BLOCK 671 LOT 8 QUALIFICATION CODE C8-18 ADDRESS (SITE) _____ PERMIT NO. 99-1269

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: BLICK PLAZA 1000 CHAMPION MILL RD
2. Name of Owner in Fee: COMCAST MOTOROLA Tel. (610) 995-3843
   Address 408 E SWEDELAND WAYNE PA 19087
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: S. HECHT & SONS Tel. (215) 925-6337
   Address 708 SOUTH 5th PHILA PA 19147
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 23-17-5250 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

Tenant Fit up Comcast cellular ore

V. FEE SUMMARY (for office use only)

			tA Update	tB Update
1. Building	$	510 -		
2. Electrical		78 -	35	35
3. Plumbing		80 -		
4. Fire Protection		45 -		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		33 -	2 -	2
10. Subtotal				
11. Cert. of Occupancy				
12. Other		30		
13. TOTAL	$	776 -	37	37

tA tB tC 25- 25-

VI. BUILDING/SITE CHARACTERISTICS

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

ABBT FINAL APPROVAL

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☒ Alteration	
5. ☑ Fire Protection	
6. ☐ Plumbing	
7. ☒ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	60,000

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[illegible]	3/24/99		4-23-99	FM	6/14/99		ok
	RESUBMIT				See Remarks	ok 6/17/99	
DATE	4/6/99	ok	4-21-99	[illegible]	6-15-99	ok	
			4-20-99	[illegible]	6/15/99	ok	
FWO	4/14/99		4/14/99	[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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2) 0
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-5) BOCA
6. ☐ One-Family (R-6) CABO

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

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

A.H.&B.T. MANDATORY COMMERCIAL FINAL APPROVAL

LDS BR 10401440

U.C.C. F100-1 (rev. 3/98)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name S. HECHT SONS

Address 709 SOUTH 5th PHILA. PA.

Telephone (215) 925-6337

Signature Dorothy Cadens

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only).

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/24/99
Control #
Permit # 99-1269

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee/Occupant COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Telephone (610)995-3843
Contractor S HECHT & SON'S
Address 708 STH AVE
PHILADELPHIA, PA 19147-
Telephone (215)925-6337 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1715250

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP
COMCAST CELLULAR ONE

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J. Cinnazza

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 27268
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/24/99
Control #
Permit # 99-1269

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee/Occupant COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Telephone (610)995-3843
Contractor S HECHT & SON'S
Address 708 STH AVE
PHILADELPHIA, PA 19147-
Telephone (215)925-6337 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1715250

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP
COMCAST CELLULAR ONE

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards is scope of work
[ ] Partial or limited time period (___ years); see file

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J. Cinnazza
CONSTRUCTION OFFICIAL
B.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 27268
Collected by: IL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
1269**

BLOCK 671 # 0.00
LOT 8 # 0.00
BUILDING 510.00
ELETRIC* 78.00
PLUMBING 80.00
FIRE 45.00
D.C.A. 33.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 776.00
CHECK 776.00
CHANGE 0.00
04/29/99 NO. 5 0007A005 08:45

Date Issued 04/29/99
Control #
Permit # 99-1269

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Telephone (610)995-3843

Contractor S HECHT & SON'S
Address 708 STH AVE
PHILADELPHIA, PA 19147-
Telephone (215)925-6337
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1715250

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:
TENANT FIT UP
COMCAST CELLULAR ONE

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 $ 41,500

J Curazzato
Construction Official

04/29/99
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	510
Electrical	78
Plumbing	80
Fire Protection	45
Elevator Devices	0
Other	
DCA Training Fee	33
Cert. of Occupancy	0
Other ZPEP	30
Total 776 -	746
Check No.	27268
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/02/99
Control #
Permit # 99-1269+A
Permit Issued 04/29/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD WAYNE, PA 19086-
Telephone (610)995-3843

Contractor COMCAST BUSINESS TELE SERVICE
Address 1105 N MARKET ST WILMINGTON, DE
Telephone (610)992-9777
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 51-0376171

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:
DATA VOICE LOW VOLTAGE WIRING - CAT 5 PLENUM CABLING ONLY

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	37
Check No.	1003
Cash	
Collected By	CS

Estimated Cost of Work $ 3,000

J. Cirrotta / MS
Construction Official

06/02/99
Date

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

0010
1269*#
BLOCK 671 #
LOT 8 #
PLUMBING 25.00
TOTAL 25.00
CASH 25.00
CHANGE 0.00
06/15/99 NO. 5 0003A005 08:01

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/15/99
Control #
Permit # 99-1269+C
Permit Issued 04/29/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
GAS PIPING
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Telephone (610)995-3843

Contractor MANNY STEIN INC
Address 199 SCOTLAND RD
ORANGE, NJ 07050-
Telephone (973)672-0900
Lic. No. or Bldrs. Reg. No. 7065
Federal Emp. No. 22-1693841

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:
GAS PIPING TO RELOCATE WATER HEATER PAID FOR ON AN ORIGINAL PERMIT

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	25
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	25
Check No.	
Cash	X
Collected By	LRT

Estimated Cost of Work $ 300

L. Curiazza/BO
Construction Official

06/15/99
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/02/99
Control #
Permit # 99-1269+B
Permit Issued 04/29/99

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Telephone (610)995-3843

Contractor BELL ATLANTIC OF NJ
Address 777 PARKWAY AVE
TRENTON, NJ 08618-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-618

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DATA/VOICE LOW VOLTAGE WIRING- VOICE LINES, ISDN FIBER FOR T1 TO COMMUNICATION ROOM

Estimated Cost of Work $ 2,000

J. Cervanya/ las
Construction Official

06/02/99
Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	37
Check No.	1003
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/06/99
Date Issued 4/29/99
Control # C8-18
Permit # 99-1269

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(610)995-3843
Contractor S HECHT & SON'S
Address 708 STH AVE
PHILADELPHIA, PA 19147-
Tele.(215)925-6337 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1715250

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP
COMCAST CELLULAR ONE

Note: Any Trim or Lettering As Noted in Letters on Arch #3 must Have Flame Spread & Smoke Developed Info

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/23/99	FD
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 6-14-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5/3/99	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	510
[ ] 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	$ 510
DCA Training Fee	$ 16

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/06/99
Date Issued 4/29/99
Control # C8-18
Permit # 99-1269

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

Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP

Owner in Fee COMCAST METRO PHONE

Address 408 E SWEDESFORD RD
WAYNE, PA 19086-

Tele.(610)995-3843

Contractor S HECHT & SON'S

Address 708 STH AVE
PHILADELPHIA, PA 19147-

Tele.(215)925-6337 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-1715250

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/23/99	FD
[ ] 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 B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

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

TENANT FIT UP
CONCAST CELLULAR ONE

Note: Any Trim or Lettering As Noted in Letters on Arch #3 must Have Flame Spread & Smoke Developed Info

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	510
[ ] 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	$ 510
DCA Training Fee	$ 16

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/06/99
Date Issued 4/29/99
Control # C8-18
Permit # 99-1269

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

Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP

Owner in Fee COMCAST METRO PHONE

Address 408 E SWEDESFORD RD
WAYNE, PA 19086-

Tele.(610)995-3843

Contractor S HECHT & SON'S

Address 708 STH AVE
PHILADELPHIA, PA 19147-

Tele.(215)925-6337 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-1715250

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/23/99	FH
[ ] 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 B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

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

TENANT FIT UP
COMCAST CELLULAR ONE

Note: Any Trim or Lettering As Noted in Letters on Arch #3 must Have Flame Spread & Smoke Developed Info

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	510
[ ] 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	$ 510
DCA Training Fee	$ 16

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/12/99
Date Issued ~~01/01/54~~ 6-2-99
Control #
Permit # 99-1269+B

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.( ) Fax ( )
Contractor BELL ATLANTIC OF NJ
Address 777 PARKWAY AVE
TRENTON, NJ 08618-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-618

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [X] Other COMCAST
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/18/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-15-99
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service			6/15	
Final			6/15/99	

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		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 $ 2

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 05/12/99
Date Issued ~~01/01/54~~
Control # 62-99
Permit # 99-1269+A

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(610)992-9777 Fax ( )
Contractor COMCAST BUSINESS TELE SERVICE
Address 1105 N MARKET ST
WILMINGTON, DE
Tele.(610)992-9777
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 51-0376171

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [X] Other COMCAST STORE
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/18/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-15-99
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			6-15-99	Z

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		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 $ 2

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4/29/99
Date Issued
Control # 99-1269
Permit #

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

Block 67 Lot 8
Work Site Location 1 COMCAST CELLULAR ONE
BRICK PLAZA BRICK TWP.
Owner In Fee/Occupant COMCAST METRO PHONE
Address 408 E SWADE ROAD
WAYNE PA. 19087
Tele. (610) 695-3943
Contractor ~~APEX ELECTRICAL CONTRACTING, INC.~~
Address ~~5 MONTESANO ROAD~~
~~FAIRFIELD, NJ 07004~~
Tele. (~~973~~) ~~575-7979~~ Fax (~~973~~) ~~575-0426~~
Lic. No. ~~5348A~~
Federal Emp. No. ~~22-3398187~~

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as MERCANTILE Utility Co. GPU
Est. Cost of Elec. Work $ 29000 — 37K

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 4-28-99
Approved by: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-15-99
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	DC		5-3-99	MM
Temp. Serv.				
Constr. Serv.				
TCO-Thick			5.3.99	MM
Other open ceiling			5-21-99	MM
Service			5/19/99	MM
Final			6/14/99	MM

Temp. Cut-in-Card Date Issued 5/19/99 MM
Final Cut-in-Card Date Issued 6/14/99

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
60		Lighting Fixtures	
46		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
18		Emergency & Exit Lights	
12		Communications Points	
		Alarm Devices/F.A.C. Panel	
142		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
	2	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
1		KW Baseboard Heat	
4		HP Motors 1/+ HP	
		KW Transformer/Generator	
EXISTING		AMP Service	
EXISTING		AMP Subpanels	
1		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	

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

ROUND BOTS in cabinets NOT FLUSH to surface metal. 6-14-99 MM

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

DATE	JOB CONDITION / COMMENTS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/12/99
Date Issued 01/01/64
Control # 62447
Permit # 99-1269+B

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.( ) Fax ( )
Contractor BELL ATLANTIC OF NJ
Address 777 PARKWAY AVE
TRENTON, NJ 08618-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-618

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [X] Other COMCAST
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/18/99
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 am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 2

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 05/12/99
Date Issued 01/01/1954
Control # 6-2-99
Permit # 99-1269+B

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.( ) Fax ( )
Contractor BELL ATLANTIC OF NJ
Address 777 PARKWAY AVE
TRENTON, NJ 08618-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-618

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [X] Other COMCAST
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/19/99
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 am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
0		Pool Permit/with OW 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 $ 2

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 05/12/99
Date Issued ~~01/01/54~~
Control # 62-99
Permit # 99-1269+A

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(610)992-9777 Fax ( )
Contractor COMCAST BUSINESS TELE SERVICE
Address 1105 N MARKET ST
WILMINGTON, DE
Tele.(610)992-9777
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 51-0376171

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [X] Other COMCAST STORE
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/18/99
Approved By:

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other	[redacted]	[redacted]		
Service				
Final				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		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 $ 2

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 05/12/99
Date Issued ~~01/01/54~~
Control # 62-99
Permit # 99-1269+A

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
COMM POINTS
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(610)992-9777 Fax ( )
Contractor COMCAST BUSINESS TELE SERVICE
Address 1105 N MARKET ST
WILMINGTON, DE
Tele.(610)992-9777
Lic. No. or Hldrs. Reg. No.
Federal Emp. No. 51-0376171

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [X] Other COMCAST STORE
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/18/99
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 am 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	
1		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		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	$ 2

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4/29/99
Date Issued
Control # 99-1269
Permit #

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

Block 671 Lot 8
Work Site Location COMCAST CELLULAR ONE
BRICK PLAZA BRICK TWSP.
Owner in Fee/Occupant COMCAST MICRO PHONE
Address 408 E SWEDE FORD
WAYNE P.A. 19086
Tele. (610) 695-38463
Contractor APEX ELECTRICAL CONTRACTING, INC.
Address 5 MONTESANO ROAD
FAIRFIELD, NJ 07004
Tele. (973) 575-7979 Fax (973) 575-0426
Lic. No. 5340A
Federal Emp. No. 22-2299137

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as MERCANTILE Utility Co. GPU
Est. Cost of Elec. Work $ 20000—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 4-28-99
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[W] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
60		Lighting Fixtures	
46		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
18		Emergency & Exit Lights	
12		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
142		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
1		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
EXISTING		AMP Service	
EXISTING		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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 4/29/99
Control # FC8-1815
Permit # 99-1269

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(973)575-0426 Fax ( )
Contractor APEX ELECTRICAL CONT. INC.
Address 5 MONTESANO RD
FAIRFIELD, NJ 07004-
Tele.(973)575-0426
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2398137

B. FIRE PROTECTION CHARACTERISTICS

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6-15-99
Approved By: KCR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work: mercantile use group
Water Supply Source
Method of Alarm/Suppr Sys Superv NO SPR REQUIRED

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls;water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices EMER/EXIT LITES	35	
TOTAL	35	45
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		0
Other		0

EXISTING HVAC confirm size in field may need S.D.'s for shutdown

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 45
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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 4/29/99
Control # 1C8-18
Permit # 99-1269

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee COMCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(973)575-0426 Fax ( )
Contractor APEX ELECTRICAL CONT. INC.
Address 5 MONTESANO RD
FAIRFIELD, NJ 07004-
Tele.(973)575-0426
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2398137

mercantile use N/A

B. FIRE PROTECTION CHARACTERISTICS

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 6-15
Approved By: KCR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

Dates (Month/Day)

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: Mercantile use group
Water Supply Source
Method of Alarm/Suppr Sys Superv — No SPK Required

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

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices EMER/EXIT LITES	35	
TOTAL	35	45
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		0
Other		0

Existing HVAC confirm size in field may need S.D.'s for shutdown

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 45
	DCA Training Fee	$ 0

TOWNS[illegible] OF BRICK
401 CH[illegible]ERS BR[illegible]GE RD
DIVIS[illegible]F INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/06/99
Date Issued 4/29/99
Control # C8-18
Permit # 99-1269

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

Block 671 Lot 8 Qual
Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST
TENANT FIT UP
Owner in Fee CONCAST METRO PHONE
Address 408 E SWEDESFORD RD
WAYNE, PA 19086-
Tele.(973)575-0426 Fax ( )
Contractor APEX ELECTRICAL CONT. INC.
Address 5 MONTESANO RD.
FAIRFIELD, NJ 07004-
Tele.(973)575-0426
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2398137

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present_____ Proposed B
Constr Class Present_____ Proposed_____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [X] Elect [ ] Solar
[ ] Other_____
Location:_____
Total Est Cost of Fire Prot Work $ 500.

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

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-15-99
Approved By: KER
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-17-99
Approved By: KER

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys		6-14-99	6-17-99	KER
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

Dates (Month/Day)

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: Mercantile Use Group
Water Supply Source
Method of Alarm/Suppr Sys Superv No SPS Required

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity_____ 0 Fuel_____
Alarm Systems [ ] 110v Interconnected
[ ] System

Existing HVAC confirm size in field may need S.D.'s for shutdown

	NUMBER	FEE (Office Use Only)
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0 ?	
Other Devices EMER/EXIT LITES	35	
TOTAL	35	45
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		0
Other		0

Horn strobe installed
2 SDS

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	45
DCA Training Fee	$	0

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

DIVIS[redacted] INSPECTIONS
401 CH[redacted]ERS BR[redacted]GE RD
TOWNS[redacted]OF BRICK

TECHNICAL SECTION
SUBCODE
FIRE PROTECTION
UCC NEW JERSEY

Permit #
Control # C8-18
Date Issued / /
Date Received 04/06/99

6-14-99

Reps 215 509 8210

(2)

- Fire Alarm - Test HVAC Units
Smokes
Need Alarm
Label Location
@ HVAC Unit

N/A mech. use same
- SPK in storage room

- Remove Dead Bolt

- 6x12 w/ Hazard Extinguisher

- Emergency

Comcast Cellular

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 4/29/99
Date Issued
Control #
Permit # 99-1269

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

Block 671 Lot 8
Work Site Location BRICK PLAZA
1000 CHAMBERBURG LN. N. J.
Owner in Fee COMCAST METRO DIVISION
Address 408 E SWEDESFORD
WAYNE PA. 19086
Tele. (610) 995-3843
Contractor Mcavoy Stein Inc.
Address 199 Scotland Road
Orange New Jersey 07050
Tele. (973) 672-6960 Fax (973) 672-8761
Lic. No. 7065
Federal Emp. No. 22-1693841

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓ M
Building Sewer Size 4" Public Sewer ✓ Private Septic _____
Water Service Size 3/4" Public Water ✓ Private Well _____
Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 4-29-99
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			4-29	
Gas Equipment				
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]
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink (Relocate mop sink)	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater (Relocate existing water heater)	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other CAP OFF W+S LINES	
	Other	
	Other	

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

Cap off water, waste and vent piping no longer to be used both below floor and above ceiling.

1996 Code

U.C.C. F130 (rev. 3/98)

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

Comcast Cellular One
Township of Brick

PLUMBING SUBCODE TECHNICAL SECTION

Update 6-15-99

Date Received
Date Issued
Control #
Permit # 99-1269+C2

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

Block 671 Lot 8
Work Site Location BRICK PLAZA
1000 CHAMBERS BRIDGE RD
Owner in Fee COMCAST METROPHONE
Address 408 E. SWEDESFORD RD
WAYNE PA
Tele. (610) 995-3843
Contractor MANNY STEIN, INC.
Address 199 SCOTLAND RD.
ORANGE, NJ 07050
Tele. (973) 672 0900 Fax (973) 672 8761
Lic. No. 7065 & 8266
Federal Emp. No. 22 1693841

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 300.00.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6-15-99
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping (To relocated hot water heater)	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

Comcast Cellular

PLUMBING SUBCODE TECHNICAL SECTION

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

Block 6.11 Lot 8

Work Site Location Plaza

Owner in Fee Comcast

Address

Tele. ( )

Contractor Inc.

Address Road

07050

Tele. (973) Fax (973) 8761

Lic. No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓ M

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 4-

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6-15-99

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough			5-17-99	
Water				
Sewer				
Fixtures	6-14-99		6-15-99	
Gas Equipment				
Gas Piping				
Solar				
TCO				

Dates (Month/Day)

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's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

Date Received 4/29/99

Date Issued

Control #

Permit # 99-1269

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

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

Administrative Surcharge $

Minimum Fee $

DCA Training Fee $

TOTAL FEE $

Cap off water, waste and vent piping no longer to be used both below floor and above ceiling.

Code

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

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

7065

Comcast Cellular One
Township of Brick.

PLUMBING SUBCODE TECHNICAL SECTION

Update 6-15-99

Date Received
Date Issued
Control #
Permit # 99-1269+C

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

Block 671 Lot 8
Work Site Location BRICK PLAZA
1000 CHAMBERS BRIDGE RD
Owner In Fee COMCAST METROPHONE
Address 408 E. SWEDESFORD RD
WAYNE PA
Tele. (610) 995-3843
Contractor MANNY STEIN, INC.
Address 199 SCOTLAND RD.
ORANGE, NJ 07050
Tele. (973) 672 0900 Fax (973) 672 8761
Lic. No. 7065 & 8266
Federal Emp. No. 22 1693841

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6-15-99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-15-99
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6-15-99	
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's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping (To relocated hot water heater)	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: April 9, 1999 No. 1999-0391

Block 671 Lot 8 Zone: B-3,HD

Property Address: 1000 Chambersbridge Road, Brick Plaza

Owner: Comcast Metro Phone Phone: 610-995-3843

Applicant: Anthony Cordisio Phone: 610-663-2479

Existing Use: Vacant Unit No.16 (former Amelio's Restaurant)

Proposed Use: Comcast Cellular One Store

Proposed Construction: Interior and facade alterations for tenant fix-up.

Conditions: Interior and facade work only.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 671 LOT 8

PROPERTY ADDRESS 1000 CHAMBERBRIDGE RD

NAME OF OWNER COMCAST MORRISDALE OWNER'S PHONE (610) 995 3843

NAME OF APPLICANT ANTHONY COLOSIO

APPLICANT'S COMPLETE ADDRESS 103 LIDDINGTON AVE CHERRY HILL N.J

APPLICANT'S PHONE NUMBER (609) 46-3-2479 APPLICANT'S BUSINESS NAME P.M. 0800

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☒ Commercial (please describe) #16
- ☐ Other (please describe) use to be Cinnabon's Rest

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☒ Commercial (please describe)
- ☐ Other (please describe)

PROPOSED CONSTRUCTION TENANT F.I.T OUT · RESTAURANT TO PHASE RETAIL

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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

Signature of Applicant Anthony Colosio Date 3/25/99

Reviewed by Zoning Officer Date 4-9-99

☒ Approved ☐ Rejected

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.gbshost.com/brick
http://www.twp.brick.nj.us

April 16, 1999

S. Hecht & Sons
708 South 5th St.
Philadelphia, PA 19147

RE: Mandatory Development Fee
Block 671, Lot 8~ Brick Plaza Tenant Fit-up ~ Comcast Metro Phone

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 ofone 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 March 29, 1999, for the above block and lot at $45,000.00, resulting in an estimated fee of $450.00.

Therefore, you are required to submit one half of the estimated fee ($225.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will 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. so as 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

MandDevCommLtr2/99

TOWNSHIP OF BRICK
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council
Helen Fayad, President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Carol A. Wolfe, Administrator
Office of Affordable Housing
(732) 262-1048
FAX (732) 262-8954

Facsimile Transmittal Sheet

FROM: Carol A. Wolfe
Affordable Housing Administrator
DATE: April 16,1999
FAX NUMBER: (732) 262-8954

TO: S. Hecht & Sons
Attention: Stephanie
FAX NUMBER: (215) 923-6798

RE: Mandatory Development Fee Block 671, Lot 8 ~ Brick Plaza Tenant Fit-up

TOTAL NUMBER OF PAGES INCLUDING COVER: pages 2

NOTES/COMMENTS:

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 171 LOT 5 SITE ADDRESS Brick Plaza
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Tenant F.T.U.

APPLICANT S. Holt & Sons PHONE NUMBER 215-425-1337
APPLICANT ADDRESS _____ CITY & STATE Phila. Pa
PERMIT # CS-12 NAME OF BUSINESS Concept Metal Plate

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 45 000 00 Date 4-16-99

Estimated Required Fee $ 450.00

Required Deposit on Estimate $ 225 00 Date 4 [illegible]

Check # 119 Receipt # 5016

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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

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

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-14-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Tenant F.I.T Up Comcast MetroPhone

APPLICANT S. Hecht & Sons CITY & STATE Phila, Pa

☒ 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:

$ 45,000 ✓

Frederick R. Millman, CTA, Tax Assessor

4-16-99
Date

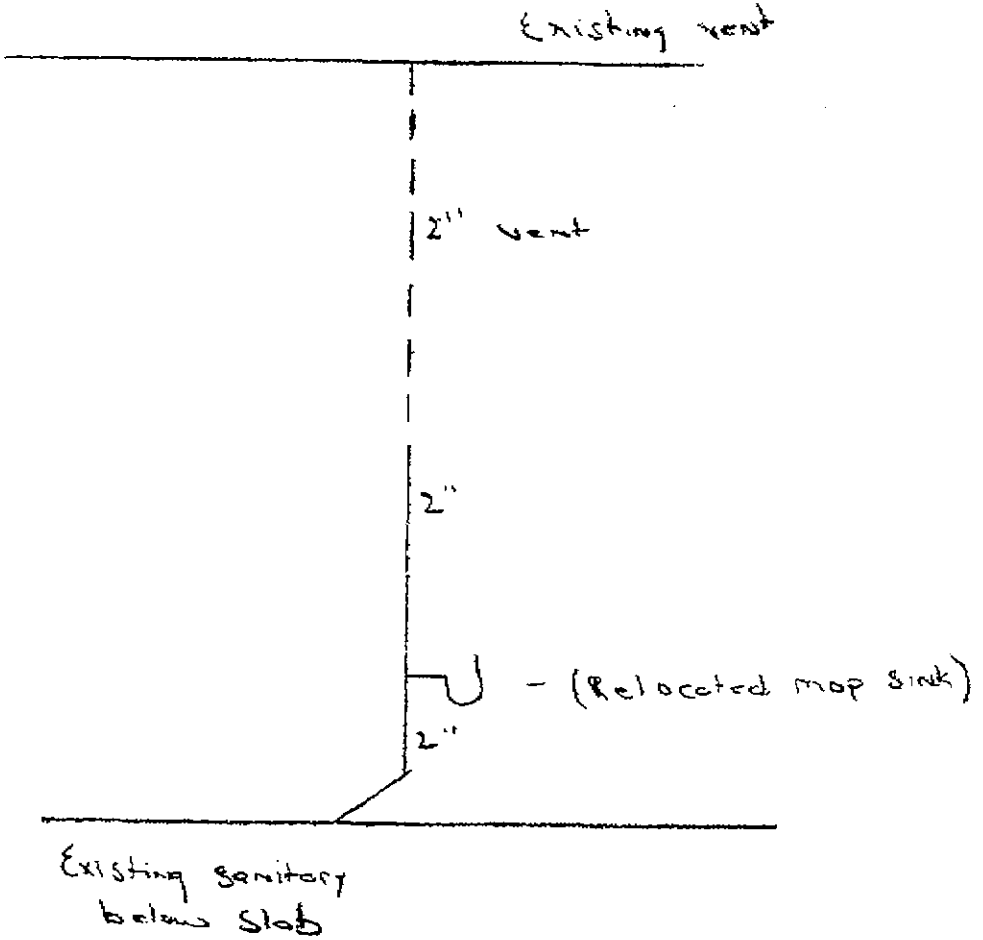
☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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



Plumbing Riser Diagram for
Comcast Cellular One
Brick Plaza / Brick Twsp

Manny Stein Inc
Mechanical Contractors
199 Scotland Road
Orange, N.J. 07050
Lic. # 7065
Ph - 973-672-0900
Fax - 973-672-8761

⑥ Relocate water waste and vent for mop sink.

⑥ Relocate water piping to hot water heater.

M. Stein INC.

N.J. PLUMBING LIC. NOS. 7065 AND 8266

MECHANICAL CONTRACTORS

199 SCOTLAND ROAD
ORANGE, NEW JERSEY 07050
(973) 672-0900
FAX (973) 672-8761

FAX TRANSMITTAL	# of Pages
To: Carol	From:
Co.	Co. M. STEIN INC.
Dept.	Phone # (973) 672-0900
Fax #	Fax # (973) 672-8761

RECEIVED
APR 06 1999
DIV. C... INSPECTION

Carol /- Building Department-

Enclosed is Isometric drawing as per your request for The Comcast Cellular One project to be performed in Brick Plaza. Our company will be relocating the water waste and vent piping approximately 5' for the existing mop sink to be relocated. Should you have questions kindly call David Stein at 973-672-0900. Thank You

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

TOWNSHIP OF BRICK, OCEAN CO. N.J. 1850

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 3/25/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 671 Lot: 8

I, Comcast Cellular Ont (name) of 1000 Chambers Bridge Rd (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / (is not) located in a flood zone.

Respectfully yours,

[signature]
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 4/14/99 By: [signature]

Rejected Date: ____ By: ____

Remarks: Interior Only – NO SITE work!

National Services Group, Inc.

626 C Admiral Drive, Suite 120, Annapolis MD 21401 ,USA
Telephone 410 544 1700 Facsimile 410 544 1692
NSG Voice Pager # 410 814 3890

TRANSMITTAL

Web Site : www.nationalpermits.com
E Mail : nsginc@nationalpermits.com

NSG Project Number : **9990044**

Date : 12-Mar-99
Time: 10:37 AM

CONTACT / TO :	**Frank Mizer/ Tina Lines**
Company:	**Bricktown**
Address:	**401 Chamberland Road**
Address :	
City / State :	**Bricktown, NJ 08723**
Telephone	**732-262-1024**
Facsmile	**732 262 1041**

SHIPPED VIA :	UPS # A345 628 515 2
TYPE SERVICE:	Next Day
WEIGHT / PKG:	3

WE TRANSMIT: X HEREWITH in accordance with your request

THE FOLLOWING :
X DRAWINGS
shop drawing prints / product Literature -see detail below

FOR YOUR:
X APPROVAL
X review and comment
distribution to parties
X record / info / use

NSG PROJECT REF : 9990044
Comcast Cellular One
Brick Plaza
Brick Township, NJ

#		DESCRIPTION	CODE
1		Application Package / Tech Sheets	E
2	Sets	Plans / Documents / Package	E
1		Zoning Application	E
			E
1		Named GC & Subcontractors	E

ACTION CODE:
A: ACTION INDICATED B: NO ACTION INDICATED C: FOR SIGNATURE AND RETURN
D: FOR SIGNATURE AND FORWARDING AS NOTED BELOW E: SEE REMARKS BELOW

ATTENTION: Frank Mizer/ Tina Lines

Submitted for your review and approval . Toll Free Tel : 888 544 3710

Thank You

NSG Project Services Coordinator : Lauren Chase

IF YOU HAVE ANY QUESTIONS , PLEASE CONTACT NSG :
OFFICE HOURS 8:30 AM -5:00 +- PM , EST MON - FRI

National Permit Services
Code Review & Analysis Review
USA

Retail Design & Development Services
Jurisdictional & Informational Reporting
CANADA

National Services Group, Inc.
626 C Admiral Drive, Suite 120, Annapolis MD 21401 ,USA
Telephone 410 544 1700 Facsimile 410 544 1692
Web Site : www.nationalpermits.com
E Mail : nsginc@nationalpermits.com

NSG PROJECT DATA SHEET

NSG Project Number: 9990044

TENANT		TENANT OWNER		MALL / SHOPPING CTR		MALL OWNER/ MGMT	PROPERTY OWNER
Contact		Contact	J Craig Murphy	Contact			
Tenant :	Comcast Cellular One	Corporation:	Comcast Metrophone	Corporation:	Brick Plaza	Federal Realty Investmt Trust	
Address:	1000 Chambersburg Road	Address:	480 East Swedesford	Address:	1000 Chambersburg Road		
Address / Space #	Space # 16	Address:		Address:			
City Zip:	Brick Township, NJ	City Zip:	Wayne, PA 19087	City Zip:	Brick Township, NJ		
		Tel	610-995-3843	Tel			
		Fax	610-995-3841	Fax			
		Alt Contact:		Alt Contact:			
		Alt Tel:		Alt Tel:			
		Email:		Email:			

PROJECT ARCHITECT		MEP DESIGNER		STRUCTURAL OR CONSULTANT		EXPEDITOR	SHELL ARCHITECT
Contact	Rob Truitt	Contact	Eric Oldenburg	Contact			
Corporation:	Charles E Broudy & Assoc	Corporation:	M - Retail Engineering, Inc.	Corporation:			
Address:	224 South 20th Street	Address:	635 Brookedge Blvd	Address:			
Address:		Address:	Suite 100	Address:			
City Zip:	Philadelphia, PA 19103	City Zip:	Westerville, OH 43081	City Zip:			
Tel	215-563-9499	Tel	614-818-2323	Tel			
Fax	215-563-6719	Fax	614-818-2337	Fax			
Design Contact :		Design Contact :		Design Contact			
Email :		Email :		Email :			

BUILDING DEPT		HEALTH DEPT		FIRE REVIEW		STATE	BUSINESS
Contact	Frank Mizer/ Tina Linea	Contact		Contact	Frank Mizer/ Tina Linea		
Department:	Bricktown	Corporation:		Corporation:	Bricktown		
Address:	401 Chamberland Road	Address:		Address:	401 Chamberland Road		
Address:		Address:		Address:			
City Zip:	Bricktown, NJ 08723	City Zip:		City Zip:	Bricktown, NJ 08723		
Tel	732-262-1024	Tel		Tel	732-262-1024		
Fax	732 262 1041	Fax		Fax	732 262 1041		
Reviewer Contact:	Frank Mizer / John	Reviewer Contact:		Reviewer Contact:			
Reviewer Tel:		Reviewer Tel:		Reviewer Tel:			
Zoning Contact:	Shawn Kinney	Email:					
Zoning Tel	732 262 1041						
# Sets	2	# Sets		# Sets	0	0	0
# Applications	1	# Applications	0	# Applications	wbldg	wbldg	wbldg

TENANT CONTRACTOR						HISTORIC APPROVALS	OTHER
Contact	Bill Hotz	Mall / Strip/ Etc	Strip	Square Footage	2727		
Corporation:	Hotz Development & Const	Year Built	1954	Space FloorLev	1	N/ A	
Address:	10 Peapack Road	# Levels		Space Number	Space # 16		
Address:		Previous Tenant	Arneloe	Lot , Block , Par	Lot # 8 Blk # 671		
City Zip:	Far Hills, NJ 07931	Previous Use	Restaurant- M	Zoning :			
		New Use	M	Sprinklered	Yes		
Telephone:	908-781-9322	Type Const	5 B	Work Descriptc	Remodel / Interior Alt		
Facsimile:	908 781 9276	Occupancy		Const. Cost	$86,200.00		
Federal ID #	22 299 89 31			Store Type	Inline Mall		
GC State Lic #				Product / Type	Retail Sales		
GC Insurance					# Sets	0	

NATIONAL SERVICES GROUP CONTACT :

* **PLEASE FORWARD ANY / ALL COMMUNICATION / COMMENTS / REQUESTS REGARDING THE ABOVE REFERENCED NSG PROJECT TO:**

ATTENTION :
ALEXANDRA CHASE
NSG PROJECT COORDINATOR
NATIONAL SERVICES GROUP, INC
626 C ADMIRAL DRIVE , SUITE 120
ANNAPOLIS , MD 21401 , USA

TELEPHONE: *410 544 1700*
TOLL FREE : *888 544 3710*
FAX : *410 544 1692*
E-MAIL : *nsginc@nationalpermits.com*
WEBSITE : *nationalpermits.com*

COMCAST METROPHONE

480 E. Swedesford Road
Wayne, PA 19087-1887

September 23, 1998

Re: "Comcast Metrophone" Stores

To whom it may concern:

Owner / Tenant Authorization

This letter certifies that the representative(s) below are authorized to act as "Comcast Metrophone" owner agent in order to obtain any and all applicable Building Local & State, Health & Demo permits and make minor revisions as authorized to the Plans and Documents.

National Services Group, Inc.
626 C Admiral Drive, Suite 120
Annapolis, MD 21401 USA
Tel: 410-544-1700 Fax: 410-544-1692
Email: naginc@nationalpermits.com

If you have any questions regarding this matter, please contact the undersigned.

Thank You.

Sincerely,

J. Craig Murphy
Director of Retail Operations

JCM/leh

cc: National Services Group, Inc.
Charles Broudy & Associates, Ed Einhouse

National Services Group, Inc.
626 C Admiral Drive, Suite 120, Annapolis MD 21401 ,USA
Telephone 410 544 1700 Facsimile 410 544 1692
Web Site : www.nationalpermits.com
E Mail : nsginc@nationalpermits.com

NSG PROJECT DATA SHEET

NSG Project Number: 9990044

TENANT		TENANT OWNER		MALL / SHOPPING CTR		MALL OWNER/ MGMT	PROPERTY OWNER
Contact		Contact	J Craig Murphy	Contact			
Tenant :	Comcast Cellular One	Corporation:	Comcast Metrophone	Corporation:	Brick Plaza	Federal Realty Investmt Trust	
Address:	1000 Chambersburg Road	Address:	480 East Swedesford	Address:	1000 Chambersburg Road		
Address / Space #	Space # 18	Address:		Address:			
City Zip:	Brick Township, NJ	City Zip:	Wayne, PA 19087	City Zip:	Brick Township, NJ		
		Tel	610-995-3843	Tel			
		Fax	610-995-3841	Fax			
		Alt Contact:		Alt Contact:			
		Alt Tel:		Alt Tel:			
		Email:		Email:			

PROJECT ARCHITECT		MEP DESIGNER		STRUCTURAL OR CONSULTANT		EXPEDITOR	SHELL ARCHITECT
Contact	Rob Truitt	Contact	Eric Oldenburg	Contact			
Corporation:	Charles E Broudy & Assoc	Corporation:	M - Retail Engineering, Inc.	Corporation:			
Address:	224 South 20th Street	Address:	635 Brookedge Blvd	Address:			
Address:		Address:	Suite 100	Address:			
City Zip:	Philadelphia, PA 19103	City Zip:	Westerville, OH 43081	City Zip:			
Tel	215-563-8488	Tel	614-818-2323	Tel			
Fax	215-569-6719	Fax	614-818-2337	Fax			
Design Contact :		Design Contact :		Design Contact			
Email :		Email :		Email :			

BUILDING DEPT		HEALTH DEPT		FIRE REVIEW		STATE	BUSINESS
Contact	Frank Mizer/ Tina Lines	Contact		Contact	Frank Mizer/ Tina Lines		
Department:	Bricktown	Corporation:		Corporation:	Bricktown		
Address:	401 Chamberland Road	Address:		Address:	401 Chamberland Road		
Address:		Address:		Address:			
City Zip:	Bricktown, NJ 08723	City Zip:		City Zip:	Bricktown, NJ 08723		
Tel	732-262-1024	Tel		Tel	732-262-1024		
Fax	732 262 1041	Fax		Fax	732 262 1041		
Reviewer Contact:	Frank Mizer / John	Reviewer Contact:		Reviewer Contact:			
Reviewer Tel:		Reviewer Tel:		Reviewer Tel:			
Zoning Contact:	Shawn Kinney	Email:					
Zoning Tel:	732 262 1041						
# Sets	2	# Sets		# Sets	0	0	0
# Applications	1	# Applications	0	# Applications	w/bldg	w/bldg	w/bldg

TENANT CONTRACTOR						HISTORIC APPROVALS	OTHER
Contact	Bill Hotz	Mall / Strip/ Etc	Strip	Square Footage	2727		
Corporation:	Hotz Development & Const	Year Built	1954	Space FloorLev	1	N/ A	
Address:	10 Peapack Road	# Levels		Space Number	Space # 18		
Address:		Previous Tenant	Arneloe	Lot , Block , Par	Lot # 8 Blk # 671		
City Zip:	Far Hills, NJ 07931	Previous Use	Restaurant- M	Zoning :			
		New Use	M	Sprinklered	Yes		
Telephone:	908-781-9322	Type Const	5 B	Work Descriptic	Remodel / Interior Alt		
Facsimile:	908 781 9276	Occupancy		Const. Cost	$98,200.00		
Federal ID #	22 299 89 31			Store Type	Inline Mall		
GC State Lic #				Product / Type	Retail Sales		
GC Insurance					# Sets	0	

NATIONAL SERVICES GROUP CONTACT :

PLEASE FORWARD ANY / ALL COMMUNICATION / COMMENTS / REQUESTS REGARDING THE ABOVE REFERENCED NSG PROJECT TO:

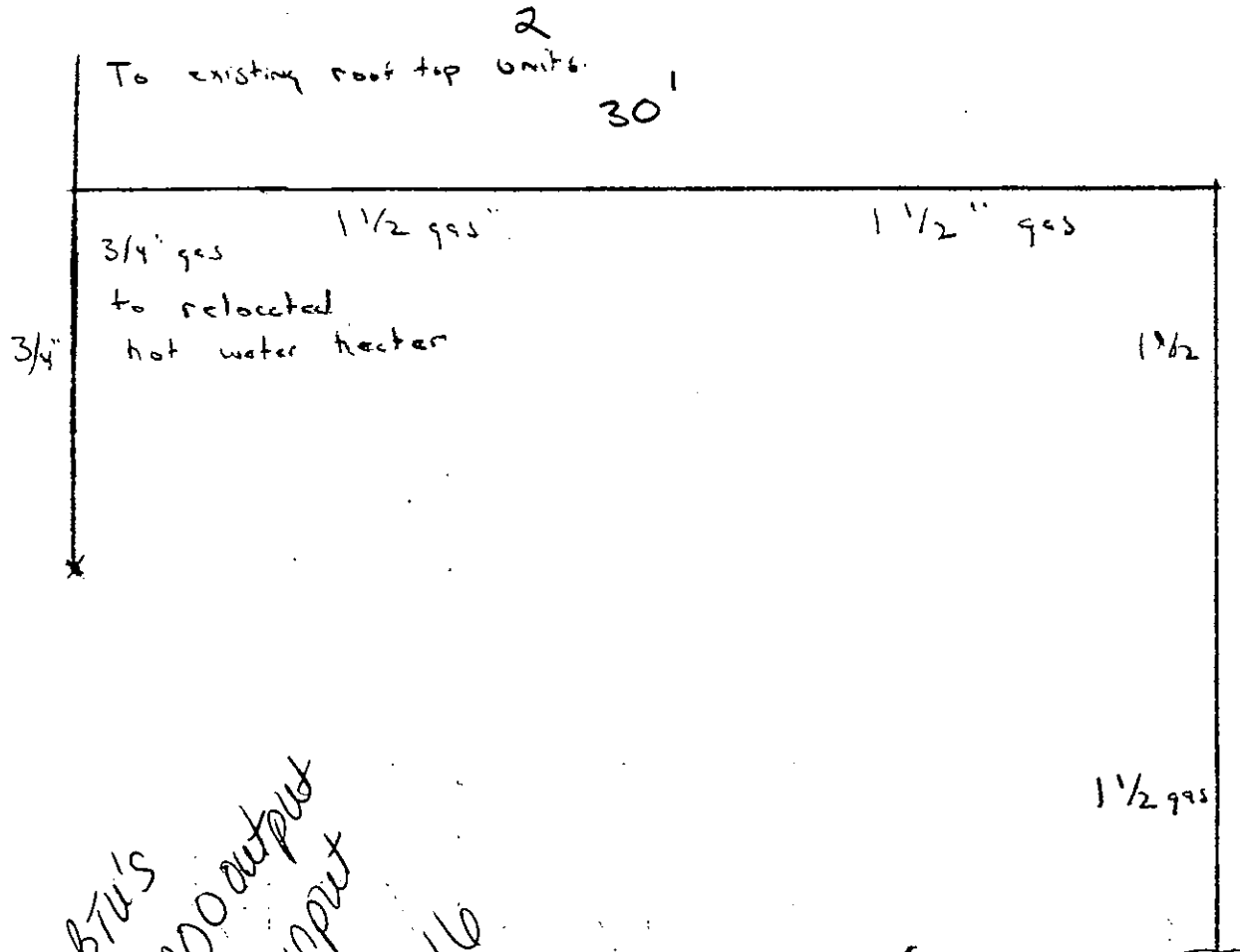
ATTENTION :
ALEXANDRA CHASE
NSG PROJECT COORDINATOR
NATIONAL SERVICES GROUP, INC
626 C ADMIRAL DRIVE , SUITE 120
ANNAPOLIS , MD 21401 , USA

TELEPHONE: *410 544 1700*
TOLL FREE : *888 544 3710*
FAX : *410 544 1692*
E-MAIL : *nsginc@nationalpermits.com*
WEBSITE : *nationalpermits.com*

Gas Rider Diagram

Comcast Cellular One
1000 Chambersbridge Rd.
Township of Brick.

Manny Stein Inc
199 Scotland Road
Orange, NJ 07050
973-672-0900
Lic # 7065



Net BTU's
97,200 output
120,000 input
Rinnai
262-2146

Armstrong

Made in the United States of America by. Fabricado en Estados Unidos por: Fabriqué aux Etats–Unis par
Armstrong World Industries, Lancaster, PA 17604

R4177 – Type P

Underwriters Laboratories Inc.®
CLASSIFIED
ACOUSTICAL MATERIAL
NRC 0.60 CAC Min. 35
Contents Not Over 64 Sq. FT. (Form B) Issue No. AG–5669

SURFACE BURNING CHARACTERISTICS*	FIRE RESISTANCE CLASSIFICATION
FLAME SPREAD 15	DESIGN NUMBER
SMOKE DEVELOPED 5	A202
*ALSO CLASSIFIED AS TO SURFACE BURNING CHARACTERISTICS IN ACCORDANCE WITH THE STANDARD CAN/ULC – S102M	SEE U.L. FIRE RESISTANCE DIRECTORY AND U.L. DIRECTORY OF PRODUCTS CERTIFIED FOR CANADA

A4101 IL Rev. 0594

Approved by the Board of Standards and Appeals
For use in New York City unde Cal. No. 72–59–SM

BP **1830** 08

Fine Fissured FireGuard® Sq Lay–in

HumiGuard™ Plus

WHITE	24 in x 48 in x 5/8 in (nominal)
	(610 mm x 1219 mm x 16 mm)
BLANCO	64 sq ft (5.95 m²)
BLANC	8 pieces
	8 piezas
	8 pièces

15/16"
24 mm

22 APR 99

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Tem. T. Twp

APPLICANT S. Hecht & Sons PHONE NUMBER 215-925-6337
APPLICANT ADDRESS _____ CITY & STATE Ph. Pa.
PERMIT # CS-18 NAME OF BUSINESS Comcast Metro Phone

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 45 000 00 Date 4-16-99
Estimated Required Fee $ 450.00
Required Deposit on Estimate $ 225 00 Date 4.19.99
Check # 119 Receipt # 8069
Actual Assessment $ 45000.00 Date 6-17-99
Actual Required Fee $ 450 00
Minus Deposit of Estimate $ 225.00
Balance Due $ 225.00 Date 6.24.99
Check # 27883 Receipt # 8207
Amount Paid In Full $ 450 00

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

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

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-14-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Tenant F.I.T Up Comcast Metro Phone

APPLICANT S. Hecht & Sons CITY & STATE Phila, Pa

X 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:

$ 45,000 ea

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

4-16-99

Date

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

$ 45,000 ea

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

6/17/99

Date

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

S. HECHT & SONS, INC.
508 BAINBRIDGE STREET
PHILADELPHIA, PA 19147
(215) 925-6337

FIRST UNION
3-50/310

27883

6/17/99

PAY TO THE ORDER OF TOWNSHIP OF BRICK NJ $ **225.00

Two Hundred Twenty-Five and 00/100********** DOLLARS

Security features included. Details on back.

TOWNSHIP OF BRICK NJ

AUTHORIZED SIGNATURE

MEMO PERMITS

[redacted]

Date: 6.24-99

Business/Development: Comcast MeTro Phone

Owner/Applicant: S. HecHT & Sons Inc.

Property Address: Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 27883

Final Fee $ 450.00

Less Deposit $ 225.00

Final Payment $ 225.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received In Treasurer's Office by:

Signature

6/24/99
Date

AHBT FINAL APPROVAL

PLEASE PRINT

N/a

ELECTRICAL SUBCODE	FIRE SUBCODE
CONTRACTOR:	CONTRACTOR: The Protection Bureau
ADDRESS:	ADDRESS: 125 Little Conestoga Road Uwchland, PA 19480
PHONE:	PHONE: 610-458-8221
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):	FEDERAL EMPL. # (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WOR
DESCRIPTION QTY SIZE	Burglar Alarm + CCTV System:
ITEMS	NO FIRE ALARM
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Motors - Fract. HP	Heating Sys.: ☐ New ☐ Existing
Emergency & Exit Lights	Location of Furnace - Boiler:
Communications Points	
Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervsion
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquip Storage Tanks Capacity: Fue
HP Garbage Disposal HP	Combustable Liquid Storage Tanks Capacity: Fue
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fue
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other	Total
Other	
Other	Strand Pipes
Other	Kitchen Hood Exhaust Syste
Estimated Cost of Electrical Work: $	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: $	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
	Other
CONTRACTOR AFFIX SEAL:	Other Alarm Work $ 16,000.00
	Estimated Cost of Fire Protection Work: $
	Signature:
	Owner ☐ Contractor ☒
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

THIS DOCUMENT

RECEIVED
MAY 10 1999
DIV. OF INSPECTION

Update 99-1269

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732-262-1027

COMCAST COMMUNICATIONS CENTER, RETAIL STORE

Site Location: Date Rec'd.:
Block: 671 Lot: 8 Date Issued:
Owner in Fee: Control #:
Address: BRICK PLAZA SPACE 16 Permit #:
56 CHAMBERS BRIDGE RD.
BRICK
State: NJ Zip: 08723 Phone: (732) 477-3200 UPON OPENING
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

)NTRACTOR:
)DRESS:

ONE:
#:
EXPIRATION DATE:
DERAL 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

timated Cost of Plumbing Work: $
gnature:

ner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
e:
)NTRACTOR 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:

JOHN J. REILLY
DANIELLE REILLY
100 E. OAK LN.
GLENOLDEN, PA 19036

60-7166/2313
2381503641

119

DATE 4-19-99

PAY TO THE ORDER OF TOWNSHIP OF BRICK $ 225.00

TWO HUNDRED TWENTY FIVE ~~00~~ DOLLARS

Sovereign Bank
"Success is confidence. We can help you get there."™

[redacted]

Joseph
Township
Vi
Ma
He
Gr
Ma
Ka
Fre

Housing
e
ministrator
:8
32) 920-1456
k.nj.us

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

Date: 4-19-99

Business/Development: Comcast Metro Phone

Owner/Applicant: John Reilly

Property Address: Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

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

Check Number 119

Estimated Fee $ 450.00

Deposit Amount $ 225.00

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 Treasurer's Office by:

Signature

4/19/99
Date

AHBT PRELIMINARY APPROVAL

Update 99-1269+B

ELECTRICAL SUBCODE	FIRE SUBCODE
CONTRACTOR: Bell Atlantic NJ	CONTRACTOR:
ADDRESS: 777 Parkway Ave Trenton, NJ 08618	ADDRESS:
PHONE:	PHONE:
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):	FEDERAL EMPL. # (or S.S. #):
DATA/VOICE LOW VOLTAGE WIRING ONLY	
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WOR
DESCRIPTION QTY SIZE	
ITEMS	
Lighting Fixtures	
Receptacles	
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	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquip Storage Tanks Capacity: Fue
HP Garbage Disposal HP	Combustable Liquid Storage Tanks Capacity: Fue
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fue
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other DATA/VOICE LOW VOLTAGE	Total
Other WIRING - VOICE LINES ISDN,	
Other FIBER FOR T1 TO Com. Rm	Stand Pipes
Other ONLY DATA/VOICE	Kitchen Hood Exhaust Systems
Estimated Cost of ~~Electrical~~ Work: $ 2000.00	
Signature (print name): Lois Kinney LOIS KINNEY	Pre-Engineered Systems
Estimated Cost of Electrical Work: $	Co2 Suppression
Signature (print name):	Halon Suppression
TENANT X Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
	Other
CONTRACTOR AFFIX SEAL:	Other
	Estimated Cost of Fire Protection Work: $
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved By:
	Date:

RECEIVED

MAY 10 1999

DIV. OF INSPECTION

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys. ☐ New ☐ Existing

Location of Furnace/Boiler

VOID

VOIDED

update
99-1269

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732-262-1027

COMCAST COMMUNICATIONS CENTER - RETAIL STORE

Site Location:
Block: 671 Lot: 8
Owner in Fee:
Address: BRICK PLAZA, SPACE 16
56 CHAMBERS BR.
BRICK
State: NJ Zip: 08723 Phone: (732) 477-3200 UPON OPENING
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

PLUMBING SUBCODE

ONTRACTOR:
DDRESS:

HONE:
C #:
C EXPIRATION DATE:
DERAL 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

timated Cost of Plumbing Work: $
gnature:

ner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
proved by:
e:
ONTRACTOR 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:

PLEASE PRINT

Update 99-1269+A

ELECTRICAL SUBCODE

CONTRACTOR: Comcast Business Telephone Services
ADDRESS: 1105 N. Market St
Wilmington, DE
PHONE: 610-992-9777
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 51-0376171
DATA/VOICE LOW VOLTAGE WIRING ONLY

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 DATA/VOICE LOW VOLTAGE		
Other WIRING - CAT 5 PLENUM		
Other CABLING ONLY		
Other		

Estimated Cost of ~~Electrical~~ DATA/VOICE Work: $ 3000.00
Signature (print name): Lois Kinney LOIS KINNEY
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

RECEIVED
MAY 10 1999
DIV. OF INSPECTION

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 Liquid Storage Tanks	Capacity:	Fue
Combustable Liquid Storage Tanks	Capacity:	Fue
L.G.P. Storage Tanks	Capacity:	Fue
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:

update
99-1269

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732-262-1027

COMCAST COMMUNICATIONS CENTER - RETAIL STORE

Site Location: Date Rec'd:
Block: 671 Lot: 8 Date Issued:
Owner in Fee: Federal Realty Control #:
Address: BRICK PLAZA SPACE 116 Permit #:
56 CHAMBERS BRIDGE RD.
BRICK NJ
State: NJ Zip: 08723 Phone: (732) 477-3200 (UPON OPENING)
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

)NTRACTOR:
)DRESS:
IONE:
C #:
C EXPIRATION DATE:
DERAL 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

timated Cost of Plumbing Work: $
gnature:
ner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
roved by:
e:
)NTRACTOR 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: