

BLOCK 671 LOT B ADDRESS (SITE) BRICK PLAZA #23A PERMIT NO. 1122-96

MAY 3 1996

CONSTRUCTION PERMIT APPLICATION

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

UNRENTED

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA #23A
2. Name of Owner in Fee: FEDERAL REALTY TRUST Tel. (301) 652-3360
Address 4800 HAMPTON LANE #500 Bethesda MD 20814
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: MILCO CONSTRUCTION Tel. (908) 920-1800
Address 270 DRUM POINT RD BRICK
- License No. OR, if new home, Builder Reg. No. 22-2638013 Exp. Date _____
Federal Emp. No. 55637 Social Security No. _____
5. Architect or Engineer BARLO & ASSOC. Tel. (908) 477-7251
Address 92 MANTOLOKING RD BRICK
6. Responsible Person in Charge of Work Ed Treshock / DON MILER Tel. (908) 920-1800

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>470</u>		
2. Electrical			
3. Plumbing	<u>160</u>		
4. Fire Protection	<u>135</u>		
5. Elevator Devices			
6. Subtotal	\$ <u>735</u>		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>34</u>		
9. DCA Training Fee			
10. Subtotal	\$ <u>30</u>		
11. Cert. of Occupancy	<u>20</u>		
12. Other <u>204-11</u>	<u>\$30.22</u>		
13. TOTAL	\$ <u>819.00</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

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

Est. Cost

24,000
12,000
6,000
8,000
50,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>[Signature]</u>	<u>5/24/96</u>		<u>5/24/96</u>	<u>[Signature]</u>	<u>8/8/96</u>		<u>[Signature]</u>
			<u>5/28/96</u>	<u>[Signature]</u>	<u>11/1/96</u>	<u>OK</u>	<u>[Signature]</u>
			<u>5-28-96</u>	<u>[Signature]</u>	<u>8/5/96</u>	<u>OK</u>	<u>[Signature]</u>
				<u>[Signature]</u>	<u>3/29/99</u>		<u>[Signature]</u>

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

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR 10208696

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

☐ Check if contractor.

Agent Name MILCO Construction Co. INC.

Address _____

Telephone (909) 920-1800

Signature [Signature] Date 5/20/96

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/29/99
Control #
Permit # 96-1122

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location STORE23A CHAMBERS BR RD
Owner in Fee/Occupant FEDERAL REALTY TRUST
Address SAME
BRICK, NJ 08723-
Telephone () -
Contractor MILCO CONSTRUCTION
Address 270DRUM PT RD
BRICK, NJ 08723-
Telephone () Fax ()
Lic. No. or Bldrs. Reg. No. 55637
Federal Emp. No. 22-2638013

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

TENANT FIT UP
Enchanted Castle Toys

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

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

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

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

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

Fee \$ 20
Paid [X] Check No. 2510
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 03/29/99
Control #
Permit # 96-1122

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location STORE23A CHAMBERS BR RD
Owner in Fee/Occupant FEDERAL REALTY TRUST
Address SAME
Telephone BRICK, NJ 08723-
Contractor MILCO CONSTRUCTION
Address 270BRIER PT RD
Telephone BRICK, NJ 08723-
Fax
Lic. No. or Bldrs. Reg. No. 55637
Federal Emp. No. 22-2638013

[] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved.

If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____

Type of Warranty Plan: [] State [] Private

Use Group B

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TENANT FIT UP

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

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

Fee \$ _____ 20
Paid [X] Check No. _____ 2510
Collected by: _____ TL



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

5/25/96

1122-96

IDENTIFICATION Block

671

Lot

8

Work Site Location

Bruck Plaza #23A

Contractor

Milton Const Co.

Address

270 Drum RT RD

Owner in Fee

Federal Realty Trust

Address

Tele. ()

Bruck Plaza

Lic. No. or Bldrs. Reg. No.

55076

Exp. Date

Federal Emp. No.

222638013

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING☒ PLUMBING☐ OTHER☐ ELECTRICAL☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant fit up

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 \$

42000

CONSTRUCTION OFFICIAL

Rex Korkowski

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building

470-

Plumbing

110-

Electrical

Fire Protection

155-

Other

Other

DCA Training Fee

34

Cert. of Occ.

710

Other

Total

819-

Check No.

2510

Cash

Collected By:

JK



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

10/30/96
1122-96

IDENTIFICATION Block 671 Lot 8
Work Site Location Cruck Plaza 23H Contractor Robert M. Co. Inc.
Address 11111 Cruck Plaza
Owner in Fee 11111 Cruck Plaza Address 11111 Cruck Plaza
Address 11111 Cruck Plaza Tele. () 11111 Cruck Plaza
Tele. () 11111 Cruck Plaza Lic. No. or Bldrs. Reg. No. 11111 Cruck Plaza
Federal Emp. No. 202 23301027 or Social Security No. 8 9

is hereby granted permission to perform the following work:

[] BUILDING [] PLUMBING [] Other _____
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

Sprinklers

Estimated Cost of Work \$ 1000

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
BUILDING	15.00
PLUMBING	15.00
ELECTRICAL	0.00
Fire Protection	2.00
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35.00
Check No.	# 1380
Cash	
Collected By:	<i>[Signature]</i>



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/28/96
1122-96

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

Block 671 Lot B
Work Site Location BEICK PLAZA SPACE # 23A
Owner in Fee Federal Realty Inv. Trust
Address 4800 Hampdon Lane # 500
Bethesda MD. 20814
Tele. (301) 652-3360
Contractor MILCO CONST.
Address 270 DRAUMPOINT RD
BELICH NJ
Tele. (908) 300-1800
Lic. No. or Bids. Reg. No. 82-2638013
Federal Emp. No. 55637 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No. Plans-Req.			Type:	Failure	Failure
☒ All	5/13/96		Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☒ CA			TCO		
Date: <u>8-8-96</u>			Other		
Approved By: <u>[Signature]</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>50000</u>
No. of Stories	<u>1</u>		2. Alteration \$ <u>50000</u>
Height of Structure			3. Total (1 + 2) \$ <u>50000</u>
Area—Largest Floor		<u>3,000</u>	
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

[Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Landscaped Fit-up/white Box

(Office Use Only)
FEE

\$ _____

TYPE OF WORK:
☐ New Building
☐ Addition
☒ Alteration

☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Demolition

Height (6' or over)
Sq. Ft.

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

At of Baum & Noble
1030-1000
6/17



Date Received 6/19/80
Date Issued
Control #
Permit #
JUN 6 1980 04:17
FEE (Office Use Only)

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 BEICK PLAZA UNIT 23A
Owner in CHAMBERS BLDG. 23A
Address 4830 HAMPSHIRE LANE SUITE 300
City BETHESDA MD. Zip 20814
Tele. (408) 265 4444
Contractor GERMANSKY ELECTRICAL CO.
Address 208 W 4th ST.
City PLAINFIELD NJ.
Tele. (908) 755 4500
Lic. No. 404
Federal Emp. No. 2209338905 or Social Security No. 1
B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed 1
☐ Pole/Pad # 1 ☐ Temporary 1 ☐ Other 1
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 7000

JOB SUMMARY (Office Use Only)
PLAN REVIEW:
☐ No Plans Required
☐ Joint Plan Review Required.
☐ Bldg. ☐ Plumb.
☐ Fire ☐ Elevator
☐ Elec. Plans Approved
Date: 6/17/80
Approved by: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ PCA
Date: 6/17/80
Approved By: [Signature]

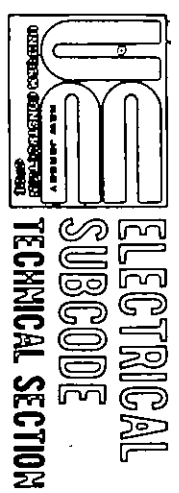
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
[Signature]
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
33		Fixtures (1)
14		Receptacles (2)
49		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
1		Kw A/C Unit 50 amp
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp. Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
1		200 amp Service Entrance
		Other

U.C.C. Form F-120B
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 White = Applicant Copy
PRO 220B
Paid Check # 10454 Administrative Surcharge \$ 89
Minimum Fee \$ 10
DCA Training Fee \$ 10
TOTAL FEE \$ 109
Collected by: [Signature]

Brick Township



Date Received _____
Date Issued _____
Control # _____
Permit # _____

JUL 1 1960 05761

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

Block 671 Lot B
Work Site Location Pl 70 + Chamberlady's Pl
Owner in Fee Barnhart Nodda - Brick Plaza
Address 1235 Federal Realty
William R. Nodda, Pa
Tele. (215) 4957-8746
Contractor Electric Contractor
Address 404 N 5th Street
National Park, N.J. 08043
Tele. (609) 848-4070
Lic. No. 11387
Federal Emp. No. 22-3175430 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 \$ 5000.-

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	Dates (Month/Day)
Type:	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.

Licensed Electrical Contractor ☐ Exempt Applicant _____
Signature—Contractor Seal

D. TECHNICAL SITE DATA

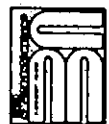
NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____	Kw Range
_____	_____	Kw Oven(s)
_____	_____	Kw Surface Unit
_____	_____	hp Dishwasher
_____	_____	hp Garbage Disposal
_____	_____	Kw Dryer
_____	_____	Kw A/C Unit
_____	_____	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 <u>Hook up only</u>
_____	_____	Light Standards
_____	_____	hp Motors—Fractional H.P.
_____	_____	hp Motors—All Others
_____	_____	Kw Transformers
_____	_____	Kw Generators
_____	_____	Amp Service Entrance
_____	_____	Other

FEE (Office Use Only)

Paid ☐ Check # 1092 Administrative Surcharge \$ _____
Minimum Fee \$ 35.00
DCA Training Fee \$ 41.00
Collected by: _____ TOTAL FEE \$ 39.00

PANEL 1
KEYPADS 1
MOTIONS 3
SIRENS 1

BOORS 2
WINDOWS 0



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

OCT 28 96 00 9869

FEE (Office Use Only)

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

Block 697 Lot 8

Work Site Location BRICK PLAZA SPACE 231A AS

Owner in Fee BRICK NJ ADDITIONAL TENANT FIJA

Address ENCHANTED CASTLE TOYS

Address

Tele. () WELLS ELECTRONICS INC

Contractor 256 JACKSON PINES RD

Address JACKSON NJ 08527

Tele. () 908-370-3355

Lic. No. 22-2331027

Federal Emp. No. 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 \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required

Joint Plan Review Required:

[] Bldg. [] Plumb.

[] File [] Elevator

[] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type:

Rough

Temporary

Constr. Serv.

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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

Kw Generators

Amp Service Entrance

Other

Other

Other

Other

Other

Other

Other

Other

Paid Check # 13450

Collected by:

U.C.C. Form F-120B

1 Write - Inspector Copy

2 Copy - Office Copy

3 Print - Office Copy

4 Gold - Applicant Copy

Administrative Surcharge

Minimum Fee

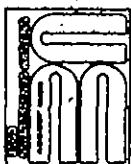
DCA Training Fee

TOTAL FEE

\$

\$

\$



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10/30/96
1122-96

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-273-1000.

Block ~~67~~ 67 Lot 8
Work Site Location BRICK PLAZA SPACE-23-A
ADDITIONAL-TENANT FLTA
Owner in Fee ENCHANTED CASTLE TOYS
Address _____
Tele. (____) _____
Contractor WELLS ELECTRONICS INC
Address 256 JACKSON PINES RD
JACKSON NJ 08527
Tele. (____) 370-3355
Lic. No. _____
Federal Emp. No. 22-2334027 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 \$ 600.00 [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
INSPECTIONS: _____
Type: _____
Failure _____
Failure _____
Approval _____
Initial _____
Joint Plan Review Required: _____
Type: _____
Failure _____
Failure _____
Approval _____
Initial _____
[] Bldg. [] Plumb. _____
Fire Alarm Test _____
Smoke Test _____
[] Elec. [] Elevator _____
Mechanical _____
[] Fire Plans Approved _____
Mechanical _____
TCO _____
Date: 10/30/96
Approved by: [Signature]
SUBCODE APPROVAL: _____
Other _____
Other _____
Other _____
Date: 11/1/96
Approved by: [Signature]

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

Number

FEE (Office Use Only)

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
WATER FLOW & TAMPER SWITCHES 3 Sprinklers
Smoke Detectors 0
Heat Detectors 0
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems

CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 35-

Paid [] Check # _____
Collected by: _____
TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

1122

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 BEICK PLAZA SPAC 23A

Owner in Fee Federal Realty Invest. Trust

Address 4800 Hampden Lane #580
Bethesda MD 20814

Tele. (301) 652-3360

Contractor Shore Fire Protection
652 Drum Point Rd
Bethesda MD 20814

Address BEICK PLAZA N.J.

Tele. (201) 920-2210

Lic. No. 222343823 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed _____
Constr. Class. Present Proposed _____
Heating Systems [1] New [] Existing
Type: [1] Gas [] Oil [] Electrical [] Solar
[] Other _____

Location: _____
Total Est. Cost of Fire Prot. Work \$ 12,000 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
[] No Plans Required
Joint Plan Review Required: _____
[] Bldg. [] Plumb.
[] Elec. [] Elevator
[] Fire Plans Approved
Date: 9/28/96
Approved by: _____
SUBCODE APPROVAL: _____
[] CO [] CCO [] CA
Date: _____
Approved by: _____

INSPECTIONS: _____
Type: _____
Suppression Test
Fire Alarm Test
Smoke Test
Mechanical
TCO
Other _____
Failure
Failure
Approval
Initial

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.
Shore Fire

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

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

Date Received
Date Issued
Control #
Permit #

1122

CITY

LOCKTOWN

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

FEE (Office Use Only)

85

35

35

35

35

35

35

35

35

35

35

35

35



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/28/96
1122-96

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

Block 671 Lot B
Work Site Location BRICK PLAZA SPACE 23A

Owner in Fee FEDERAL REALTY INVEST TRUST
Address _____

Tele. (908) 255-4444
Contractor VERSEY COAST MECH INC
Address 130 ST LAURENCE BLVD
BRICK NJ 08723

Tele. (908) 477-6007
Lic. No. 8798
Federal Emp. No. ADD 969 044 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:	
		Type:	Dates (Month/Day)
☐ No Plans Required		Slab	Failure _____ Approval <u>6-3-96</u> Initial <u>[Signature]</u>
☐ Joint Plan Review Required:		Rough	Failure _____ Approval <u>6-16-96</u> Initial <u>[Signature]</u>
☐ Bldg. ☐ Elec. ☐ Fire		Water	
☒ Plumb. Plans Approved		Sewer	
Date: <u>5-28-96</u>		Fixtures	
Approved by: <u>[Signature]</u>		Gas Equipment	
		Gas Final	
		Solar	
		TCO	

SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ CA
Approved by: [Signature]
Date: 5-28-96

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
Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	<u>14</u>
<u>2</u>	Urinal/Bidet	
<u>2</u>	Bath Tub	
<u>2</u>	Lavatory	<u>14</u>
	Shower	
	Floor Drain	
	Sink	
<u>1</u>	Dishwasher	
<u>1</u>	Drinking Fountain	<u>7</u>
<u>1</u>	Washing Machine	
<u>1</u>	Hose Bibb	
<u>1</u>	Gas Piping	<u>15</u>
<u>1</u>	Fuel Oil Piping	
<u>1</u>	Water Heater	
<u>1</u>	Steam Boiler	
<u>1</u>	Hot-Water-Boiler HVAC	<u>25</u>
<u>1</u>	Sewer Pump	
<u>1</u>	Interceptor/Separator	
<u>1</u>	Backflow Preventer	
<u>1</u>	Greasetrap	
<u>1</u>	Water Cooled A/C	<u>25</u>
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	<u>10</u>

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 110

7-5-96 ① NO Access to HW# or HUAC

- ② Flush handle not on wide side of WC opening
- ③ NO Plans on site - need for gas sizing - BTU's of HUAC & length of run

7-15-96 - GAS on roof OK

- ① Flush HANDLE SAME
- ② NO VACUUM breaker on HW# to prevent Siphon



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/28/96
1122-96

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

Block 671 Lot B
Work Site Location BRICK TOWN SQUARE 22A

Owner in Fee EDDERAL REALTY INVEST TRUST
Address 1

Tele. (1166) 255-4444

Contractor JOSEPH J. JONES MECH INC

Address 134 KT JAMESVILLE ROAD

Address BRICK NT 08923

Tele. (908) 477-6007

Lic. No. 8798

Federal Emp. No. 422 969 044 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size

Water Service Size

Estimated Cost of Plumbing Work \$ 6,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☐ No Plans Required					
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire					
☒ Plumb. Plans Approved					
Date: <u>5-23-96</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA					
Approved by: <u>[Signature]</u>					
Date: <u></u>					

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	14
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	14
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
1	Drinking Fountain	7
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
1	Hot-Water-Boiler HVAC	25
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C	25
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge	\$
Paid ☐ Check # <u></u> Minimum Fee	\$
Collected by: <u></u> TOTAL	\$ 110

TOWNSHIP OF BRICK

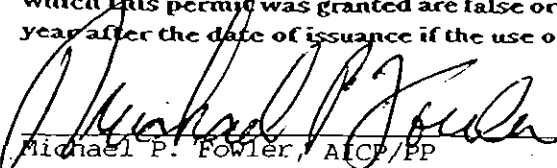
ZONING PERMIT

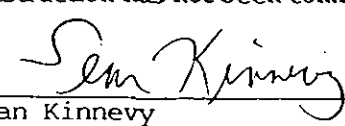
Date of Issue: May 21, 1996 1996 Z 0594
Block 671 Lot 10 Zone B-3, H.D.
Property Address: Brick Plaza
Owner: Federal Realty (Phone): (301) 652-3360
Applicant: Don Miller and Son (Phone): 920-1800
Use: Vacant retail space #23A (former H.L. Green's).
Proposed Construction (if any): Partition and creation of retail unit.

Conditions: Additional zoning permit required for specific use.

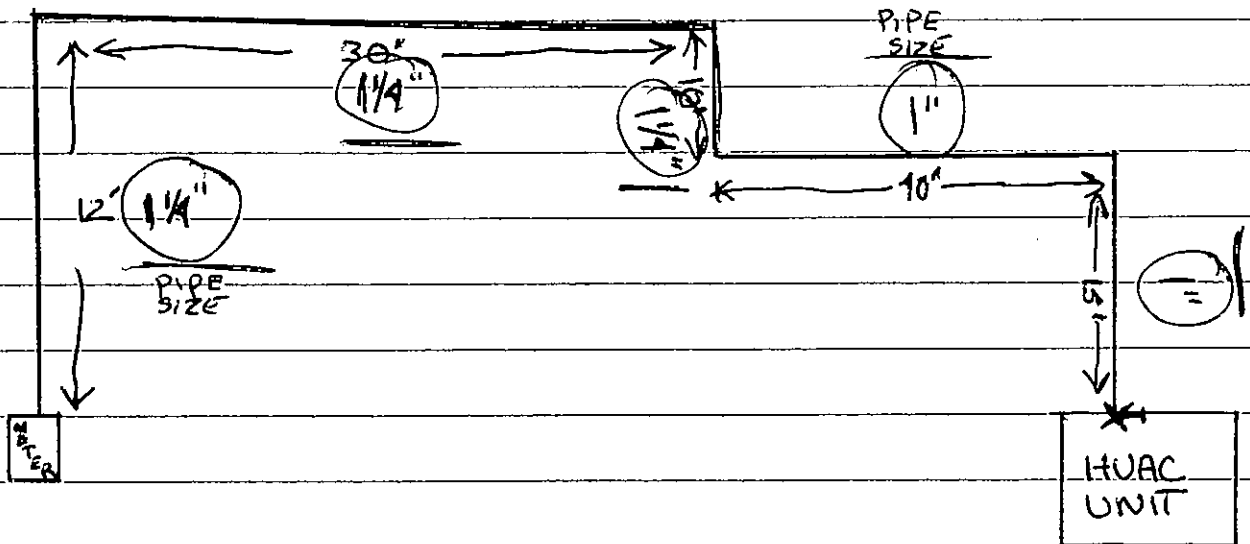
Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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


Michael P. Fowler, AICP/PP
Administrative Officer


Sean Kinnevy
Zoning Officer

Store 23A
Back Plaza / near Bx Hall



TOTAL PIPE LENGTH 110'

TOTAL 162,000 BTU'S

Jersey Coast Mech Inc
KT # 8898



Wells Electronics

CUSTOM SECURITY SYSTEMS

256 JACKSON PINES ROAD

JACKSON, NJ 08527

(908) 370-3355
RECEIVED

OCT 28 1996

DIV. OF INSPECTION OCTOBER 24, 1996

TO: BRICK TOWNSHIP
CONSTRUCTION DEPT

ENCLOSED IS A PERMIT APPLICATION FOR INSTALLATION OF THE TAMPER AND
WATERFLOW SWITCHES FOR SPACE 23 A BRICK PLAZA ADDITIONAL TENANT FITA.

PLEASE LET OUR OFFICE KNOW THE COST OF THE PERMIT AND WE WILL MAIL
A CHECK.

THANK YOU,

GREG P. WELLS

ENCL

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Department of Administration & Finance

Division of Inspections

September 30, 1996

Federal Realty Trust
4800 Hampdon Lane #500
Bethesda Md 20814

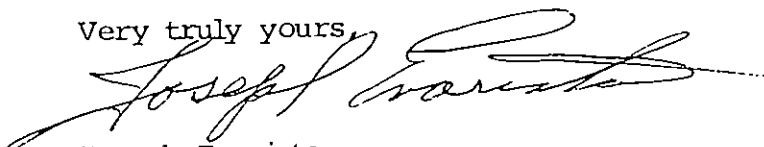
Re: Brick Plaza Store #23A

Dear Sirs:

The sprinkler systems in store 23A next door to Barnes & Noble must be turned on and left on even if the store is vacant. The alarm system must be hooked up to a central station 24 hours daily. Also, I have informed Barlo & Associates that there must be a way for the Fire Department to enter the sprinkler room in the event the alarm and sprinklers go off.

There will be no Certificate of Occupancy issued until the system is completely operational. A test on the system must be ordered and approved, therefore, unless the system is operable, an initial fine of \$500.00 will be assessed and if not abated within 20 days there will be a weekly fine of \$500.00.

Very truly yours,


Joseph Evaristo
Fire Subcode

cc: Ray Korkowski
Acting Construction Official

- 6/7/96 I
 ① INSTALL WINDOW SIGN & PERMIT
 ② SECURE ALL BOXES
 ③ TERMINATE ALL CABLES
 ④ STRAP SERVICE RIGID & GUY WIRE
 6/10/96 OUTSIDE WIRING & PATCH / COUGH-OK
 6/19/96 I
 7/2/96 I FINISH
 7/5/96 I
 7/16/96 I
 7/22/96 ABOVE 2 & 3 OK

960902 could locate, Stou 23 A

~~NO~~

NO ELEC on site 6455

8/1/96 ① MOVE SHOW WINDOW & A BELOW DROP CEILING 210-62

- ✓ ② LABEL PANEL
- ③ FINISH GROUNDING SYSTEM — SPRINKLER SYSTEM & BUILDING STEEL, JUMP H & C
- ④ SOME FLOOR & A INOP
- ⑤ SERVICE MAST SUPPORT OFF BUILDING
- ✓ ⑥ PATCH HOLE AT LBS — SERVICE

8/14/96 STILL 8/1/96 # ① ③ ④ ⑤ &
 SAFE

① ACCESS TO CEILING & ROOF 210-63

② PROPERLY SUPPORT MAST (NOW MISSING)

AND PIPE TO G 346-12

9/5/96 2 245 PM 5473

9/9/96 SAME 5473

9/17/96 SHAKE & LOCKED 345 PM 5473

11/8/96 STILL 8/1/96 ① ③ ⑤

" 8/14/96 ① ②

SHARP SIGN BEING INSTALLED NEEDS

LISTING AND PERMIT 363 8098

RANDOM LOOSE & A

2/21/97 SAME

2/26/97 5477

SIZING FOR WATER AND SEWER SERVICES

Property Owner Brick Plaza Date 8-6-96

Property Address SPACE 23A Block 671 Lot 8

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 15

Gallons per minute 11.6

Size of Service 3/4

ate: 8-6-96

Approved: David Mear
Brick Township Plumbing Inspector

-sizing FOR WATER AND SEWER SERVICES

Property Owner FEDERAL INVESTMENT Date 5/20/96

Property Address BRICK PLAZA Block 671 Lot B

Zoning COMERCIAL Use Group _____

Contractor JERSEY COAST MECHANICAL License No. Registration 222-969-044

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

Total 12 14

Gallons per minute _____

Size of Service _____

Date: _____ Approved: _____

Brick Township Plumbing Inspector

9/30-96

To Federal Realty Trust. Store 23A.
Re Sprinkler Sys. & Alarm.
Phone Fire Sub Poole Joseph E. Evans.

Sprinkler Sys. in Store 23A.
Nept to Barnes & Noble must be turned
on & Left on. even if Store is Vacant. &
Alarm Syst. must be Hooked up to Central
Sta 24 hrs. also Called Barlo & assoc. that
there must have a way for fire dept to
Entry Sprinkler Room encase Sprinkler go
off. no. C.O. will be issued for this Store
Syst must be on. & test on Syst must be
order again unless Syst is on. a fine off
\$500. + \$500 - a week. will be instatuted
unless Violation is abated with in 20 day.

Fire Sub. Poole.
Joseph E. Evans

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Department of Administration & Finance

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Division of Inspections

September 30, 1996

Federal Realty Trust
4800 Hampdon Lane #500
Bethesda Md 20814

Re: Brick Plaza Store #23A

Dear Sirs:

The sprinkler systems in store 23A next door to Barnes & Noble must be turned on and left on even if the store is vacant. The alarm system must be hooked up to a central station 24 hours daily. Also, I have informed Barlo & Associates that there must be a way for the Fire Department to enter the sprinkler room in the event the alarm and sprinklers go off.

There will be no Certificate of Occupancy issued until the system is completely operational. A test on the system must be ordered and approved, therefore, unless the system is operable, an initial fine of \$500.00 will be assessed and if not abated within 20 days there will be a weekly fine of \$500.00.

Very truly yours,

Joseph Evaristo
Fire Subcode

cc: Ray Korkowski
Acting Construction Official

P 6/6



TEST REPORT

TEST NUMBER	0034294
DATE	05/31/95

CLIENT	UNIGLOBE
--------	----------

TEST METHOD CONDUCTED ASTM E662-83 Specific Optical Density of Smoke Generated by Solid Materials also referenced as NFPA 258

DESCRIPTION OF TEST SAMPLE	
IDENTIFICATION	Mirage
COLOR	U03
ROLL	G109956B
CONSTRUCTION	Loop Pile
FIBER	—
BACKING	Action Bac

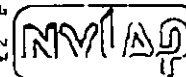
CONDITIONS			
PREDRYING OF TEST SAMPLE CONDITIONING OF TEST SAMPLE		24 Hours at 140 degrees F 24 Hours at 70 degrees F and 50% relative humidity	
FURNACE VOLTAGE CHAMBER TEMPERATURE TEST MODE	109.5 V 95 degrees F Non-Flaming	IRRADIANCE CHAMBER PRESSURE	2.5 watts/sq cm 3 H2O

TEST RESULTS

AVERAGE MAXIMUM DENSITY CORRECTED (DMC)		509	
TEST SPECIMEN	1	2	3
Maximum Density (DM)	568	573	567
Time to DM (minutes)	6.9	8.8	7.2
Clear Beam (DC)	59	59	53
Corr. Max Density (DMC)	509	514	504
Density at 1.5 minutes	20	22	20
Density at 4.0 minutes	42	437	416
Time to 90% DM (minutes)	5.2	4.8	5.2
Specimen Weight (grams)	12.2	12.2	12.8

AVERAGE SPECIFIC OPTICAL DENSITY AT 4.0 MINUTES 426

APPROVED BY

[illegible]

714 Glenwood Place

Dillon GA 30721

Fax ~~800-842-1127~~

P 5/6



**Professional
Testing
Laboratory
Inc**

TEST REPORT

TEST NUMBER	0034294
DATE	05/31/95

CLIENT # UNIGLOBE

TEST METHOD CONDUCTED	ASTM E662-93 Specific Optical Density of Smoke Generated by Solid Materials also referenced as NFPA 259
------------------------------	---

DESCRIPTION OF TEST SAMPLE	
IDENTIFICATION	Mirage
COLOR	003
ROLL	G109956B
CONSTRUCTION	Loop Pile
FIBER	
BACKING	Action Bac

TEST RESULTS

NON-FLAMING	509
-------------	-----

GENERAL PRINCIPLE:

This procedure is designed to measure the specific optical density of smoke generated by the test specimen within a closed chamber. Each specimen is exposed to an electrically heated radiant energy source positioned to provide a constant irradiance level of 2.5 watts/square cm on the specimen surface. Measurements are recorded through a photometric system employing a vertical beam of light and a photo detector positioned to detect the attenuation of light transmittance caused by smoke accumulation within the chamber. The light transmittance measurements are used to calculate specific optical density, a quantitative value which can be factored to estimate the smoke potential of materials. Two burning conditions can be simulated by the test apparatus. The radiant heating in the absence of ignition is referred to as the Non Flaming Mode. A flaming combustion in the presence of supporting radiation constitutes the Flaming Mode.

[illegible]

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Dalton GA 30721

Abstract

Fax-1-800-441-2344

MAY 30 96 11 39 PROFESSIONAL TESTING LABA

P 4/6



**Professional
Testing
Laboratory
Inc**

TEST REPORT

TEST NUMBER	0034294
DATE	05/31/95

CLIENT	UNIGLOBE
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TEST METHOD CONDUCTED	ASTM E640-94a Critical Radiant Flux of Floor Covering Systems Using A Radiant Heat Energy Source also referenced as NFPA 253 and FTM Standard 372
------------------------------	---

DESCRIPTION OF TEST SAMPLE	
IDENTIFICATION	Mirage
COLOR	003
ROLL	C1099568
CONSTRUCTION	Loop Pile
FIBER	---
BACKING	Action Bac

FLOORING SYSTEM ASSEMBLY	
SUBSTRATE	Mineral-Fiber/Cement Board
UNDERLAYMENT	Direct Glue Down
ADHESIVE	Advanced Adhesive 275

CONDITIONING	Each test sample was conditioned a minimum of 96 hours at $70 \pm 5^\circ \text{F}$ and $50 \pm 5\%$ relative humidity
---------------------	--

TEST RESULTS

TEST DATA	DISTANCE BURNED	TIME TO FLAME OUT	CRITICAL RADIANT FLUX
SPECIMEN 1	20 cm	10 minutes	77 watts/sq cm
SPECIMEN 2	34 cm	15 minutes	60 watts/sq cm
SPECIMEN 3	28 cm	10 minutes	71 watts/sq cm
AVERAGE CRITICAL RADIANT FLUX		69 watts/sq cm	
STANDARD DEVIATION		09 watts/sq cm	
COEFFICIENT OF VARIATION		12%	

APPROVED BY

The facility is accredited by the National Laboratory Accreditation Program for the test methods specified in this report under the Code 000. This accreditation does not constitute an endorsement, certification, or approval by NIST or by any agency of the U.S. and States Government for the product tested. This report is provided for the exclusive use of the client to whom it is addressed. It is not to be used in any other way without the prior written consent of the testing laboratory. This report applies only to the sample and material as described and is not to be used for any other purpose. The report is the property of the testing laboratory and shall not be used for any other purpose without the written consent of the testing laboratory.

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Dalton GA 30721

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Brush Plaza

8

23A



For Information Call: _____

Permit No. _____

APPROVAL FOR FIRE PROTECTION

- ☐ Sprinklers
- ☐ Standpipes
- ☐ Special Supp.
- ☐ Alarm
- ☐ Mechanical
- ☐ Other

Date

11/4/96

Inspector

[Signature]

☒ Final

U.C.C. Form F-224A

NFPA 13

Standard for the

Installation of Sprinkler Systems

1994 Edition

NOTICE: An asterisk (*) following the number or letter designating a paragraph indicates explanatory material on that paragraph in Appendix A.

Information on referenced publications can be found in Chapter 10 and Appendix C.

Chapter 1 General Information

1-1 Scope. This standard provides the minimum requirements for the design and installation of automatic fire sprinkler systems and exposure protection sprinkler systems, including the character and adequacy of water supplies and the selection of sprinklers, piping, valves, and all materials and accessories, but not including the installation of private fire service mains and water supplies.

NOTE: Consult other NFPA standards for additional requirements relating to water supplies.

Storage in excess of 12 ft (3.7 m) in height or storage in excess of 5 ft (1.5 m) in height of high hazard materials such as Level II and III aerosols, idle pallets, rubber tires, rolled paper stored on end, plastics, and flammable liquids are outside the scope of this standard. (For guidance and limitations regarding areas, quantities, or methods of storage for high hazard materials, see NFPA 30, 30B, 40, 58, 81, 231, 231C, 231D, 231F, and 409.)

Exception No. 1: Wooden pallets stored up to 6 ft (1.8 m) in height or plastic pallets up to 4 ft (1.2 m) in height with not over four stacks of wooden pallets or two stacks of plastic pallets, separated from other stacks by at least an 8-ft (2.4-m) aisle. (For heights or quantities exceeding these limits, see NFPA 231, Standard for General Storage.)

Exception No. 2*: Storage of rubber tires that is incidental to the main use of the building and not more than 2,000 ft² (185.8 m²). On-tread storage, regardless of piling method, shall not exceed 25 ft (7.62 m) in the direction of the wheel hole. Laced tires in racks shall not exceed 5 ft (1.52 m) in height. Storage arrangements that are acceptable as miscellaneous storage are:

(a) On floor, on side storage less than 12 ft (3.66 m) in height, or

(b) On floor, on tread storage less than 5 ft (1.52 m) in height, or

(c) Double row or multi-row portable or fixed rack storage less than 5 ft (1.52 m) in height, or

(d) Single row portable or fixed rack storage less than 12 ft (3.66 m) in height.

1-2 Purpose. The purpose of this standard is to provide a reasonable degree of protection for life and property from fire through standardization of design, installation, and testing requirements for sprinkler systems based upon sound engineering principles, test data, and field experience. This standard endeavors to continue the excellent record that has been established by sprinkler systems while

meeting the needs of changing technology. Nothing in this standard is intended to restrict new technologies or alternate arrangements, provided the level of safety prescribed by this standard is not lowered. Materials or devices not specifically designated by this standard shall be utilized in complete accord with all conditions, requirements, and limitations of their listings.

NOTE 1: A sprinkler system is a specialized fire protection system and requires knowledgeable and experienced design and installation.

NOTE 2: Since its inception, this document has been developed on the basis of standardized materials, devices, and design practices. However, certain paragraphs, such as 2-3.5, 4-3.2, and this one, allow the use of materials and devices not specifically designated by this standard, provided such use is within parameters established by a listing organization. In using such materials or devices, it is important that all conditions, requirements, and limitations of the listing be fully understood and accepted and that the installation be in complete accord with such listing requirements.

1-3 Retroactivity Clause. The provisions of this document are considered necessary to provide a reasonable level of protection from loss of life and property from fire. They reflect situations and the state of the art at the time the standard was issued.

Unless otherwise noted, it is not intended that the provisions of this document be applied to facilities, equipment, structures, or installations that were existing or approved for construction or installation prior to the effective date of this document.

Exception: In those cases where it is determined by the authority having jurisdiction that the existing situation involves a distinct hazard to life or property, this standard shall apply.

1-4 Definitions.**1-4.1 NFPA Definitions.**

Approved. Acceptable to the authority having jurisdiction.

NOTE: The National Fire Protection Association does not approve, inspect, or certify any installations, procedures, equipment, or materials; nor does it approve or evaluate testing laboratories. In determining the acceptability of installations, procedures, equipment, or materials, the authority having jurisdiction may base acceptance on compliance with NFPA or other appropriate standards. In the absence of such standards, said authority may require evidence of proper installation, procedure, or use. The authority having jurisdiction may also refer to the listings or labeling practices of an organization concerned with product evaluations that is in a position to determine compliance with appropriate standards for the current production of listed items.

Authority Having Jurisdiction. The organization, office, or individual responsible for approving equipment, an installation, or a procedure.

NOTE: The phrase "authority having jurisdiction" is used in NFPA documents in a broad manner, since jurisdictions and approval agencies vary, as do their responsibilities. Where public safety is primary, the authority having jurisdiction may be a federal, state, local, or other regional department or individual such as a fire chief, fire marshal, chief of a fire prevention bureau, labor department, or health department; building official; electrical inspector; or others having statutory authority. For insurance purposes,

(e) The vent body shall be turned upside down and drained thoroughly. Parts shall be dried by placing them in a warm and dry area or by using an air hose.

(f) Parts shall be sprayed with a light Teflon coating and the vent shall be reassembled. The use of any type of oil for lubrication purposes shall be avoided, as oil is harmful to the foam liquid.

(g) The vent bonnet shall be replaced and the vent shall be turned upside down slowly a few times to ensure proper freedom of the movable parts.

(h) The vent shall be attached to the liquid storage tank expansion dome.

Chapter 9 Valves and Fire Department Connections

9-1* General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of valves. Table 9-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.

9-2 General Provisions

9-2.1 The requirements of this section are common to the inspection and testing of all system valves. The sequence is for reference only and can be changed to suit local conditions.

The owner shall have appropriate manufacturer's literature available to provide specific instructions for inspecting, testing, and maintaining the valves and associated equipment.

9-2.2 All pertinent personnel, departments, authorities having jurisdiction, or agencies shall be notified that testing or maintenance of the valve and associated alarms is to be conducted. (See Chapter 1.)

9-2.3* All system valves shall be protected from physical damage and shall be accessible.

9-2.4 Before opening a test or drain valve, it shall be verified that adequate provisions have been made for drainage.

9-2.5 The general appearance and condition of all valves shall be observed and noted, and it shall be verified that all valves are in the appropriate open or closed position.

9-2.6* Main Drain Test. A main drain test shall be conducted quarterly at each system riser to determine if there has been a change in the condition of the water supply piping and control valves.

9-2.7 Waterflow Alarm. All waterflow alarms shall be tested quarterly in accordance with the manufacturer's instructions.

9-2.8 Records. Records shall be maintained in accordance with Section 1-8.

9-3 Control Valves in Water-Based Fire Protection Systems

9-3.1* General. The term "control valve" shall mean valves controlling flow to water-based fire protection systems.

9-3.2* Each control valve shall be identified and have a sign indicating the system or portion of the system it controls.

9-3.2.1* When a normally open valve is closed, the procedures established in Chapter 11 shall be followed. When the valve is returned to service, a drain test (either main or sectional drain, as appropriate) shall be conducted to determine that the valve is open.

9-3.2.2 Each normally open valve shall be secured by means of a seal or a lock or shall be electrically supervised in accordance with the applicable NFPA standards.

9-3.2.3 Normally closed valves shall be secured by means of a seal or shall be electrically supervised in accordance with the applicable NFPA standard.

Exception: Sealing or electrical supervision shall not be required for hose valves.

9-3.3 Inspection

9-3.3.1 All valves shall be inspected weekly.

Exception No. 1: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.

Exception No. 2: After any alterations or repairs, an inspection shall be made by the owner to ensure that the system is in service and all valves are in the normal position and properly sealed, locked, or electrically supervised.

9-3.3.2* The valve inspection shall verify that the valves are:

- (a) In the normal open or closed position.
- (b)* Properly sealed, locked, or supervised.
- (c) Accessible.
- (d) Provided with appropriate wrenches.
- (e) Free from external leaks.
- (f) Provided with appropriate identification.

9-3.4 Testing

9-3.4.1* Each control valve shall be opened on a quarterly basis until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Valves shall be backed a one-quarter turn from the fully open position to prevent jamming.

Exception: Testing shall not be required for outside screw and yoke valves or gear-operated indicating butterfly valves.

9-3.4.2 Each control valve shall be operated annually through its full range and returned to its normal position.

9-3.4.3 Valve supervisory switches shall be tested quarterly. A distinctive signal shall indicate movement from the valve's normal position during either the first two revolutions of a hand wheel or when the stem of the valve has moved one-fifth of the distance from its normal position. The signal shall not be restored at any valve position except the normal position.

NOTE: For further information, see NFPA 72, *National Fire Alarm Code*.

9-3.5 Maintenance. The operating stems of outside screw and yoke valves shall be lubricated annually. The valve then shall be completely closed and reopened to test its operation and distribute the lubricant.

an insurance inspection department, rating bureau, or other insurance company representative may be the authority having jurisdiction. In many circumstances, the property owner or his or her designated agent assumes the role of the authority having jurisdiction; at government installations, the commanding officer or departmental official may be the authority having jurisdiction.

Listed. Equipment or materials included in a list published by an organization acceptable to the authority having jurisdiction and concerned with product evaluation that maintains periodic inspection of production of listed equipment or materials and whose listing states either that the equipment or material meets appropriate standards or has been tested and found suitable for use in a specified manner.

NOTE: The means for identifying listed equipment may vary for each organization concerned with product evaluation, some of which do not recognize equipment as listed unless it is also labeled. The authority having jurisdiction should utilize the system employed by the listing organization to identify a listed product.

Shall. Indicates a mandatory requirement.

Should. Indicates a recommendation or that which is advised but not required.

Standard. A document that contains only mandatory provisions using the word "shall" to indicate requirements. Explanatory material may be included only in the form of fine-print notes, in footnotes, or in an appendix.

1-4.2 General Definitions.

Compartment. As used in 4-3.6.3 and 6-4.4.4, a space completely enclosed by walls and a ceiling. The compartment enclosure is permitted to have openings to an adjoining space if the openings have a minimum lintel depth of 8 in. (203 mm) from the ceiling.

Drop-Out Ceiling. A suspended ceiling system with listed translucent or opaque panels that are heat sensitive and fall from their setting when exposed to heat. This ceiling system is installed below the sprinklers.

Dwelling Unit. One or more rooms arranged for the use of one or more individuals living together, as in a single housekeeping unit normally having cooking, living, sanitary, and sleeping facilities.

For purposes of this standard, dwelling unit includes hotel rooms, dormitory rooms, apartments, condominiums, sleeping rooms in nursing homes, and similar living units.

Fire Control. Limiting the size of a fire by distribution of water so as to decrease the heat release rate and pre-wet adjacent combustibles, while controlling ceiling gas temperatures to avoid structural damage.

Fire Suppression. Sharply reducing the heat release rate of a fire and preventing its regrowth by means of direct and sufficient application of water through the fire plume to the burning fuel surface.

High Challenge Fire Hazard. A fire hazard typical of that produced by fires in combustible high-piled storage.

High-Piled Storage. Solid-piled, palletized, rack storage, bin-box, and shelf storage in excess of 12 ft (3.7 m) in height. (See 5-2.3.1.1.)

Hydraulically Designed System. A calculated sprinkler system in which pipe sizes are selected on a pressure loss basis to provide a prescribed water density, in gallons per minute per square foot [(L/min)/m²]; or a prescribed minimum discharge pressure or flow per sprinkler, distributed with a reasonable degree of uniformity over a specified area.

Limited-Combustible Material. As applied to a building construction material, a material not complying with the definition of noncombustible material that, in the form in which it is used, has a potential heat value not exceeding 3500 Btu per lb (8141 kJ/kg) and complies with one of the following paragraphs, (a) or (b). Materials subject to increase in combustibility or flame spread rating beyond the limits herein established through the effects of age, moisture, or other atmospheric condition shall be considered combustible.

(a) Materials having a structural base of noncombustible material, with a surfacing not exceeding a thickness of 1/8 in. (3.2 mm) that has a flame spread rating not greater than 50.

(b) Materials, in the form and thickness used, other than as described in (a), having neither a flame spread rating greater than 25 nor evidence of continued progressive combustion and of such composition that surfaces that would be exposed by cutting through the material on any plane would have neither a flame spread rating greater than 25 nor evidence of continued progressive combustion.

Miscellaneous Storage.* Storage that does not exceed 12 ft (3.66 m) in height and is incidental to another occupancy use group as defined in 1-4.7 (see 5-2.3.1.1). Such storage shall not constitute more than 10 percent of the building area or 4,000 sq ft (372 m²) of the sprinklered area, whichever is greater. Such storage shall not exceed 1,000 sq ft (93 m²) in one pile or area, and each such pile or area shall be separated from other storage areas by at least 25 ft (7.62 m). Protection criteria for miscellaneous storage are within the scope of this standard.

Noncombustible Material. A material that, in the form in which it is used and under the conditions anticipated, will not ignite, burn, support combustion, or release flammable vapors when subjected to fire or heat. Materials that are reported as passing ASTM E136, *Standard Test Method for Behavior of Materials in a Vertical Tube Furnace at 750°C*, shall be considered noncombustible materials.

Pipe Schedule System. A sprinkler system in which the pipe sizing is selected from a schedule that is determined by the occupancy classification. A given number of sprinklers are allowed to be supplied from specific sizes of pipe.

Shop Welded. As used in this standard, shop in the term shop welded means either:

- (a) At a sprinkler contractor's or fabricator's premise.
- (b) In an area specifically designed or authorized for such work such as a detached outside location, maintenance shop, or other area (either temporary or permanent) of noncombustible or fire-resistive construction free of combustible and flammable contents and suitably segregated from adjacent areas.

Small Rooms. Rooms of Light Hazard Occupancy classification having unobstructed construction and floor areas not exceeding 800 sq ft (74.3 m²). (See 1-4.7.1.)