Sports Auth BLOCK 671 LOT Parcel 8 ADDRESS (SITE) Brick Blvd PERMIT NO. 025 1/1-97

RECEIVED JAN 17 1997

Get plot.

CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION: Applicant completes: Sections I, II, III (optional), IV, VI and VII

Eng NG Soil OK

SITE PLAN APPROVAL AMBT FINAL APPROVAL

I. IDENTIFICATION

1. Proposed Work-site at: Brick PLAZA "The Sports Authority"
2. Name of Owner in Fee: ~~The Sports Authority~~ Federal Realty Trust Tel. (301) 998-8100
   Address 1626 E. Jefferson ST (street) Rockville (municipality) MD 20852 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: JAYCEE Construction Tel. (908) 223-5320
   Address 35 Colby Ave Manasquan NJ 08736
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 222797171 Social Security No. _____
5. (Architect) or Engineer Musil PeKowitz Ruth Tel. (703) 708-7220
   Address 1820 Michael Faraday Dr Suite 201 Reston VA 20190
6. Responsible Person in Charge of Work JACK Zoller Tel. (908) 223-5320

C/C

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	28846		
2. Electrical		1005		
3. Plumbing		560		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		1446		
10. Subtotal	$	2885		
11. Cert. of Occupancy			150	
12. Other 2 PA PP			30	
13. TOTAL	$	3142		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	27 ft.	
3. Area—Largest Floor	40000 ± sq. ft.	
4. New Building Area	42,735 sq. ft.	
5. Volume of New Structure	1,008,000 cu. ft.	
6. Construction Classification	2-B	
7. Total Land Area Disturbed	49,000 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	✓	
11. Max. Live Load	75 PSF	
12. Max. Occupancy Load	30 GROSS	

II. PROPOSED WORK

New Comm. BLDG.

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	1,300,000
4. ☐ Addition	
5. ☐ Alteration	
6. ■ Fire Protection	34000
7. ■ Plumbing	32,000
8. ■ Electrical	230,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	1,596,000

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval / Rejection	Re-viewer
3. New Building	WP	1/17/97		1-28-97	[illegible]	6/16/97 7/25/97 6/16/97 TCO	OK OK
6. Fire Protection				1-28-97 6-19-97	[illegible]	6/16/97 ~~Fee~~	OK
7. Plumbing						7/25/97	7/14/97 OK
8. Electrical	EWG	1/29/97		1/29/97	[illegible]		OK Elec

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

FINAL APPROVAL 10/29/97 FEE $3142.00 PAID

HBI FINAL APPROVAL

LDS BR 10208698

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 faot 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 Jayjeff Construction

Address 35 Colby Ave

Manasquan NJ 08736

Telephone ( ) (908) 223-5320

Signature _____ Date 1/16/97

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
☐ 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	
☐ Other									
☐									
☐									

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

	Name of Code & Edition		Name of Code & Edition	
Building	1993 BOCA	Energy		Other
Electrical	1993 NEC	Barrier Free		
Plumbing	1993 NATIONAL	Flood Hazard		
Fire Protection	1993 BOCA	As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 171	8-11-97	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 8-7-97
Control #
Permit # 171-97

IDENTIFICATION

Block 671 Lot 8
Work Site Location Brick Blvd., Brick Plaza

Owner in Fee Federal Realty Trust
Address 1626 E. Jefferson St.
Rockville, Md. 20852
Tele. ( )
Contractor Jayoff Construction
Address 35 Colby Ave.
Manasquan, NJ 08736
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

New commercial building

"THE SPORTS AUTHORITY"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **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.

XXXX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than August 21, 1997, 19 or the owner will be subject to a fine or order to vacate: Pending compliance with Engineering.

J. Cuciazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 8-11-97
Control #
Permit # 171-97

IDENTIFICATION

Block 671 Lot 8
Work Site Location Brick Blvd., Brick Plaza

Owner in Fee Federal Realty Trust
Address 1626 E. Jefferson St.
Rockville, Md. 20852
Tele. ( )
Contractor Jayoff Construction
Address 35 Colby Ave.
Manasquan, NJ 08736
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

New commercial building

"THE SPORTS AUTHORITY"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXXX ☐ **CERTIFICATE OF OCCUPANCY** ☐ **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. Luciano

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 1-29-97
Control #
Permit # 171-97

IDENTIFICATION Block 671 Lot 8

Work Site Location Cedarbridge Ave & Rt. 70 Contractor Jaycott Const.

Address 1351 Cedarbridge Ave Manahawkin, NJ

Owner in Fee The Somers Authority

Address Federal Realty Growth 1626 Pennsylvania St. Tele. (908) 223 1532 0.00

Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 223799791 0.00

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

New Comm. bldg.
Mercantile

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 $ 1,596,000.

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	BUILDING 28	846.00
Plumbing	PLUMBING 1	105.00
Electrical	FIRE	60.00
Fire Protection	SPRK. 1	146.00
Other	C / O 2	85.00
Other	TOTAL 35	42.00
DCA Training Fee	1 SCHOOL 35	42.00
Cert. of Occ.	2 SCHOOL	0.00
Other	01/29/97 NO. 5 0006A005	15.00
Total	3,142.	
Check No.	28958	
Cash		
Collected By:		

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

"Sports Authority"

(Tom)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-29-97
Control #
Permit # 171-97

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

Block 671 Lot 1,4,12
Work Site Location Brick Plaza
Brick Blvd
Owner in Fee Federal Realty Trust
Address 1626 E Jefferson ST
Rockville MD 20852
Tele. (301) 998-8100
Contractor Jayoff Construction
Address 35 Colby Ave
Manasquan NJ 08736
Tele. (908) 223-5320
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222797171 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

New Building
42,000 sq Ft ±.
1-story

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-28-97	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[X] Elec. [X] Plumb. [X] Fire		
SUBCODE APPROVAL		
[X] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approved	Initial
Footing			2/18/97 (over)	
Foundation				
Slab				
Frame			OVER	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO			OVER	
Other				
Final			7-29-97	

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

.025 MILS

DCA. TRN.

COFO

(Office Use Only)
FEE

$	
	28,846.00
	1,846.00
	2885.00
Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 35,577.00
TOTAL FEE	$

Paid [ ] Check # _____
Collected by: _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	M	M
Constr. Class		2-B
No. of Stories		1
Height of Structure		27 Ft.
Area—Largest Floor		32,000 ± Sq. Ft.
New Bldg. Area/All Floors		42,000 ± Sq. Ft.
Volume of New Structure		1,153,845 Cu. Ft.
Total Land Area Disturbed		44,000 ± Sq. Ft.

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

U.C.C. Form F-110B

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

2-18-97 - Perimeter footings

A - 1 thru 5 - Row 1 - A thru F

~~B - 1 thru 5~~ Row 2 - D thru F

Row F 1 thru 5 JC

2-21-97 - Remainder of perimeter footing JC

2-25-97 - all (F-50) interior piers JC

2-26-97 - all F-56 interior piers JC

All perimeter footings & interior piers now poured JC

FAILED Inspection By Frank Mizer All TIES INSUFFICIENT.

3-7-97 TO 44 OK.

A-Line 4-8 B-Line A-F F.M

3-17-97 - Remainder of REAR WALL REBAR OK JC

3-26-97 SMALL SECTION OF FLOOR SLAB OK N. CORNER ~~Jack~~

4/2/97 SECTION 7-8 A+D - 6-7 - D+E SLAB ~~Jack~~

4-4-97 - SECTION A THRU D ROW 1 & 2 D THRU F 2 & 3 JC

4-7-97 - SLAB - SECTIONS A & B ROWS 2-5 JC

4-8-97 - SLAB - SECTIONS B & C ROWS 2 & 3 AND 6 & 7 -
C & D ROWS 2 & 3 AND 6 & 7
D & E ROWS 3 THRU 5

ALSO Fire-rate steel columns REAR WALL to 1/2 of WALL FACING BRICK blvd JC

4-10-97 - Footing For Compactor Pad - ALSO LAST 50' of perimeter Footings

"Sports Authority" (Tom)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-29-97
Control #
Permit # 171-97

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

Block 671 Lot 1,4,12
Work Site Location Brick Plaza
Rocks Blvd
Owner in Fee Federal Realty Trust
Address 1626 E Jefferson ST
Rockville MD 20852
Tele. (301) 998-8100
Contractor Jayoff Construction
Address 35 Colby Ave
Manasquan NJ 08736
Tele. (908) 223-5320
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222797171 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

New Building
42,000 sq Ft ±.
1-story

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	1-28-97	[illegible]	Footing			2/18/97	[illegible]
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[X] Elec. [X] Plumb. [X] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[X] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

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

.025 MILS

DCA. TRN.

C of O

(Office Use Only)
FEE

$ #28,946.00
#1,846.00
#2885.00

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed M	
Constr. Class	Present	Proposed 2-B	
No. of Stories	1		
Height of Structure	~~27~~	Ft.	
Area—Largest Floor	32,000 ±	Sq. Ft.	
New Bldg. Area/All Floors	42,000 ±	Sq. Ft.	
Volume of New Structure	[illegible]	Cu. Ft.	1,153,845
Total Land Area Disturbed	44,000 ±	Sq. Ft.	

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ #33,577.00
TOTAL FEE $ _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

4-15-97 – SLABS – Row A&B – 6 & 7
Row B&D 4 & 6

4-17-97 – LAST SECTION OF SLAB – OK –
EXTERIOR COLUMNS (FIRE-RATING)
All except FRONT WALL JK

4-30 – Progressive inspector on welds on wall Bracing

5-8 – Progressive inspector on welding of wall Bracing

5-12 – Last section of wall bracing OK – also canopy framing JK

5-15 – Sheetrock behind electrical service OK JK

5-16 – Sheetrock 1st layer OK – JK

6-16-97 – conducted walk-thru insp for temp. C/O
① 2 chimney's on roof need raised up 12"
② Generator in rear of bldg. is a temp. one. Permanent one to be installed with fencing within 2 weeks.
③ No shelving installed yet need to be completed for another inspection.
OK FOR TEMP JK

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-29-97
Control #
Permit # 171-97

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

Block 471 Lot 1.412
Work Site Location Brick Mesa
3. & Bld
Owner in Fee Fuel Belt, Inc.
Address 11-C E 5th Ave
Durango, CO 81252
Tele. (303) 259-2120
Contractor Jay St. Construction
Address 1 Cuba Ct.
Durango, CO 81301
Tele. (970) 259-3370
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 222797171 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

New Building
42,000 SF ±
1 story

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-28-97	BS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[X] Elec. [X] Plumb. [X] Fire		
SUBCODE APPROVAL		
[X] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

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

.025 mins
DCA TRN.
CofO

(Office Use Only)
FEE

$	
	$ 28,846.00
	$ 1,346.00
	$ 2885.00

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed M	
Constr. Class	Present	Proposed 2-B	
No. of Stories	1		
Height of Structure	27		Ft.
Area—Largest Floor	32,000 ±		Sq. Ft.
New Bldg. Area/All Floors	42,735 ±		Sq. Ft.
Volume of New Structure			Cu. Ft. 1,153,845
Total Land Area Disturbed	44,000 ±		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ N/A
3. Total (1+2) $ _____

Administrative Surcharge		$
Minimum Fee		$
DCA TRAINING FEE		$ 53.00
TOTAL FEE		$ 53,577.00

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

81

ELECTRICAL SUBCODE TECHNICAL SECTION

Brick

Date Received
Date Issued
Control #
Permit # JUL 29 97 0 0 7 0 3 8

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~~ SPORTS AUTHORITY / 35 Cedarbridge
BRICK PLAZA BRICK NJ Hse
Owner in Fee/Occupant SPORTS AUTHORITY
Address 35 CEDAR BRIDGE AVE BRICK NJ

Tele. (~~516~~) ~~956-0646~~
Contractor METRO VOICE + DATA
Address 134 WEST ALHAMBRA AVE
LYNDENHURST NY 11757
Tele. (516) 956-0646 Fax (516) 956-1357
Lic. No.
Federal Emp. No. 11-3176442

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed telephone wiring
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ HCOE

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 8/7/97
Approved by: 5433

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7/29	5433
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/7	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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
42		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		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	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
CASH Minimum Fee	$	
DCA Training Fee	$	
RF TOTAL FEE	$	40.

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Brick

Date Received
Date Issued
Control #
Permit #

JUL 29 97 0 0 7 0 3 8

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 ~~BRK~~ SPORTS AUTHORITY / 35 Cedarbridge BRICK PLAZA BRICK NJ HOE

Owner in Fee/Occupant ~~SPORTS AUTHORITY~~

Address 35 CEDAR BRIDGE AVE BRICK NJ

Tele. (~~908~~) ~~936-0846~~

Contractor METRO VOICE & DATA

Address 137 WEST ALHAMBRA AVE LINDENHURST NY 11757

Tele. (516) 956-0646 Fax (516) 956-1157

Lic. No.

Federal Emp. No. 11-3176442

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Telephone wiring

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ HOE -

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
42		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		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	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $

CASH Minimum Fee $

DCA Training Fee $

RF TOTAL FEE $ 40 -

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

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

81

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JUL 29 97 0 0 7 0 5 9

Brick

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 Sports Authority
56 Cedar Bridge Rd, Brick, NJ
Owner in Fee Sports Authority
Address
Tele. ( )
Contractor Royal Telephones OF NJ, Inc.
Address 5 Willowbrook Rd.
Freehold, NJ 07728
Tele. (732) 462-7978
Lic. No.
Federal Emp. No. 22-2663726 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $800.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 8/7/97
Approved By: 5433

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7/29/97	5433
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/7/97	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.

Kathleen Thomsen
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		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 Sound System
	___ Kw	Generators
2	___ Amp	~~Service Entrance~~
1		Other CD player
16		Speakers

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.

Paid [ ] Check # 5674
Collected by: m

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 27 97 0 0 1 4 1 5

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

Block 671 Lot 1,4,12
Work Site Location T. Sport Athority Ice Rink + Civic Bldg.
Alt. Bldg. Ice Skating Center
Owner in Fee [illegible] c/o Federal Realty
Address [illegible]
Rock Hill MD 20852
Tele. (301) 913-2120
Contractor PRO MAINTENANCE
Address 311 LINCOLN BLVD.
MIDDLESEX NJ 08846
Tele. (908) 469-5953
Lic. No. 6629
Federal Emp. No. 223257770 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed Mercantile
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Est. Cost of Elec. Work $ 320,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 97 02 18
Approved by: [illegible]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

[illegible] Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
525		Fixtures (1)	15
134		Receptacles (2)	
15		Switches (3)	
1173		Total 1 + 2 + 3	
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
11	____ Kw	A/C Unit 1 10.2 ; 2-16.7	33
____		Burglar Alarms 2 - 41.3 ; 6-2.8	____
____		Intercoms Panels 1	____
____		Smoke Detectors	____
1	11.6 hp	~~Whirlpool/spa~~ COMPACTOR	35
____		Pool Bonding	____
2	1.2 hp	~~Pool Filter Motor~~ POOL CHEMICAL	14
____		Pool Lights	____
1	2 Kw	Water Heater(s)	7
____	____ Kw	Central Heat:	
		oil, gas or elec.	11
5	4 Kw	~~Baseboard~~ Heat Units	33
____		Thermostats	4
____	____ hp	Heat Pump	____
____	____ hp	Pump(s) 20 ; 1-1/2 ; 1-1/2 ; 1-1/2 ; 1-1/2 ; 1-1/2	____
6	____ Amp	Motor Control Center/Sub Panels	210
12		Signs	____
____	____	Light Standards	____
10	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
3	____ Kw	Transformers 75 ; 30 ; [illegible]	170
1	30 Kw	Generators	75
1	400 Amp	Service Entrance	150
1	12 Kw	Other U.P.S. System	35

Administrative Surcharge $ 1
Paid [ ] Check # 2004 Minimum Fee $ 120.00
DCA Training Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-120B KPF 1 White = Inspector Copy 2 Canary = Office Copy 2004
3 Pink = Office Copy 4 Gold = Applicant Copy

Change of contractor

TOM LAST JULY 16

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 970227.001415

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 The Sports Authority, Brick Plaza
Rt. 70 & Cedar Bridge Rd.
Owner in Fee Brick Plaza Inc
Address 1626 E. Jackson St.
Rockville MD 20852
Tele. (301) 998-8100
Contractor Fallon Electric
Address 119 Bobbie Drive
Fayland PA 18974
Tele. (215) 364-9088
Lic. No. 10929
Federal Emp. No. 23-2535795 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Mercantile
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $230,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[1] CO [ ] CCO [ ] CA
Date: 7/29/97
Approved By: 5433

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			5/28/97	5433 OVER
Temporary	5/8/97		5/15/97	5433 OVER
Const. Final			6/30/97	5433 OVER
~~Fee~~ PARTIAL SLAB			OVER	5433
Other			5/5/97	5433 OVER
~~Service~~ partial Final	7/10/01			
Final	7/24/97	5433		

Temp. Cut-in-Card Date Issued 5/15/97 5433
Final Cut-in-Card Date Issued 7/29/97 5433

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
325		Fixtures (1)
130		Receptacles (2)
17		Switches (3)
473		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
11		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels Fire Alarm (70)
		Smoke Detectors
1	11.6 Kw	hp ~~Whirlpool/spa~~ Compactor
		Pool Bonding
2	1.2 Kw	hp ~~Pool Filter Motor~~ rollup door
		Pool Lights
1	2 Kw	Water Heater(s)
		Kw Central heat: oil, gas or elec.
5	4 Kw	~~Baseboard~~ Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s) 1-70, 1-100, 3-150 1-200
6		Amp ~~Motor Control Center~~/Sub Panels
12		Signs
		Light Standards
10		hp Motors—Fractional H.P.
		hp Motors—All Others
3		Kw Transformers 75, (45) 30
1	30 Kw	Generators
1	200 Amp	Service Entrance
1	12Kw	Other Ups system

FEE (Office Use Only)

Paid [ ] Check # 2004
Collected by:

Administrative Surcharge $
Minimum Fee $ 121
DCA Training Fee $
TOTAL FEE $

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

3/5/97 TRENCH APPROVED FROM AREA OF CT TO MDP -
(BUE) 4" x 2 FOR TEL, 4" x 2 FOR SERVICE 1½ MDP → GEN.

3/24/97 PARTIAL SLABS - 40 FT WALKER DUCT PER DRAWING.
3/31/97 " " " " " " "
4/4/97 " " E TO WEST MAIN SECTION
4/2/97 " " N TO SOUTH MAIN SECTION
4/9/97 " " E TO WEST " "
4/16/97 " " E TO W " "
4/17/97 " " " " " " "
4/18/97 " " " " " " "
4/29/97 Hangoff backhoe work partial Insp
5/7/97 - PROGRESSIVE NEEDS
① FINISH GROUNDING SYSTEM
② LOAD
5/8/97 NOT READY
5/14/97 - SOUTH WALL ROUGH OK
PROGRESSIVE MDP & PANEL A & A-1 OK
" " " " L & L1 OK
5/28/97 - WEST INTERIOR WALL RW OK
SOUTH OFFICES RW OK
5/30 - RECESSING CEILING RW OK - REMOVE ALL TEMPS FOR FINAL.
6/3/97 - DRIVE GROUND ROD IN (ALL THE WAY AT GEN PAD) - ONE OF TWO GROUND RODS FOR MAIN DISCONNECT
6/5/97 - CEILING IN WEST AREA OK - REMOVE ALL TEMPS FOR FINAL
6/10/97 NEED LETTER FROM GAS CO, RE GENERATOR, STATING AVAILABILITY - ATTACHED
APPROVED
6/11/97 PARTIAL CEILING - REMOVE ALL TEMP WIRING ④
6/16/97 INCOMPLETE
① INSTALL BONDING STRAP IN MAIN PANELS
② JUMP WATER METER
③ INSTALL ALL COVERS
④ LABEL ALL PANELS
6/23/97 STILL ①③④
7/8/97 STILL 6/16/97 ②③④ BURG INSTALLATION ?
7/17/97 SAME
7/24/97 BURG PERMIT NEEDED & CUTS FOR PANIC WIRE
PHONE
SOUND " "

Brick

Change of Contractor

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 970227.001415

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

Block 671 Lot
Work Site Location The Sports Authority, Brick Plaza
RT 70 & Cedar Bridge Rd.
Owner in Fee Brick Plaza Inc
Address 1626 E. Jackson St.
Rockville MD 20852
Tele. (301) 998-8100
Contractor Fallon Electric
Address 119 Bobbie Drive
Ewland PA 18974
Tele. (215) 364-9088
Lic. No. 10929
Federal Emp. No. 23-2535795 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Mercantile
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $230,000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

FALLON ELECTRIC INC. STATE OF NEW JERSEY ELECTRICAL CONTRACTOR 10929

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
325		Fixtures (1)
130		Receptacles (2)
18		Switches (3)
473		Total 1 + 2 + 3
	___ Kw	Range
	___ Kw	Oven(s)
	___ Kw	Surface Unit
	___ hp	Dishwasher
	___ hp	Garbage Disposal
	___ Kw	Dryer
10	___ Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels Fire Alarm
		Smoke Detectors (70)
1	11.6 Kw hp	~~Whirlpool/spa~~ compactor
		Pool Bonding
2	1.2 Kw hp	~~Pool Filter Motor~~ roll-up door
		Pool Lights
1	2 Kw	Water Heater(s)
	___ Kw	Central heat:
		oil, gas or elec.
5	4 Kw	~~Baseboard~~ Heat Units
		Thermostats
	___ hp	Heat Pump
	___ hp	Pump(s) 1-70, 1-100, 3-150 1-200
6	___ Amp	~~Motor Control Center~~/Sub Panels
12		Signs
	___	Light Standards
10	___ hp	Motors—Fractional H.P.
	___ hp	Motors—All Others
3	___ Kw	Transformers 75, 45, 30
1	30 Kw	Generators
1	800 Amp	Service Entrance
1	12Kw	Other UPS system

FEE (Office Use Only)

Paid [ ] Check # 2004
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 121
DCA Training Fee	$
TOTAL FEE	$

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

8

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY

Date Received
Date Issued
Control #
Permit #

JUL 25 97 0 0 6 9 6 2

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

Block 671 Lot 1-12

Work Site Location Brick Blvd & Crawf Bridge Rd.

Owner in Fee/Occupant The Sports Authority

Address Brick Blvd & Crawf Bridge Rd.

Tele. (908) 452-7960

Contractor AlarmGuard Security Services

Address 1 River Rd.
Cos Cob CT 06807

Tele. (203) 869-8033 Fax (203) 869-4806

Lic. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed New

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

Building Occupied as Commercial Retail Utility Co.

Est. Cost of Elec. Work $ 4,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [+] CA

Date: 8/7/97

Approved by: Mark 5433

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7/29/97	5433
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/7/97	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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures 1 intercom
		Receptacles 1 siren
18		Switches
19		Detectors 4 shock sensors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
1		Alarm Devices/F.A.C. Panel
2		Key pads
		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
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)	
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	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 40.-
ef TOTAL FEE	$ 40.

Cash

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

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

Bird

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

JUL 25 97 0 0 6 9 6 2

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

Block 671 Lot 1-12

Work Site Location Brick BLVD & Great Bridge Rd.

Owner in Fee/Occupant The Sports Authority

Address Brick BLVD & Great Bridge Rd.

Tele. (908) 452-7960

Contractor AlarmGuard Security Services

Address 1 River Rd.

Cos Cob CT 06807

Tele. (203) 869-8033 Fax (203) 869-4806

Lic. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed New

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

Building Occupied as Commercial Retail Utility Co. _____

Est. Cost of Elec. Work $ 4,600.00

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures 1 intercom	
		Receptacles 1 siren	
18		Switches	
19		Detectors 4 shock	
		Light Poles sensors	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
2		Key pads	
		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	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
EF TOTAL FEE	$ 40.-

Cash

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

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

FIRE PROTECTION

SUBCODE
TECHNICAL SECTION

Control # 17-97
Permit # 17-97

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

Block 671 Lot 1, 4, 12
Work Site Location BRICK PLAZA SHOPPING CENTER
THE SPORTS AUTHORITY
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 E. JEFFERSON ST.
ROCKVILLE, MD. 20852
Tele. (301) 998-8100
Contractor JAYEFF CONSTRUCTION
Address 35 COLBY AVE.
MANASQUAN, NJ 08736
Tele. (908) 223-5320
Lic. No.
Federal Emp. No. 222797121 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present — Proposed M
Constr. Class. Present — Proposed 2B
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 34,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 1-28-97
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/16/97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			6/16/97	
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

Water Supply Source PUBLIC
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		
Dry Sprinkler Heads		
TOTAL		
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	1 HOT WATER HEATER 11 ROOFTOP UNITS 2 UNIT HEATERS 3 RADIANT GAS HEAT	560
OTHER		

Administrative Surcharge $ 560
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/13/97
Date Issued
Control #
Permit # 457-97

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

Block 671 Lot 4, 12
Work Site Location SPORTS AUTHORITY BRICK PLAZA

Owner in Fee FEDERAL REALTY TRUST
Address 1626 JEFFERSON ST
ROCKVILLE MD 20852
Tele. (301) 998-8100
Contractor QUALIFIED FIRE PROTECTION INC
Address 146 MTN. AVE
WARREN, N.J. 07059
Tele. (908) 647 5654
Lic. No.
Federal Emp. No 22-345-6412 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ____
Location: ____
Total Est. Cost of Fire Prot. Work $ 25,000 [ ] Other ____

Need test when complete
200 lb PSI for 2 hours
Sprinkler Sys.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 3/13/97
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/10/97
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Suppression Test			6/10/97	
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

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	469	
Dry Sprinkler Heads		
TOTAL	469	583
Smoke Detectors		
Heat Detectors		
TOTAL TAMPER SWITCH 3 Dwgs FLOW SWITCH		
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		

Administrative Surcharge $ 585
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/13/97
Date Issued
Control #
Permit # 457-97

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

Block 671 Lot 4, 12
Work Site Location SPORTS AUTHORITY BRICK PLAZA

Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE MD. 20852
Tele. (301) 998 8100
Contractor RICHARD KOHRS
Address PO BOX 309
MARTINSVILLE N.J. 088
Tele. (908) 604-02 57
Lic. No. 8565
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-13-97
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] OA
Approved By: [signature]
Date: 7-15-97

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]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	35
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
1	Water Service Connection	—
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 35
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

5.A.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 1-29-97
Permit # 171-97

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

Block Coll Lot 1,4,12
Work Site Location The Sports Authority, Brick Blvd 2nd Cedar Bridge Ave., Brick Plaza Shopping Center
Owner in Fee Brick Plaza Inc. c/o Federal Realty
Address 11426 E. Jefferson St., Rockville, MD 20852

Tele. (301) 998-8100
Contractor T. Peters P & H Co., Inc.
Address P.O. Box 1847
Toms River, NJ 08754
Tele. (908) 341-4414
Lic. No. 7116
Federal Emp. No. 22-3145636 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Mercantile
Building Sewer Size 4" Public Sewer X Private Septic
Water Service Size 2" Public Water X Private Well
Estimated Cost of Plumbing Work $ $32,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-19-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] DCA
Approved By:
Date: 7-15-97

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.

Timothy Peters
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	70
1	Urinal/Bidet	10
	Bath Tub	
4	Lavatory	40
	Shower	
5	Floor Drain	50
1	Sink	10
	Dishwasher	
2	Drinking Fountain	20
	Washing Machine	
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
~~1~~	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
10	Water Cooled A/C or Refrigeration Unit	350
X	Sewer Connection	
X	Water Service Connection	
	Active Solar System	
10	Other Furnaces	30

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ ~~35~~
DCA Training Fee $ 245
Collected by: TOTAL $ ~~280.00~~ 1,005

U.C.C. Form F-130B

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

S.A.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-29-97
Control #
Permit # 171-97

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

Block 1031 Lot 1.4 M2
Work Site Location The Sparks Anthony, Brick Blvd and Cedar Bridge Ave., Brick Plaza Shopping Center
Owner in Fee Brick Plaza Trust c/o Federal Realty
Address 11026 E Jefferson St., Rockville, MD 20852

Tele. (301) 998-8100
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible]-4414
Lic. No. [illegible]
Federal Emp. No. [illegible] or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed Mercantile
Building Sewer Size 4" Public Sewer X Private Septic ______
Water Service Size 2" Public Water X Private Well ______
Estimated Cost of Plumbing Work $ 32,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-17-97
Approved by: [illegible]

SUBCODE APPROVAL: 97
[ ] CO [ ] CCO [ ] CA
Approved By: [illegible]
Date:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
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 Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	70
1	Urinal/Bidet	10
	Bath Tub	
4	Lavatory	40
	Shower	
5	Floor Drain	50
1	Sink	10
	Dishwasher	
2	Drinking Fountain	20
	Washing Machine	
2	Hose Bibb	20
1	Water Heater	35
	Fuel Oil Piping	
✓	Gas Piping	35
	Steam Boiler	
[illegible]	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
10	Water Cooled A/C or Refrigeration Unit	350
X	Sewer Connection	
X	Water Service Connection	
	Active Solar System	
10	Other Furnaces	300

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

1,005

U.C.C. Form F-130B

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

RECEIVED

MAR 0 7 1997

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 97-381
Date Issued
Control #
Permit #

* Change of Contractor!!

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

~~DAY OF INSPECTION~~

Block 671 Lot 8

Work Site Location Brick Plaza

Owner in Fee Sports Authority

Address

Tele. ( )

Contractor Robert M. DiRenzi Plg. + Htg.

Address 595 St. Leonards Rd.
Holland, PA. 18966

Tele. (215) 860-8614

Lic. No. BI-09612

Federal Emp. No. or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 2" Public Water ✓ Private Well

Estimated Cost of Plumbing Work $ ~~#~~ 15,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 5-19-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] DCA
Approved By:
Date: 7-14-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	3-13-97		3-18-97	
Rough	5-20-97		5-22-97	
Water				
Sewer				
Fixtures			7-14-97	
Gas Equipment			7-14-97	
Gas Piping test			6-4-97	
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
4	Lavatory	
	Shower	
5	Floor Drain	
2	Sink	
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

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

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.

Robert M. DiRenzi
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. Form F-130B

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

3-18-97 Partial slab 2 Bath room
garage & Lounge
4-2-97 Slab inspection completed.

5-20- Rewat 2 LAV arms
Hanger on Vent stack
Tray primer incomplete

6-4-97 Gas line needs IDENTIFICATION

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 97-281
Date Issued
Control #
Permit #

* Change of Contractor !!

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 Arena Plaza
Owner in Fee Sports Authority
Address
Tele. ( )
Contractor Robert M. DiRenzi Plg. + Htg.
Address 595 St. Leonards Rd.
Hatboro, PA. 18966
Tele. (215) 860-8614
Lic. No. BI-09612
Federal Emp. No. [redacted] or Social Security

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 2" Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ # 15,000.

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas 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.

Robert M DiRenzi
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
7	Water Closet	
1	Urinal/Bidet	
	Bath Tub	
4	Lavatory	
	Shower	
5	Floor Drain	
2	Sink	
	Dishwasher	
2	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Active Solar System	
	Other	

RECEIVED
MAR 07 1997
DIV. OF INSPECTION

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

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 23, 1997 1997 - 0046

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

Property Address: Cedar Bridge Avenue, Brick Plaza

Owner: Federal Realty Investment Trust (Phone): 301-998-8100

Applicant: Sam Vilardi; Jayeff Construction (Phone): 908-223-5320

Mailing Address: 35 Colby Avenue, Manasquan, NJ 08736

Existing Use: Vacant land in Brick Plaza (former bowling site).

Proposed Use: Sports Authority retail building.

Proposed Construction (if any): One-story building, 24 feet high; 42,000 square feet.

Conditions: Site plan approved by Planning Board, Phase II.
Case No. 2102-A-PSP-V/FSP-6/96.
Resolution No. R-52-96 approved September 11, 1996.
Resolution No. R-59-96 approved October 9, 1996.
Resolution No. R-62-96 approved October 23, 1996.
Resolution No. R-65-96 approved November 13, 1996.
Maps signed January 23, 1997.

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 not 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

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

FEES TO PAID AT LATER DATE PER. ENGINEERING

CERTIFICATE OF COMPLIANCE

Date 7-21-97.

NAME BRICK PLAZA SPORTS AUTH.

ADDRESS 1626 E. JEFFERSON STREET ROCKVILLE, MD

PROPERTY LOCATION BRICK PLAZA SPORTS AUTH.

Account No. L960899 Block 671 Lot 8

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
Residential/Commercial

APPLICANT _____ PHONE NUMBER _____

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

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: _____ Date _____

Required Deposit on Estimate $ 1,562 Date _____

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.

Carol A. Wolfe
Affordable Housing Administrator

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
Telephone (609) 971-7002

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: BRICK PLAZA SHOPPING PHASE II SCD NO.: 5666

BLOCK NO.(s) N/A LOT NO.(s) N/A

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions
		THE SPORTS AUTHORITY BLDG. ONLY!

TOTAL FEES DUE: $ 50.00

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 7/29/97

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/96

A5671^

INSPECTOR: K. Shafer

JOB: Sports Authority SECTION: Brick Plaza II

WEATHER: Sunny

TEMPERATURE: 80°s

DATE: 8/8/97

TYPE OF WORK: Final C.C.

LOCATION: Off Brick Blvd.

BLOCK: 671 LOT: 8

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER: Final C.O. for Sports Authority Only!

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

Thomas K. Hoyer MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

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: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

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

APPLICANT _____ CITY & STATE _____

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

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Musil **P**erkowitz **R**uth, inc.
Architecture • Planning

January 23,1997

Brick Township
Building Department

RE: The Sports Authority
Brick Plaza
Brick Township, New Jersey
MPR Job #96-524-25

Dear Mr. Kelly

The following items are in response to your January 15,1997 memo to Mr. Joseph Curiazzo, Construction Official with the Township of Brick.

Plan check review item:.....

ITEM NO 1: The construction type should be changed from Type 2C to Type 2B, and the building should not be classified as an unlimited area building.

RESPONSE: Refer to sheet TS.1 "Project Summary" for this change.

ITEM NO 2: The exterior wall located adjacent to the movie theater should have a one hour fire resistive rating and a UL listed assembly should be provided.

RESPONSE: Refer to sheet A1.1 Key Note #36, Sheet A4.2 Note on detail #12, sheet A8.3 detail #13, for the UL number and detail of this wall.

ITEM NO 3: All structural elements of the building must be designed to table 602. All rated assemblies must be provided with details and UL assembly numbers.

RESPONSE: Refer to note on sheet A1.1, sheet A8.3 detail #13 and specification # 07260 - Intumescent Fireproofing. All columns to receive this 1 hour rated Firefilm coating.

ITEM NO 4: Provide location of emergency lights for egress.

RESPONSE: Refer to sheet E1.0, the Type "B" light fixtures are for emergency lighting. They are connected to Panel "EM" via the lighting contactor shown on sheet E3.2

ITEM NO 5: The fire alarm system must be installed to code.

RESPONSE: Refer to sheet E3.0, the applicable codes have been identified.

1820 Michael Faraday Drive
Suite 201
Reston, Virginia 22090
(703) 708-7220
FAX (703) 708-7249

ITEM NO 6:	The Lounge area shall be handicap accessible, i.e. (closet, counter, sink)
RESPONSE:	Refer to sheet A6.2 detail #15, for dimensions for closet and sink and sheet P1.1, Plumbing Fixture Schedule for handicap accessibility of sink.
ITEM NO 7:	Install striped area on floor through receiving from exit access door to the exit door.
RESPONSE:	Refer to sheet A1.1 Key Note #37 and plan for stripping.
ITEM NO 8:	Exit door in a rated assembly must also be rated with approved hardware and closer.
RESPONSE:	Refer to sheet A9.1 "Door Schedule" door #19 and Door Remarks note #19
ITEM NO 9:	Provide location of smoke detectors for HVAC. Provide details for access to smokes.
RESPONSE:	Refer to sheet E2.0, the duct mounted smoke detectors are supplied and wired by the Fire Alarm contractor, but are mounted to the duct by the mechanical contractor. The smoke detector locations for the RTU-10 and RTU-11 have been added to sheet M1.2 "Partial Mechanical Floor Plans" The smoke detector locations for the RTU Nos. 1 through 8 in the Sales area are shown on sheet M1.3, "RTU and Supply / Return Diffuser Detail". Smoke detectors for RTU-9 are shown on sheet M1.1, "HVAC Floor Plan". Access to the smoke detectors is from inside the facility. The detectors for RTU Nos. 1 through 9 are directly visible from the floor. Access to the detector for RTU-10 and RTU-11 requires the removal of an acoustical ceiling panel.
ITEM NO 10:	Guards along walking surface by loading dock must be solid or such that a 4" sphere cannot pass through any opening.
RESPONSE:	Refer to sheet A8.1 detail #18. Woven Wire Mesh insert shall have 1" square grid.
ITEM NO 11:	Entrance doors to be safety glass.
RESPONSE:	Refer to sheet A9.1, "Door Schedule" door # 1, 2, 3, 4, 5 & 6, and Door Remarks note # 20
ITEM NO 12:	Verify snow loading for steel connections at front parapet (snowdrift)
RESPONSE:	Refer to letter from Rathgerber / Goss dated January 17, 1997.
ITEM NO 13:	Clarify rail detail for page A8.1 detail #18.
RESPONSE:	Refer to sheet A8.1, detail #18 Guardrail Detail

ITEM NO 14:	Provide sprinkler plans and hydraulic calcs.
RESPONSE:	This is to be supplied by the Fire Sprinkler Subcontractor in order to pull the Fire Sprinkler Permit.
ITEM NO 15:	Sign permits are to be applied for separately.
RESPONSE:	Refer to sheet TS.1, General Notes, note #24,
ITEM NO 16:	Canopy roof must be constructed according to Table 602, Item No. 11
RESPONSE:	Refer to Sheet A4.1, Key Note #45, for framing members 15' A.F.F. and below.
ITEM NO 17:	No structural elements requiring a rating shall have pipes, wires or conduits embedded in the assembly. All assemblies subject to impact shall be protected by guards.
RESPONSE:	
ITEM NO 18:	Fire suppression system shall be supervised according to BOCA Sec. 923.1
RESPONSE:	Refer to sheet E3.0, the sprinkler system flow and tamper switches are connected to the fire alarm system which automatically activates the dual-line autodialer upon alarm of any initiation device.

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

Sincerely,
MUSIL PERKOWITZ RUTH, INC

John M. Granholm
Project Manager

cc: Gary Klacik/ FRIT
Richard Carr / FRIT
Carol Dooney / MPR
File

MEMO TO: Joseph Curiazza
Construction Official
Township of Brick

FROM: Thomas J. Kelly
Building Subcode Official

DATE: January 15, 1997

RE: Sports Authority, Brick Plaza

The following is an itemized list of comments regarding the review for the aforementioned project:

1 • The construction type should be changed from Type 2C to Type 2B, and the building should not be classified as an unlimited area building.

2 • The exterior wall located adjacent to the movie theater should have a one hour fire resistive rating, and a UL listed assembly should be provided.

3 • All structural elements of the building must be designed to table 602. All rated assemblies must be provided with details and UL assembly numbers.

4 • Provide location of emergency lights for egress.

5 • The fire alarm system must be installed to code.

6 • The lounge area shall be handicap accessible, i.e. (closet, counter, sink)

7 • Install striped area on floor, through receiving from exit access door to the exit door.

8 • Exit door in a rated assembly must also be rated with approved hardware and closer.

9 • Provide location of smoke detectors for HVAC Provide details for access to smokes.

10 • Guards along walking surface by loading dock must be solid or such that a 4 inch sphere cannot pass through any opening.

Post-it® Fax Note 7671	Date 1/16/97	# of pages ▶ 2
To Jeha Grabolm	From Richard Carr	
Co./Dept. MPF.	Co. FHT	
Phone #	Phone # 215-657-2070	
Fax # 708-708-7249	Fax #	

11. Entrance doors to be safety glass.

12. Verify snow loading for steel connections at front parapet (snow drift).

13. Clarify rail detail for page A8.1 Detail No. 18,

14. Provide sprinkler plans and hydraulic calcs.

15. Sign permits are to be applied for separately.

16. Canopy roof must constructed according to Table 602, Item No. 11.

17. No structural elements requiring a rating shall have pipes, wires , or conduits embedded in the assembly. All assemblies subject to impact shall be protected by guards.

18. Fire suppression system shall be supervised according to BOCA Sec.923.1

JAYEFF CONSTRUCTION CORP

CORPORATE OFFICE
35 COLBY AVE.
MANASQUAN, NJ 08736
(908) 223-5320
(908) 223-6080 (FAX)

SOUTHWEST REGIONAL OFFICE
10723 PLANO ROAD, SUITE 100
DALLAS, TEXAS 75238
(214) 340-3385
(214) 340-3386

FAX

Date: 3/10/97

Number of pages including cover sheet: 7

To:
John Chesles
Bld. Inspector

Phone:
Fax phone:
CC:

From:
Tom Moore
Jayeff sports authority
site superintendent

Phone: 908-223-5320
Fax phone: 908-223-6080

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

Density repots per your request.
Sports Athority Brick

BLK- 671 / Lt. 8

RECEIVED
MAR 10 1997
DIV. OF INSPECTION

EGS ASSOCIATES, INC.
124 N. Mississippi Avenue
Atlantic City, New Jersey 08401

(609) 345-2727
FAX (609) 345-1329

Date: 2/26/97 Job No: EG97008

Project: Jayeff Construction Corp

Brick Plaza Phase II

Sports Authority

TO: Mr. Tom Moore

Jayeff Construction Corp.

THE FOLLOWING IS INCLUDED:

Field Density Test

Report #FS-1 2/13/97 -- #FS-2C 2/19/97

*** Please note address change**

EGS ASSOCIATES, INC.
CONSULTING GEOTECHNICAL ENGINEERS AND GEOLOGISTS

EGS NO: EG970008
REPORT NO: FS-1

FIELD DENSITY TEST
NUCLEAR METHOD

Client: Jayeff Construction Corporation Date Tested: 2/13/97

Project: Brick Plaza Phase II Sports Authority Tested By: J. Guenther

Contractor: D. Miller & Sons

MATERIAL DATA

Description	S-3			
Max. Dry Density (pcf)	119.0			
Optimum Moisture (%)	9.0%			

COMPACTION REQUIREMENTS

Course	Thickness	% Required
		95%

Test No.	1	2	3	4	5	6	7	8	9	10
Depth From Subgrade	3'	3'	3'	3'	3'	3'	3'	3'	3'	3'
Depth of Test	8"	8"	8"	8"	8"	8"	8"	8"	8"	6"
Dry Density	114.9	115.2	113.3	113.1	114.0	114.1	115.1	113.1	115.2	115.5
% Moisture	6.6	6.1	7.0	7.1	7.8	6.6	7.2	7.0	6.0	7.1
% Compaction	96.6	96.8	95.2	95.0	95.8	95.9	96.7	95.0	96.8	97.1

TEST LOCATIONS

1. Backfill exterior footing along southeast corner 1st Lift
2. " " - 25' W
3. " " - 50' W
4. " " - 75' W
5. " " - 100' W
6. " " 2nd Lift
7. " " - 40' W
8. " " - 80' W
9. " " - 120' W
10. " " - 140' W

Technician Signature: James Guenther

EGS ASSOCIATES, INC.
CONSULTING GEOTECHNICAL ENGINEERS AND GEOLOGISTS

EGS NO: EG97008
REPORT NO: FS-2

FIELD DENSITY TEST
NUCLEAR METHOD

Client: Jayeff Construction Corporation

Date Tested: 2/19/97

Project: Brick Plaza Phase II Sports Authority

Tested By: J. Guenther

Contractor: D. Miller & Sons

MATERIAL DATA

Description	S-3			
Max. Dry Density (pcf)	119.0			
Optimum Moisture (%)	9.0%			

COMPACTION REQUIREMENTS

Course	Thickness	% Required
		95%

Test No.	1	2	3	4	5	6	7	8	9	10
Depth From Subgrade	3'	3'	3'	3'	3'	3'	3'	3'	3'	3'
Depth of Test	8"	8"	8"	8"	8"	8"	8"	8"	8"	6"
Dry Density	116.6	116.9	118.3	116.9	115.5	115.7	116.0	115.6		
% Moisture	8.8	8.1	8.7	7.9	7.1	10.3	8.6	8.8		
% Compaction	98.0	98.2	99.4	98.3	97.1	97.2	97.5	97.2		

TEST LOCATIONS

1. Backfill exterior footing along southeast corner 1st Lift
2. " " - 10' N
3. " " - 20' N
4. " " - 30' N
5. " " - 50' N
6. " " - 60' N
7. " " - 70' N
8. " " - 80' N
9.
10.

Technician Signature: James Guenther

EGS ASSOCIATES, INC.
CONSULTING GEOTECHNICAL ENGINEERS AND GEOLOGISTS

EGS NO: EG97008
REPORT NO: FS-2A

FIELD DENSITY TEST
NUCLEAR METHOD

Client: Jayco Construction Corporation — Date Tested: 2/19/97

Project: Brush Plaza Phase II Amarta Authority — Tested By: J. Guenther

Contractor: D. Miller & Sons

MATERIAL DATA

Description	S-3			
Max. Dry Density (pcf)	119.0			
Optimum Moisture (%)	9.0%			

COMPACTION REQUIREMENTS

Course	Thickness	% Required
		95%

Test No.	1	2	3	4	5	6	7	8	9	10
Depth from Subgrade	2'	2'	2'	2'	2'	2'	2'			3'
Depth of Test	8"	8"	8"	8"	8"	8"	8"			8"
Dry Density	117.8	117.7	117.7	118.0	119.0	117.8	118.9			
% Moisture	9.3	9.1	9.6	9.8	9.9	9.5	9.0			
% Compaction	99.0	98.9	98.9	99.2	100.0	99.0	99.8			

TEST LOCATIONS

1. Backfill exterior footing along southeast corner and Lift - 5' N
2. " " " - 15' N
3. " " " - 25' N
4. " " " - 35' N
5. " " " - 55' N
6. " " " - 75' N
7. " " " - 85' N
8.
9.
10.

Technician Signature: J. Guenther

EGS ASSOCIATES, INC.
CONSULTING GEOTECHNICAL ENGINEERS AND GEOLOGISTS

EGS NO: EG97008
REPORT NO: FS-2B

FIELD DENSITY TEST
NUCLEAR METHOD

Client: Jayoff Construction Corporation — Date Tested: 2/19/97

Project: Brick Plaza phase II Sparta Authority — Tested By: J. Guenther

Contractor: D. Miller & Sons

MATERIAL DATA

Description	S-3			
Max. Dry Density (p.c.f)	119.0			
Optimum Moisture (%)	9.0%			

COMPACTION REQUIREMENTS

Course	Thickness	% Required
		95%

Test No.	1	2	3	4	5	6	7	8	9	10
Depth from Subgrade	1'	1'	1'	1'	1'	1'	1'	1'		
Depth of Test	8"	8"	8"	8"	8"	8"	8"	8"		
Dry Density	118.4	119.0	119.0	118.6	115.8	118.0	117.2	117.0		
% Moisture	10.2	8.7	9.3	8.3	9.7	9.1	10.0	10.6		
% Compaction	99.5	100.0	100.0	99.6	97.0	99.2	98.5	98.1		

TEST LOCATIONS

1. Manhole & Water Footing plans southeast corner 3rd Lift – 10' N
2. " " – 20' N
3. " " – 30' N
4. " " – 40' N
5. " " – 50' N
6. " " – 60' N
7. " " – 70' N
8. " " – 80' N
9.
10.

Technician signature: Jamal Guenther

E.G.S CONSULTING GEOTECHNICAL ENGINEERS AND SCIENTISTS

EGS NO: EG97008
REPORT NO: FS-2C

FIELD DENSITY TEST
NUCLEAR METHOD

Client: Jayeff Construction Corporation Date Tested: 2/19/97

Project: Brick Plaza Phase II Sports Authority Tested By: J. Guenther

Contractor: D. Miller & Sons

MATERIAL DATA

Description	S-3			
Max. Dry Density (pcf)	119.0			
Optimum Moisture (%)	9.0%			

COMPACTION REQUIREMENTS

Course	Thickness	% Required
		95%

Test No.	1	2	3	4	5	6	7	8	9	10
Depth From Subgrade	1'	1'	1'	1'	1'	1'				
Depth of Test	8"	8"	8"	8"	8"	8"				
Dry Density	119.2	117.4	118.6	116.9	118.2	118.9				
% Moisture	8.2	7.8	8.5	8.7	9.3	9.2				
% Compaction	99.9	98.7	99.7	98.3	99.4	99.9				

TEST LOCATIONS

1. Backfill exterior footing along southeast corner 3rd Lift
2. " "
3. " "
4. " "
5. " "
6. " "
7.
8.
9.
10.

Technician Signature: James Guenther

ACCURATE
TECHNOLOGIES,
INCORPORATED

89 Apple Street
Tinton Falls, N.J. 07724
(800) 818-7370
(908) 530-5800
FAX (908) 530-5688

JAYEFF CONSTRUCTION CORP.
35 COLBY AVE.
MANASQUAN, NEW JERSEY 08736

APRIL 22, 1997

ATTENTION:TOM MOORE

PROJECT: THE SPORTS AUTHORITY, FINAL INSPECTION
LOCATION: BRICK PLAZA, BRICK TOWNSHIP, N.J.

MR. TOM MOORE;

AT YOUR REQUEST A VISUAL INSPECTION WAS PERFORMED ON THE CURTAIN WALL FRAMING AT THE NEW SPORTS AUTHORITY IN BRICK TOWNSHIP, THE FOLLOWING INFORMATION IS THE RESULTS OF THIS INSPECTION.

THE INSPECTION WAS DONE IN ACCORDANCE WITH A.W.S. D1.1 SECTION 6. THIS INSPECTION WAS PERFORMED ON ALL OF THE LIGHT GAUGE CURTAIN WALL FRAMING WELDS WHICH ARE NOT REQUIRED BY THIS PROJECTS SPECIFICATIONS, BUT FELT NECESSARY BY THE INSTALLER. ALL STUD CLIP WELDS WERE INSPECTED AND THREE WELDS WERE FOUND TO BE UN-ACCEPTABLE. THESE WELDS WERE GROUND OUT, RE-WELDED AND RE-INSPECTED AND FOUND TO BE ACCEPTABLE.

ALL STUD CAP WELDS WERE INSPECTED AND NINE WELDS WERE FOUND TO BE UN-ACCEPTABLE. THESE WELDS WERE GROUND OUT, RE-WELDED AND RE-INSPECTED AND FOUND TO BE ACCEPTABLE.

IF THERE IS ANY OTHER WAY I MAY BE OF SERVICE TO YOU ON THIS PROJECT OR ANY OTHER PROJECT, PLEASE CONTACT ME AS SOON AS POSSIBLE.

DAVID B. FERENC
SPECIAL PROJECT MANAGER
ACCURATE TECHNOLOGIES, INC.

RECEIVED
APR 23 1997
DIV. OF INSPECTION

5.6 END ANCHORAGE

(a) Masonry and Concrete

Ends of K-Series Joists resting on steel bearing plates on masonry or structural concrete shall be attached thereto with a minimum of two ⅛ inch (3 mm) fillet welds 1 inch (25 mm) long, or with two ½ inch (13 mm) bolts, or with the combination of one ½ inch (13 mm) bolt and one ⅛ (3 mm) fillet weld 1 inch (25 mm) long.

(b) Steel

Ends of K-Series Joists resting on steel supports shall be attached thereto with a minimum of two ⅛ inch (3 mm) fillet welds 1 inch (25 mm) long, or with two ½ inch (13 mm) bolts, or with the combination of one ½ inch (13 mm) bolt and one ⅛ inch (3 mm) fillet weld 1 inch (25 mm) long. In steel frames, where columns are not framed in at least two directions with structural steel members, joists at column lines shall be field bolted at the columns to provide lateral stability during construction.

(c) Uplift

Where uplift forces are a design consideration, roof joists shall be anchored to resist such forces.

5.7 JOIST SPACING

Joists shall be spaced so that the loading on each joist does not exceed the allowable load for the particular joist designation.

5.8 FLOOR AND ROOF DECKS

(a) Material

Floors and roof decks may consist of cast-in-place or pre-cast concrete or gypsum, formed steel, wood, or other suitable material capable of supporting the required load at the specified joist spacing.

(b) Thickness

Cast-in-place slabs shall be not less than 2 inches (51 mm) thick.

(c) Centering

Centering for cast-in-place slabs may be ribbed metal lath, corrugated steel sheets, paper-backed welded wire fabric, removable centering or any other suitable material capable of supporting the slab at the designated joist spacing.

Centering shall not cause lateral displacement or damage to the top chord of joists during installation or removal of the centering or placing of the concrete.

(d) Bearing

Slabs or decks shall bear uniformly along the top chords of the joists.

(e) Attachments

Each attachment for slab or deck to top chords of joists shall be capable of resisting a lateral force of not less than 300 pounds (1335 N). The spacing shall not exceed 36 inches (914 mm) along the top chord.

(f) Wood Nailers

Where wood nailers are used, such nailers in conjunction with deck or slab shall be attached to the top chords of the joists in conformance with Section 5.8(e).

5.9 DEFLECTION

The deflection due to the design live load shall not exceed the following:

Floors: 1/360 of span.

Roofs: 1/360 of span where a plaster ceiling is attached or suspended.
1/240 of span for all other cases.

The specifying professional shall give due consideration to the effects of deflection and vibration* in the selection of joists.

* For further reference, refer to Steel Joist Institute Technical Digest #5, "Vibration of Steel Joist-Concrete Slab Floors" and the Institute's Computer Vibration Program.

5.10 PONDING

Unless a roof surface is provided with sufficient slope towards points of free drainage, or adequate individual drains to prevent the accumulation of rain water, the roof system shall be investigated to assure stability under ponding conditions in accordance with Section K2 of the AISC Specifications (Allowable Stress Design) of latest adoption.*

The ponding investigation shall be performed by the specifying professional.

* For further reference, refer to Steel Joist Institute Technical Digest #3, "Structural Design of Steel Joist Roofs to Resist Ponding Loads".

ORIGINAL
ILLEGIBLE

Aecu-Tech Variables

WELDER, WELDING OPERATOR OR TACK WELDER QUALIFICATION TEST RECORD - AWS D1.1

Type of Welder:	Lincoln 250 amp Gas	Date:	December 13, 1995
Name:	Charles Ruggiero	I.D. or Stamp No.:	2903
Welding Procedure Specification No.:	A.W.S. D1.1	Rev. No.:	0

Variables	Record Actual Values Used in Qualification	Qualification Range
Process/Type (5.16.2)	SMAW	SMAW
Electrode (single or multiple)	Single	Single
Current/Polarity	Reverse	Reverse
Position (5.16.6)	4 G & 3 G	4 G
Weld Progression (5.16.7)		
Backing (YES or NO) (5.16.16)	yes	yes or no
Material/Specification (5.16.1)	A36 to A36	AWS P-1 Group 1
Base Metal		
Thickness (Plate)		
Groove	1.000"	UNLIMITED
Fillet		
Thickness (Pipe or Tube)		
Groove		
Fillet		
Diameter (Pipe)		
Groove		
Fillet		
Filler Metal (5.16.3)		
Specification No.	AWS 5.1	AWS 5.1
Class	E70xx	E70XX
F-No.	F 4	1 - 4
Gas/Flux Type (5.16.4)		
Other		

VISUAL INSPECTION

[X] ACCEPTABLE [ ] REJECTABLE

Guided Bend Test Results

Type	Result	Type	Result

Fillet Test Results

Appearance — Fillet Size

Fracture Test Root Penetration — Macroetch

Describe location, nature and size of any crack or tear of the specimen:

Inspected By — Test Number

Organization or Company — Date

RADIOGRAPHIC TEST RESULTS

Film I.D. Number	Location Number	Results	Film I.D. Number	Location Number	Results
2903	A - 1	Acceptable			

Inspected By: David B. Fields — Test Number: 95-70664 - 3

Organization or Company: Accu-Tech Evaluation Services, Inc. — Date: 12 - 13 - 1995

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of Section 5, Part C or D of ANSI/AWS - 1996, Structural Welding Code - Steel.

Manufacturer or Contractor: A C Construction of New Jersey, Inc.

Authorized By: Charles Ruggiero

Date: December 12, 1995

Weld Progression (5.15.7)		
Backing (YES or NO) (5.15.10)	yes	yes or no
Material Specification (5.15.1)	A36 to A36	AWS 5.1 Group 1
Base Metal		
Thickness (Plate)		
Groove	T 000'	UNLIMITED
Fillet		
Thickness (Pipe or Tube)		
Groove		
Fillet		
Diameter (Pipe)		
Groove		
Fillet		
Filler Metal (5.15.3)		
Specification No.	AWS 5.1	AWS 5.1
Class	E70XX	E70XX
F No.	F 4	1 - 4
Gas/Flux Type (5.15.4)		
Other		

VISUAL INSPECTION

X ACCEPTABLE ___ REJECTABLE

Guided Bend Test Results

Type	Result	Type	Result

Fillet Test Results

Appearance

Fracture Test Root Penetration

Describe location, nature and size of any crack or tear of the specimen

Fillet Size:

Macroetch:

Inspected By

Organization or Company

Test Number:

Date

RADIOGRAPHIC TEST RESULTS

Film ID Number	Weld Number	Results Acceptable	Film ID Number	Welder's Number	Results
4009	A-11	yes			

Inspected By: David B. Fenton

Organization or Company: Able Test Radiation Services, Inc.

Test Number: RT-Video-04

Date: 12-12-1995

We certify that the statements in this record are correct and that the test welds were prepared, welded and tested in accordance with the requirements of Section II, Part C of ANSI/AWS ... Structural Welding Code - Steel

Manufacturer or Contractor: A C Construction of New Jersey, Inc.

Authorized By: Dreams Ruggiero

Date: December 12, 1995

ORIGINAL
ILLEGIBLE

Accu-Tech

WELDER WELDING OPERATOR OR TACK WELDER QUALIFICATION TEST RECORD

Type of Welder: Lincoln 250 amp Gas
Name: Mike Moniz
Welding Procedure Specification No.: AWS D1.1
Date: December 13, 1996
I.D. or Stamp No.: 8596
Rev. No.: 0

Variables	Record Actual Values Used in Qualification	Qualification Range
Process/Type (5.16.2)	SMAW	SMAW
Electrode (single or multiple)	Single	Single
Current/Polarity	Reverse	Reverse
Position (5.16.6)	4G & 5G	4G
Weld Progression (5.16.7)		
Backing (YES or NO) (5.16.1b)	yes	yes or no
Material Specification (5.16.4)	A36 to A36	AWS P-1 Group 1
Base Metal		
Thickness (Plate)		
Groove	1.000"	UNLIMITED
Fillet		
Thickness (Pipe or Tube)		
Groove		
Fillet		
Diameter (Pipe)		
Groove		
Fillet		
Filler Metal (5.16.3)		
Specification No.	AWS 5.1	AWS 5.1
Class	E70XX	E70XX
F No.	F 4	1 - 4
Gas/Flux Type (5.16.4)		
Other		

ORIGINAL
ILLEGIBLE

VISUAL INSPECTION

X ACCEPTABLE ___ REJECTABLE

Guided Bend Test Results

Type	Result	Type	Result

Fillet Test Results

Appearance
Fracture Test Root Penetration
Describe location, nature and size of any crack or tear of the specimen:
Fillet Size
Macroetch

Inspected By:
Organization or Company:
Test Number:
Date:

RADIOGRAPHIC TEST RESULTS

Film I.D. Number | Location Number | Results Acceptable | Film I.D. Number | Location Number | Results

Inspected By: David B. Ferris
Test Number: 96-12-13-2

We the undersigned, hereby certify that the statements in this record are correct and that the test welds were prepared, welded and tested in accordance with the requirements of Section IX of ASME Code and AWS Standard Welding Code - Steel

Manufacturer or Contractor: A.C. Construction of New Jersey
Authorized By: Charles Russiello

Accu-Tech

WELDER WELDING OPERATOR OR TACK WELDER QUALIFICATION TEST RECORD

Type of Welder: Lincoln 250 amp Gas
Name: Kevin Cook
Welding Procedure Specification No.: AWS D1.1
Date: December 13, 1996
I.D. or Stamp No.: 4069
Rev. No.: 0

Variables	Record Actual Values Used in Qualification	Qualification Range
Process/Type (5.16.2)	SMAW	SMAW
Electrode (single or multiple)	Single	Single
Current/Polarity	Reverse	Reverse
Position (5.16.6)	4G & 5G	4G

RATHGEBER/GOSS ASSOCIATES
Consulting Structural Engineers

W. Eric Rathgeber, S.E., P.E.
Michael J. Goss, P.E.
Cary R. Strand, P.E.

11 April, 1997

Mastercraft Iron, Inc
Mr. Jay Moore
1111 Tenth Avenue
Neptune, NJ 07754-0740

RE: The Sports Authority, Brick N.J.

Dear Mr. Moore

Per our conversation, when installing the roof deck on the above referenced project, welding washers are not required. According to the Steel Deck Institute, for decks which are 22 gage or heavier, welding washers are not recommended. In this case we have 22 gage deck, therefore the welding washers noted on the contract documents may be omitted.

If you have any further questions or concerns on this matter, please call me.

Sincerely,

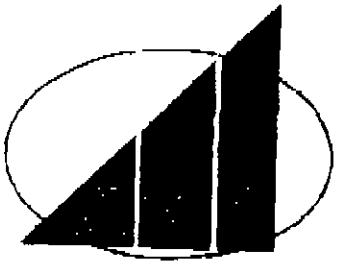
RATHGEBER/GOSS ASSOCIATES, PC

Tina Bernhardt

Tina Bernhardt

Project #96035-02

15807 Crabbs Branch Way, Rockville, Maryland 20855 301/590-0071 Fax: 301/590-0073



ACCURATE
TECHNOLOGIES,
INCORPORATED

89 Apple Street
Tinton Falls, N.J., 07724
(800) 810-7370
(908) 530-5800
FAX (908) 530-5688

MASTERCRAFT IRON, INC.
1111 TENTH AVE., P.O. BOX 748
NEPTUNE, NEW JERSEY 07754

APRIL 22, 1997

ATTENTION: JAY MOORE

PROJECT: THE SPORTS AUTHORITY, FINAL INSPECTION
LOCATION: BRICK PLAZA, BRICK TOWNSHIP, N.J.

MR. JAY MOORE;

AT YOUR REQUEST A VISUAL INSPECTION WAS PERFORMED ON THE NEW SPORTS AUTHORITY IN BRICK TOWNSHIP, THE FOLLOWING INFORMATION IS THE RESULTS OF THIS INSPECTION.

THE INSPECTION WAS DONE IN ACCORDANCE WITH THE STEEL JOIST INSTITUTE TECHNICAL DIGEST NO. 9, THE AMERICAN INSTITUTE OF STEEL CONSTRUCTION AND THE ACCEPTANCE WAS TO A.W.S. D1.1 SECTION 6.

A - 325 T.C. BOLTS:

ALL BOLTS USED ON THIS PROJECT WERE A 325 T. C. BOLTS; ONE BOLTED CONNECTION HAD THREE BOLTS THAT WERE FOUND TO BE LOOSE. THESE BOLTS WERE TIGHTENED AND RE-INSPECTED AND FOUND TO BE ACCEPTABLE. ALL BOLTS THAT ARE MISSING ON THE " K " SERIES JOIST, ARE NOT MISSING. THESE BOLTS ARE USED TO PROVIDE LATERAL STABILITY DURING ERECTION. ALL STEEL " K " SERIES JOIST HAVE AT LEAST ONE 3/4" A-325 T.C. BOLT AT EACH END STILL IN PLACE AND WERE FOUND TO BE TIGHT. ALL OTHER BOLTED CONNECTIONS WERE FOUND TO BE ACCEPTABLE.

DECKING:

WELD WASHERS WERE NOT REQUIRED BECAUSE THE DECKING USED ON THIS PROJECT IS 22 GAGE DECKING. A LETTER FROM THE ENGINEER OMITTING THE WELD WASHERS FROM THIS PROJECT IS INCLUDED WITH THIS REPORT. EVERY DECKING PUDDLE WELD WAS INSPECTED VISUALLY, 26 PUDDLE WELDS WERE FOUND TO BE UN-ACCEPTABLE. THESE WELDS WERE REPAIRED AND RE-INSPECTED AND FOUND TO BE ACCEPTABLE. ALL SIDE LAP SCREWS WERE # 10's AND WERE FOUND TO BE ACCEPTABLE.

WELDS:

" BAR JOIST / K SERIES ": ALL BAR JOIST WELDS WERE VISUALLY INSPECTED (WITHOUT REMOVING DECKING) AND APPROXIMATELY 20% OF THESE WELD DID NOT MEET THE MANUFACTURES DRAWINGS SPECIFICATIONS, AS FAR AS LENGTH NOT SIZE, BUT SURPASSED THE STEEL JOIST INSTITUTES SPECIFICATIONS. ALL WELDS REJECTED WERE MARKED, REPAIRED AND RE-INSPECTED AND FOUND TO BE ACCEPTABLE.

" TUBE WELDS ": ALL TUBE WELDS WERE VISUALLY INSPECTED ALL UN-ACCEPTABLE WELDS WERE MARKED, REPAIRED AND RE-INSPECTED AND FOUND TO BE ACCEPTABLE.

JAYEFF CONSTRUCTION CORP

CORPORATE OFFICE
35 COLBY AVE.
MANASQUAN, NJ 08736
(908) 223-5320
(908) 223-6080 (FAX)

SOUTHWEST REGIONAL OFFICE
10723 PLANO ROAD, SUITE 100
DALLAS, TEXAS 75238
(214) 340-3385
(214) 340-3386

FAX

Date: 4/23/97

Number of pages including cover sheet: 7

To:
Frank Mizer
Bld Inspector

Phone:
Fax phone: 262 1054
CC:

From:
Tom Moore

Phone: 908-223-5320
Fax phone: 908-223-6080

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

per your request

SIZING FOR WATER AND SEWER SERVICES

Property Owner Brick Plaza Dr Date 5-19-97

Property Address Brick Blvd & Cedar Brk Block 671 Lot 1, 4, 12

Zoning _____ Use Group _____

Contractor Robert M DiRenzi License No. Registration 9612

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	7	(10) 70	( )
2. Lavatory	4	(2) 8	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink	2	(4) 8	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal	1	(5) 5	( )
11. Floor Drain		( )	( )
12. Drinking Fountain	2	(.25) .5	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 91.5

Gallons per minute 44

Size of Service 1 1/2"

Date: 5-19-97

Approved: _____
Brick Township Plumbing Inspector

AUTOMATIC SPRINKLER SYSTEMS

CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FOR ABOVEGROUND PIPING

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME SPORTS AUTHORITY DATE 6/10/97

PROPERTY ADDRESS

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES) K+E FIRE PROTECTION

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS ☑ YES ☐ NO

EQUIPMENT USED IS APPROVED ☑ YES ☐ NO

IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? ☑ YES ☐ NO

IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS ☐ YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS ☐ YES ☐ NO
3. NFPA 13A ☐ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BUILDING 3

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
CENTRAL	G.B.	1996	17/32	432	286
CENTRAL	G.B.4	1996	1/2	37	165

PIPE AND FITTINGS

Type of Pipe SCH. 40

Type of Fittings C.I. WARD

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	MAKE	MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION MIN.	SEC.
6" CBC FLOW SW.	CENTRAL POTTER	6"		

DRY PIPE OPERATING TEST

DRY VALVE MAKE	MODEL	SERIAL NO.	O.O.D. MAKE	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST CONNECTION* MIN.	SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	TIME WATER REACHED TEST OUTLET* MIN	SEC.	ALARM OPERATED PROPERLY YES	NO
Without O.O.D.									
With O.O.D.									

IF NO, EXPLAIN

* MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING ☐ YES ☐ NO | IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	NO	MAXIMUM TIME TO OPERATE RELEASE MIN	SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure varies at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS. | IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED ☐ YES ☐ NO

EQUIPMENT OPERATES PROPERLY ☑ YES ☐ NO

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? ☐ YES ☐ NO

DRAIN TEST | READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI

UNDERGROUND MAINS AND LEAD-IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING

VERIFIED BY COPY OF THE U FORM NO 858 ☑ YES ☐ NO | OTHER | EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING ☑ YES ☐ NO

WELDING

WELDED PIPING ☑ YES ☐ NO

IF YES...

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☑ YES ☐ NO

DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 ☑ YES ☐ NO

DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED ☑ YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? ☐ YES ☐ NO

HYDRAULIC DATA NAMEPLATE

NAME PLATE PROVIDED ☑ YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 6/10/97

SIGNATURES

NAME OF SPRINKLER CONTRACTOR QUALIFIED FIRE PROTECTION INC.

TESTS WITNESSED BY

FOR PROPERTY OWNER (SIGNED) _____ TITLE _____ DATE _____

FOR SPRINKLER CONTRACTOR (SIGNED) Byron O'Gan TITLE FOREMEN DATE 6/10/97

Witnessed By Joe Esperanza
Fire Sub. Coake

BUREAU OF FIRE PREVENTION

Insulation Tented ☐

Hydrostatic Test ☐

Close-In ☐ / /

Inspector _____

Test ☐

Close-In ☐ / /

Inspector _____

Tank ☐ Pump ☐ Alarm ☐

Final Inspection / /

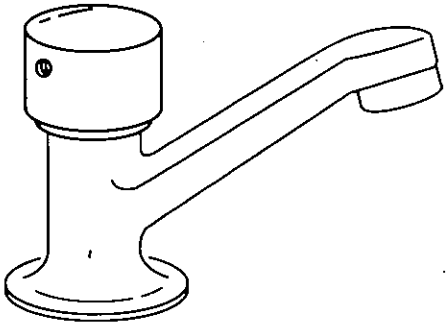
Inspector _____

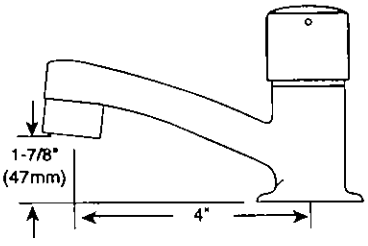
SANI-STREAM®
by MOEN

INSTALLATION INSTRUCTIONS

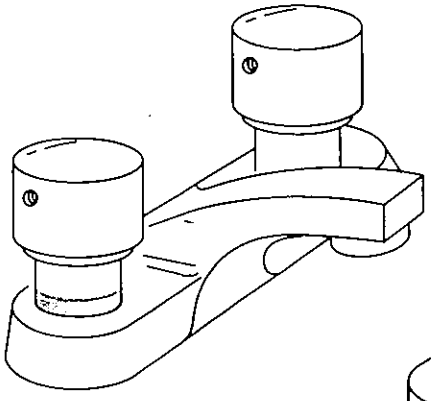
SLO-CLOSE LAVATORY FAUCETS

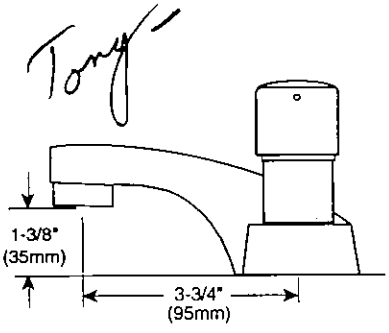
MODEL 8881
SINGLE HANDLE
SINGLE MOUNT LAV



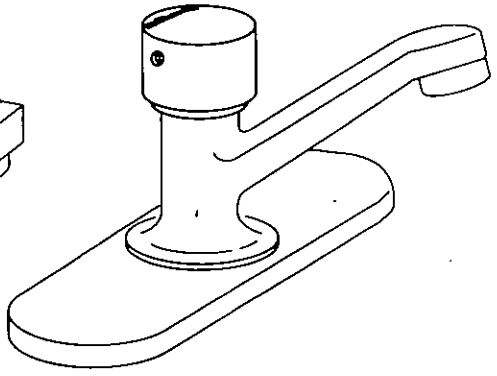


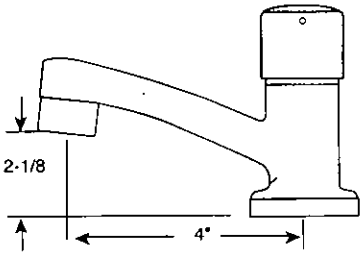
MODEL 8882
TWO HANDLE
4" CENTERSET LAV





MODEL 8883
SINGLE HANDLE
SINGLE MOUNT LAV
WITH ESCUTCHEON





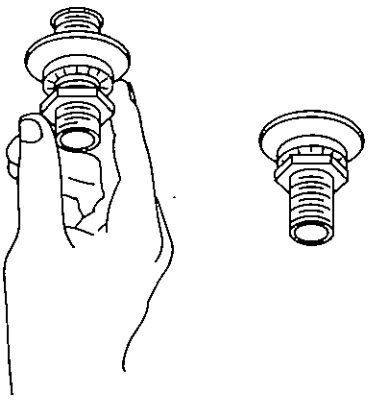
Complies with ASME A112.18.1M and CSA B125

CAUTION: **Always turn water off before disassembling the faucet. Depress the push buttons to relieve water pressure and to insure that complete water shut-off has been accomplished.**

Before turning water on during installation, make sure that cartridge is in place and tight. The cartridge was properly installed and tested before leaving the factory. Although it is unlikely, it is nevertheless possible that through the handling of the faucet by any number of persons the cartridge may not be properly installed. This should be carefully checked at time of installation. If the cartridge is not properly installed, water pressure could force the cartridge out of the faucet body. Personal injury or water damage to the premises could result.

Installation

Be sure lavatory or mounting surface is clean and dry. Apply a 1/4" bead of plumber's putty (not furnished) around the underside of the escutcheon. Place faucet supplies down through basin holes. Position faucet. To fasten faucet on basin: adjust the position of the faucet on the basin to best accomodate the bowl size. From under the sink, place the mounting nut/washers on the faucet supplies, large side up. Thread on mounting nut/washers by hand. Check faucet position. Align and match escutcheon support pad, and escutcheon locator pads together (model 8883 only). Make final tightening of the mounting nut/washers using basin wrench.



Flushing

IMPORTANT: Pipe chips, sand, stones and other solids found in new and renovated plumbing can damage the sealing surface of the faucet cartridge and cause a leak. To avoid damage, DO NOT OPERATE VALVE until you have followed these instructions:

1. Make sure all water supplies are OFF.
2. Remove cartridge (see "Disassembly").
3. At the supplies, **SLOWLY** turn both hot and cold water on and thoroughly flush out the body and lines.

Disassembly

CAUTION: Make sure BOTH water supplies are OFF and press down BOTH faucet push buttons to relieve water pressure and insure that COMPLETE water shut-off has been accomplished.

These instructions apply to both the two handle, (hot and cold sides) and the single handle. Parts and procedures are the same.

1. Remove push button screw and pull off push button.
2. Unscrew cartridge nut with a wrench and pull cartridge straight up and out of faucet bore. (Make sure cartridge has both the upper and lower o-rings).

Reassembly

FAILURE TO FOLLOW THESE INSTRUCTIONS COULD CAUSE THE CARTRIDGE TO BE DAMAGED BEYOND REPAIR.

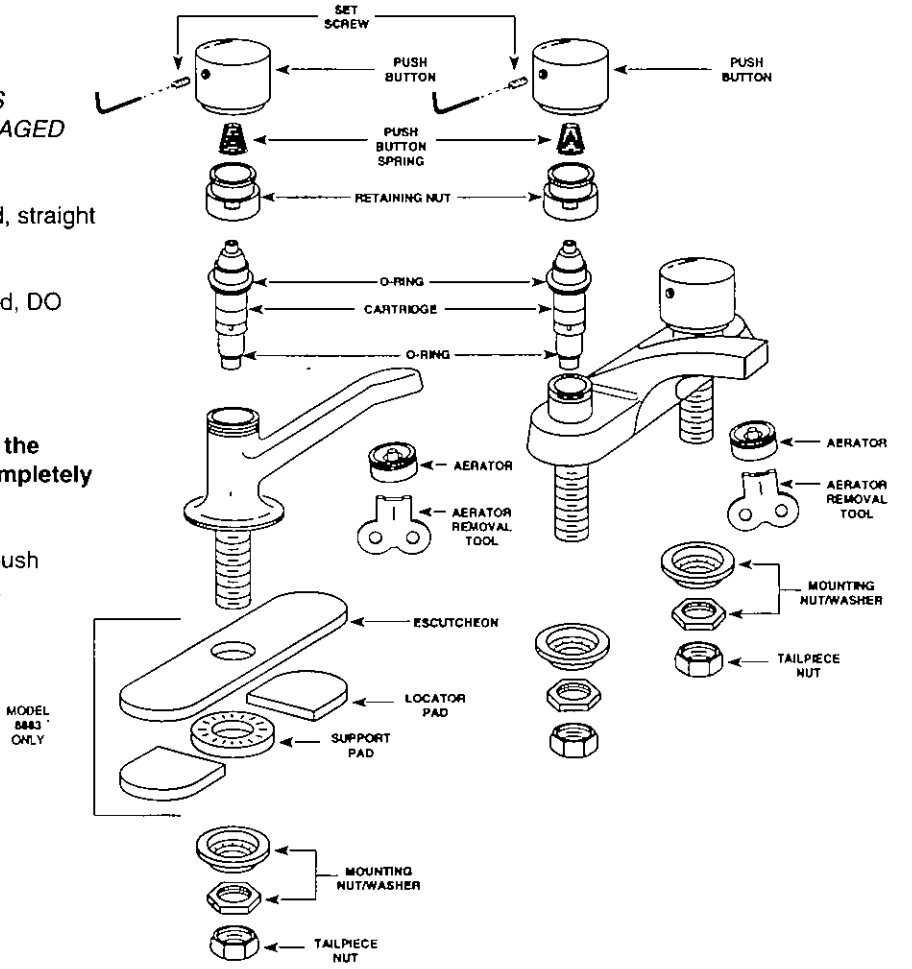
1. Push the cartridge, with both o-rings installed, straight down into the body.

2. Screw down the cartridge nut starting by hand, DO NOT CROSS THREAD.

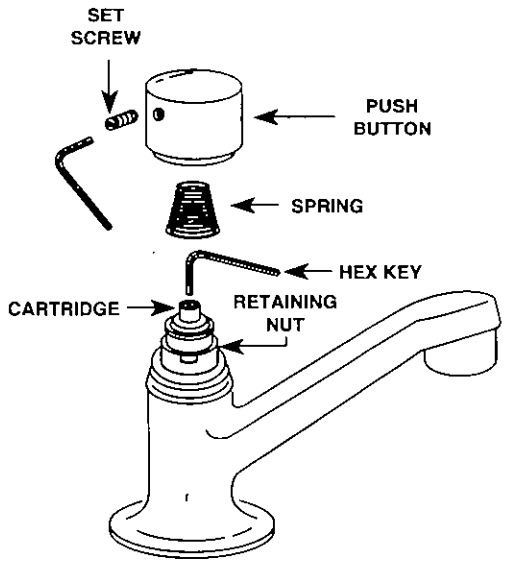
3. Tighten firmly with a wrench.

CAUTION: For two handle model, make sure the other cartridge on the opposite side is completely assembled into the faucet.

4. Push button may now be installed. Tighten push button screw until the screw contacts the nut. Back screw off 1/4 turn. Check to insure the push button moves up and down freely. DO NOT OVERTIGHTEN.



Adjusting Water Flow on Slo-Close Cartridge



IMPORTANT: It is not necessary to shut off water supply or to remove unit from faucet to adjust water flow. **(NOTE: Do not attempt to remove cartridge while water supply is on).**

1. Remove push button by loosening set screw with hex key.

2. Using hex key, adjust metering screw inside of stem. Hold stem stationary with fingers or pliers while adjusting metering screw. DO NOT remove metering screw from stem.

3. To increase time of flow, turn metering screw clockwise ↻. To decrease time of flow, turn metering screw counterclockwise ↺. Adjusting metering screw 1/8 turn will alter timing considerably.

4. The stem can now be depressed to check the time or water flow without reinstalling the push buttons and springs.

NOTE: it may be necessary to adjust time of water flow two to three separate times before fluctuations in time cycles cease.

5. After timing has been set, re-assemble push button.

Consumer Information

Faucets made of leaded brass alloys may contribute small amounts of lead to water that is allowed to stand in contact with the brass. The amount of lead contributed by any faucet is highest when the faucet is new. The following steps may reduce potential exposure to lead from faucets and other parts of the plumbing system:

- Always run the water for a few seconds prior to use for drinking or cooking.
- Use only cold water for drinking or cooking.
- If you wish to flush the entire plumbing system of water that has been standing in the pipes or other fittings, run the cold water until the temperature of the water drops, indicating water coming from the outside main.
- If you are concerned about lead in your water, have your water tested by a certified laboratory in your area.

HELPLINE:

For answers to any product, installation, replacment parts or warranty questions, call our consumer helplines.

In the U.S., toll free:
1-800-321-6636

In Canada call:
Toronto, 905-829-3400
Rest of Canada, 1-800-465-6130

MOEN®

Moen Incorporated 25300 Al Moen Drive, North Olmsted, OH 44070-8022, U.S.A.
In Canada:
Moen Inc. 2816 Bristol Circle, Oakville, Ontario L6H5S7

MT168A SEP 95

PLOT PLAN REVIEW

CHECK LIST

TOWNSHIP OF BRICK

BLOCK: 671 LOT: 8 DATE RECEIVED: 1/17/97

ADDRESS: Brick Plaza

APPLICANT: The Sports Authority PHONE: 223-5320

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ SUBDIVISION: _____

TYPE OF WORK: _____ ZONING APPROVAL: _____

REVIEW: _____ FLOOD ZONE IDENTIFIED BY FIRM _____ ELEV. _____

_____ PANEL # _____ MAP# _____ DATED: _____

FEMA LETTER RECEIVED: _____ YES _____ NO _____

	SHOWN	ACCEPTED	DEFICIENT	N/A
1. SITE PLAN &/OR SURVEY SIGNED & SEALED				
2. DRAW TO A SCALE OF NOT LESS THAN 1"=100'		✓		
3. EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)				✓
4. SIDE PROPERTY LINES & DWELLING & PROP. CORNERS		✓		
5. STREET GUTTER, TOP CURB & CENTER LINE ELEV.		✓		
6. CONTOURS: 1' INCREMENTS/IF ELEV. FLUCTUATES 2'		✓		
7. ADJACENT DWELLING CORNERS				✓
8. PROPOSED GRADING		✓		
9. GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEV.		✓		
10. LOT GRADING/FILLING & FINAL ELEVATION		✓		
11. METHOD OF DRAINING				✓
12. FLOOD OPENINGS SIZED & PLACED				✓
13. DRIVEWAY WIDTH/TYPE & DRAINAGE		✓		
14. DIMENSIONS/ACREAGE OF PARCEL IN QUESTION		✓		

IMPORTANT

A.H.B.T. - MANDATORY FEE - COMMERCIAL

	SHOWN	ACCEPTED	DEFICIENT	N/A
15. LOCATION OF FLOODWAY BOUNDARY/HAZARD AREA				✓
16. FRESH WATER WETLANDS		✓		
17. PARKING AREAS		✓		
18. FACILITY & CONNECTIONS: WATER/SEWER/GAS/ELEC.		✓		
19. PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS		✓		
20. STREETS		✓		
21. CURBING		✓		
22. DESCRIPTION OF ALTERATIONS/REL. OF WATERCOURSE				✓
23. PRIOR APPR: ARMY CORP./D.E.P./WETLANDS, ETC.				✓
24. DAM SAFETY				✓
25. SOIL CONSERVATION SERVICE				✓
26. PLANNING BOARD		✓		

PLOT PLAN REVIEW	DATE	APPROVED	REJECTED
SIGNATURE	1/29/97	Aspor Tom Kospos	
REVISED			
REVISED			
REVISED			
FIELD CHECK			
REVISED			
REVISED			
REVISED			
MUNICIPAL ENGINEER			
REVISED			
REVISED			
REVISED			

INSPECTOR: K Shafer

DATE: 7/29/97

JOB: Brick Plaza SP# 2102 SECTION: 2 ~~Sports Authority~~

TYPE OF WORK: Final

WEATHER: PC Sunny

LOCATION: off Brick Blvd

TEMPERATURE: 70's

BLOCK: LOT:

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		✓
8. Safety		✓

7/29/97

COMMENTS REFERENCING ITEM NUMBER:

~~Attached~~ list

Contr to call and reschedule

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☑ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

Thomas K. Hoyer MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

INSPECTOR: K Shafer

DATE: 7/29/97

JOB: Brick Plaza SECTION: 2

TYPE OF WORK: Final

WEATHER: PT. Sunny

LOCATION: off Brick Blvd.

TEMPERATURE: 70°S

BLOCK: 671 LOT: 8

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway		✓
2. Grading		✓
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding		✓
6. Clean-up Procedures		✓
7. Note on going construction in immediate area		✓
8. Safety		✓

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☒ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

OK 8/6/97 As per K. Shafer Tom Prospes

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

2746

FEDERAL REALTY INVESTMENT TRUST 4-86
1626 E. JEFFERSON ST.
ROCKVILLE, MD 20852

6/11 19 97 65-320/550 00056

PAY TO THE ORDER OF Township of Brick Affordable Housing Trust Fund $ 11,149.83

Eleven Thousand One Hundred forty-nine 83/100 DOLLARS

FIRST UNION First Union National Bank of Maryland McLean, VA

FOR [redacted]

Victor Canullo
Helen Fayad
Lee Hartman
Mary Lou Powner

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 6/12/97

Business/Development: The Sports Authority

Owner/Applicant: Federal Realty

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 No.: 2746
Final Fee: 22,713.65
Less Deposit: 11,563.82

Final Payment $ 11,149.83

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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:

Arlene A. Gunther
Signature

6-12-97
Date

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

T O W N S H I P O F B R I C K

Brick Plaza — 671 — 1,4,12
Work Site Address — Block — Lot

Federal Realty Trust 1626 E. Jefferson ST Rockville MD 20852
Owner's Name, Address, Phone

Jayjeff Construction 35 Colby Ave Manasquan NJ 08736
Contractor's Name, Address, Phone

Construction Metal studs, Drywall, wood, cardboard etc
Describe type (Single -family home, etc.)

Demolition N/A
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Approx 4-6 30yd Dumpsters

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

DiMarco Disposal Service 666 So. Front ST Elizabeth NJ 07202

Size of dumpster: 30 yd.

Destination of discarded debris: J & J Recycling, Elizabeth NJ

Hauler's DEP Permit No.: 1125

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

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

Sam Vilardi — Signature — 1/16/97
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

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

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

FEDERAL REALTY INVESTMENT TRUST 4-86
4800 HAMPDEN LANE
BETHESDA, MD 20814

2542

65-320/550
00056

1/28 1997

PAY TO THE ORDER OF Township of Brick, NJ $ 11,563.82

Eleven Thousand Five Hundred Sixty-three 82/100 DOLLARS

First Union National Bank of Maryland
McLean, VA

FOR [redacted]

© CLARKE AMERICAN

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 1/29/97

Business/Development: Sports Authority

Owner/Applicant: Brick Plaza (Federal Realty)

Property Address: Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial ✓
Residential
Inclusionary Development Fee

Check Number 2542
Estimated Fee 22,713.65

Deposit Amount $ 11,563.82

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check No.: _____
Final Fee: _____
Less Deposit: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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:

H Milano
Signature

1.29.97
Date