BLOCK 7 (LOT 8 ADDRESS (SITE) Brick Plaza Space 10 PERMIT NO. 43-95

RECEIVED
NOV 22 1994
DIV. OF INSPECTION

Space 10

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII Dina Marie Hair Salon

I. IDENTIFICATION

1 Proposed Work-site at: Brick Plaza Space 10 Rt 70

2 Name of Owner in Fee: Federal Realty Investment Tel. (215) 657-8740
Address 1600 Hampton Ln (street) Bathesda (municipality) Md (zip code)

3 Ownership in Fee: Public ___ Private X

4 Principal Contractor: Russ Kelly Inc Tel. (609) 235-6164
Address 12 Orchard Way Mt. Laurel NJ 08054

License No OR, if new home, Builder Reg. No. ___ Exp. Date ___

Federal Emp No 22-21596-68 Social Security No. ___

5 Architect or Engineer Chambers Tel. (___) ___
Address Baltimore Md

6. Responsible Person In Charge of Work Russ Kelly Tel. (609) 235-6164

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 490		
2. Electrical			
3. Plumbing	175		
4. Fire Protection	112		
5. Other			
6. Subtotal	$ 777		
7. Less 20% for State Plan Review	77		
8. Subtotal	$		
9. DCA Training Fee	20		
10. Subtotal	$		
11. Cert. of Occupancy	1 @ $35.50		
12. Other			
13. TOTAL	$ 934.50		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ___ ft.	
3. Area—Largest Floor ___ sq. ft.	
4. Building Area—All Floors ___ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Tenant Fit-up

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	
4 ☐ Addition	
5 ☒ Alteration	25,000
6 ☐ Fire Protection	
7 ☒ Plumbing	10,000
8 ☒ Electrical	10,000
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	45,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			12/14/94	RK	2/15/95		WS
1/22/95							
			1/19/95	JF	2-10-95		JF
			12/29/94	CG	2/15/95		CG
					2/8/95		
DM	11/9/94		QM	RSH			

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

LDS BR 10208701

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.

X Check if contractor.

Agent Name Jim Kremmel

Address 12 Orchard Way
Mt. Laurel NJ 08054

Telephone (609) 235-6164

Signature J Kremmel Date 11/2/94

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
☐ 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								
☐								
☐								

COMMENTS

N.J.D.E.P. EXEMPT

N.J.D.O.T. EXEMPT

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

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

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. _____	_____	
☒ Certificate of Approval	No. 043	3-2-95	

CERTIFICATE

Date Issued 3-2-95
Control #
Permit # 43-95

IDENTIFICATION

Block 671 Lot 8
Work Site Location Chambersbridge & Rt. 70

Owner in Fee Federal Reality Investment Trust
Address 1600 Hampdon Lane
Bathesda, Md.
Tele. ( )
Contractor Russ Kelly Inc.
Address 12 Orchard Way
Mt. Laurel, NJ
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:

Tenant fit-up, Space 10 (Dina Marie Hair Salon)

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 53

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XXXX☒ 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:

Arthur J. Cleary
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/11/95
Date Issued
Control #
Permit # 43-95

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

Block 67 Lot 8
Work Site Location Brick Plaza Space 10 Rt 70
Owner in Fee Federal Reality Investment Trust
Address 1600 Hampdon Ln Bathesda Md
Tele. (215) 657-8740
Contractor Russ Kelly Inc
Address 12 orchard way Mt-Laurel nj 08054
Tele. (609) 235-6164
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-21596-68 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
Remodel former rest. into Hair salon As per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	1/11/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-15-95
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Foundation				
Slab				
Frame	1-18-95		2-10-95	
Insulation				
Finishes:			2-15-95	
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[X] Sign 30 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 25,000
3. Total (1+2) $ 25,000

(Office Use Only)
FEE
$ _____

Paid [ ] Check # _____
Collected by: _____

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

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

1-18-95 METAL STUDS SHOWING SIGN'S OF CARRING WEIGHT OF TRUSS - COULD BE TRUSS FALURE ?. MUST HAVE ENG REPORT BEFORE CLOSING ~~Judith~~ NOTE TRUSS SHOW SPLICING IN MANY AREA'S. ~~Judith~~

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/11/95
Date Issued
Control #
Permit # 43-95

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

Block 671 Lot 8
Work Site Location Brick Plaza Space 16 Rt 70
Owner in Fee Federal Realty Investment Trust
Address 11600 Hamden Ln Bathesda Md
Tele. (215) 657-8740
Contractor Russ Kelly Inc
Address 12 orchard Way Mt. Laurel NJ 08054
Tele. (609) 235-6164
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2154648-68 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
Remodel former Rest. into Hair Salon As per plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[✓] All — Date: Jan 19 — Initial: AL
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 25,000
3. Total (1+2) $ 25,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence — Height (6' or over)
- [X] Sign 20 Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other
- [ ] Other

[ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick

BEAUTY SALON

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 6 94 0 10 8 52

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

Block 671 Lot 8
Work Site Location Brick Plaza Space 10
Rt 70
Owner in Fee Federal Realty Investment Trust
Address 4600 Hampden Ln
Bathesda Md
Tele. (215) 657-8740
Contractor T.N. WILLIAMS ELECTRIC INC.
Address 701 EVERETT AVE.
COLLINGSWOOD N.J. 08107
Tele. (609) 858-6918
Lic. No. 12115
Federal Emp. No. 22-3235121 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/20/6
Approved by: [illegible] 23

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] GA
Date: 2-8-95
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			1-19-95	[illegible]
Temporary				
Constr. Serv.				
TCO				
Other			2-8-95	BK
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 2-8-95

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~30~~ 38		Fixtures (1)	
40		Receptacles (2)	
3		Switches (3)	48
~~81~~		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
1		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
~~1~~	~~400~~ Amp	Service Entrance	
+	~~Temp~~	Other	

Paid [~~✓~~] Check # 1978	Administrative Surcharge	$ _____
	Minimum Fee	$ 55.—
	DCA Training Fee	$ 8.—
Collected by: _____	TOTAL FEE	$ 63.—

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 27 95 0 0 0 6 8 4

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

Block 671 Lot 8
Work Site Location BRICK PLAZA Space 258
57 Chambers Bridge Rd
Owner in Fee Federal Reality Investment Trust
Address 1600 Hampton Ln
Bathesda Md
Tele. (215) 657-8740
Contractor T.N. WILLIAMS ELECTRIC INC
Address 701 EVERETT AVE.
COLLINGSWOOD N.J. 08107
Tele. (609) 858-6918
Lic. No. 12115
Federal Emp. No. 22-3235121 or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as VAcant Utility Co. ______
Est. Cost of Elec. Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved NOT CO
Date: 9/10/26
Approved by: [illegible]

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature] Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
17		Fixtures (1)	
12		Receptacles (2)	
1		Switches (3)	
30		Total 1 + 2 + 3	40
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
1	2 Kw	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
2		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	.5 Kw	Water Heater(s)	
1	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	60 Amp	Service Entrance	33
		Other	

Paid [ ] Check # 2154
Collected by: ______

Administrative Surcharge	$
Minimum Fee	$ 80
DCA Training Fee	$ 2
TOTAL FEE	$ 82

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

pd by Russ Kelly Inc.
12 Cerbandering ir bauul

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/11/95
Date Issued
Control #
Permit # 43-95

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

Block 671 Lot 8
Work Site Location BRICK PLAZA Space 10
Rt. 70
Owner in Fee Federal Realty Investment TRUST
Address 1600 Hampdon Ln
Bathesda Md.
Tele. (215) 657-8740
Contractor Russ Kelly Inc
Address 12 Orchard WAY
Mt-Laurel NJ 08054
Tele. (609) 235-6164
Lic. No.
Federal Emp. No. 22-21546-68 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1/10/95
Approved by: 1625
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 2-16-95
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test			2-14-95	
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		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	4	
Heat Detectors		
TOTAL		46
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	2 1 DAY HVAC	66
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $ 112

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1/11/95
Date Issued
Control #
Permit # 43-95

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

Block 671 Lot 8
Work Site Location BRICK PLAZA Space 10 Rt. 70
Owner in Fee Federal Realty Investment TRUST
Address 1600 Hampton Ln Bathesda Md
Tele. (215) 657-8740
Contractor SCHMIDT'S MECHANICAL INC
Address 629 UNION MILL RD MT LAUREL, NJ 08054
Tele. (609) 234-2887
Lic. No. 6103
Federal Emp. No 222450284 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12/29/94
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 2/1/95

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			1/10/95	
Rough			1/20/95	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4/28/95	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor-Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
2	Floor Drain	14.
5	Sink	35.
	Dishwasher	
1	Drinking Fountain	7.
1/2	Washing Machine	14.
1	Hose Bibb	25.
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	15.
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	~~28.~~
1	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	25.
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10.

Administrative Surcharge $ 189
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 175
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1/11/95
Date Issued
Control #
Permit # 413 95

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

Block 671 Lot 8
Work Site Location BRICK PLAZA Space 10
Rt. 70
Owner in Fee Federal Realty Investment TRUST
Address 1750 Hampden Ln
Bethesda Md
Tele. (215) 657-8740
Contractor TECHNIOTS MECHANICAL INC
Address 629 UNION MILL RD
MT LAUREL, NJ 08054
Tele. (609) 234-2885
Lic. No. 6103
Federal Emp. No. 222470284 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 10,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1/19/95
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] 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	
6	Floor Drain	14
5	Sink	35
	Dishwasher	
1	Drinking Fountain	7
2	Washing Machine	14
1	Hose Bibb	5
	Water Heater	
1	Fuel Oil Piping	15
	Gas Piping	
1	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	28.—
4	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Water Cooled A/C or Refrigeration Unit	25
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 13.50
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 17.50
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: Dec. 7, 1994 — 11/94 Z 0356

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

Property Address: Chambers Bridge Road, Brick Plaza, Unit 10

Owner: Federal Realty Investment **(Phone):**

Applicant: Jim Kremmel, Russ Kelly, Inc. **(Phone):** 609-235-6164

Use: Vacant (formerly Chic Chick restaurant)

Proposed Construction (if any): "Dina Marie Beauty Salon" interior alterations.

Conditions:

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.

Sean Kinney

Land Use Officer

☑ EXEMPT 12-[illegible]-94

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: [illegible] DATE: 12-8-94

ADDRESS: [illegible]

[illegible]

PROPERTY LOCATION: [illegible]

ACCOUNT NO: _____ BLOCK 6071 LOT 8

INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Fee : [illegible] Date: 12-8-94

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

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

/s/ Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

PLAN REVIEW RECORD

BOCA BASIC/NATIONAL BUILDING CODE

Ht. Structure _____

Sq. Feet _____

Plan Review # _____

Date _____

JURISDICTION DIVA - MARIE BEAUTY SALON
(City, County, Township, etc.)

BUILDING LOCATION _____
(Street address)

Job Name _____

New Building ☐ Addition ☐ Alteration ☐ Other ☐ _____

Construction Classification _____ Use Group _____ Block _____ Lot _____

CORRECTION LIST

No.	DESCRIPTION	Page	Re-viewed by	Code Sect.	Dept. Chk. Off
1	HAIR - TRAP IS				
2	DRUM TRAP.				
3					
4	LEAVES ENTIRE P.P.C.				
5					
6	WET. ???				
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Comments:

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 67 , Lot 3

DATE: 1/4/94

☑ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ -0-.

Preliminary _____
Frederick R. Millman, CTA

1/5/94
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

CHAMBERS ARCHITECTURAL ASSOCIATES

1010 North Charles Street
Baltimore, Maryland
21201

fax 410-727-3134
410-727-4535

FAX TRANSMITTAL

Date: JAN 9 '95

Fax Number: 908 - 920 - 4850

To: Mr. JOSEPH EVARISTO
FIRE-SUBCODE OFFICIAL

Project: SUNRISE TRAVEL.

Location: BUILDING DEPT, BRICKTOWN N.J

CAA Project Number:

Sendor: MUN YEE, CHONG

Number of Pages: (Including Cover Sheet) 2

Comments:

Mr. EVARISTO,

Facsimile Copy of Response RE: SUNRISE TRAVEL.
Original is in the mail today.

Thank You.

Mun Yee

If you do not receive all pages, contact: Chambers Architectural Associates 410-727-4535

Chambers
INTERIOR DESIGN & PLANNING

THE H. CHAMBERS COMPANY
1010 North Charles Street
Baltimore, Maryland 21201-5492
410-727-4535 / FAX 410-727-6982

5 January 1995

Mr. Joseph Evaristo
Fire-Subcode Offical
401 Chamberbridge Road
Bricktown, N.J. 08723

Dear Mr. Evaristo:

Re: Sunrise Travel

In reguard to the gyp. bd. enclosure to allow acess to the HVAC unit in Sunrise Travel, it is acceptable.

If I can answer any questions please call.

Sincerely,

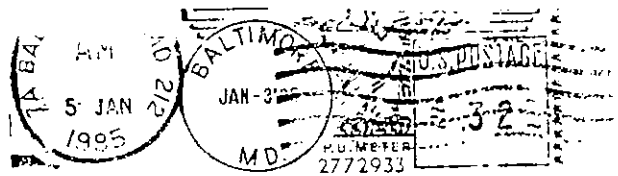
James R. Wallace, AIA
Managing Principal

cc: R. Carr

Chambers

INTERIOR DESIGN & PLANNING

The H. Chambers Co., 1010 N. Charles St., Baltimore, Md. 21201
P.O. Box CB10986, Lyford Cay, Nassau, N.P., The Bahamas



RECEIVED

JAN - 9 1995

DIV. OF INSPECTION

Mr. Joseph Evaristo
Fire-Subcode Official
401 Chamberbridge Road
Bricktown, N.J. 08723

RECEIVED
JAN - 9 1995
DIV. OF INSPECTION

08723-2898 65

Chambers
ARCHITECTURAL ASSOCIATES

CHAMBERS ARCHITECTURAL ASSOCIATES, INC.
1010 North Charles Street
Baltimore, Maryland 21201-5492
410-727-4535 / FAX 410-727-3134

4 January 1995

Mr. Joseph Evaristo
Fire-Subcode Offical
401 Chamberbridge Road
Bricktown, N.J. 08723

Dear Mr. Evaristo:

Re: Dina Marie Beauty Salon

As per your request the Occupant Load for Diana Marie Beauty Salon in Bricktown Plaza, Bricktown, New Jersey for 1585 S.F. is 53 as per BOCA ~~1990~~ 1993

If I can answer any questions please call.

Sincerely,

Jim Wallace

James R. Wallace, AIA
Managing Principal

cc: R. Carr

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #4 (2ND FLOOR ROOF) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.100	72.00 psi @	0.00 gpm	60.77 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@
				348.9 gpm
				+ 100.0 gpm Hose

Total Demand: 448.9 gpm @ 60.77 psi

System safety factor: 9.44 psi

Notes: _____

List of Fitting Abbreviations
Example: "E2TC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Calcs By: DF Checked: _____ 03/14/94

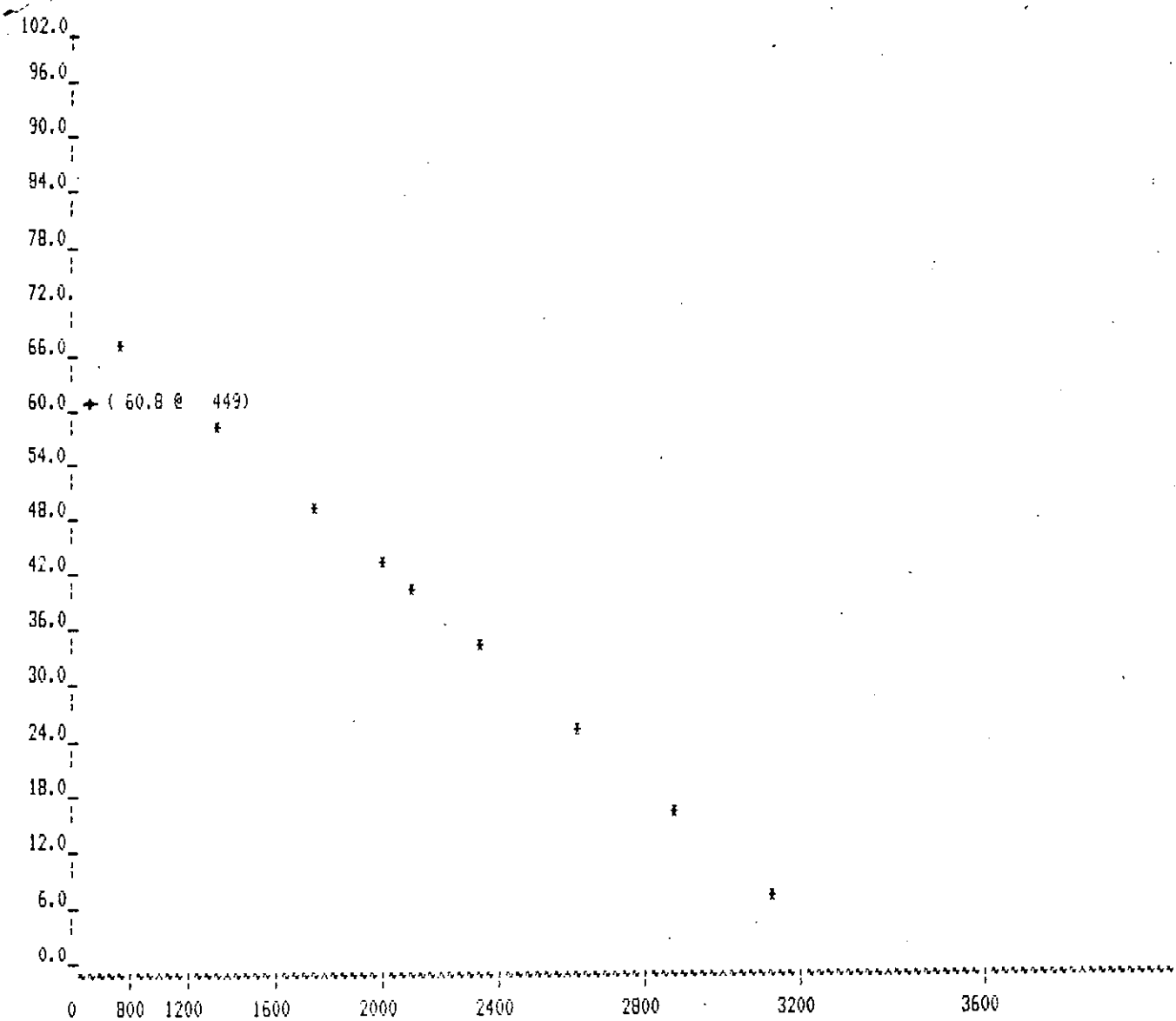
Flow and Pressure Summary

Job No:3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT		Flow gpm		Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Diam	C	Flow	Velocity fps
35.00	A01	<<	63.6	<<	19.51	1.23	0.00	20.75	D07	35.00	1.00	T	8.00	9.00	0.137	1.610	120	63.6	10.0
35.00	A01	>>	38.8	>>	19.51	-4.88	-1.30	13.33	F01	38.00	11.00			11.00	0.444	1.049	120	38.8	14.4
38.00	A02	<<	20.3	<<	13.20	0.13	0.00	13.33	F01	38.00	1.00			1.00	0.134	1.049	120	20.3	7.5
39.00	A03	<<	18.5	<<	10.88	2.02	0.43	13.33	F01	38.00	11.00	TE	7.00	18.00	0.112	1.049	120	18.5	6.8
35.00	A04	<<	24.4	<<	19.03	1.13	0.00	20.16	D08	35.00	1.00	T	5.00	6.00	0.188	1.049	120	24.4	9.0
36.00	A05	>>	19.6	>>	14.58	-2.37	0.00	12.21	A06	36.00	10.00	T2E	9.00	19.00	0.125	1.049	120	19.6	7.2
36.00	A05	<<	41.0	<<	14.58	2.94	0.00	17.52	F02	36.00	1.00	T	5.00	6.00	0.490	1.049	120	41.0	15.2
36.00	A07	<<	21.9	<<	15.36	2.16	0.00	17.52	F02	36.00	9.00	T	5.00	14.00	0.155	1.049	120	21.9	8.1
38.00	A08	>>	18.0	>>	11.40	-1.07	0.00	10.33	A09	38.00	10.00			10.00	0.107	1.049	120	18.0	6.7
38.00	A08	<<	36.9	<<	11.40	5.26	0.87	17.52	F02	36.00	11.00	E	2.00	13.00	0.404	1.049	120	36.9	13.7
35.00	A10	<<	23.6	<<	17.80	1.06	0.00	18.86	D10	35.00	1.00	T	5.00	6.00	0.177	1.049	120	23.6	8.7
35.00	A11	>>	43.7	>>	17.45	-1.03	-0.43	15.98	A12	36.00	7.00	2E	8.00	15.00	0.069	1.610	120	43.7	6.9
35.00	A11	<<	67.1	<<	17.45	1.37	0.00	18.81	D11	35.00	1.00	T	8.00	9.00	0.152	1.610	120	67.1	10.5
36.00	A12	>>	21.3	>>	15.98	-1.47	0.00	14.51	A13	36.00	10.00			10.00	0.147	1.049	120	21.3	7.9
38.00	A14	>>	21.9	>>	18.04	-2.31	-0.43	15.30	A15	39.00	11.00	2E	4.00	15.00	0.154	1.049	120	21.9	8.1
38.00	A14	<<	45.7	<<	18.04	7.20	1.30	26.54	F03	35.00	12.00			12.00	0.600	1.049	120	45.7	16.9
40.00	A16	<<	24.7	<<	19.42	5.18	0.87	25.47	F04	38.00	23.00	2E	4.00	27.00	0.192	1.049	120	24.7	9.1
24.00	D01	>>	348.9	>>	41.79	-2.02	-2.60	37.17	D02	30.00	8.00	D6CE	64.00	72.00	0.028	4.260	120	348.9	7.8
24.00	D01	<<	348.9	<<	41.79	3.36	-2.60	42.55	M07	30.00	88.00	TGE	32.00	120.00	0.028	4.260	120	348.9	7.8
30.00	D02	>>	348.9	>>	37.17	-2.27	0.00	34.90	D03	30.00	8.00	2E	14.00	22.00	0.103	3.260	120	348.9	13.4
30.00	D03	>>	348.9	>>	34.90	-1.24	-2.17	31.49	D04	35.00	5.00	E	7.00	12.00	0.103	3.260	120	348.9	13.4
35.00	D04	>>	348.9	>>	31.49	-3.61	0.00	27.88	D05	35.00	20.00	T	15.00	35.00	0.103	3.260	120	348.9	13.4
35.00	D05	>>	278.5	>>	27.88	-1.70	0.00	26.19	D06	35.00	10.00	T	15.00	25.00	0.068	3.260	120	278.5	10.7
35.00	D05	>>	70.4	>>	27.88	-0.29	0.00	27.59	D12	35.00	40.00	T	15.00	55.00	0.005	3.260	120	70.4	2.7
35.00	D06	>>	278.5	>>	26.19	-5.44	0.00	20.75	D07	35.00	65.00	T	15.00	80.00	0.068	3.260	120	278.5	10.7
35.00	D07	>>	215.0	>>	20.75	-0.59	0.00	20.16	D08	35.00	14.00			14.00	0.042	3.260	120	215.0	8.2
35.00	D08	>>	190.5	>>	20.16	-1.08	0.00	19.08	D09	35.00	18.00	2E	14.00	32.00	0.034	3.260	120	190.5	7.3
35.00	D09	>>	90.7	>>	19.08	-0.22	0.00	18.86	D10	35.00	19.00	E	7.00	26.00	0.009	3.260	120	90.7	3.5
35.00	D09	>>	99.8	>>	19.08	-1.12	-0.43	17.52	F02	36.00	2.00	T	10.00	12.00	0.094	2.067	120	99.8	9.5
35.00	D10	>>	67.1	>>	18.86	-0.05	0.00	18.81	D11	35.00	10.00			10.00	0.005	3.260	120	67.1	2.6
35.00	D12	>>	70.4	>>	27.59	-0.35	0.00	27.24	D13	35.00	50.00	T	15.00	65.00	0.005	3.260	120	70.4	2.7
35.00	D13	>>	45.7	>>	27.24	-0.03	0.00	27.21	D14	35.00	14.00			14.00	0.002	3.260	120	45.7	1.8
35.00	D13	>>	24.7	>>	27.24	-0.48	-1.30	25.47	F04	38.00	12.00	T	8.00	20.00	0.024	1.610	120	24.7	3.9
35.00	D14	>>	45.7	>>	27.21	-0.67	0.00	26.54	F03	35.00	1.00	T	8.00	9.00	0.074	1.610	120	45.7	7.2
6.00	M01	>>	348.9	>>	57.24	-0.08	-2.60	54.56	M02	12.00	6.00	E	14.00	20.00	0.004	6.357	120	348.9	3.5
6.00	M01	<<	348.9	<<	57.24	0.32	2.60	60.77	U01	0.00	155.00	2EGT	81.13	236.13	0.004	6.020	140	348.9	3.9
12.00	M02	>>	348.9	>>	54.56	-2.00	-3.47	49.08	M03	20.00	16.00	2G2ERA	486.00	502.00	0.004	6.357	120	348.9	3.5
20.00	M03	>>	348.9	>>	49.08	-0.42	0.00	48.67	M04	20.00	63.00	3E	42.00	105.00	0.004	6.357	120	348.9	3.5
20.00	M04	>>	348.9	>>	48.67	-0.63	0.00	48.04	M05	20.00	2.50	T	20.00	22.50	0.028	4.260	120	348.9	7.8
20.00	M05	>>	348.9	>>	48.04	-0.84	-4.34	42.85	M06	30.00	10.00	T	20.00	30.00	0.028	4.260	120	348.9	7.8
30.00	M06	>>	348.9	>>	42.85	-0.31	0.00	42.55	M07	30.00	1.00	E	10.00	11.00	0.028	4.260	120	348.9	7.8

Calcs By: DF Checked: 03/14/94

User:*810303* Hypercalc Program by Crowley Design Group, (215)-357-7080



Pressure vs. Flow

72.00	0.00
61.00	1200.00
0	3313.06

OCEAN NURSING PAVILION)
CALC. #4 (2ND FLOOR ROOF)
BRICK N.J07824

Job Number: 3080
03/14/94

S U M M A R Y

O F

H Y D R A U L I C

C A L C U L A T I O N S

F O R

OCEAN NURSING PAVILION

CALC. #1 (BASEMENT) BRICK N.J 07824

Submitted By

ALLIED FIRE AND SAFETY 517 GREEN GROVE ROAD NEPTUNE NJ 07754

Design Specifications		Water Supply Information		System Demand
Density :	0.150	72.00 psi @	0.00 gpm	41.12 psi
Design Area:	1500.00	61.00 psi @	1200.00 gpm	@ 247.0 gpm
				+ 250.0 gpm Hose

Total Demand: 497.0 gpm @ 41.12 psi

System safety factor: 28.72 psi

Notes: _____

List of Fitting Abbreviations

Example: "EETC" = one Std. Elbow, two Std. Tee , and one Check Va

Code:	Description	Code:	Description	Code:	Description	Code:	Description
A :	Alarm Va	H :	Deluge Val	O :		V :	Vic.Cpl.
B :	Butt'flyVa	I :		P :	P.I.V	W :	
C :	Check Va	J :		Q :		X :	Backflow P
D :	DryPipeVa	K :	Globe Val.	R :	Det.Ck.Val	Y :	Red.P.Back
E :	Std. Elbow	L :	LongTurnEl	S :		Z :	
F :	45 Elbow	M :	Meter	T :	Std. Tee		
G :	Gate Va	N :		U :			

Calcs By: DF Checked: _____ 03/14/94

Ser:#810303+ Hypercalc Program by Crowley Design Group, (215)-337-7060

Summary of Sprinkler and Hose Flows

Job No:3080 OCEAN NURSING PAVILION

Design density: .15

Supplied flow and pressure is based on 41.12 psi available at supply
(69.85 psi is actually available)

Ref. Pt.	PRESSURE Pt	Pv	Pn	K Factor	FLOW Actual	Minimum	Percent Excess	Ref. Pt.
A01	17.16		17.16	5.60	23.2	15.0	54.7%	A01
A02	16.70		16.70	5.60	22.9	15.0	52.7%	A02
A03	16.49		16.49	5.60	22.7	15.0	51.3%	A03
A04	13.48		13.48	5.60	20.6	15.0	37.3%	A04
A05	11.88		11.88	5.60	19.3	15.0	28.7%	A05
A06	11.02		11.02	5.60	18.6	15.0	24.0%	A06
A07	8.08		8.08	5.60	15.9	15.0	6.0%	A07
A08	7.30		7.30	5.60	15.1	15.0	0.7%	A08
A09	13.25		13.25	5.60	20.4	15.0	36.0%	A09
A10	11.68		11.68	5.60	19.1	15.0	27.3%	A10
A11	10.83		10.83	5.60	18.4	15.0	22.7%	A11
A12	7.94		7.94	5.60	15.8	15.0	5.3%	A12
A13	7.17		7.17	5.60	15.0	15.0	0.0%	A13

Calcs By: DF Checked: _____ 03/14/94

Flow and Pressure Summary

Job No:3080 OCEAN NURSING PAVILION

Elev. ft.	REF. POINT	Flow gpm	Pt psi	Pf psi	Pe psi	Pt psi	REF. POINT	Elev. ft.	FRICTION LOSS CALCULATIONS Length	Fitting	Length	Total	Pf/ft	Dia.	C	Flow	Velocity fps
10.00	A01 <<	23.2 <<	17.16	1.71	0.00	18.87	D01	10.00	10.00			10.00	0.171	1.049	120	23.2	8.6
10.00	A02 >>	22.7 >>	16.70	-0.20	0.00	16.49	A03	10.00	10.00			10.00	0.020	1.610	120	22.7	3.6
10.00	A02 <<	45.6 <<	16.70	0.89	0.00	17.59	M15	10.00	4.00	T	8.00	12.00	0.074	1.610	120	45.6	7.2
10.00	A04 >>	68.9 >>	13.48	-1.59	0.00	11.88	A05	10.00	10.00			10.00	0.159	1.610	120	68.9	10.8
10.00	A04 <<	89.5 <<	13.48	3.10	0.00	16.58	M16	10.00	4.00	T	8.00	12.00	0.258	1.610	120	89.5	14.1
10.00	A05 >>	49.6 >>	11.88	-0.87	0.00	11.02	A06	10.00	10.00			10.00	0.087	1.610	120	49.6	7.8
10.00	A06 >>	31.1 >>	11.02	-2.94	0.00	8.08	A07	10.00	10.00			10.00	0.294	1.049	120	31.1	11.5
10.00	A07 >>	15.1 >>	8.08	-0.78	0.00	7.30	A08	10.00	10.00			10.00	0.078	1.049	120	15.1	5.8
10.00	A09 >>	68.3 >>	13.25	-1.57	0.00	11.68	A10	10.00	10.00			10.00	0.157	1.610	120	68.3	10.7
10.00	A09 <<	88.7 <<	13.25	3.05	0.00	16.30	M17	10.00	4.00	T	8.00	12.00	0.254	1.610	120	88.7	13.9
10.00	A10 >>	49.2 >>	11.68	-0.85	0.00	10.83	A11	10.00	10.00			10.00	0.085	1.610	120	49.2	7.7
10.00	A11 >>	30.8 >>	10.83	-2.89	0.00	7.94	A12	10.00	10.00			10.00	0.289	1.049	120	30.8	11.4
10.00	A12 >>	15.0 >>	7.94	-0.76	0.00	7.17	A13	10.00	10.00			10.00	0.076	1.049	120	15.0	5.6
10.00	D01 <<	23.2 <<	18.87	0.25	0.00	19.12	M14	10.00	4.00	T	8.00	12.00	0.021	1.610	120	23.2	3.6
6.00	M01 >>	247.0 >>	38.03	-0.04	-2.60	35.38	M02	12.00	6.00	E	14.00	20.00	0.002	6.357	120	247.0	2.5
6.00	M01 <<	247.0 <<	38.03	0.49	2.60	41.12	U01	0.00	155.00	2ETG	81.13	236.13	0.002	6.020	140	247.0	2.5
12.00	M02 >>	247.0 >>	35.38	-1.06	-5.47	30.85	M03	20.00	16.00	2G2ERA	486.00	502.00	0.002	6.357	120	247.0	2.5
20.00	M03 >>	247.0 >>	30.85	-0.22	0.00	30.63	M04	20.00	63.00	3E	42.00	105.00	0.002	6.357	120	247.0	2.5
20.00	M04 >>	247.0 >>	30.63	-0.33	0.00	30.30	M05	20.00	2.50	T	20.00	22.50	0.015	4.260	120	247.0	5.5
20.00	M05 >>	247.0 >>	30.30	-0.47	4.34	34.16	M12	10.00	12.00	T	20.00	32.00	0.015	4.260	120	247.0	5.5
10.00	M12 >>	247.0 >>	34.16	-12.59	0.00	21.58	M13	10.00	57.00	TG2E	25.00	82.00	0.153	2.635	120	247.0	14.5
10.00	M13 >>	247.0 >>	21.58	-2.46	0.00	19.12	M14	10.00	4.00	T	12.00	16.00	0.153	2.635	120	247.0	14.5
10.00	M14 >>	223.9 >>	19.12	-1.53	0.00	17.59	M15	10.00	12.00			12.00	0.128	2.635	120	223.9	13.1
10.00	M15 >>	178.2 >>	17.59	-1.01	0.00	16.58	M16	10.00	12.00			12.00	0.084	2.635	120	178.2	10.5
10.00	M16 >>	88.7 >>	16.58	-0.28	0.00	16.30	M17	10.00	12.00			12.00	0.023	2.635	120	88.7	5.2

Calcs By: JDF Checked: _____ 03/14/94

Ser:*810303* Hypercalc Program by Crowley Design Group, (215)-337-7060

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.
517 Green Grove Road
P.O. Box 607
NEPTUNE, NEW JERSEY 07754-0607

(908) 922-3399
FAX (908) 918-8668

LETTER OF TRANSMITTAL

DATE	JOB NO.
3/29/94	

ATTENTION: JOE AVERISTO

RE: OCEAN NURSING PAVILION

TO BRICKTOWN FIRE INSPECTOR
500 HERBERTSVILLE ROAD
BRICKTOWN N.J. 08723
908-477-3000

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

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☒ Hydraulic Calculations

COPIES	DATE	NO.	DESCRIPTION
15	—	—	SETS SP-1 thru SP-5 FIRE SPRINKLER PLANS
15	—	—	SETS OF Hydraulic Calculations

THESE ARE TRANSMITTED as checked below:

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

REMARKS After stamping all Prints and calculations with your approval stamp call this office so we can cut a check for the appropriate Permit fee and Pick up the remaining (12) Sets of Prints and Calculations Please retain the original packaging in which the plans & Calc's were sent.

Thank You

COPY TO _____

SIGNED: [signature]

Ht. Structure _____ BOCA BASIC/NATIONAL BUILDING CODE Reviewed _____

Sq. Feet _____ Date _____

1-3-95 CALLED

JURISDICTION Brick Town (City, County, Township, etc.)

BUILDING LOCATION Brick Plaza Space 10 (Street address)

Job Name 671 8

New Building ☐ Addition ☐ Alteration ☒ Other ☐ _____

Construction Classification _____ Use Group _____ Block _____ Lot _____

CORRECTION LIST

No.	DESCRIPTION	Page	Re-viewed By	Code Sect.	Dept. Clk. Off
1	Need more information & heating				
2	Need Occupancy Load OK				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

1/4/95 Arch called - info will send by mail

Other Comments: 1/9/95 Received letter re occ load this date OK Still require more info on heating see Doc E notes location of unit type and CFM to determine need for smoke detectors.

OK 1/10/95 JJ (1625) JJ 1/9/95

CHAMBERS ARCHITECTURAL ASSOCIATES

1010 North Charles Street
Baltimore, Maryland
21201

fax 410-727-3134
410-727-4535

FAX TRANSMITTAL

Date: JAN. 4th 1995

To: MR. JOSEPH EVARISTO
FIRE-SUBCODE OFFICIAL

Location: BUILDING DEPT.

Sender: MUN YEE, CHUNG

Number of Pages: (including Cover Sheet) 2

Fax Number: 908 -

Project: DINA MARIE BEAUTY SALON

CAA Project Number:

Comments:

Mr. Evaristo,

Attached letter will be mailed to you, as per your request for Occupancy Load information.

Thank you.

Mun Yee

If you do not receive all pages, contact: Chambers Architectural Associates 410-727-4535

4 January 1995

Mr. Joseph Evarlsto
Fire-Subcode Offical
401 Chamberbridge Road
Bricktown, N.J. 08723

Dear Mr. Evarlsto:

Re: Dina Marie Beauty Salon

As per your request the Occupant Load for Diana Marie Beauty Salon in Bricktown Plaza, Bricktown, New Jersey for 1585 S.F. is 53 as per BOCA 1990.

If I can answer any questions please call.