

BLOCK

671

LOT

1.01

QUALIFICATION CODE

ADDRESS (SITE)

56 Chambers Bndy

PERMIT NO.

18-2337



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

018-002007

I. IDENTIFICATION

1. Proposed Work Site at: 56 CHAMBERS BNDY RD BRK NJ

2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Tel. (484) 419-1221 e-mail

Address 1626 E. JEFFERSON ST ROCKVILLE MD 20852

3. Ownership in Fee: Public Private

4. Principal Contractor: CEGIERSON CONST. Tel. (248) 647 5500

Address 984 LIVERNAIS TRL MI 48083

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ()

5. Architect or Engineer Contact

Address e-mail

Tel. () FAX: ()

6. Responsible Person in Charge once Work has begun

Tel. () FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 150 -		
2. Electrical	150		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	3 -		
10. Subtotal	2 \$ 30		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 353 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes no

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Co.	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
				07/09/18	KE		
				6/14/18	RE		

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
 2. Use Group, Proposed:
 3. Change in Use Group, Indicate Present:
 4. No. of dwelling units: Total Units Income-restricted
 Gained, Sale
 Gained, Rental
 Lost, Sale
 Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
 2. Use Group, Proposed:
 3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

- D. Construct. Classification: Present Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
 2. ☐ High Pressure Boilers
 3. ☐ Pressure Vessels
 4. ☐ Refrigeration Systems
 5. ☐ Cross-Connections/Backflow Preventers
 6. ☐ Hazardous Uses/Places of Assembly
 7. ☐ Sprinklers/Standpipes
 8. ☐ Smoke Control Systems in Open Wells
 9. ☐ Underground Storage Tanks
 10. ☐ Swimming Pools, Spas and Hot Tubs
 11. ☐ LPGas Tanks
 12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE USE ONLY

[illegible]

OFFICE DATE RECEIVED: _____

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

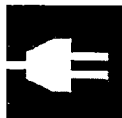
IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

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

X. CERTIFICATES ISSUED (office use only)	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambers Bridge Rd
Brick NJ

Owner in Fee: Federal Realty Investment Trust

Tel. 484 419-1221 e-mail _____

Address _____

Contractor: DAVE'S Electric Tel. 609 361

Address 816 L.B. Blvd Suite 4 e-mail _____
Sh. p Bottom NJ 08008

Contractor License No. 5828 Exp. Date 00/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 810716753 FAX: 609 361 7280

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. SCPIL

Est. Cost of Elec. Work \$ 1000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:		Failure	Approval
[X] No Plans Required		Rough			
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date:	Approved by:	Trench			
[] Electric Plans Approved		Temp. Serv.			
Date:	Approved by:	Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg.	[] Plumb.	[] Fire.	[] Elev.		
SUBCODE APPROVAL for PERMIT		Other			
Date:	Approved by:	Service			
SUBCODE APPROVAL for CERTIFICATE		Final			
[] CO	[] CCO	[] CA	Barrier-Free		
Date:	Approved by:	Temp. Cut-in-Card		Date Issued	
[] CO [] CCO [] CA		Final Cut-in-Card		Date Issued	
Date:	Approved by:	Annual Pool Inspection			
[] CO [] CCO [] CA		Date of Grounding and Bonding			
Date:	Approved by:	Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: David F. Smith

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Temp Power Job Tender

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/E.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

COMMEMORATIVE

10

10



CONSTRUCTION PERMIT

Date Issued 8/23/18
Control # C-18-002007
Permit # 18-2337

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor C. E. GLEESON CONSTRUCTORS
Address 984 LIVERNOIS TROY MI 48083
Owner in Fee FEDERAL REALTY INVESTMENT TRUST % Telephone: (248) 647-5500 / (248) 752-3848
PO BOX 92129 (ALTUS GROUP SOUTHLAKE TX Lic. No. or Bldrs. Reg. No. _____
76092 Federal Employee No. _____
Telephone: (484) 419-1221

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

TEMPORARY OFFICE TRAILER - L.A. FITNESS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$1,500

Construction Official [Signature]

Date 7/10/18

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$303
Check No.	<u>31982</u>
Cash	\$0
Credit	\$0
Collected By	<u>M. Fagan</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

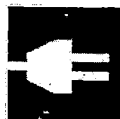
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 6011 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambers Bridge Rd

Owner in Fee: Federal Realty Investment Trust

Tel: 484 419-1221 e-mail _____

Address _____

Contractor: DAVES Electric Tel: 609 361

Address 816 L.B. Blvd Suite 4 e-mail _____

Contractor License No. 5828 Exp. Date 06/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No: 810716753 FAX: 609 361 7280

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. SCPSL

Est. Cost of Elec. Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☒ No Plans Required		Type:	Failure	Failure	Approval Initial
☐ Partial—Under-slab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
☐ Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
Joint Plan Review Required:		Constr. Serv.			
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.		TCO			
SUBCODE APPROVAL for PERMIT		Other			
Date: <u>6/14/18</u>		Service			
Approved by: <u>[Signature]</u>		Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
☐ CO ☐ CCO ☐ CA		Temp. Cut-in-Card	Date Issued		
Date: _____		Final Cut-in-Card	Date Issued		
Approved by: _____		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: David J. Smith

[☒ Licensed Elec. Contractor] [☐ Certified Landscape Irrigation Contr] [☐ Exempt Applicant]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Temp Power Job Tomlin

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
1	100	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



18-2337

Block 10/11 Lot 1.01 Qualification Code 1
Work Site Location 56 CHAMBERS BRIDGE RD BRICK NJ
Federal Health Investment Trust

Owner in Fee: _____
Tel. (484) 419 1221 e-mail _____

Address 1626 E. Jefferson St Rockville, MD 20852

Contractor: CE Colson Contractors Tel. (218) 647-5500

Address 984 LIVERNOIS Tony M. 14803 e-mail resen@q1person.com

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

PLAN REVIEW			Date		Initial	INSPECTIONS		Dates (Month/Day)		
						Type:	Failure	Failure	Approval	Initial
☐	No Plans Required					Footings/Foundations				
☒	All					Footings/Foundations				
☐	Footings/Foundations					Footings/Foundations				
☐	Structural/Framework					Foundation				
☐	Exterior					Slab				
☐	Interior					Frame				
Joint Plan Review Required:						Truss Sys./Bracing				
						Barrier-Free				
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator	Insulation		
SUBCODE APPROVAL for PERMIT						Finishes -Base Layer				
Date: 02/09/18						Finishes -Final				
Approved by: [Signature]						Energy				
SUBCODE APPROVAL for CERTIFICATE						Mechanical				
☐	CO	☐	CCO	☐	CA	TCO				
Date:						Other				
Approved by:						Final				
						Barrier-Free				

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
 If Industrialized Building:
 State Approved _____ HUD _____

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+ 2) \$ 5700

U.C.C. F110

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

Sign here: *[Signature]*

Print name here: NICK R KESSE

DESCRIPTION OF WORK

DESCRIPTION OF WORK *Temp Trailer*

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

\$

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 11/09)

RECEIVING CLERK WJDATE REC'D 5/21/18

ZONING PERMIT APPLICATION

PERMIT # 2P-18-00944DATE ISSUED 8/23/18BLOCK: 671LOT: 1.01

QUALIFIER: _____

SITE ADDRESS: 376 Chambers Bridge Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment TrustCOMPLETE ADDRESS: 1626 E. Jefferson St.Rockville MD 20852PHONE # 484 419 1221

EMAIL: _____

2. NAME OF APPLICANT: CE Gleason Constructors IncAPPLICANT ADDRESS: 984 LIVERNOISItasca MI 48083PHONE # 246 647 5500

EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Rick Ressen Gleason Const.PHONE # 248 752 3848

FAX# _____

4. SIGNATURE OF APPLICANT: Red Ressen

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50

OTHER: \$ _____

TOTAL: \$ 50

REQUIRED BY APPLICANT

RESIDENTIAL: _____

COMMERCIAL: COMMERCIALEXISTING USE: Temp Trailer

PROPOSED USE: _____

BOARD APPROVAL: _____ PB _____ ZB _____

RESOLUTION#: _____

APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER Temp TrailerDESCRIPTION: Job Site Trailer

ZONING REVIEW:

DATE REVIEWED: 6-5-18

DATE DENIED: _____

DATE APPROVED: 6-5-18INTLS: an

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick
Ocean County, New Jersey

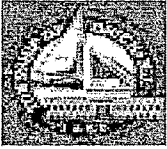
[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage	
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Maximum Building Height						
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ¹ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)			
R-R	40,000	150	150	40,000	150	150	50	25			50	25	25	25%	—	25			—	
RR-2	See § 245-90.																			
RR-3	See § 245-103.																			
R-20	20,000	100	125	25,000	100	125	40	15	—		40	10	10	25%	—	25	35	38.5	—	
R-15	15,000	100	115	17,250	100	115	35	12	—		35	10	10	25%	—	25	35	38.5	—	
R-10	10,000	90	100	10,500	100	100	30	6	20		20	5	5	30%	—	25	35	38.5	—	
R-7.5	7,500	75	90	9,000	75	90	25	6	15		15	5	5	30%	—	25	35	38.5	—	
R-5	5,000	50	75	6,000	50	75	20	5	12		15	5	5	35%	—	25	35	38.5	—	
O-P	15,000	100	150	15,000	100	150	50	10	—		50	20	50	35% ²	2	—	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	—		20	10	20	30% ²	2	—	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	—		50	10	50	30% ²	2	—	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	—		50	20	50	25% ²	—	—	35	38.5	2,000	65%
B-4	5 acres	300	300	—	—	—	100	50(150 ¹)	—		100(150 ¹)	20	50	25%	3	—	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	—		150	75	150	30% ²	—	—	35	38.5	5,000	65%
R-M	25 acres	350	200	—	—	—	50	50	—		30	30	30	20%	—	25	35	38.5	—	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	—		50	20	50	25% ²	2	—	35	38.5	2,000	50%
H-S	See § 245-261.																			

NOTES:

- ¹ If adjacent to residential zone or use.
- ² The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- ³ For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 8/23/18
Application Number: ZA-18-00672
Application Date: 6/5/2018
Project Number: _____
Permit Number: 2P-18-00944
Fee: \$50.00

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Township, NJ 08723**

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **PO BOX 92129 (ALTUS GROUP**
SOUTHLAKE, NJ 76092

Applicant: **CE Gleeson Construction**
Address: **984 Livernois**
Troy, MI 20852

Block: 671 Lot: 1.01 Qualifier: _____ Zone: B-3

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: Shopping Center

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Shopping Center (Brick Plaza)

Work Description:

Temporary Construction Trailer - Office trailer located on-site during construction project.

Additional Zoning Permit is required for additional work.

Application Approved Date: 6/5/2018

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: _____

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

6/5/2018

Date

Michael P. Fowler, Twp. Planner

Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1071LOT: 101ADDRESS: 56 Chambers Bridge Rd**IDENTIFICATION:**

1. WORK SITE ADDRESS: 56 Chambers Bridge Rd Belk N
2. NAME OF OWNER IN FEE: Federal Realty Investment Trust
ADDRESS: 1626 E Jefferson St PHONE #: (484) 419 1221
Rockville MD 20852 FAX #: () _____
3. PRINCIPAL CONTRACTOR: CE Gleeson Constructors
ADDRESS: 984 Livernois PHONE #: (248) 647 5500
Troy MI 48083 FAX #: () _____
4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE: # () _____
5. RESPONSIBLE PERSON FOR WORK: Rick Ressen
ADDRESS: 984 Livernois Troy MI 48083
PHONE #: (248) 752 3848 FAX #: () _____
E-MAIL: ressen@gleesonconstructors.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☒ DWELLING ☐ TREE REMOVAL _____
☒ OTHER Temp Job Trailer
LENGTH: 50' WIDTH: 12' HEIGHT: 13'

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER _____: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____