BLOCK 671 LOT 8 CHUCK E CHEESE ADDRESS (SITE) PERMIT NO. 2575-96

RECEIVED
AUG 27 1996.
BY

Chuck-E-Cheese

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 28 BRICK PLAZA
2. Name of Owner in Fee: FEDERAL REALTY INVEST. TRUST Tel. (301) 961-9225
   Address 4800 HAMPDEN LANE, STE 500 BETHESDA, MD 20814 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: PARKWAY CONSTRUCTION (972) CALL X3032 Tel. ~~(214)~~ 221-1979
   Address 1660 S. STEMMONS FRWY, STE 340, LEWISVILLE TX 75067
5. License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 751781508 Social Security No. ____
6. Architect or Engineer CORTLAND MORGAN Tel. (214) 368-3687
   Address 6910 WOODLAND DR, DALLAS, TX 75225
7. Responsible Person in Charge of Work ____ Tel. (___) ____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	660		
2. Electrical				
3. Plumbing				
4. Fire Protection		50		
5. Elevator Devices				
6. Subtotal	$	710		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		21		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2MA		$15		
13. TOTAL	$	746		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	____ ft.	
3. Area—Largest Floor	8,697 sq. ft.	
4. New Building Area	N/A sq. ft.	
5. Volume of New Structure	____ cu. ft.	
6. Construction Classification	5A SPRINKLERED	
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone	____	
9. Base Flood Elevation	____ ft.	
10. Wetlands yes	____ sq. ft.	
(no)	____	
11. Max. Live Load	____	
12. Max. Occupancy Load	444	

II. PROPOSED WORK

interior alter.

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	26,000
3. ☐ New Building	
4. ☐ Addition	~~25,500~~
5. ☑ Alteration	~~25,500~~
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	14,650
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	40,150

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
	UP	8/27/96		9/17/96	KK	10/25/96		UP
				9/17/96	KK	11/31/97		GW
						11/22/97		GW
	CNC							
	9/5/96	9/5/96		N/A				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use: RESTAURANT
2. Use Group: A-3
3. Change in Use Group, Indicate Former: NO

LDS BR 10404724

OFFICE DATE RECEIVED: ____________________

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

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

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

X. CERTIFICATES ISSUED **(office use only)**		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. ______				
☐ Temporary Certificate of Compliance	No. ______				
☐ Continued Certificate of Occupancy	No. ______				
☐ Certificate of Compliance	No. ______				
☐ Certificate of Occupancy	No. ______				
☑ Certificate of Approval	No. 2575	7-7-97			

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

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

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

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

(✓) Check if contractor.

Agent Name PATTI GATES

Address 1660 S. STEMMONS FRWY, SUITE 340

LEWISVILLE, TX 75067

Telephone (214) 221-1979 x3032

Signature Patti Gates Date 8-27-96

CERTIFICATE

Date Issued 7-7-97
Control #
Permit # 2575-96

IDENTIFICATION

Block 671 Lot 8
Work Site Location 29 Brick Plaza

Owner in Fee Federal Realty Investment Trust
Address 4800 Hampden Lane, Suite 500
Bethesda, Md. 20814
Tele. ( )
Contractor Parkway Construction
Address 1660 S. Stemmons Frwy., Suite 500
Lewisville, Texas 75067
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-3
Maximum Live Load
Description of Work/Use:

Interior alterations to "CHUCK E CHEESES"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX☑ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Cuneanza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 10/7/96
Control #
Permit # 2575-96

IDENTIFICATION Block 671 Lot 8

Work Site Location 28 Buck Razor Court
Owner in Fee Federal Realty Ltd
Address 4800 Hampden Lane
Tele. ( ) Bethesda MD

Contractor Parkway Const.
Address 1615 V Veterans Hwy
Tele. ( ) Hauppauge New York
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 75-1751508
or Social Security No. _____

is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES
DESCRIPTION OF WORK:

Interior Alter

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 $ 26000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building	660 — 2575*#	
Plumbing	BLOCK	0.00
Electrical	671 #	
Fire Protection	SPRINKLER	0.00
Other	B #	
Other	BUILDING	0.00
DCA Training Fee	4 YRS	0.00
Cert. of Occ.	N.C.A.	1.00
Other	1 SPRINKLER	5.00
Total	TOTAL	76.00
Check No.	5 CHECK	76.00
Cash	CHANGE	0.00
Collected By:		

10/07/96 NO. 5 0026A005 11:17

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

Bucd

PERMIT UPDATE

Date Update Issued 970424
Control # 908019
Permit #
Date Permit Issued 960903

IDENTIFICATION Block 671 Lot 8
Work Site Location 28 Brick Plaza - Chuck E Cheeses Restaurant
Owner in Fee Federal Realty Investment
Address 4800 Hampden Ln, Ste 500
Bethesda, MD 20814
Tele. (301) 961-9225

Contractor Hoboken Electric
Address 501 Monroe St
Hoboken NJ 07030
Tele. (201) 798-1281
Lic. No. or Bldrs. Reg. No. 5135
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: TRACK DEVICES

11 Fixtures 1 Switch
8 Receptacles

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	m/b
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

RECEIVED
MAY - 8 1996
By

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/7/96
Date Issued
Control #
Permit # 2575-96

Chuck E Cheese

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 28 BRICK PLAZA

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4800 HAMPDEN LANE, STE. 500
BETHESDA MD., 20814
Tele. (301) 961-9225
Contractor PARKWAY CONSTRUCTION
Address 1660 S. STEMMONS FRWY, STE 340,
LEWISVILLE, TX., 75067
Tele. (214) 221-1979
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 751781508 or Social Security No.

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

REPAINT, RELOCATE & ADD LIGHTING & ELECTRICAL OUTLETS, RAISE PORTION OF C'UG, ADJUST SPRINKLER HEADS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	9/17/96	AL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:			10/25/96	
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final			10/25/96	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[✓] Other REMODEL
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present 5A Proposed 5A
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor 8647 Sq. Ft.
New Bldg. Area/All Floors N/A Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 40,150
3. Total (1+2) $ 40,150

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

U.C.C. Form F-110B

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

Hugh Reeves

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Issued
Control #
Permit # 2575-96

MAY - 8 1996

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 28 BRICK PLAZA

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4800 HAMPDEN LANE, STE 500
BETHESDA, MD., 20814
Tele. (301) - 961 - 9225
Contractor WILLIAM H. THOMPSON
Address 5 CARMEN COURT
CHESTNUT RIDGE, N.Y. 10977
Tele. (914) 425 - 3226
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 9/17/96
Approved by: JE

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 1/31/97
Approved by: JE

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test	12/5/96			
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Moved & Droped Heads			1-31-97	JE
Other				
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 adjust Sprinkler Heads

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

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	12±	
Dry Sprinkler Heads		50
TOTAL	12±	
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	
Stand Pipes	0	
Kitchen Hood Exhaust Systems	0	
Pre-Engineered Systems		
CO_2 Suppression	0	
Halon Suppression	0	
Foam Suppression	0	
Dry Chemical	0	
Wet Chemical	0	
Gas or Oil Fired Appliance	0	
OTHER _____	0	

Administrative Surcharge $ 50
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

12/9/96 must drop 2 Sprinkler heads in Rec. Room
to Far above ceiling Tile

Owner Chuck_E Cheese

Location 28 Brick Blaza

Permit No. 2575-96 Lot 8 BLK 671

Fee: 746.00

Contr: Parkway Construction

C.O. No. Date Issued 10/8/96

Use Group Interior Alterations

Violations

Plumber

Chuck E Cheese

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Da
Da
Cc
Pe

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 28 BRICK PLAZA

Owner in Fee FEDERAL REALTY INVESTMENT TRUST

Address 4800 HAMPDEN LANE, STE 500

BETHESDA MD., 20814

Tele. (301) - 961 - 9225

Contractor WILLIAM H. THOMPSON

Address 5 CARMEN COURT

CHESTNUT RIDGE, N.Y. 10977

Tele. (914) 425 - 3226

Lic. No.

Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed

Constr. Class. Present Proposed

Heating Systems [ ] New [X] Existing

Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other

Location:

Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb.

[ ] Elec. [ ] Elevator

[ ] Fire Plans Approved

Date: 9/17/96

Approved by: JE

SUBCODE APPROVAL:

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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 adjust

Water Supply Source	
Method of Valve Supervision	
Local Alarm Supervision	
Central Supervision	
Proprietary Supervision	
Flammable Liquid Storage Tanks	
Combustible Liquid Storage Tanks	
L.P.G. Storage Tanks	
L.N.G. Storage Tanks	

	Numbe
Wet Sprinkler Heads	12
Dry Sprinkler Heads	
TOTAL	12
Smoke Detectors	
Heat Detectors	
TOTAL	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
CO_2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
OTHER	

Administ

Paid [ ] Check #

D(

Collected by:

U.C.C. Form F-140B

1 White - Inspector Copy
Pink - Cl

SEATING - 271
OCC LOAD - 444

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 396008019

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 28 BRICK PLAZA - CHUCKE CHEESES RESTURANT.
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4800 HAMPDEN LA., STE 500
BETHESDA, MD. 20814
Tele. (301) - 961 - 9225
Contractor PARKWAY CONST. HOBOKEN ELECTRIC
Address 1660 S. STEMMONS FRWY. STE 340
LEWISVILLE TX. 75067
Tele. (214) 221 - 1979 - ~~391~~ 798/231
Lic. No.
Federal Emp. No. 751781508 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RESTAURANT Utility Co.
Est. Cost of Elec. Work $ 5,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved OCC LOAD PARSONS
Date: 2-11-97
Approved by: WIRING & MOTORS

SUBCODE APPROVAL
[ ] CO [ ] DCO [ ] CA
Date: 5/22/97
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary		4/17 #24		
Constr. Serv.	4/17 5433			
TCO	3/4/97 5433			
Other	2/7/97 5433			
Service	4/10/97 #24			
Final	4/23/97 5433	5/22/97		
	5/8/97 5433			

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$ 45.
Minimum Fee	$ 4.
DCA Training Fee	$ 49.—
TOTAL FEE	$

Paid [✓] Check # 7370
Collected by:

U.C.C. Form F-120B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

pa by Parkway Const., 1660 S. Stemmons Suite 340 LB 29, Lewisville, TX 750

2/7/97 NEED ACCESS & LOCATION OF WORK ALL COMPLETE AND IN USE

3/14/97 ① INSTALL BOX EXTENTIONS - ~~FOR~~ WHERE PANELING

② PROPERLY SUPPORT ALL FIXTURES, BOXES, AND CABLES IN DROP CEILING

③ ELECTRICIAN STATES NO ~~FOR~~ WERE INSTALLED, JUST DEVICES ALSO STATES NO ALARM, TELEPHONE, & SOUND - ALL EXISTING SINCE 1990-1992 - BILL PARLOW

④ NEW TRACK IS TIED INTO EXISTING RECESSED WHICH IS CONTROLLED BY LIGHT DRIVER CARD IN ELECTRONIC DIMMER. NEED LOAD CAL FOR EACH CIRCUIT AND EQUIPMENT LISTED ART 220-3 (c)(6) 410 R 410-102

⑤ INSIDE SIGN PERMIT AND DISCONNECTING MEANS FOR UL LISTED SIGN + ART 600

4/27/97 SAME, REVIEWED WITH CONTRACTOR

5/2/97 STILL NEED ④ ABOVE

4-14-97

① NO one knows what was done

② NO needs to show ability

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: ~~August 27, 1996~~ 1996 - 1280

Block 671 Lot 8 Zone B-3, H.D.

Property Address: 28 Brick Plaza

Owner: Federal Realty (Phone): 301-961-9225

Applicant: Chuck E. Cheese (Phone):

Use: Restaurant

Proposed Construction (if any): Interior alterations.

Conditions:

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of 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

YOUR INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT	CHECK TOTAL
BLDG PERM	9-17-96	746.00			746.00

THE SHANNON GROUP, INC.
120 Seventh Street
GARDEN CITY, NY 11530

(516) 741-3851
24-Hour Fax: (516) 746-5467

LETTER OF TRANSMITTAL

DATE 10.3.96	JOB NO.
ATTENTION JENNIFER	
RE: CHUCK E CHEESE REMODEL PERMIT	

TO TOWN HALL - BLDG. DEPT.
401 CHAMBERSBRIDGE RD.
BRICK, N.J. 08723
ATTN: JENNIFER

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

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
✓	9.17.96		CK FOR $746.- FOR PERMIT
			CK # 008071
1	✓	✓	ENVELOPE FOR RETURN OF PERMIT TO THE SHANNON GP.
			SELF ADDRESSED / STAMPED.

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☒ PERMIT
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS PLEASE RETURN PERMIT & APPROVED PLANS TO THE SHANNON GP.

THANK YOU!

COPY TO _____

SIGNED: GEORGE SVENSEN

If enclosures are not as noted, kindly notify us at once.

CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS [illegible] Plaza

TYPE OF SITE Commercial
Residential/Commercial
TYPE OF BUSINESS Restaurant

APPLICANT [illegible] Realty PHONE NUMBER [illegible]-961-9775

APPLICANT ADDRESS [illegible] Hampden Ln CITY & STATE Bethesda Md.

CASE # ______ NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

- ☐ Affordable
  - Fee Required ______ Date ______
  - Down Payment ______ Date ______
  - Balance ______ Date ______
  - Pd. in Full ______ Date ______
- ☐ Market Rate
  - No Fee Required

MANDATORY DEVELOPER FEES

- ☐ Residential is .005%
- ☑ Commercial is .01%

Estimated Assessment: -0- Date 7/2/06

Required Deposit on Estimate $ -0- Date [illegible]

Check # ______ Receipt # ______

Actual Assessment: ______ Date ______

Actual Required Fee: $ ______

Minus Deposit of Estimate $ ______

Balance Due $ ______

Amount Paid in Full $ ______ Date ______

Check # ______ Receipt # ______

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.

[signature]

Carol A. Wolfe
Affordable Housing Administrator

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
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8/29/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS 2x Brick Plaza

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Restaurant

APPLICANT Federal Realty CITY & STATE Bethesda, Md.

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

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

$ [illegible] 0

Fran Millman

Frederick R. Millman, CTA, Tax Assessor

9-3-96

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