TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
NOV 1 1984
BUILDING

I. IDENTIFICATION

1. Proposed Work at: MILK PLUS INC.
2. Owner Name: JOHN DEGEORGE Tel. (201) 477-1869
   Address 387 BRICK BLVD
3. Principal Contractor: DRUM POINT PLAZA Tel. ( ) 477-8861
   Address 375 BRICK BLVD
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work JOHN DEGEORGE 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	$ 500.00

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: _____

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 10310215

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 _____ DATE _____

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 John J DeGroot

BLOCK NO. 547A LOT NO. 15 SUBDIVISION Drum P's Plaza PERMIT NO. 2540

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			11-2-84	E.D	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☑	FIRE PROTECTION			11-13-84		
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		11-15-84 E.D	
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
✓	PLUMBING		OK	OK on Org. 2 entrances
✓	ELECTRICAL		OK	OK on Org.
✓	FIRE PROTECTION		BE	
	OTHER _____			

C OK

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

- ☑ Temporary Certificate of Occupancy — Date Issued 11-19-84
  Date Expired 12/19/84
- ☐ Temporary Certificate of Occupancy — Date Issued _____
  Date Expired _____
- ☐ Certificate of Occupancy — Date Issued _____
  No. _____
- ☐ Certificate of Continued Occupancy — Date Issued _____
  No. _____
- ☐ Certificate of Approval — Date Issued _____
  No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
BOK c/o — 11-15-84	

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	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER Refund	.
SUBTOTAL	$ 0 .
— LESS: 20% of subtotal (when plan review performed by state agency).	(.
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	32.50

DATE 11-14-84 Collected By Palo

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	11-19-84	JA	25.00
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 2540
DATE ISSUED 11-19-84
Block 547A Lot 15 & 16
Subdivision Drum Point Plaza

IDENTIFICATION

Owner John DeGeorge (Milk Plus) Agent SAME
Address 387 Brick Blvd. Address
Brick, N.J. 08723
Tel. ( ) Tel. ( )
Work Site Address Lic. No.
387 Brick Blvd. 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 Dec. 19, , 19 84 or the owner will be subject to a fine or order to vacate:

Pending Final Electricql approvals

D. DESCRIPTION OF WORK:

Retail Store

USE GROUP M FIRE GRADING 3½ Hours

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Milk Plus

FINAL COST OF CONSTRUCTION: $ 500.00

Arthur J. Cregg
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. 2540
DATE ISSUED 11-14-84
REVISION DATE
Block Lot
Subdivision

A. IDENTIFICATION

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

Owner JOHN DEGEORGE
Address 387 BRICK BLVD BRICK
Tel. ( ) 477-1869
Work Site Address

Contractor DRUM POINT PLAZA
Address
Tel. ( )
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.

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: Present Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.

Total Building Area—All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Estimated Cost of Building Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 2540
DATE ISSUED 11-14-84
REVISION DATE
Block 547A Lot 15
Subdivision

A. IDENTIFICATION

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

Owner JOHN DEGEORGE
Address 387 BRICK BLVD BRICK, N.J.
Tel. ( ) 477-1869
Work Site Address SAME

Contractor DRUM POINT PLAZA
Address
Tel. ( )
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.

John J DeGeorge
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

_____ $ _____
_____ $ _____
_____ $ _____

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

MILK PLUS

☐ Partial Releases ☐ Prototype Processing

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

PERMIT 2540

PLAN REVIEW AND INSPECTION — [redacted]RE

DATE	JOB CONDITION/COMMENTS
	BL: 547A LOT: 15
11-8-84	NO PLANS Reviewed BY FIRE SUB-CODE Mike Clayton
11-13-84	Reviewed APP AS NOTED ① FIRE EXTING ② EXIT SIGNS ③ EMER LIGHTING
1-8-85	FINAL FIRE: APPROVED

JOB SUMMARY

☐ No Plans Required

☒ Plan Review Approved

Date: 11-13-84

Approved By: Mike Clayton

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1-8-85

Inspected By: Mike Clayton

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other FINAL				1-8-85
☐ Other				
☐ Other				
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 3540
DATE ISSUED 11-19-84
REVISION DATE
Block 547A Lot 15+16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner MILK PLUS INC
Address 387 BRICK BLVD BRICK
Tel. ( ) 477-1869
Work Site Address SAME

Contractor DRUM POINT PLAZA
Address 375 BRICK BLVD
Tel. ( ) 477-8861
Lic.No./Bus. Permit ANTHONY DAMIANO
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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
2	Lavatory/Sink	10		Indirect Connection	
	Shower/Floor Drain		1	~~Sewer~~ Ejector	15
	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	$ 10		COLUMN 2	$ 15

Fee	
COLUMN 1	$ 10
COLUMN 2	$ 15
SUBTOTAL	$ 25
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 25

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

HAND SINK - PUMPED INTO 3 COMP SINK Add'l
11-19-84

☐ Partial Releases ☐ Prototype Processing

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

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: 11-16-84

Inspected By: D Metcalf

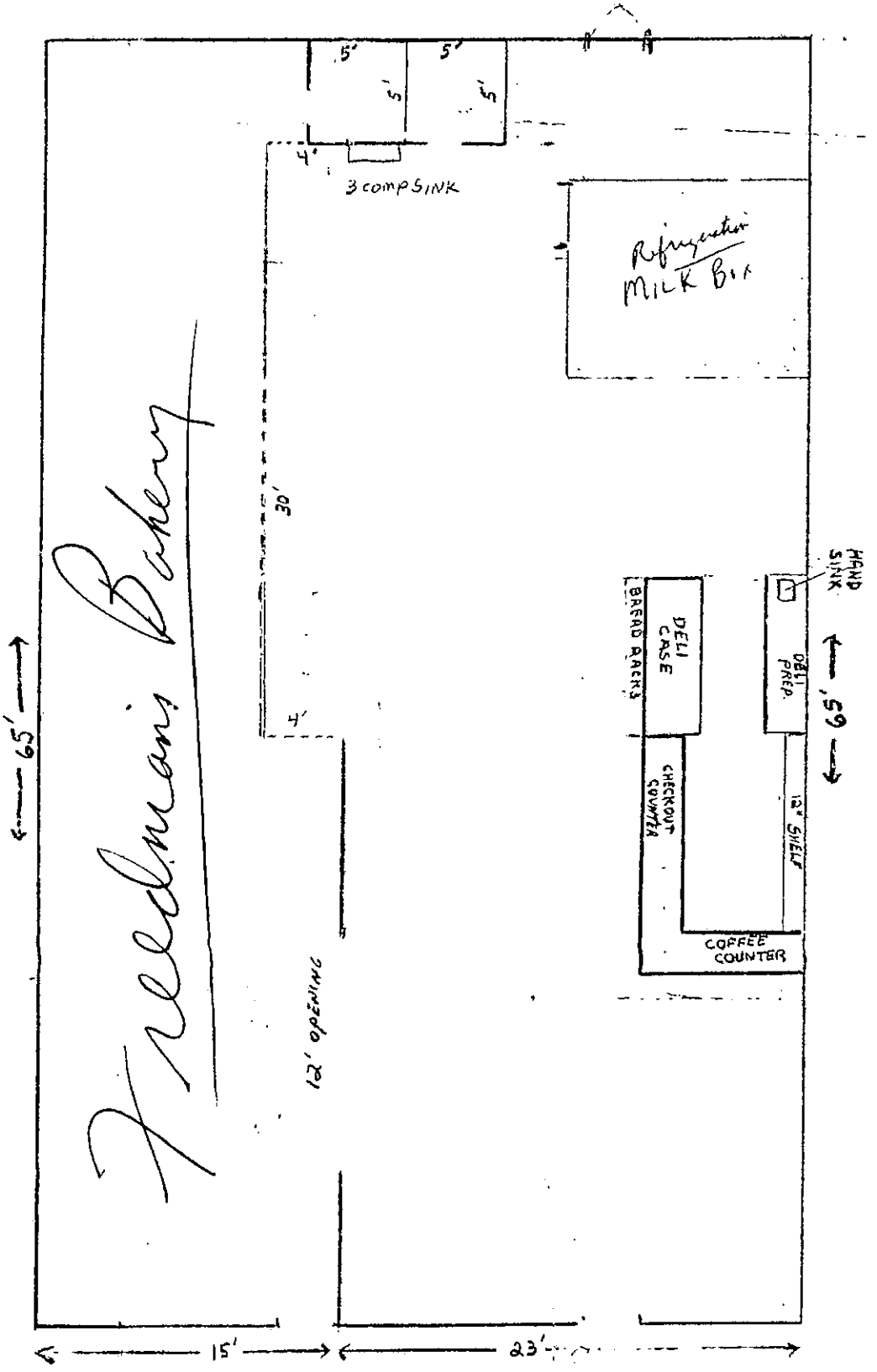
INSPECTIONS

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

FREEDMAN'S BAKERY

MILK PLUS

855
20
875



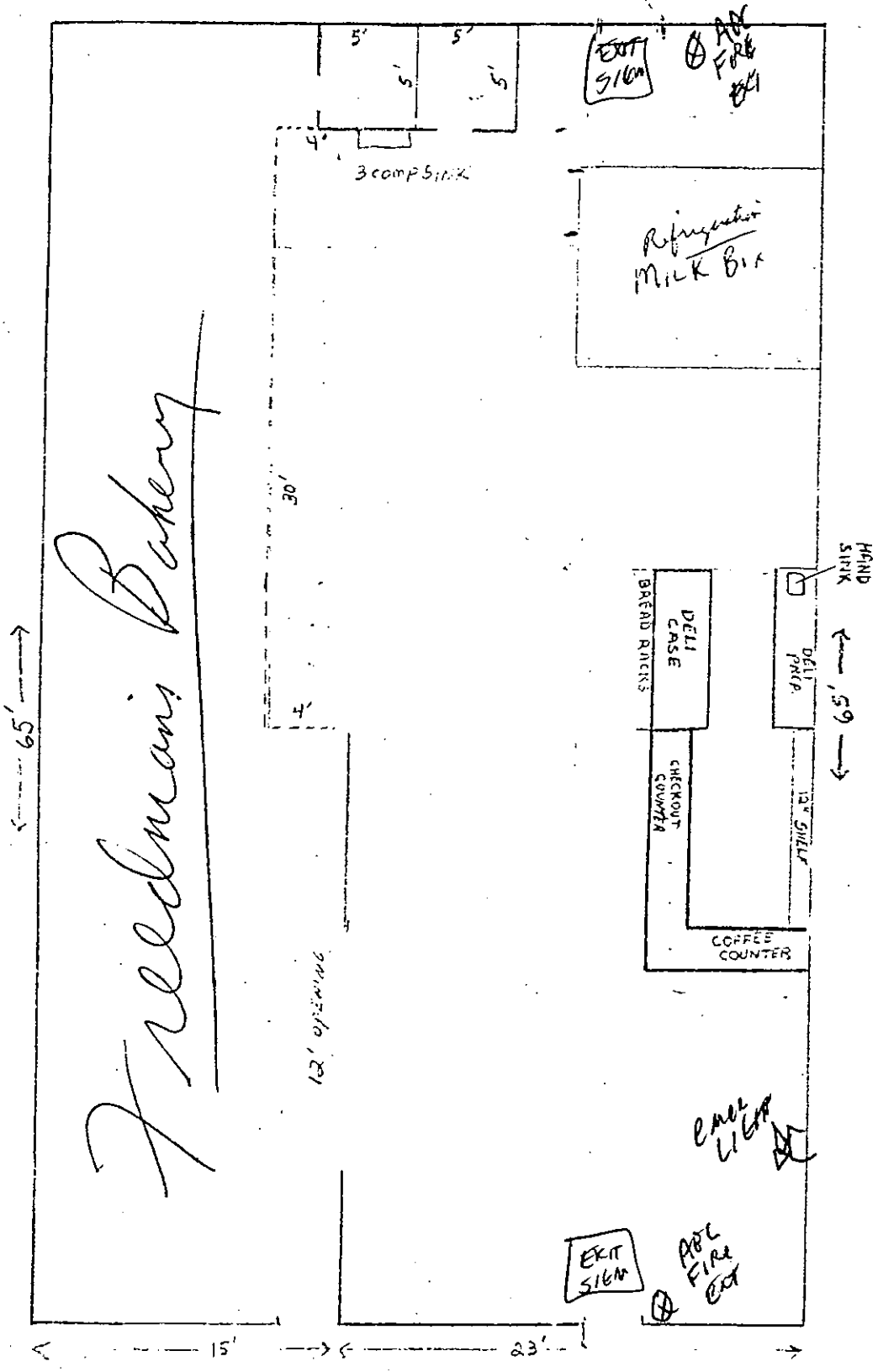
MILK Box
103 W x
62 depth

Coke Box
78" W x
29½ depth

Pepsi Box
39½" W x
29" depth

FREEDMAN'S BAKERY

MILK PLUS



855
20
875

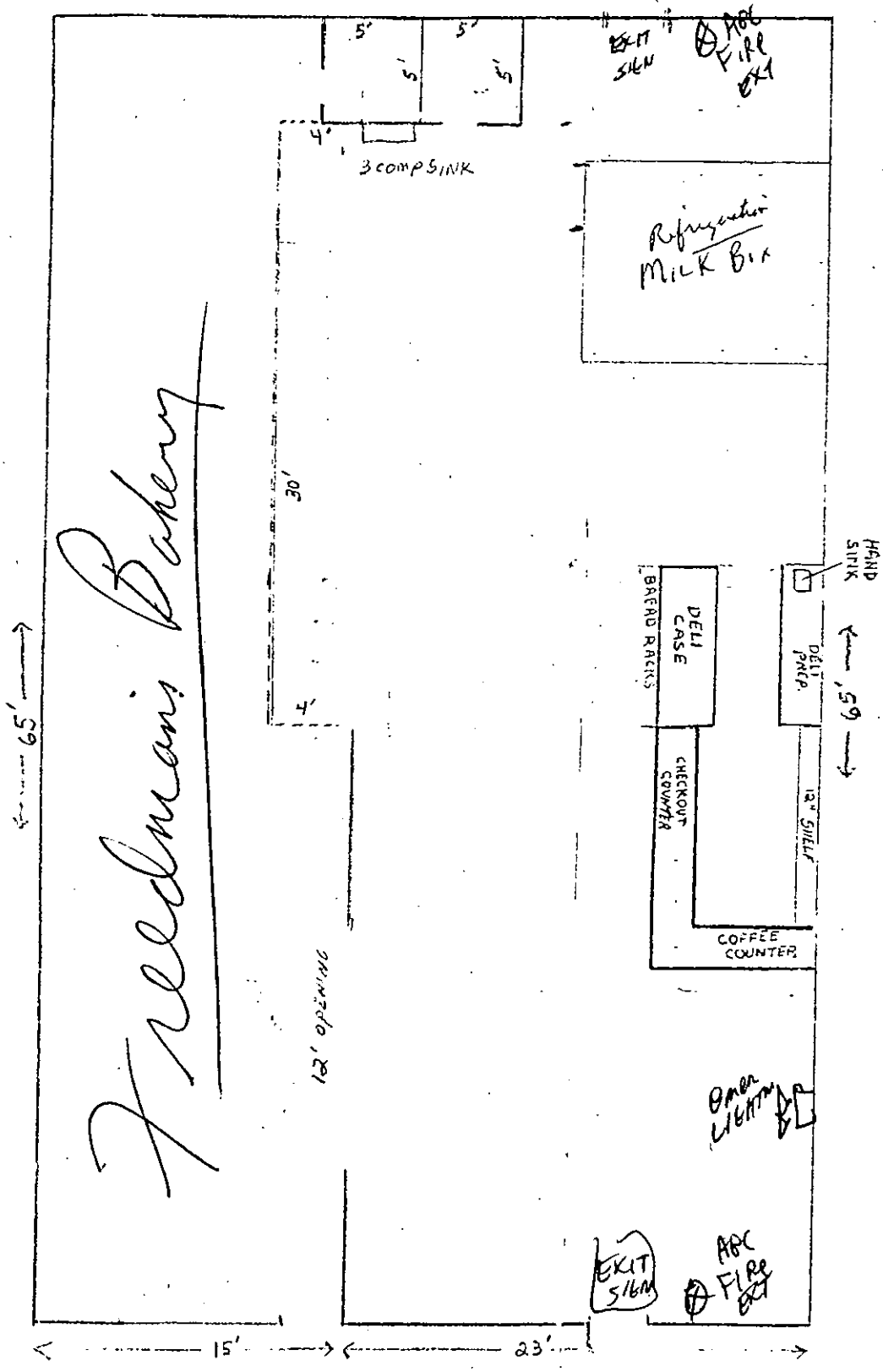
MILK BOX
103 W x
62 depth

Coke Box
78" W x
29½ depth

Pepsi Box
39½" W x
29" depth

FREEDMAN'S BAKERY

MILK PLUS



Freedmans Bakery

855
20
875

MILK BOX
103 W x
62 depth

Coke BOX
78" W x
29½ depth

Pepsi Box
39½" W x
29" depth

BRICK TOWNSHIP
BUREAU OF FIRE PREVENTION

District No. 1

INSPECTOR'S REPORT

Date Nov. 9, 1984

Location Milk Plus 387 Drum Point Plaza
Owner John DeGroot Owner's Address 116 Florence Ct. T.R 255-65-90
Occupants and purpose for which used Selling Food Stuff
1st Floor Sales + Storage 2nd Floor —
Construction Mason Stories One With / Without Basement
Roof Construction Fire Resistent Condition Good
Attic Crawl Space Access to Ceiling Tile Location —
Unprotected Openings:
Stairs, enclosed or open None Locations —
Inside Protection:
Date of Recharge Nov. 84 Condition of Extinguishers Good 2 DC 5 CO2 WP AP Foam
Other fire detecting or extinguishing appliances:
Type None Condition —
Fire doors — Operating condition — If not automatic, are they kept closed —
Heating System. Kind Hot Air Fuel used Gas Storage arrangements Mete- outside
Condition of stoves or furnace Good - New Mounting Roof
Protection above and around furnace and smoke pipe Unknown
Furnace room enclosed or open Open Door automatic or self-closing None
Light and Power: Voltage used 120-240 Fuses/Breakers examined O.K
Location of entrance switch Right Rear Door Branch Fuses/Breakers of proper size O.K
General condition Good
Trash: Facilities for storage Outside Rld. Frequency of removal Daily
Flammable Liquids and Compressed Gases: Kind Hair Cond + Hair Spray
Location Left Front Door Amount Undetermined -
Storage arrangements ½ Pt. - 1Pt. Permit provided ✓
Egress Facilities:
Doors Front - Rear Condition of doors Good
Fire stairways None Condition of doors —
Open stairways None Unencumbered —
Fire escapes None Condition —
Exit lights Yes Visibility Good
Ordinance 102-71 Good

Conditions noted in violation of regulations None

26 X 65

Occupants Signature John J. DeGroot Fire Inspector Signature Robert H. Ekbert

Phone 477-9666