



NEW JERSEY
UNIFORM CONSTRUCTION CODE

V. FEE SUMMARY (for office use only)

1.	Building	\$	1250		
2.	Electrical				
3.	Plumbing				
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal				
7.	Less 20% for State Plan Review	\$			
8.	Subtotal	\$			
9.	State Permit Surcharge Fee		75		
10.	Subtotal	\$			
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	\$	1330		

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

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
Propose

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

1. IDENTIFICATION

1. Proposed Work Site at: 1036 CEDAR DRIDGE RD 56 Chamber
Bridget

2. Name of Owner in Fee: Federal Realty INC. Group
Tel. (434) 919 120 8 e-mail NCARFC Federal Realty.com
Address 1626 Jefferson St Rockville MD 20852
street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: DEM OF NJ Tel. (609) 242 7222
Address 9 Lakeside Dr e-mail SCOTT.B@DEM.NJ
Lacy

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 485

Federal Emp. ID No. 260970805 FAX: (609) 242 7422

5. Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

IIa. PROPOSED WORK

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

11b. SUBCODES

(Check all that apply)

☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

FOR OFFICE USE ONLY (Optional)							
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
4200.00			2-16-13	3/5/13	W		
	RA	1/17/13					
	Enn	2/16/13		2/16/13	MS	1/1/14	

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/04/2014
Control Number C-13-000462
Permit Number 13-1254
Permit Issue Date 03/21/2013
Certificate Number 13-1254

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. aka 1036 Cedar Block: 671 Lot: 1.01 Qual: _____
Bridge Brick Township, NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (484) 419-1208
Contractor Dem of NJ
Address 4 Lakeside Dr. Lacey NJ 08734
Telephone: (609) 242-7222 Fax: (609) 242-7222
License Number or Builders Registration Number: _____ Federal Emp. Number: 260970805

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: Exterior Alteration

Quaker State and Lube

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 09/04/2014

U.C.C. F260 (rev. 08/05)

Page 1



**BUILDING SUBCODE
TECHNICAL SECTION**



*Copy **

Date Received 1/23/2013
Control # C-13-000462
Date Issued 3/21/2013
Permit # 13-1254

A. IDENTIFICATION - 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. aka 1036 Cedar Bridge Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Tel. (484) 419-1208 Email _____

Contractor: Dem of NJ

Address 4 Lakeside Dr. Lacey NJ 08734

Tel. (609) 242-7222 Email _____

Contractor License No. or, if new home, Bldgs Reg. No. _____ Fax. (609) 242-7222

Home improvement Contractor Registration No. or Exemption Reason(s applicable): _____ Exp. _____

Federal Emp. ID No. 260970805

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

- ☐ No Plan Required
- ☐ All
- ☐ Footing/Foundation
- ☐ Struct/Framework
- ☐ Exterior
- ☐ Interior
- ☐ Joint Plan Review Required
- ☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA 06/04/13

Date: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed B

Constr. Class Present _____ Proposed _____

Number of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

INSPECTIONS

Type:	Failure	Dates (Month/Day)	Initial
Footing	Failure	Approval	
Footing Bonding			
Foundation			
Slab			
Frame			
Truss Sys./Bracing			
Barrier-Free			
Insulation			
Finishes-Base Layer			
Finishes-Final			
Energy			
Mechanical			
TCO			
Other			
Final			
Barrier-Free			

If Industrial Building:

State Approved _____

HUD

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$4,200

3. Total (1+2) \$4,200

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Exterior Alteration

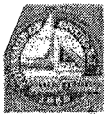
Quaker ~~State~~ and Lube
Steak

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge	_____
Minimum Fee	_____
State Permit Surcharge Fee	<u>\$7</u>
TOTAL FEE	<u>\$133</u>



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:

3-21-13

Application Number:

ZA-13-00055

Application Date:

02/02/2013

Project Number:

Permit Number:

13-00101

Fee:

\$50

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Plaza - 1036 Cedar Bridge Avenue**
Brick Township, NJ 08723

Block: **671**

Lot: **1.01**

Qualifier:

Zone: **B-3**

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, NJ 20852

Applicant: **Scott Bitikas; Dem of NJ**
Address: **4 Lakeside Drive**
Lacey, NJ 08731

Application Approved Date: 02/02/2013

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

Use is: Restaurant - "Quaker Steak & Lube".

Nonconforming Use is: _____

Work Description:

Rehabilitation - Replace the canvas patio roof with a green and white aluminum roof on the existing aluminum frame.

ZP-12-00472 issued on June 5, 2012.

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer

Michael P. Fowler Township Planner

02/02/2013

Date

2/5/13
Date

Called Cont.
3/6/13



CONSTRUCTION PERMIT

Date Issued
Control # C-13-000462
Permit #

13-1252
3-21-13

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. aka 1036 Cedar Contractor Dem of NJ
Bridge Brick Township, NJ Address 4 Lakeside Dr. Lacey NJ 08734
Owner in Fee FEDERAL REALTY INVESTMENT TRUST Telephone: (609) 242-7222
1626 EAST JEFFERSON ST. ROCKVILLE NJ Lic. No. or Bldrs. Reg. No.
20852 Federal Employee No. 260970805
Telephone: (484) 419-1208

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:

Exterior Alteration

Quaker State and Lube

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 \$4,200

Daniel Newman Jr.
Construction Official

Date

3/5/13

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 \$126
Electrical \$0
Plumbing 13-150
Fire Protection \$0
Elevator Devices \$0
Other 5-21-13 \$0.00
DCA Training Fee \$7
CO Fee
Other \$0
Total \$133
Check No. 000577
Cash \$0
Credit \$0
Collected By

150
183

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 the 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.

BLOCK: 671 LOT: 101 QUALIFIER: — SITE ADDRESS: 56 Chambers bridge

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Inv. Group
COMPLETE ADDRESS: 1626 E Jefferson
Rockville MD 20852
PHONE # 484 4191208 EMAIL: neane.federalrealty.com

2. NAME OF APPLICANT: DEM OF NY
APPLICANT ADDRESS: 4 Interstate Dr
Lacey NY 08731
PHONE # 609 242 7222 EMAIL: seatt.b@demnyc.com

3. RESPONSIBLE PERSON FOR WORK: Scott Bitman
PHONE # 609 433 8903 FAX # 609 242 7422

4. SIGNATURE OF APPLICANT: [Signature]

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: — *ADDITION — *ALTERATION X *PORCH — *DECK —

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE — MATERIAL —
HEIGHT: — (*IF APPLICABLE)

OTHER —

DESCRIPTION: Remove garages install standing seam roof

ZONING REVIEW: — DATE REVIEWED: — DATE DENIED: — DATE APPROVED: — INTLS: — (SEE BACK PAGE)

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 70.00
OTHER: \$ —
TOTAL: \$ —

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: X
EXISTING USE: Quaker Steak
PROPOSED USE: Quaker Steak

BOARD APPROVAL: X PB — ZB —
RESOLUTION #: R-6-12
APPROVAL DATE: 1-11-2012



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-13-00055
Application Date: 02/02/2013
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Plaza - 1036 Cedar Bridge Avenue**
Brick Township, NJ 08723

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

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, NJ 20852

Applicant: **Scott Bitikas; Dem of NJ**
Address: **4 Lakeside Drive**
Lacey, NJ 08731

Application Approved Date: 02/02/2013

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

Use is: Restaurant - "Quaker Steak & Lube".

Nonconforming Use is: _____

Work Description:

Rehabilitation - Replace the canvas patio roof with a green and white aluminum roof on the existing aluminum frame.

ZP-12-00472 issued on June 5, 2012.

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinnevy
Sean Kinnevy, Zoning Officer

Michael P. Fowler
Michael P. Fowler, Township Planner

02/02/2013

Date

2/5/13
Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: _____

BLOCK: 671 LOT: 101 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambersbridge RD
2. NAME OF OWNER IN FEE: Federal Realty Investments
ADDRESS: 1621 E. St. Francis PHONE #: 484 419 1208
Neckville MO 65052 FAX #: ()
3. PRINCIPAL CONTRACTOR: Dem of NJ
ADDRESS: 4 Lakeside Dr PHONE #: 603 892 7222
Neq NJ 08731 FAX #: 603 292 7422
4. ARCHITECT OR ENGINEER: Robert Vucelja
ADDRESS: 5640 Frantz Ave PHONE: # ()
5. RESPONSIBLE PERSON FOR WORK: Scott Diven
ADDRESS: 4 Lakeside Dr Neq
PHONE #: 603 433-8903 FAX #: () E-MAIL: Scott.Diven@federalrealty.com

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☐ OTHER _____
LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 2/16/13 DATE REJECTED: _____ DATE APPROVED: 2/16/13 INITIALS: KSS

FEE SUMMARY:

APPLICATION FEE: \$ 150
REVIEW FEE: \$ 150
INSPECTION FEE: \$ 150
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: _____



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:	06/05/2012
Application Number:	ZA-12-00405
Application Date:	05/07/2012
Project Number:	
Permit Number:	ZP-12-00472
Fee:	\$50

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Plaza - 1036 Cedar Bridge Road**
Brick Township, NJ 08723

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

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, MD 20852

Applicant: **Gordon Gross; Doherty Enterprises, Inc.**
Address: **7 Pearl Court**
Allendale, NJ 07401

Application Approved Date: 05/07/2012

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

Use is: Restaurant -- "Quaker Steak & Lube" (formerly "Chevy's Fresh Mex").

Nonconforming Use is: _____

Work Description:

Addition, Rehabilitation - Expansion of the restaurant building from 7,080 square feet to 8,148 square feet with a 12' x 10' addition, a covered patio, an uncovered patio, and 295 seats.

Amended major site plan approved by the Planning Board.
Case No. 2702-A-FSP-V-8/11.
Resolution No. R-6-12 adopted on January 11, 2012.
Maps signed on March 30, 2012.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer

Copy

Date

Michael P. Fowler, Township Planner

Date