TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: DRUM POINT PLAZA PHARMACY I N - 383 BRICK BLVD
2. Owner Name: DRUM PLAZA PHARMACY INC Tel. (201) 920 - 3636
   Address 383 BRICK BLVD BRICK NJ 08723
3. Principal Contractor: DRUM POINT PLAZA Tel. (201) 477 - 7544
   Address BRICK BLVD BRICK N.J. 08723
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work RICHARD STRAUSS (OWNER) Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☑ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	$ 1000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☑ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: RETAIL PHARMACY

If Change In Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10310236

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE Richard Stowers DATE 9-26-84

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 547A LOT NO. 15 & 16 SUBDIVISION DRUM PT. PLAZA PERMIT NO. 2163

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other:																	
☐																	
☐																	
☐																	
☐																	
☐																	
☐																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☐ Building		☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ Other			

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	9-26-84	[illegible]	9-28-84	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING			9-28-	DM	
☐	ELECTRICAL					
☒	FIRE PROTECTION			10-4-84	[illegible]	PLANS ARE AS NOTED
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		10-2-84	CL
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
✓	PLUMBING		OK 9-27-84	
✓	ELECTRICAL		OK	
✓	FIRE PROTECTION	9-20-84		
	OTHER _____		OK M.C ajc)	

CO issued 10-5-84 CC ✓

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☑ Certificate of Occupancy No. 21603	10-5-84
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 7.50
PLUMBING	15.00
ELECTRICAL	
FIRE PROTECTION	
OTHER _____	
SUBTOTAL	$
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	=
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 52.50

DATE 10-4-84 Collected By Paid

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			
OTHER			
OTHER			
– LESS: Refunds			( )
TOTAL COLLECTED AFTER PERMIT ISSUED			$

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$
COLLECTED AFTER PERMIT (VB)	
TOTAL	$

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 2163
DATE ISSUED 10-5-84
Block 547A Lot 15 & 16
Subdivision Drum Point Plaza

IDENTIFICATION

Owner Drum Point Pharmacy
Address 383 Brick Blvd.
Brick, N.J. 08723
Tel. ( ) _____

Agent _____
Address _____
Tel. ( ) _____

Work Site Address _____
SAME

Lic. No. _____
Federal Emp. No. _____

PAYMENTS

Fees Remitted $ _____
☐ Check No. _____
☐ Cash
☐ Other _____

Collected By: _____
Date: _____

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

Drum Point Pharmacy

USE GROUP m FIRE GRADING 3½ Hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Mercantile

FINAL COST OF CONSTRUCTION: $ $ 1,000.

Arthur J. Cuzzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2163
DATE ISSUED 10-1-84
REVISION DATE

Block 547A Lot 15
Subdivision Drum Pl. Plaza

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner DRUM PLAZA PHARMACY INC
Address 383 BRICK BLVD
BRICK NJ 08723
Tel. (201) 920-3636
Work Site Address "

Contractor DRUM PLAZA
Address BRICK BLVD
BRICK NJ 08723
Tel. (201) 477-7544
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

DRUM PLAZA PHARMACY INC

PARTITIONS

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3162
DATE ISSUED 10-1-84
REVISION DATE

Block 547A Lot 15
Subdivision Adam M. Plaza

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner DRUM PLAZA PHARMACY INC
Address 383 BRICK BLVD
BRICK NJ 08723
Tel. (201) 920-3636
Work Site Address 11

Contractor DRUM PAINT PLAZA
Address BRICK BLVD
BRICK NJ 08723
Tel. (201) 477-7544
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

DRUM PLAZA PHARMACY INC

PAINTING

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☑ All	9-28-84	EO
☐ Footing/Foundation	—	
☐ Frame	—	
☐ Architectural	—	
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 10-2-84

Inspected By: E Ongo

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				~~9-24-84~~ EO
☐ Slab				~~9-24-84~~ EO
☐ Frame				
☐ Architectural				~~9-24-84~~ EO
☒ Insulation				~~9-24-84~~ EO
☐ Finishes				10-2-84 EO
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/83)

PERMIT 2163 PHARMACY

PLAN REVIEW AND INSPECTION — FIRE

383 DRUM POINT PHARMACY
BLOCK 647 A LOT 15

DATE	JOB CONDITION/COMMENTS
9-20-84	NO PLANS SUBMITTED — WORK REMOVED
10-4-84	PLAN REVIEW : APP AS NOTED
[redacted]	(1) INSTALL 2 FIRE EXT.
	(2) INSTALL 2 EXIT SIGNS
	(3) INSTALL EMERGENCY LIGHTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved AS NOTED
Date: 10-4-84
Approved By: Mike Clayton

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 10/10/84
Inspected By: R. H. Ehrhardt

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other FINAL	9-20-84			
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2163
DATE ISSUED 10-1-86
REVISION DATE
Block 547A Lot 15
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner DRUM PLAZA PHARMACY INC
Address 383 BRICK BLVD. BRICK NJ 08723
Tel. (201) 920-3636
Work Site Address

Contractor DRUM POINT PLAZA
Address BRICK BLVD BRICK NJ 08723
Tel. (201) 477-7544
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

2 – ABC HALON FIRE EXTING. $ _____
EXIT LIGHTS $ _____
EMERGENCY LIGHTING $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP – Present B Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

PHARMACY

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 6-1-84
Approved By: R. W. [illegible]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 9-27-84
Inspected By: [illegible]

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				6-29-84
☒ Rough				8-22-84
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 2163
DATE ISSUED 10-1-86
REVISION DATE
Block 5974 Lot 15 & 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner DRUGS PLAZA PHARMACY INC
Address 383 BRICK BLVD. BRICK NJ 08723
Tel. (201) 920-3636
Work Site Address

Contractor ANTHONY T. DAMIANO SR.
Address 161 MAPLE AVE IRVINGTON N.J.
Tel. (201) 349-9310
Lic.No./Bus. Permit 927
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Anthony T. Damiano Sr.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
1	Lavatory/Sink	15		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 15		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 15

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

9-26-84

To whom it may concern,

I Richard Strauss request a certificate of occupancy for Drum Plaza Pharmacy Inc. at 383 Buck Blvd, Buck N.J. 08723.

Richard Strauss

R/S SWR

SIZING FOR WATER AND SEWER SERVICES

Property Owner Drum M Plaza Date 8-17-84

Property Address 383 Brick Blvd Block 547A Lot 15-16

Zoning _____ Use Group _____

Contractor Damiano License No. Registration 927

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	1	( ) 5	( ) 6
2. Lavatory	1	( ) 2	( ) 2
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 7	8

WATER $15.00

SEWER $15.00

Gallons per minute 6

Size of Service 3/4

Date: 8-17-84

Approved: Metcalf
Brick Township Plumbing Inspector