

TOWNSHIP OF BRICK

375-399 Brick Blvd

CONSTRUCTION PERMIT  
APPLICATION

477-8861

477-7844  
Store's Tailor

## I. IDENTIFICATION

1. Proposed Work at: DRUM PT RD AND BRICK BLVD.
2. Owner Name: DRUM PT. PLAZA Tel. ( ) 255-2730  
Address: P.O. BOX 893 BRICK, N.J.
3. Principal Contractor: HARD CONSTRUCTION CO. Tel. ( ) 255-2730  
Address: P.O. BOX 893 BRICK, N.J.
- Lic. No. or Builder Reg. No. \_\_\_\_\_ Federal Emp. No. 22-247-0050
4. Architect or Engineer: OCEAN ARCHITECTURAL Tel. ( ) 929-9220  
Address: 1187 WASHINGTON ST TOMS RIVER, N.J.
5. Responsible Person In Charge of Work: JOHN DEGEORGE Tel. ( ) 255-2730

6 Store's  
1 office

547-4

## II. PROPOSED WORK

| A. TYPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B. CATEGORIES OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|------------------------------------------------------------|----------|-------------------------------------------------|-------|---------------------------------------------------|-------|---------------------------------------------|-------|-----------------------------------------|-------|-----------------------------------------|-------|-----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Minor Work (Single Trade)<br>2. <input type="checkbox"/> Small Job (\$5,000 and no Prior Approvals)<br>Complete only II.B., III and IV.A. and Page 2<br>3. <input checked="" type="checkbox"/> New Building<br>4. <input type="checkbox"/> Addition<br>5. <input type="checkbox"/> Alteration<br>6. <input type="checkbox"/> Repair, Replacement<br>7. <input type="checkbox"/> Demolition<br>8. <input type="checkbox"/> Other: _____ | <table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. <input checked="" type="checkbox"/> Building/Structural</td> <td>\$ _____</td> </tr> <tr> <td>2. <input checked="" type="checkbox"/> Plumbing</td> <td>_____</td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Electrical</td> <td>_____</td> </tr> <tr> <td>4. <input type="checkbox"/> Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. <input type="checkbox"/> Other _____</td> <td>_____</td> </tr> <tr> <td>6. <input type="checkbox"/> Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST <u>\$250,000</u></td> </tr> </tbody> </table> <p>C. DO YOU WANT:</p> <p>1. <input type="checkbox"/> Partial Releases      2. <input type="checkbox"/> Prototype Processing</p> | Permit/Category                                             | Estimated | 1. <input checked="" type="checkbox"/> Building/Structural | \$ _____ | 2. <input checked="" type="checkbox"/> Plumbing | _____ | 3. <input checked="" type="checkbox"/> Electrical | _____ | 4. <input type="checkbox"/> Fire Protection | _____ | 5. <input type="checkbox"/> Other _____ | _____ | 6. <input type="checkbox"/> Other _____ | _____ | TOTAL COST <u>\$250,000</u> |  | 1. <input type="checkbox"/> Elevators/Dumbwaiters<br>2. <input type="checkbox"/> High-Pressure Boilers<br>3. <input type="checkbox"/> Refrigeration Systems<br>4. <input type="checkbox"/> Pressure Vessels<br>5. <input type="checkbox"/> Hazardous Uses/Places of Assembly<br>6. <input type="checkbox"/> Cross-connections/Backflow Preventors<br>7. <input type="checkbox"/> Sprinklers<br>8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
| Permit/Category                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Estimated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. <input checked="" type="checkbox"/> Building/Structural                                                                                                                                                                                                                                                                                                                                                                                                         | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. <input checked="" type="checkbox"/> Plumbing                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. <input checked="" type="checkbox"/> Electrical                                                                                                                                                                                                                                                                                                                                                                                                                  | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. <input type="checkbox"/> Fire Protection                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL COST <u>\$250,000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |           |                                                            |          |                                                 |       |                                                   |       |                                             |       |                                         |       |                                         |       |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)      If new construction, enter no. of dwelling units \_\_\_\_\_

2. ☐ Multi-Family (R-2)      HMD Reg. No.: \_\_\_\_\_

3. ☐ Two Family (R-3b)      If other than new construction, enter no. of dwelling units: \_\_\_\_\_

4. ☐ One-Family (R-3a)      Before Construction: \_\_\_\_\_

After Construction: \_\_\_\_\_

Net Gain (or loss): \_\_\_\_\_

## B. NON-RESIDENTIAL

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

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. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gas                      |
| 4. <input type="checkbox"/>            | <input type="checkbox"/> | Oil                      |
| 5. <input type="checkbox"/>            | <input type="checkbox"/> | Electric                 |
| 6. <input type="checkbox"/>            | <input type="checkbox"/> | Solid (Wood, Coal, Etc.) |
| 7. <input type="checkbox"/>            | <input type="checkbox"/> | Propane                  |
| 8. <input type="checkbox"/>            | <input type="checkbox"/> | Solar                    |
| 9. <input type="checkbox"/>            | <input type="checkbox"/> | 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 1

15. Height of Structure 15 Ft.

16. Area—Largest Floor 10,565 Sq. Ft.

17. Bldg. Area—All Fls. \_\_\_\_\_ Sq. Ft.

18. Volume of Structure \_\_\_\_\_ Cu. Ft.

19. Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

LDS BR 10310213

# 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 HARD Construction Co. TEL. ( ) 255-2730

ADDRESS P.O. Box 893

BRICK TOWN, N.J.

SIGNATURE Paulo Realty President



# 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<br>Date Receiver | Approval Date | Reviewer | Comments |
|-------------------------------------|----------------------|------------------------------------|---------------|----------|----------|
| <input checked="" type="checkbox"/> | BUILDING             | 3-20-84 JAK                        | 6-7-84        | ED       |          |
|                                     | Footings/Foundations |                                    |               |          |          |
|                                     | Framing              |                                    |               |          |          |
|                                     | Architectural        |                                    |               |          |          |
|                                     | Other <i>2nd flg</i> |                                    |               |          |          |
| <input checked="" type="checkbox"/> | PLUMBING             | 6-4-84 JAK                         | 5/10/84       | JAK      |          |
| <input type="checkbox"/>            | ELECTRICAL           |                                    |               |          |          |
| <input type="checkbox"/>            | FIRE PROTECTION      |                                    |               |          |          |
| <input type="checkbox"/>            | OTHER                |                                    |               |          |          |

all  
Soil ok  
on all  
9-20-84

## II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

| Issue Date                          | Category             | Revisions | Final Inspection | Comments                  |
|-------------------------------------|----------------------|-----------|------------------|---------------------------|
| <input checked="" type="checkbox"/> | ALL CONSTRUCTION     |           |                  |                           |
| <input checked="" type="checkbox"/> | BUILDING             |           | 12-27-82         |                           |
| <input type="checkbox"/>            | Footings/Foundations |           |                  |                           |
| <input type="checkbox"/>            | Framing              |           |                  |                           |
| <input type="checkbox"/>            | Architectural        |           |                  |                           |
| <input checked="" type="checkbox"/> | Other                |           |                  |                           |
| <input type="checkbox"/>            | PLUMBING             |           | 9-27-84 DM       | collect extra fees to top |
| <input type="checkbox"/>            | ELECTRICAL           |           |                  |                           |
| <input type="checkbox"/>            | FIRE PROTECTION      |           |                  |                           |
| <input type="checkbox"/>            | OTHER                |           |                  |                           |

## 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. \_\_\_\_\_
- ☐ 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

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

## V. FEE SUMMARY

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

### A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

|                                                                      | AMOUNT         |
|----------------------------------------------------------------------|----------------|
| BUILDING                                                             | \$1,544.41     |
| PLUMBING                                                             | 240.00         |
| ELECTRICAL                                                           | .              |
| FIRE PROTECTION                                                      | .              |
| OTHER                                                                | .              |
| <b>SUBTOTAL</b>                                                      | <b>2084.41</b> |
| - LESS: 20% of subtotal (when plan review performed by state agency) | (208.44)       |
| D.C.A. TRAINING FEE .0006 x 227 773                                  | 136.66         |
| CERTIFICATE OF OCCUPANCY                                             | 372.64         |
| OTHER                                                                | .              |
| OTHER                                                                | .              |
| <b>TOTAL COLLECTED WHEN PERMIT ISSUED</b>                            | <b>2742.15</b> |
| DATE _____ Collected By _____                                        |                |

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

|                                            | Date | Collected By | AMOUNT      |
|--------------------------------------------|------|--------------|-------------|
| CERTIFICATE OF OCCUPANCY                   |      |              | .           |
| OTHER                                      |      |              | .           |
| OTHER                                      |      |              | .           |
| - LESS: Refunds                            |      |              | .           |
| <b>TOTAL COLLECTED AFTER PERMIT ISSUED</b> |      |              | <b>\$ .</b> |

### C. TOTAL CONSTRUCTION FEES COLLECTED

|                             | AMOUNT      |
|-----------------------------|-------------|
| COLLECTED WITH PERMIT (VA)  | \$ .        |
| COLLECTED AFTER PERMIT (VB) | .           |
| <b>TOTAL</b>                | <b>\$ .</b> |

696,530.-

# TOWNSHIP OF BRICK



## BUILDING SUBCODE



PERMIT NO. \_\_\_\_\_  
 DATE ISSUED \_\_\_\_\_  
 REVISION DATE \_\_\_\_\_  
 Block 54914 Lot 155  
 Subdivision DEWM DT. 44

### A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office  
 Owner DEWM DT. 44  
 Address 430-80X 825  
 Tel. ( 255 ) 2730  
 Contractor HERO CONSTRUCTION  
 Address 430-80X 825  
 Tel. ( 255 ) 2730  
 Work Site Address 430-80X 825  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. 22247-10570

### 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.

SHOPPING CENTER  
WHA COMPANY & FLEMING  
CONSTRUCTION

#### 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 SEMI-DETACHED Proposed \_\_\_\_\_  
 No. of Stories 1 Total Building Area-All Floors 10,565 Sq. Ft.  
 Height of Structure 15 Ft. Volume of Structure \_\_\_\_\_ Cu. Ft.  
 Area-Largest Floor 10,565 Sq. Ft. Total Land Area Disturbed 5.1 Acres Sq. Ft.  
 Estimated Cost of Building Work: \$ 250,000

### 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

☐ No Plans Required

☒ All

☒ Footing/Foundation

☒ Frame

☒ Architectural

☐ Other

Date

Initials

6-27-84 ERL

### INSPECTIONS FINAL

☒ CO

☐ CCO

☐ CA

Date: 10-2-84

Inspected By: ERL Wago

### INSPECTIONS

Type

☐ Footing/Foundation

☐ Slab

☐ Frame

☐ Architectural

☐ Insulation

☐ Finishes

☐ Energy

☐ Mechanical

☐ TCO

☐ Other

Failure Dates

Approval Date

4-84 ERL  
6-84 ERL

8-84 ERL

9-84 ERL

10-2-84 ERL

# TOWNSHIP OF BRICK



## FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 1339  
 DATE ISSUED 7-2-84  
 REVISION DATE \_\_\_\_\_  
 Block 547A lot 1.5  
 Subdivision DRUM PT PLAZA

### A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner DRUM PT PLAZA Contractor HAHO CONSTRUCTION  
 Address PO. Box 893 Address PO. Box 893  
BRICK, N.J. BRICK, N.J.  
 Tel. ( ) 255-2730 Tel. ( ) 255-2730  
 Work Site Address DR. BRICK BLVD  
DRUM PT. Rd. Lic. No. \_\_\_\_\_  
 Federal Emp. No. 28247-0050

### 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: \$ \_\_\_\_\_

#### 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)

#### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO<sub>2</sub>  
☐ Halon ☐ Foam  
☐ Other \_\_\_\_\_  
 Manual Pull: ☐ Yes ☐ No  
 Locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Cost of Work: \$ \_\_\_\_\_

### C. FIRE PROTECTION CHARACTERISTICS

USE GROUP N/A Present SEATING CENTER Proposed \_\_\_\_\_  
 Heating Systems - Location: FAIR LOT TOP  
 Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other \_\_\_\_\_  
 Fuel Storage Tank - Location: \_\_\_\_\_ Fuel Type: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Total Estimated Cost of Fire Protection Work: \$ \_\_\_\_\_

### D. COMMENTS

BUILDING 2

☐ Partial Releases ☐ Prototype Processing

# PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

PERMIT: 1339

BLI 547

LOT: 15

9-20-84

INSPECTION MADE: NO PERMITS ISSUED ON MAJOR WORK ON INTERIOR STAIRS, NO PLANS, REMOVED

9-20-84

BY FIRE, OWNER NOTIFIED 9-20-84

9-20-84

DRAFT STOPPING OF OVER HANG IN FRONT APP EVENT

9-27-84

FINAL FIRE - T.C.O. GRANTED: PENDING SIGNATURE OF FIRE RES. PAINT TO BE USED ON STAIRS BETWEEN 2 STAIRS ON ROOF OVERHANG AND THEN PAINT OVERHANG WITH FIRE RES PAINT

10-9-84

FINAL FIRE: APP, SHELL OF BUILDING ONLY (NOT INSIDE STAIRS) OVERHANG PAINTED (CLASS A PAINT) *See*

## JOB SUMMARY

- ☐ No Plans Required  
☐ Plan Review Approved

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

### INSPECTIONS FINAL

☒ 60 ☐ CCO ☐ CA

Date: 10-9-84

Inspected By: Mike Clayton

## INSPECTIONS

Type

- ☐ Fire Suppression Test  
☐ Fire Alarm Test  
☐ Smoke Test  
☐ TCO  
☒ Other ~~FAKE~~  
☒ Other SPRINKLER  
☐ Other  
☐ Other

Failure Date

Approval Date

9-20-84

10-9-84



# PLAN REVIEW AND INSPECTION - PLUMBING

DATE \_\_\_\_\_

**JOB CONDITION/COMMENTS**[illegible]

## JOB SUMMARY:

☐ No Plans Required  
☐ Plan Review Approved

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

## INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_

## INSPECTIONS

| Type                                     |  |
|------------------------------------------|--|
| <input checked="" type="checkbox"/> Slab |  |
| <input type="checkbox"/> Rough           |  |
| <input type="checkbox"/> Water           |  |
| <input type="checkbox"/> Sewer           |  |
| <input type="checkbox"/> Energy          |  |
| <input type="checkbox"/> Mechanical      |  |
| <input type="checkbox"/> TCO             |  |
| <input type="checkbox"/> Other _____     |  |

### Failure Dates

**Approval Date**

6-29-84-7-38-9

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

Done by Store at a Tennis on Individual packets ~~of~~



THE OCEAN COUNTY UTILITIES AUTHORITY

501 HICKORY LANE  
P.O. BOX P BAYVILLE, N.J. 08721

201/269-4500

Please address reply to:

☐ Northern Water Pollution Control Facility  
255 Mantoloking Road  
Bricktown, New Jersey 08723  
201-920-1300

☐ Southern Water Pollution Control Facility  
Cedar Run Dock Rd.  
West Creek, N.J. 08092  
609-597-4105

COMMISSIONERS

JACK MEYER, CHAIRMAN  
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GERALD LEVINE

March 20, 1984

RECEIVED  
MAR 21 1984  
B. T. M. U. A.

Mr. Douglas Reilly  
Drum Point Plaza  
P. O. Box 893  
Brick Town, New Jersey 08723

Re: Connection to OCUA  
Manhole 6-3, NI-10, Brick Town

Dear Mr. Reilly:

In reference to your request for a connection to this Authority's Manhole 6-3 of Contract NI-10, please be advised that we have no objections to such a connection, as long as the procedures outlined in this letter are followed.

Since the manhole steps are on the same side as the proposed connection, no drop in our manhole can be allowed. The manhole wall shall be cored using a coring machine with the invert of the connecting 8-inch diameter pipe 4 inches below the elevation of the bench in the manhole. This will form an 8-inch diameter channel and will not obstruct access to the manhole bench for maintenance purposes. The exact invert of the core shall be established in the field by taking the proper measurements.

In order to meet that invert, you could either slope your pipe from your manhole in the proposed parking lot or build a manhole close to our manhole and install a drop connection there.

I am enclosing a copy of the requirements for connection to our manholes for your information. Please make sure that these requirements are included in your specifications for the project. Also, please consider this as a preliminary concept approval.

THE OCEAN COUNTY UTILITIES AUTHORITY

Mr. Douglas Reilly  
Page Two  
March 20, 1984

You are required to submit to this Authority final plans and specifications for approval. No review fee will be required.

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

Very truly yours,

THE OCEAN COUNTY UTILITIES AUTHORITY

*Tariq M.S. Siddiqui*

Tariq M.S. Siddiqui, P.E.  
Design/Sanitary Engineer

TMSS:dm

Enc.

cc: Brick MUA

## THE OCEAN COUNTY UTILITIES AUTHORITY

### Requirements for Direct Connection to Regional Interceptors

The following requirements must be added to the contract specifications for any project which will be connected to an Ocean County Utilities Authority interceptor:

- a. During installation of the gravity sanitary sewer, the contractor shall allow no debris to enter The Ocean County Utilities Authority's interceptor and no flushing of the collection system into the interceptor will be permitted.
- b. The Ocean County Utilities Authority shall have the final say as to the approval or disapproval of any work done on the interceptor by the contractor when making the connection.
- c. The contractor shall furnish The Ocean County Utilities Authority with copies of his insurance certificates for the job, naming the Authority as an insured party. The certificate must be furnished to the Authority before any connection will be allowed to the interceptor.
- d. Any settlement occurring over the connection made to the Authority's interceptor will be the responsibility of the contractor.
- e. The Ocean County Utilities Authority's Engineering Department shall receive at least 48 hours notice prior to any work done on the connection. The Engineering Department can be reached at (201) 269-4500. No work on the interceptor shall be covered until it has been approved by The Ocean County Utilities Authority.
- f. If a stub or knockout bulkhead has not been provided at The Ocean County Utilities Authority manhole, the connection must be made with a coring machine and a water-tight rubber gasket suitable for use with sanitary sewage, using a power expansion sleeve and take-up clamps. The power sleeve and take-up clamps shall be made of stainless steel as manufactured by Press Seal Gasket Corporation. The use of pneumatic hammers, chipping guns, sledge hammers, or other means of providing a connection are not acceptable to The Ocean County Utilities Authority.

It will be the responsibility of the Participant's or developer's contractor to fully comply with the above requirements. Under New Jersey Statutes (N.J.S.A.2A:122-5) any person who unlawfully breaks into, makes connection with, interferes with or willfully damages such facilities will be guilty of a misdemeanor.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY  
1551 HIGHWAY 88 WEST  
BRICK, NEW JERSEY 08723

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME Rush Engineering TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPERTY IN QUESTION:

BLOCK 547A LOT(S) 15-16 ADDRESS Brick Blvd

BTMUA ACCOUNT NUMBER I851204

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION  
FOR SERVICE IS REQUIRED.

| <u>WATER</u> | <u>SEWER</u> |
|--------------|--------------|
| <u>X</u>     | _____        |

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER Brick Blvd.  
(STREET)

SEWER Avail From O.C.U.A  
(STREET)

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE.  
APPLICATION IS NOT REQUIRED.
3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION  
DURING THE BUDGET YEAR ENDING MARCH 31, 19\_\_\_\_.  
SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED  
TAX MAP DRAWING NO. \_\_\_\_\_.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER  
APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING  
ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP  
MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: 5-8-84

SIGNED: [Signature]

NOTE: STATEMENT GOOD FOR  
90 DAYS ONLY

## UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

A DEPOSIT OF \$130 IS REQUIRED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF \$15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

### 6. WATER METER

A METER AND A REMOTE READOUT WILL BE INSTALLED.

IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

### 7. CERTIFICATE OF COMPLIANCE

THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

### 8. INITIAL SERVICE CHARGES

IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.



# THE OCEAN COUNTY UTILITIES AUTHORITY

501 THE PACEY PLACE  
P.O. BOX P HAYVILLE, N.J. 08721

201/269-4500

Please address reply to

JACK MEYER, CHAIRMAN  
EDWARD J. MORAN, VICE CHAIRMAN  
STANLEY H. SEAMAN  
HELEN N. LAWRENCE  
PETER BUTERICK  
JOHN C. PARKER  
GERARD W. CYRUS  
JEFFREY W. MORAN  
SIEPH R. GERSZBERG  
GERALD LEVINE

☒ Northern Water Pollution Control Facility  
255 Manalapan Road  
Buckhorn, New Jersey 08721  
201/970-1300

☐ Southern Water Pollution Control Facility  
Cedar Run Dock Rd  
West Creek, N.J. 08762  
201/970-4100

*Enclosure  
Connection  
to Septic  
approved*

*8-28-84  
Mr. Ferri  
will send letter  
in ref. to their  
approval of Connection  
to their line  
JL*

March 20, 1984

Mr. Douglas Reilly  
Drum Point Plaza  
P. O. Box 893  
Brick Town, New Jersey 08723

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Page Two  
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Tariq M.S. Siddiqui, P.E.  
Design/Sanitary Engineer

TMSS:dm

Enc.

cc: Brick MUA

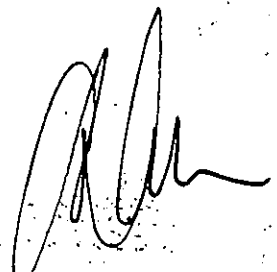
Design calculations are certified as conforming to accepted standards for conditions as stated, are limited solely to data shown hereon, and do not imply suitability for a particular use. Compliance with codes or conditions established by others is the responsibility of others such as the building or truss designer.

Design Spec: TPI Design Spec. for plate connected wood trusses and N.D.S. (latest editions). Plates are to be made from 20 gauge (or as shown) galvanized steel "(ASTM A-446)" and are to be fully imbedded as shown on both sides of each joint.

Bracings: This drawing is for truss fabrication only. Indicated bracing is required for structural strength. Permanent and temporary bracing (always required) is the responsibility of the building designer and must be installed according to his guidelines or TPI publication BWT 76.

REMAX  
B O C A # 78-96

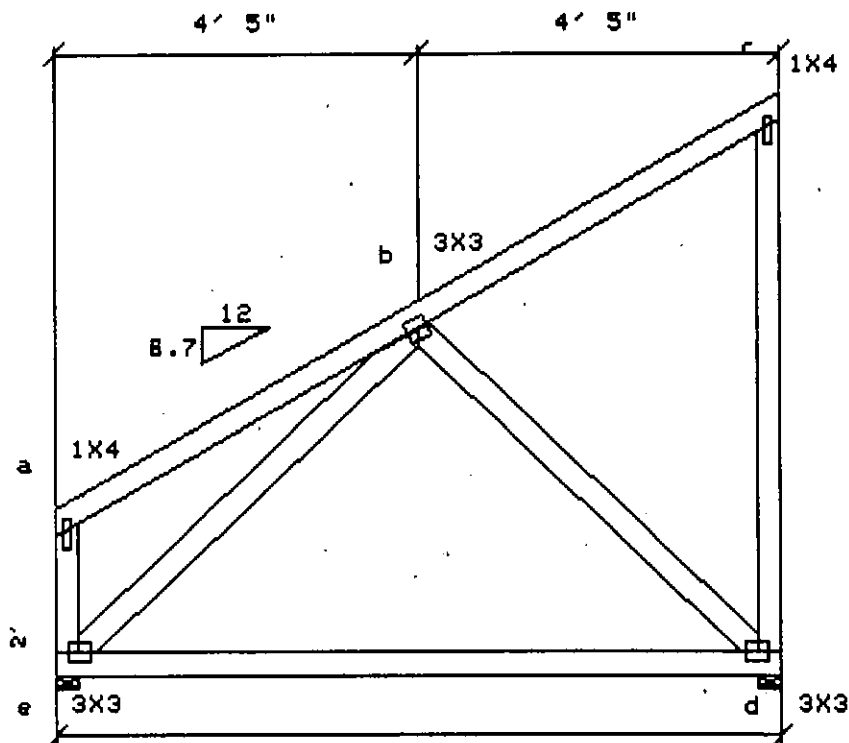
CHRISTOPHER G. UDOY P.E.  
REGISTRATION NO. 23163  
STATE OF NEW JERSEY



PANEL POINT  
SPLICE PLATES  
b 3.5X4

| TOP | FORCE | PLATE | BOT | FORCE | PLATE |
|-----|-------|-------|-----|-------|-------|
| ab  | 0     | 3X4   | ed  | 152   | 3X4   |
| bc  | 0     | 3X4   |     |       |       |

| WEB FORCES |      |
|------------|------|
| ae         | -163 |
| eb         | -208 |
| cd         | -163 |
| bd         | -208 |



TOP CHORD 2X4 SPKD15 #2  
BOT CHORD 2X4 SPKD15 #2  
WEBS 2X4 SPKD15 #3

Min Brg: L-3.5 R-3.5

8' 10"  
8' 10" Span  
TYPE 2  
4/4/84

TRUSS SYSTEMS

| REACTION UNIF. LOAD L. D. |      |          |
|---------------------------|------|----------|
| e                         | -388 | Top 30 7 |
| d                         | -388 | Bot 0 10 |
| 24" O/C 15% INC           |      |          |
| FPI-101L 3776830353       |      |          |

DRUM POINT PLAZA  
Lots 15 & 16, Block 547A

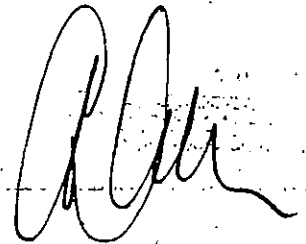
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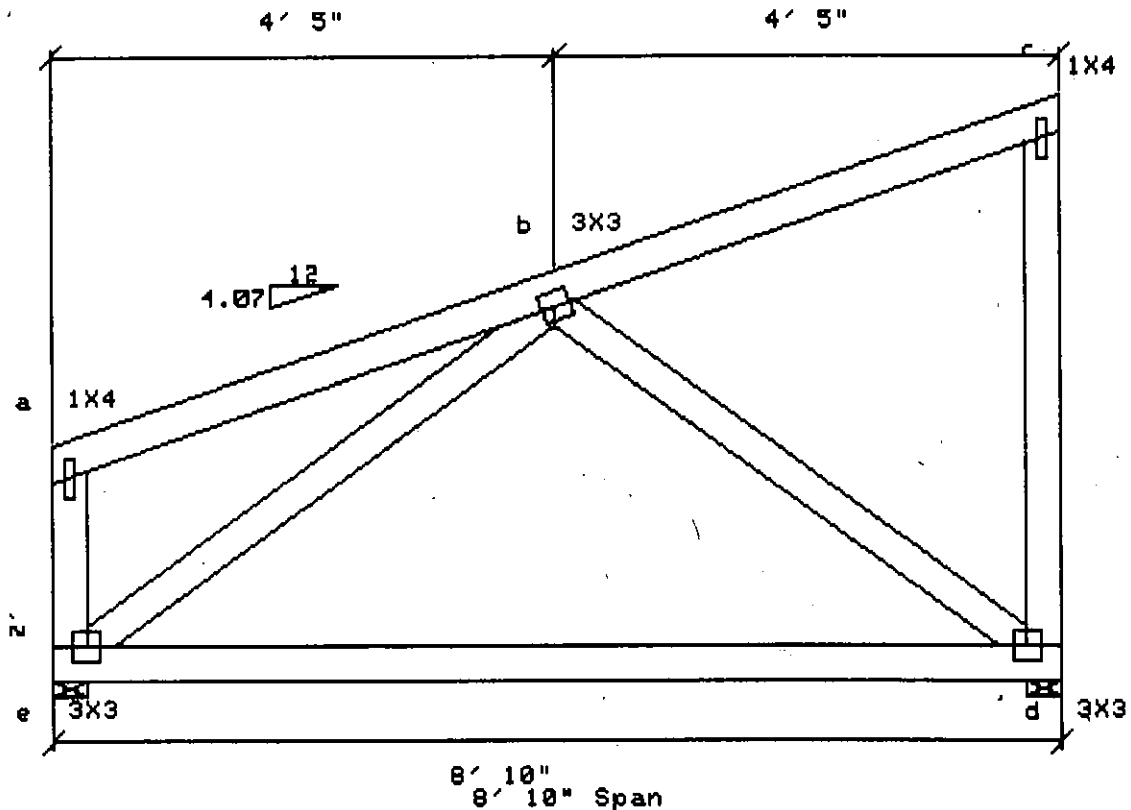
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REMAX  
B O C A # 78-96

CHRISTOPHER G. JONES P.E.  
REGISTRATION NO. 23163  
STATE OF NEW JERSEY



| PANEL POINT<br>SPLICE PLATES | TOP FORCE | SPLICE PLATING<br>PLATE | BOT FORCE | PLATE | WEB<br>FORCES |
|------------------------------|-----------|-------------------------|-----------|-------|---------------|
| b 3X4                        | ab 0      | 3X4                     | ed 197    | 3X4   | ae -163       |
|                              | bc 0      | 3X4                     |           |       | eb -243       |
|                              |           |                         |           |       | cd -163       |
|                              |           |                         |           |       | bd -243       |



TOP CHORD 2X4 SPKD15 #2  
BOT CHORD 2X4 SPKD15 #2  
WEBS 2X4 SPKD15 #3

Min Brg: L-3.5 R-3.5

TRUSS SYSTEMS

REACTION UNIF. LOAD L. D.  
e -388 Top 30 7  
d -388 Bot 0 10  
24" O/C 15% INC  
FPI-101L 3766830361

DRUM POINT PLAZA

Lots 15 & 16, Block 547A

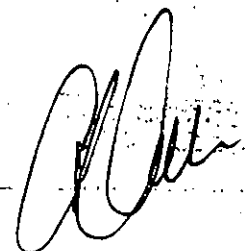
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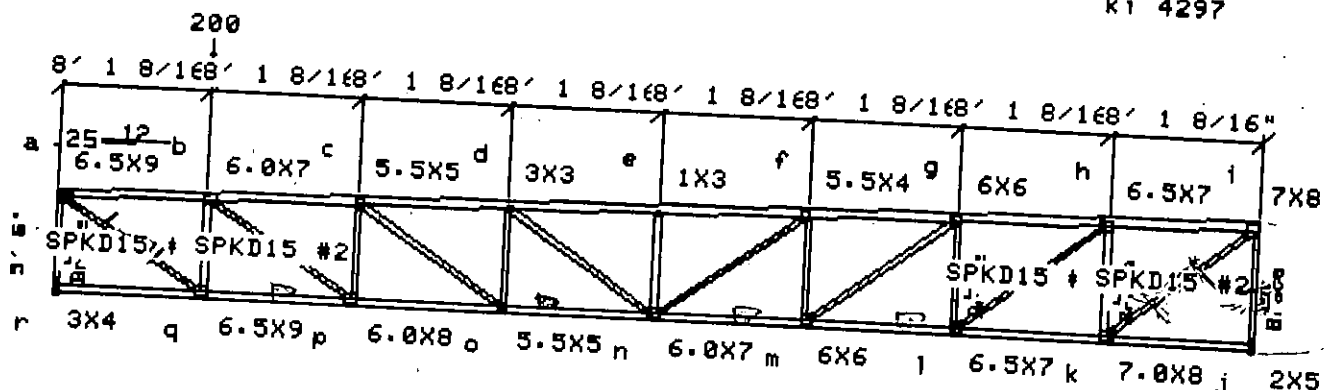
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REMAX  
B O C A # 78-96

CHRISTOPHER G. DEDEK P.E.  
REGISTRATION NO. 23163  
STATE OF NEW JERSEY



| PANEL | POINT | SPLICE | PLATES | TOP | FORCE | SPLICE | PLATING | BOT | FORCE | PLATE  | WEB | FORCES |
|-------|-------|--------|--------|-----|-------|--------|---------|-----|-------|--------|-----|--------|
| b     | 6X7   | q      | 7X9    | ab  | -4263 | 3X4    |         | rq  | 0     | 3X4    | ar  | -3125  |
| c     | 6X6   | p      | 9.8X8  | bc  | -6976 | 5X4    |         | qp  | 4262  | 4X9S   | bq  | -2485  |
| d     | 5.5X4 | o      | 11.8X6 | cd  | -8405 | 4X9S   |         | po  | 6975  | 5X12SH | cp  | -1577  |
| e     | 5.5X4 | n      | 12.2X7 | de  | -8665 | 5X9S   |         | on  | 8404  | 6X12SH | do  | -784   |
| f     | 5.5X5 | m      | 11X6   | ef  | -8665 | 5X9S   |         | nm  | 7853  | 6X12SH | en  | -601   |
| g     | 5.5X6 | l      | 9X7    | fg  | -7855 | 4X9S   |         | ml  | 6065  | 5X12SH | fm  | -1171  |
| h     | 6X7   | k      | 6.5X7  | gh  | -6066 | 5X4    |         | lk  | 3376  | 5X4    | gl  | -1898  |
|       |       |        |        | hi  | -3377 | 3X4    |         | ki  | 0     | 3X4    | hk  | -2498  |
|       |       |        |        |     |       |        |         |     |       |        | ij  | -2974  |
|       |       |        |        |     |       |        |         |     |       |        | aq  | 5016   |
|       |       |        |        |     |       |        |         |     |       |        | bp  | 3223   |
|       |       |        |        |     |       |        |         |     |       |        | co  | 1714   |
|       |       |        |        |     |       |        |         |     |       |        | dn  | 314    |
|       |       |        |        |     |       |        |         |     |       |        | nf  | 1000   |
|       |       |        |        |     |       |        |         |     |       |        | mq  | 2231   |
|       |       |        |        |     |       |        |         |     |       |        | lh  | 3387   |
|       |       |        |        |     |       |        |         |     |       |        | ki  | 4297   |



TOP CHORD 2X6 SPKD15 #1D  
BOT CHORD 2X6 SPKD15 #1  
WEBS 2X4 SPKD15 #3  
except as noted on dwg.  
Min Brg: L-3.5 R-3.5

65' Span

4/8/84

TRUSS SYSTEMS

REACTION UNIF. LOAD L. D.  
r -3203 Top 30 7  
j -3052 Bot 0 10  
24" O/C 15% INC  
FPI-101L 3836831000

DRUM POINT PLAZA

Lot 15 & 16, Block 547A