IS 452.69 gpm

THE OUTSIDE HOSE FLOW AT REFERENCE POINT NO. 1 IS 250.00 gpm
[ ] THE INSIDE HOSE [ ] RACK SPKLR'S.
[ ] YARD HYDT. FLOW IS 0.00 gpm
THE MINIMUM DENSITY PROVIDED BY THIS SYSTEM IS 0.200 gpm/sq. ft.

THE FOLLOWING PRESSURES & FLOWS OCCUR
---> AT REF. PT. 1 <---

STATIC PRESSURE	65.00 psi		
RESIDUAL PRESSURE	58.00 psi	AT	1211.00 gpm
TOTAL SYSTEM FLOW	702.69 gpm		
AVAILABLE PRESSURE	63.31 psi	AT	702.69 gpm
OPERATING PRESSURE	54.98 psi	AT	702.69 gpm
PRESSURE REMAINING	8.34 psi		

THE ABOVE RESULTS INCLUDE 3.00 psi FRICTION LOSS AT REF. PT. # 4 FOR A

[ ] BACKFLOW PREVENTER [ ] METER
[ ] DETECTOR CHECK VALVE [ ] OTHER DEVICE

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

FROM	TO	FLOW (gpm)	PIPE (ft)	FITS	EQV. (ft)	H-W C	PIPE TYPE	DIA. (in)	FRIC. (psi)	ELEV. (psi)	PRESSURE (psi) Pt / Pv / Pn	Pt / Pv / Pn	DIFF.
1	2	452.69	350.00	3521	113.44	140	111	8.550	0.001	-1.733	54.98	56.18	0.53
2	3	452.69	45.00	311	76.03	140	111	6.400	0.005	0.000	56.18	55.61	0.57
3	4	452.69	5.00	2	15.55	140	111	6.400	0.005	2.167	55.61	53.34	0.10
4	11	452.69	5.00	0	0.00	140	111	4.300	0.033	2.167	53.34	47.91	3.27
11	12	452.69	15.00	6	31.24	120	12	4.328	0.042	6.500	47.91	39.46	1.95
12	13	452.69	60.00	22	19.32	120	12	4.328	0.042	0.000	39.46	36.12	3.34
13	14	389.39	13.00	0	0.00	120	12	4.328	0.032	0.000	36.12	35.25	0.87
14	16	236.82	4.50	0	0.00	120	12	4.328	0.013	0.000	35.25	35.70	-0.45
16	18	173.70	8.50	0	0.00	120	12	4.328	0.007	0.000	35.70	35.64	0.06
13	51	63.30	4.00	3T	7.12	120	6	1.426	0.246	0.000	36.12 0.66 35.46	32.73	3.39
51	59	31.79	8.00	0	0.00	120	6	1.426	0.069	0.000	32.73	32.23	0.50
14	55	119.68	4.00	3T	7.12	120	6	1.426	0.800	0.000	35.25 0.49 34.77	26.40	8.85
14	52	32.89	3.40	3T	7.12	120	6	1.426	0.073	0.000	35.25 0.49 34.77	34.48	0.77

FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

FROM	TO	FLOW (gpm)	PIPE (ft)	FITS	EQV. (ft)	H-W C	PIPE TYPE	DIA. (in)	FRIC. (psi)	ELEV. (psi)	PRESSURE (psi) Pt / Pv / Pn	Pt / Pv / Pn	DIFF
16	53	31.17	10.00	32T	8.33	120	6	1.087	0.248	0.000	35.70 0.18 35.52	30.97	4.73
16	56	31.96	3.00	32T	8.33	120	6	1.087	0.260	0.000	35.70 0.18 35.52	32.57	3.12
18	54	32.98	6.00	3T	7.12	120	6	1.426	0.073	0.000	35.64	34.67	0.96
18	57	140.72	1.50	3T	7.12	120	6	1.426	1.079	0.000	35.64	26.37	9.26
55	60	93.11	8.00	0	0.00	120	6	1.426	0.502	0.000	26.40	22.45	3.96
58	61	89.47	8.00	0	0.00	120	6	1.426	0.467	0.000	24.46	20.73	3.73
60	62	68.01	8.00	0	0.00	120	6	1.426	0.281	0.000	22.45	20.20	2.24
61	63	65.34	8.00	0	0.00	120	6	1.426	0.261	0.000	20.73	18.63	2.10
62	64	43.63	8.00	0	0.00	120	6	1.087	0.463	0.000	20.20	16.48	3.72
63	65	41.93	8.00	0	0.00	120	6	1.087	0.430	0.000	18.63	15.21	3.42
64	66	21.97	8.00	0	0.00	120	6	1.087	0.130	0.000	16.48	15.39	1.09
65	67	21.13	8.00	0	0.00	120	6	1.087	0.121	0.000	15.21	14.24	0.97
57	58	115.06	2.580		0.00	120	6	1.426	0.743	0.000	26.37	24.46	1.91

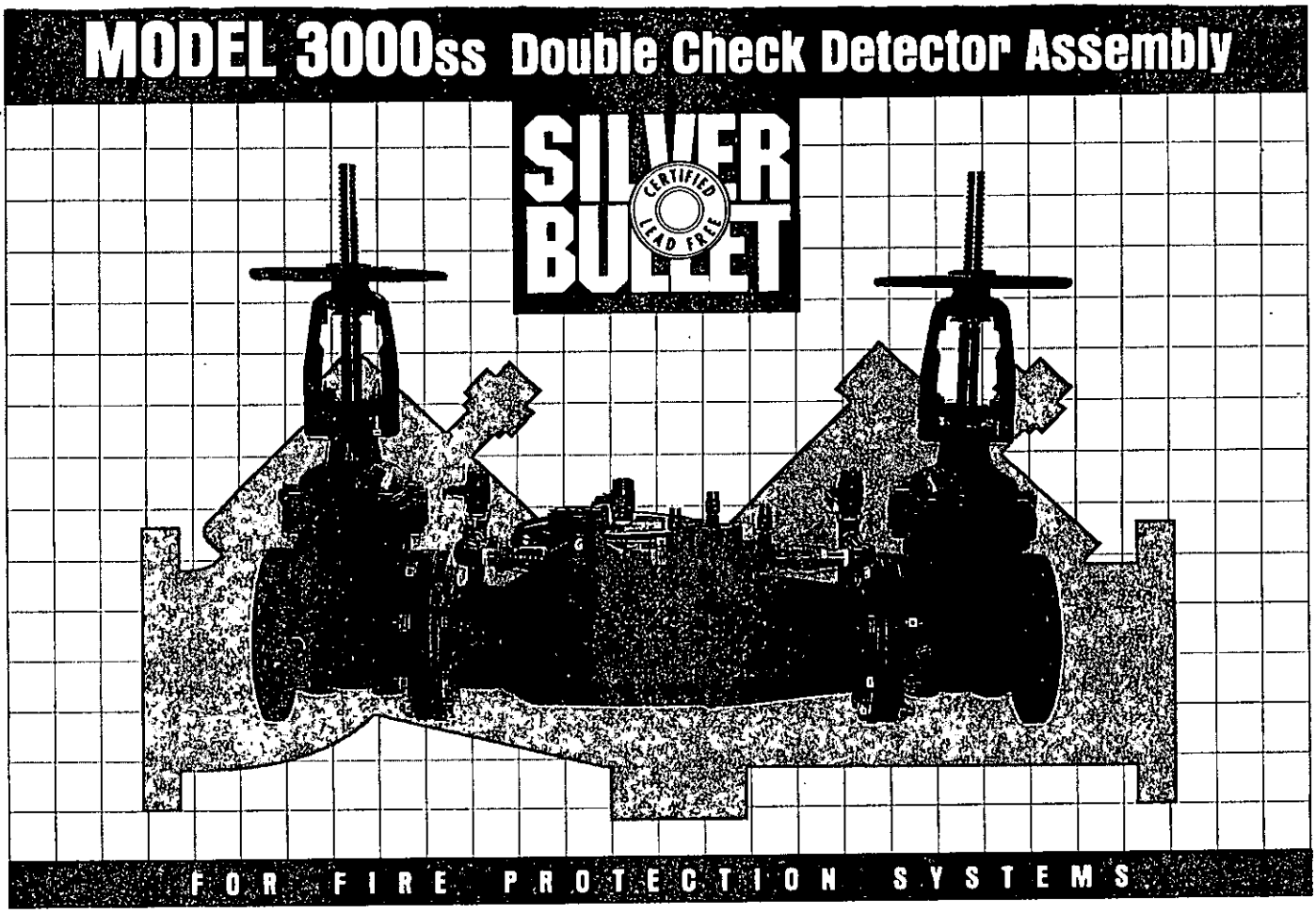
FITTING Equivalent Length per NFPA 13 1994, 6-4.3
'-' Indicates Equivalent Length. 'T' Indicates Threaded Fitting
1=45 Elbow, 2=90 Elbow, 3='T'/Cross, 4=Butterfly Valve, 5=Gate Valve, 6=Swing Check Valve

FROM	TO	FLOW (gpm)	PIPE (ft)	FITS	EQV. (ft)	H-W C	PIPE TYPE	DIA. (in)	FRIC. (psi)	ELEV. (psi)		PRESSURE (psi)	
											Pt	Pt	DIFF
											Pv	Pv	
											Pn	Pn	

A MAX. VELOCITY OF 28.26 ft./sec. OCCURS BETWEEN REF. PT. 18 AND 57

Sprinkler-CALC Release 7.2 Win
By Walsh Engineering Inc.
North Kingstown R.I. U.S.A.

MODEL 3000ss Double Check Detector Assembly



The Ames Backflow Preventer: Lighter, Shorter, Better Flowing Than Any Other

Application

The Ames 3000ss protects the potable water system by preventing backflow from fire protection systems. The device also detects leaks or unauthorized use of water from fire protection lines.

Operation

In the incidence of minimal water flow, the valve clapper remains closed so that the water flows through the bypass loop. When major water flow is required, the water pressure will open the main valves to allow full water flow.

Installation

The 3000ss should be installed with adequate clearance and easy accessibility for maintenance and testing. The 3000ss may be installed vertically or horizontally. Refer to local codes for specific installation requirements.

Features

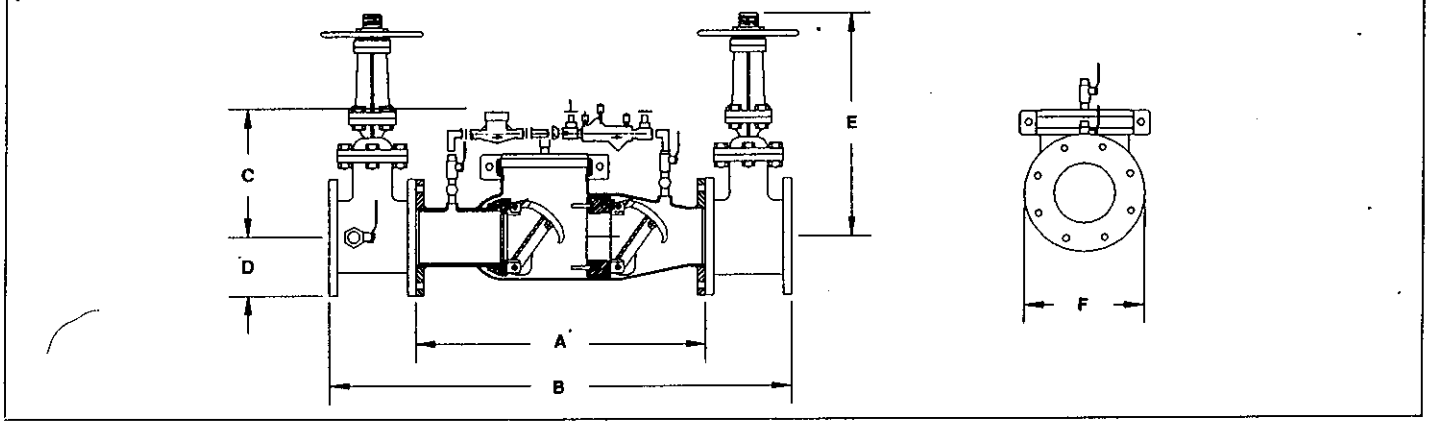
- *Lowest documented head loss*
- *Non-Corrosive 300 series stainless steel (lead free) body. Superior strength.*
- *40% shorter end to end dimensions for compact, inexpensive installation.*
- *Excellent for retrofit installations.*
- *50% lighter in weight, reduces installation and handling costs.*
- *Fully serviceable inline, no special tools.*
- *Pretested cam-check (patented) assembly for long term reliability, low head loss, ease of serviceability.*
- *Single two-bolt grooved style cover for quick and easy access.*
- *Only ASSE 1048 approved assembly for vertical and horizontal applications.*
- *Made in U.S.A.*
- *Head loss equal to or less than single detector check valve.*

*National Approvals**

UL, USCFCCCHR, ASSE, FM, AWWA C510-89, CSA, ULC

AMES CO.
VALVES & BACKFLOW ASSEMBLIES

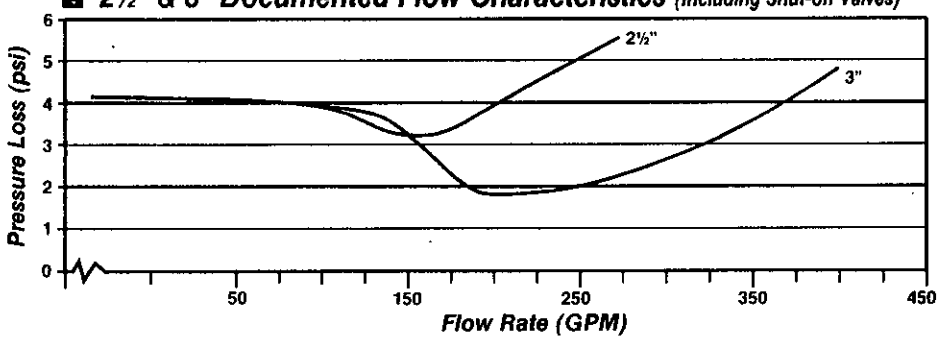
MODEL 3000ss Double Check Detector Assembly



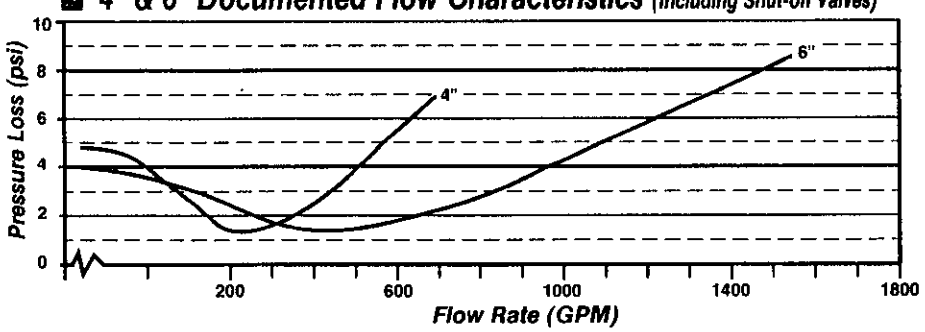
Ames 3000ss - Weights & Dimensions (Inches)

SIZE	A	B	C	D	E (Open)	F	Net Wt. with Gates	Net Wt. w/o Gates
2½"	22"	38"	10"	3½"	18"	17¾"	155#	68#
3"	22"	38"	10"	3¾"	20½"	17¾"	230#	70#
4"	22"	40"	10"	4½"	24½"	17¾"	240#	73#
6"	27½"	48½"	15"	5½"	32⅝"	15½"	390#	120#
8"	29½"	52½"	17½"	6¾"	37¾"	19½"	620#	200#
10"	29½"	55½"	17½"	8"	48"	22"	890#	230#

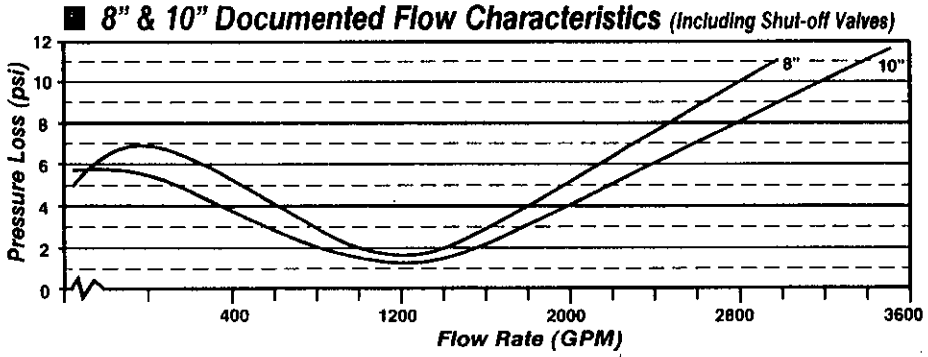
2½" & 3" Documented Flow Characteristics (Including Shut-off Valves)



4" & 6" Documented Flow Characteristics (Including Shut-off Valves)



8" & 10" Documented Flow Characteristics (Including Shut-off Valves)



Specifications

The double check detector assembly consists of two independently operating, spring loaded check valves, two UL, FM, OSY resilient wedge gate valves, and bypass assembly. The bypass assembly consists of a meter (cubic ft. or gallons), a double check including shut off valves and required test cocks. Each cam-check shall be internally loaded and provide a positive drip tight closure against reverse flow. Cam-check includes a stainless steel cam arm and spring, rubber faced disc and a replaceable seat. The body shall be manufactured from 300 series stainless steel, 100% lead free, with a single two-bolt grooved style access cover. No special tools shall be required for servicing. Double check detector shall be 3000ss.

Physical Characteristics

Sizes - 2½", 3", 4", 6", 8", 10"
Rated working pressure - 175 psi
Hydrostatic pressure - 350 psi
Temperature Range - 32° F - 140° F
Body material - 300 series stainless steel
Flange dimension in accordance with AWWA Class D

*Contact the factory for specific approvals

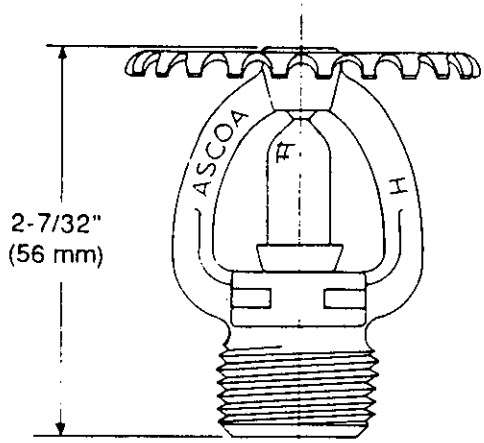
Form # DCDA/SS 6/92

916.666.2493 1485 Tanforan Avenue P.O. Box 1387 Woodland, CA 95776 **Fax 916.666.3914**

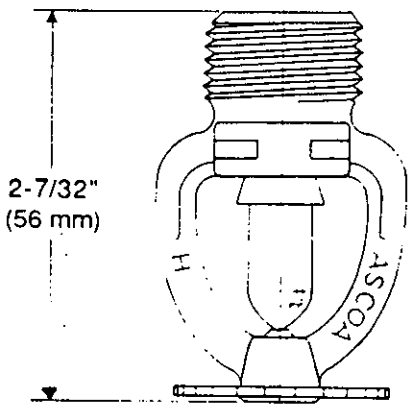
AMES CO
VALVES & BACKFLOW ASSEMBLIES

"Automatic" Upright & Pendent Glass Bulb Sprinklers (15 mm) – FOC, VDS

- Model H – 15 mm (1/2" Orifice x 1/2" NPT) – Upright or Pendent Use
- FOC Approved — K = 5.6 (8.1)
- VDS Approved



☐ Upright Sprinkler



☐ Pendent sprinkler

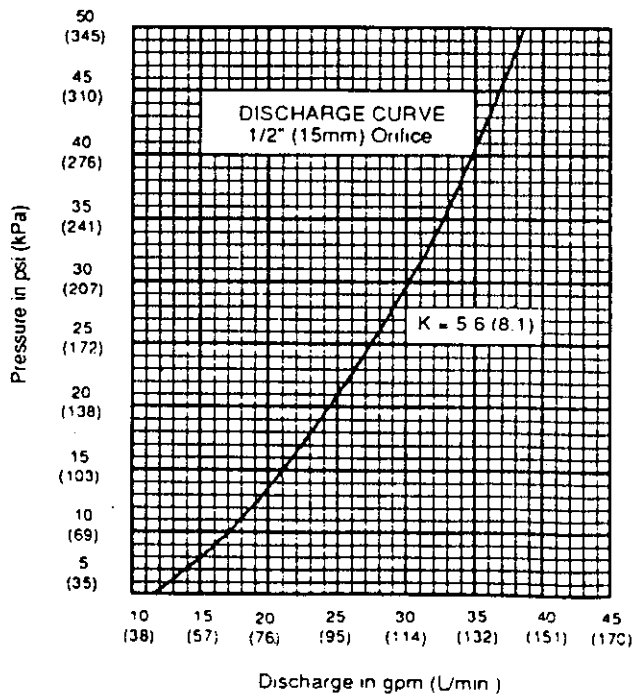
Temperature Ratings:

- ☐ 57° C (135° F)
- ☐ 68° C (155° F)
- ☐ 79° C (175° F)
- ☐ 93° C (200° F)
- ☐ 141° C (286° F)
- ☐ 182° C (360° F)
- ☐ Open (No Rating)

Finishes:

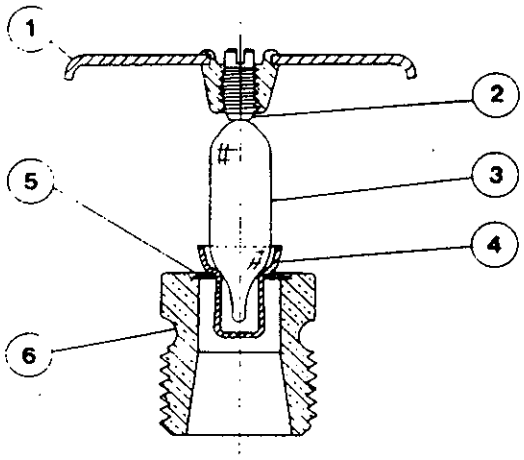
- ☐ Plain Brass
- ☐ Chrome Plated (Bright)
- ☐ Coro-Coated (Wax)*
- ☐ Coro-Coated over Lead*

* See chart on back of page.

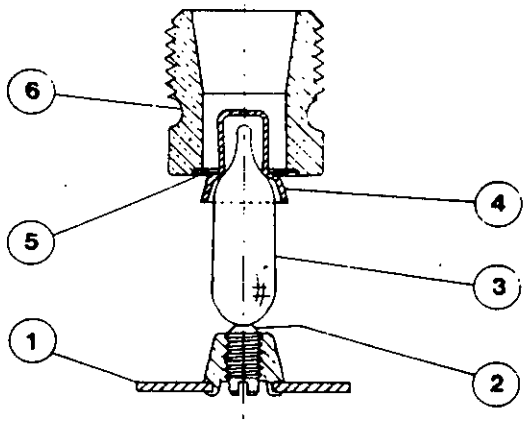


4.10

"Automatic" Upright & Pendent Glass Bulb Sprinklers (15 mm)



Upright Sprinkler



Pendent Sprinkler

1. Deflector
2. Compression Screw
3. Glass Bulb
4. Thimble
5. Spring Seal
6. Frame

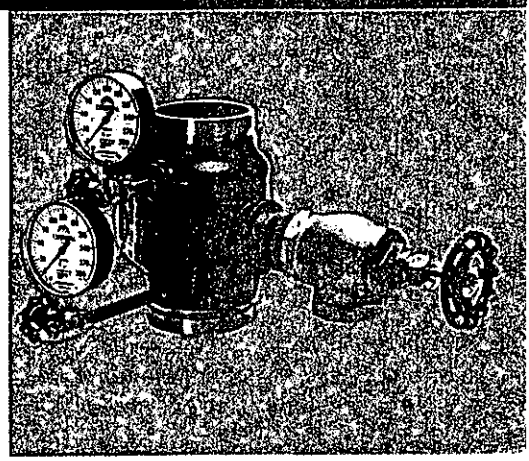
ORDERING INFORMATION FOR:

- "Automatic" Model H – 1/2" Orifice x 1/2" NPT – 15 mm Upright & Pendent

Temperature Rating	Maximum Ambient Temperature	Color Code & Location	Finish	Upright		Pendent	
				Symbol No.	Stock Code No.	Symbol No.	Stock Code No.
135° F (57° C) (Orange Bulb)	100° F (38° C)	None None	Brass Chrome	38-8010 HC 38-8011 HC	8488010 8488011	38-9010 HC 38-9011 HC	8489010 8489011
155° F (68° C) (Red Bulb)	100° F (38°C)	None None None None	Brass Chrome Coro-Coated (Wax) Coro-Coated over Lead	38 8020 HC 38 8021 HC 38 8022 HC 38 8026 HC	8488020 8488021 8488022 8488026	38-9020 HC 38-9021 HC 38-9022 HC 38-9026 HC	8489020 8489021 8489022 8489026
175° F (79° C) (Yellow Bulb)	150° F (66° C)	White on Frame Arm White on Deflector White on Deflector White on Deflector	Brass Chrome Coro-Coated (Wax) Coro-Coated over Lead	38 8030 HC 38 8031 HC 38 8032 HC 38 8036 HC	8488030 8488031 8488032 8488036	38-9030 HC 38-9031 HC 38-9032 HC 38-9036 HC	8489030 8489031 8489032 8489036
200° F (93° C) (Green Bulb)	150° F (66° C)	White on Frame Arm White on Deflector White on Deflector White on Deflector	Brass Chrome Coro-Coated (Wax) Coro-Coated over Lead	38-8040 HC 38-8041 HC 38-8042 HC 38-8046 HC	8488040 8488041 8488042 8488046	38-9040 HC 38-9041 HC 38-9042 HC 38-9046 HC	8489040 8489041 8489042 8489046
286° F (141° C) (Blue Bulb)	225° F (107° C)	Blue on Frame Arm Blue on Deflector	Brass Chrome	38-8050 HC 38-8051 HC	8488050 8488051	38-9050 HC 38-9051 HC	8489050 8489051
360° F (182° C) (Mauve Purple Bulb)	300° F (149° C)	Red on Frame Arm Red on Deflector Red on Deflector	Brass Chrome Lead Coated	38-8060 HC 38-8061 HC 38-8063 HC	8488060 8488061 8488063	38-9060 HC 38-9061 HC 38-9063 HC	8489060 8489061 8489063
Open		None None	Brass Chrome	38-8000 HC 38-8001 HC	8488000 8488001	38-9000 HC 38-9001 HC	8489000 8489001

Shotgun-90

Riser Check Valve (Model 90) & Trim



2½", 3", 4" & 6" Riser Check Valve & Trim

Manufactured by: Central Sprinkler Company
451 North Cannon Avenue, Lansdale, Pennsylvania 19446

Product Description

The Shotgun Riser Check Valve is an attractive compact, lightweight unit that includes a Model 90 Check Valve with a complete trim package for economical installation in wet type sprinkler system risers.

The valve is manufactured with a stainless steel clapper assembly. A resilient elastomer seal-facing on the spring-loaded clapper insures a leak-tight seal and non-sticking operation. The units are rated for a working pressure of 250 p.s.i.

The Shotgun Riser Check Valve is manufactured with grooved ends and is easily installed using Approved mechanical grooved couplings.

Application: *The Shotgun* Riser Check Valve is intended for use in a wet-type automatic sprinkler system riser, as a more attractive and economical alternative to the alarm check valve. Provision must be made for a local alarm, using an Approved flow switch.

Technical Data

Model: 90 (with trim)

Style: Swing Check *(groove x groove)*

Size: 2½", 3", 4", & 6"

Approvals: U.L., F.M.,
M.E.A. (284-75-SA),
CA State Fire Marshal
(7770-0675:100)

Working Pressure: 250 psi

Factory Hydro Test: 100% at 500 psi

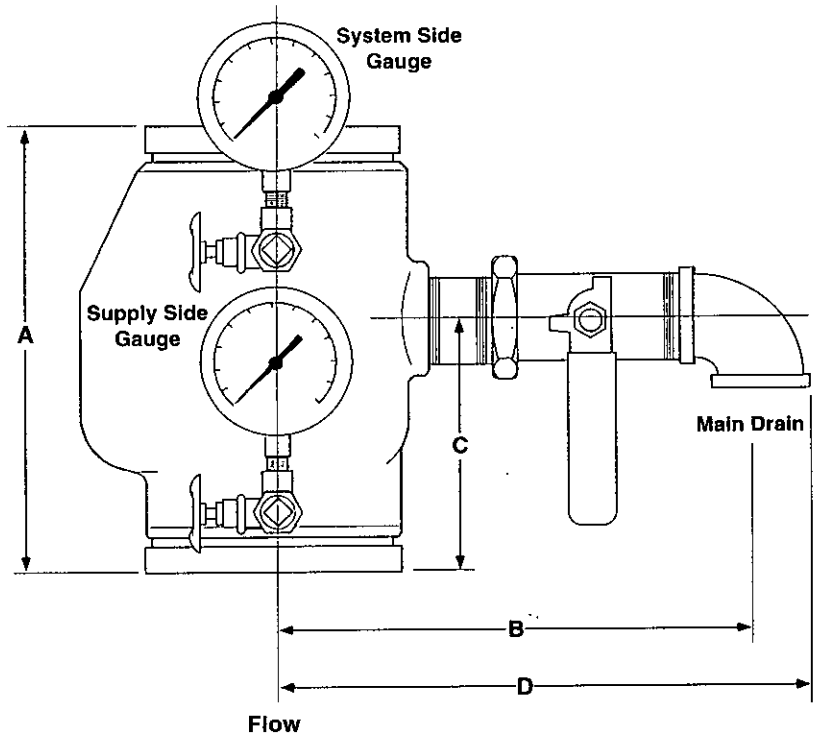
Standard Finish:
Valve: Blue Enamel
Trim: Black or Galvanized

Groove Specifications: standard cut grooves per AWWA C-606

Takeout Dimension:
2½" - 8"
3" - 8"
4" - 9"
6" - 10½"

Shipping Weight:
2½" - 13 lbs.
3" - 14 lbs.
4" - 25 lbs.
6" - 35 lbs.

Elevation View
Shotgun Riser Check Valve - Model 90 Valve & Trim



Trim Dimensions
Shotgun Riser Check Valve

Size	A Dimension	B Dimension	C Dimension	D Dimension
2½"	8"	9"	3 11/16"	10"
3"	8"	9½"	3 13/16"	10½"
4"	9"	11½"	4 15/16"	13"
6"	10½"	12½"	5 5/16"	14"

Trim Kit 2½" & 3"
Shotgun Riser Check Valve

Main Drain
1¼" x 2½" nipple
1¼" MxF ball valve
1¼" 90° elbow
Sign B (Main Drain)
Gauge (system side)
0-300 p.s.i. gauge
¼" x 2" nipple
¼" three-way globe valve
¼" plug
½" x ¼" bushing
Gauge (supply side)
0-300 p.s.i. gauge
¼" x 5" nipple
¼" three-way globe valve
¼" plug

Trim Kit 4" & 6"
Shotgun Riser Check Valve

Main Drain
2" x 2½" nipple
2" MxF ball valve
2" 90° elbow
Sign B (Main Drain)
Gauge (system side)
0-300 p.s.i. gauge
¼" x 2" nipple
¼" three-way globe valve
¼" plug
½" x ¼" bushing
Gauge (supply side)
0-300 p.s.i. gauge
¼" x 2" nipple (6" valve)
¼" x 5" nipple (4" valve)
¼" three-way globe valve
¼" plug

Design Data

Design Requirements

The Central Shotgun Riser Check Valve is Approved for installation in either the horizontal or vertical (flow upward) position.

The unit should be installed in the main riser of a wet pipe sprinkler system. The main riser must be equipped with a flow switch for activating a local electric alarm bell (not included in trim kit).

The Shotgun Riser Check Valve consists of the Model 90 Check Valve plus a Trim Kit that includes the necessary fittings, nipples, and valves to trim the check valve with two pressure gauges, main drain and sign.

The friction loss through the Shotgun Riser Check Valve, expressed as equivalent length of schedule 40 steel pipe with a C-factor of 120, is as follows:

2½"	- 9 ft.	4"	- 21 ft.
3"	- 14 ft.	6"	- 19 ft.

Installation

The Shotgun Riser Check Valve is Approved for installation in either the horizontal or vertical position. When installed in a horizontal position, the two ¼" thru-body hex bolts must be on top side of the valve. For vertical installation, the valve must be installed so that its outlet is above its inlet (i.e., flow direction upward).

Installation Sequence

Step 1. Install the valve in the riser piping with the arrow pointing in the direction of flow. Use only Approved mechanical grooved couplings.

Step 2. Install the two pressure gauges utilizing the ¼" nipples, plugs, and valves from the Trim Kit. Connect to the ½" and ¼" tapped outlets. Use the ½" x ¼" bushing on the system side tap.

Step 3. Install the main drain utilizing the nipple and valve from the Trim Kit.

Step 4. Pipe main drain to acceptable discharge location.

Care & Maintenance

The Shotgun Riser Check Valve and accessories should be periodically inspected and tested to ensure trouble-free operation. Operational testing, utilizing flow from the inspector's test connection, will reveal the valve's basic condition. However, there are several areas that should be periodically inspected by a qualified inspection service.

Warning: Any system maintenance or inspection that involves placing a control valve "out-of-service" will eliminate the fire protection normally provided by the fire protection system. Prior to proceeding, be certain to secure permission from all *Authorities Having Jurisdiction* and notify all personnel who may be affected during system shutdown. A fire watch during maintenance periods is a recommended precaution.

Inspection

1. Close the main water supply control valve and drain the system, relieving all pressure from the check valve assembly.
2. Remove the mechanical grooved couplings from each end and remove the check valve from the piping system.
3. Inspect the valve clapper sealfacing. If worn or damaged, it should be replaced. Clean thoroughly.
4. Inspect the valve seat ring and clean thoroughly. If the seat ring surfaces are nicked or scored, it may be possible to repair using lapping compound. If not, replace the valve.
5. Install the check valve back into the piping system. Verify that the flow arrow is pointing in the proper direction to assure proper operation of the valve. Reinstall the mechanical grooved couplings.
6. Place the system back in service and secure all water supply valves open.

For disassembly or reassembly instructions on the check valve, see Central's catalog bulletin for the Model 90 Check Valve.

The owner is responsible for the proper operating condition of all fire protection devices and accessories. The NFPA Standard 25 entitled, *"Inspection, Testing and Maintenance of Water-Based Fire Protection Systems"*, contains guidelines and minimum maintenance requirements. Furthermore, the *Authority Having Jurisdiction* may have additional regulations and requirements for maintenance, testing, and inspection that must be obeyed.

Guarantee: Central Sprinkler Company will repair and/or replace any products found to be defective in material or workmanship within a period of one year from the date of shipment. Please refer to the current price list for further details of the warranty.

Update 98-4304 + J. GS 6-8-99

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1060 CEDAR BRIDGE — Date Rec'd.:
Block: 468 Lot: 1 — Date Issued:
Owner in Fee: FEDERAL REALTY — Control #:
Address: 1626 E. JEFFERSON ST ROCKVILLE, MD 20852 — Permit #:
State: Zip: Phone: (301) 998 8100
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: APOLLO SEWER + PLUMBING
ADDRESS: BOX 303 KEYPORT NJ 07735
PHONE: 1800 722 0296
LIC #: 6737
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 222-347-267

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
1	Urinal / Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
1	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition — ☐ Fence: Height (6' or More)
☐ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

TOTAL NUMBERS

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WOR

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fu
Combustable Liquid Storage Tanks Capacity: Fu
L.G.P. Storage Tanks Capacity: Fu

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Strand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Hollywood Video Store

Site Location: Brick Plaza Center Date Rec'd.: 9-09-98
Block: 468 67 Lot: 246 811 Date Issued:
Owner in Fee: Federal Realty Trust Control #:
Address: 1626 Jefferson ST Permit #:
Rockville Md
Phone # 301 998 8100
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: Tim Peters	CONTRACTOR:
ADDRESS: Toms River	ADDRESS:
PHONE: 732 341-4414	PHONE:
LIC #: 7116	LIC #:
LIC. EXPIRATION DATE: —	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): —	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ Water Closet	
_____ Urinal / Bidet	
_____ Bath Tub	
_____ Lavatory	
_____ Shower	
_____ Floor Drain	
_____ Sink	
_____ Dishwasher	
_____ Drinking Fountain	
_____ Washing Machine	
_____ Hose Bibb	
_____ Gas Piping	
_____ Fuel Oil Piping	
_____ Water Heater	
_____ Steam Boiler	TYPE OF WORK
_____ Hot Water Boiler	□ New Building
_____ Sewer Pump	□ Addition □ Fence: / Height (6' or More)
_____ Interceptor / Separator	□ Alteration □ Sign: Sq. Ft.
_____ Backflow Preventer	□ Roofing □ Pool (In Ground)
_____ Greasetrap	□ Siding □ Pool (Above Ground)
_____ Water Cooled AC or Refrig. Unit	□ Other: □ Asbestos Abatement
_____ Sewer Connection	□ Other: □ Demolition
_____ Septic (Disposal System) Closure	BUILDING CHARACTERISTICS
_____ Water Service Connection	USE GROUP Present: Proposed:
_____ Gas Service Connection	CONSTR. CLASS Present: Proposed:
_____ Active Solar System	No. of Stories:
_____ Vent Through Roof	Height of Structure:
_____ Other	Area - Largest Floor:
	New Building Area / All Floors:
Estimated Cost of Plumbing Work: $	Volume of Structure: Total Land Disturbed:
Signature:	Signature:
Owner □ Contractor □	
SUBCODE APPROVAL:	Estimated Cost of Building Work:
PLANS: Required □ Approved □	New Building (1): $
Approved by:	Aleration (2): $
Date:	TOTAL (1+2): $
CONTRACTOR AFFIX SEAL:	SUBCODE APPROVAL:
	PLANS: Required □ Approved □
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

Hollywood Video

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #.: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

RECEIVED
SEP 1 1 1998
DIV. OF INSPECTION

FIRE PROTECTION SUBCODE

CONTRACTOR: Bob Solomon RG Solomon
ADDRESS: Royal CT #-15
Spring Lake Heights NJ 07762
PHONE: 732-449-8708
LIC. #.: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22-3496080

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source 6"
Method of Valve Supervision Tamper switch flow
Local Alarm Supervision
Central Supervsion To be Determined later by owner
Proprietary Supervision

	Capacity:	Fuel:
Flammable Liquip Storage Tanks		
Combustable Liquid Storage Tanks		
L.G.P. Storage Tanks		

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	

Exit + Entrance lights

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems
Co2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
Other
Other
Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

RECEIVED
DEC 6 1998
DIV. OF CONSTRUCTION

Site Location: Brick Plaza — Date Rec'd.:
Block: 671 Lot: 2 — Date Issued:
Owner in Fee: Hollywood Video — Control #:
Address: Federal Realty — Permit #:
1626 Jefferson Ave
Rockville
State: MD Zip: 20852 Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

Update 98-4304+a

ELECTRICAL SUBCODE

CONTRACTOR: ITS Electrical Const
ADDRESS: 506 Michelle Pl.
Brick NJ 08723
PHONE: 477-1725
LIC #: 11930 EXP. DATE: 2000
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
Temp. Service 100 Amp.		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 600.00
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

SEE BACK

HOLLYWOOD VIDEO

Site Location: Brick Plaza Shopping Center — Date Rec'd.:
Block: 227.468 Lot: 8 — Date Issued:
Owner in Fee: Federal Realty — Control #:
Address: — Permit #:

State: NJ Zip: 08723 Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition — ☐ Fence: Height (6' or More)
☐ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

TOTAL NUMBERS

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR: MAC Sprinkler Inc.
ADDRESS: 2871 Bristol Pike
Bensalem Pa. 19020
PHONE: 215-245-0133
LIC. #: [illegible] EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 23-288-5967

TECHNICAL DATA (DESCRIPTION OF WORK)

Update 98-4304+C

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source: City Water
Method of Valve Supervision: Tamper Switch
Local Alarm Supervision: Yes
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	59
Dry Sprinkler Heads	
Total	59
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	0
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $ 14,000.00
Signature: [signature]
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Recepracles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: Chapman USA INC
ADDRESS: 703 McCormick Drive
Toms River NJ 08753
PHONE: (732) 270-6200
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 22-3254-958

TECHNICAL DATA (DESCRIPTION OF WORK)

SHELL ONLY

6" D.P. WATER SOURCE

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source - STUB IN
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

	Capacity:	Fuel:
Flammable Liquip Storage Tanks		
Combustable Liquid Storage Tanks		
L.G.P. Storage Tanks		

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	

Stand Pipes
Kitchen Hood Exhaust Systems
Pre-Engineered Systems
Co2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Appliance:
Other
Other:
Estimated Cost of Fire Protection Work: $ 70000.00
Signature: V.P.
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM 98-4304
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: BRICK PLAZA / Hooper Ave Date Rec'd:
Block: 671 Lot: 2 Date Issued:
Owner in Fee: FEDERAL REALTY TRUST Control #:
Address: 1626 E. JEFFERSON ST. Permit #: 98-4304
ROCKVILLE, MD 20852
TEL (301) 998-8100
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: OCEAN PIPE WORKS
ADDRESS: P.O. BOX 945
OCEAN GATE N.J. 08740
PHONE: 732-269-5382
LIC #: 7589
LIC. EXPIRATION DATE: 6-99
FEDERAL EMP. # (or S.S. #): 22898722

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
1	Sewer Connection
	Septic (Disposal System) Closure
1	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
1	Other ROOF DRAINS

Change of Contractor

Estimated Cost of Plumbing Work: $ 5,000.00
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Brick Plaza 468-671 24688 11
Work Site Address Block Lot

Federal Realty Trust
Owner's Name, Address, Phone

Tayloff Const Corp 35 Colby Ave Manasquan NJ 08736
Contractor's Name, Address, Phone

Construction new building 1 story
Describe type (Single-family home, etc.)

Demolition —
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 2 30yd Dumpsters general construction debris

Name, address and phone of party responsible for removal of debris:
Waste Management Company

Size of dumpster: 30yd

Destination of discarded debris: Certified Dump

Hauler's DEP Permit No.: 17273

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Tom Moore Tom Moore 9-10-98
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

RECEIVED
SEP 11 1998
DIV. OF INSPECTION

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

WARNING: SEE BACK FOR LIST OF SECURITY FEATURES

Federal Realty Investment Tr.
1626 East Jefferson Street
Rockville
MD 20852-4041

0087556
65-320/550

010567

November 6, 1998

$**********1,500.00*

********** One THOUSAND, Five HUNDRED DOLLARS **********

1st Union National Bank of MD
12244 Rockville Pike
Rockville, MD 20852

Pay to the order of:
Brick Township
401 Chambers Bridge Road
Brick NJ 08723

By

Affordable Housing
Hollywood Video

[redacted]

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

Date: 11-9-98

Business/Development: Hollywood Video

Owner/Applicant: Federal Realty

Property Address: Brick Plaza

Block: 671 Lot: 24.6 & 11

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 0087556

Estimated Fee $ 300,000

Deposit Amount $ 1500.00

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 Treasufer's Office by:

Signature

11/9/98

Date

COUNTER FORM
PLEASE PRINT

Rec 11/20/98

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: CHAMBERS BRIDGE/RT 70 Date Rec'd.:
Block: 468.671 Lot: 129 Date Issued:
Owner in Fee: FEDERAL REALTY Control #:
Address: 1626 E. JEFFERSON ST. Permit #:
ROCKVILLE MD 20852
State: MD Zip: 20852 Phone: (301) 998-8128
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: SAR-SER INC
ADDRESS: 198 N. MAIN ST
WILKES-BARRE PA 18702
PHONE: 717-829-4078
LIC #: 277
LIC. EXPIRATION DATE: 6-99
FEDERAL EMP. # (or S.S. [redacted]

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
CONSTRUCTION OF NEW 6000 SQ FT. BUILDING AT BRICK PLAZA. FOR HOLLYWOOD VIDEO

RECEIVED
OCT 27 1998
DIV. OF INSPECTION

Change of contractor

TYPE OF WORK

- ☑ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other:
- ☐ Other:
- ☐ Fence: Height (6' or More)
- ☐ Sign: Sq. Ft.
- ☐ Pool (In Ground)
- ☐ Pool (Above Ground)
- ☐ Asbestos Abatement
- ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP M Present: Proposed:
CONSTR. CLASS 2C Present: Proposed:
No. of Stories: ONE
Height of Structure: 22'-10"
Area - Largest Floor:
New Building Area / All Floors: 6000 SQ FT
Volume of Structure: Total Land Disturbed:
Signature: Herbert Starr

Estimated Cost of Building Work:
New Building (1): $ 300,000
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

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

TOTAL NUMBERS

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Date Rec'd.:
Block: 671 Lot: 2 4 6 8 11 Date Issued:
Owner in Fee: Federal Realty Control #:
Address: 1620 East Jefferson ST Permit #:
Rockville MD.
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner.

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Installing a 600 AMP service
and (2) 200 AMP 42 ckt. 120/208 3φ
panels

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Hollywood Video White Box only

COUNTER FORM
PLEASE PRINT

RECEIVED
NOV 2 3 1998
DIV. OF INSPECTION

ELECTRICAL SUBCODE

CONTRACTOR: ITS Electric
ADDRESS: 566 Michelle Pl.
Brick NJ 08723
PHONE: 477-1725
LIC. #: 11930 EXP. DATE: 2001
FEDERAL EMPL. #: (or S.S. #) [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles	1	
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service	600	AMP
AMP Subpanels	2 200 A ea	AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other Disconnect	6	50 amp
Other CT Cabinet		
Other		
Other		

Change Order
11/23/98

Estimated Cost of Electrical Work: $ 12,000.00
Signature (print name): FRED REIS
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #)

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

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

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: