

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(e)1.vii:

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. 5:32-2.15(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 MID-Com Inc.

Address 422 Manor Rd

Staten Island, NY 10314

Telephone (718) 815-3375

Signature Joanne Guntin

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

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)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTOR

Date Issued 09/23/2002
Control #
Permit # 02-2422

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 671 Lot 2 Sub 1

Work Site Location 2 BRICK PLAZA-THE 012
INTERIOR ALTERATIONS
Owner in Fee FEDERAL REALTY INVESTMENT TRUS
Address 4800 HAMDEN LN SUITE 500
BETHESDA, MD 20814-
Telephone (301)958-0100
Contractor AIB-CON INC
Address 422 HATCH RD
STATEN ISLAND, NY 10314-
Telephone (718)813-3375
Lic. No. or Bldg. Reg. No.
Federal Exp. No.

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR SERVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)
DESCRIPTION OF WORK:
INTERIOR ALTERATION FOR THE 012

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 \$ 100,000

De M...
Construction Official
09/23/2002
U.C.C. F170 (rev. 3/96)

Date

PAFMENTS (Office Use Only)
Building 1,095
Electrical 90
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 96
Cert. of Occupancy 0
Other
Total 2,071
Check No. 4918
Cash
Collected By JB

09/23/02 10:51AM 00000044993
#023622 4306 SF&V.006
PHIL DINS \$1985.00
ELECTRIC \$90.00
DCA \$96.00
CHECK \$2071.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/29/2002
Date Issued 9/13/02
Control # C29-42
Permit # 02-3622

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

Block ~~448~~ 671 lot 15 Qual
Work Site location 2 BRICK PLAZA-THE WIZ

INTERIOR ALTERATIONS

Owner in Fee FEDERAL REALTY INVESTMENT TRUS

Address 4800 HAMPDEN LN SUITE 580

BETHESDA, MD 20814-

Tele.(301)998-8100

Contractor MID-COM, INC

Address 422 MANOR RD

STATEN ISLAND, NY 10314-

Tele.(718)815-3375 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ COO ☐ CA

Date: 12-12-02

Approved By: *FM*

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INTERIOR ALTERATION FOR THE WIZ

Isle width's must Not Restruct
Egress width's Resoured By Code.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 1,885

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 1,885

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

U.C.C. \$110 ()

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/05/2002
Date Issued 01/01/1954
Control #
Permit # 02-3622+B

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

Block 671 Lot 8 Qual

Work Site Location 2 BRICK PLAZA-THE WIZ

WEI SPRINKLER HEADS

Owner in fee FEDERAL REALTY INVESTMENT TRUS

Address 4800 HAMPTON LN SUITE 580

BETHESDA, MD 20814-

Tele. (301) 998-8100

Contractor G FALCK FIRE PROTECTION

Address PO BOX 206

MANDALAY, NJ 08738-

Tele. (732) 920-2210

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-352852

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

fire Plans Approved

Date: 12-16-95

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type Alarm Sys

Suppr Test

Standpipe

Fire Pump

Prefng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

fire Alarm System

New [] Existing []

Location of Panel:

Fire Suppression/Standpipe Sys

New [] Existing []

Location of Main Control Valve

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable liquid [] Combust liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0

Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type 0

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 5

Standpipes 0

Pre-engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [] or Oil [] fired Appliances 0

Other 0

Other 0

FEE (Office Use Only)

Paid [] Check # Administrative Surcharge \$ 0

Collected by: Minimum Fee \$ 0

TOTAL FEE \$ 65

DCA State Permit Fee \$ 2

Signature

MID-COM, INC.
422 MANOR ROAD
STATEN ISLAND, NY, 10314



1830 Richmond Rd.
Staten Island, NY 10304

4885

1-7123/2260
31

Pay to the
order of

1441
Township of Buck
\$250.00

Date Sept. 10, 2002

\$ 250.00

Dollars

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

Permit	
Affordable Housing	

Handwritten signature

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavaluccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: The Wyz

Owner/Applicant: Mid Com dev.

Property Address: 1 Brick Plaza (56 Chambers, Bridge Rd)

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee

~~Commercial~~
Residential

Inclusionary Development Fee

DATE: 9/11/02

Check Number 4885

Preliminary Fee Paid 250.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature [Handwritten Signature]

Date 9-11-02

OFFICE OF AFFORDABLE HOUSING

ANHT PRELIMINARY APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____
TYPE OF SITE Residential / Commercial NAME OF BUSINESS _____
APPLICANT _____ PHONE NUMBER _____
APPLICANT ADDRESS _____ CITY & STATE _____

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

- ◇ Residential is .005 %
- ◇ Commercial is .01%
- ◇ The estimated equalized assessed value of the proposed construction is

\$ 50,000
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor
9/1/12
Date

- ◇ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor
Date

Preliminary Fee Required _____	Date _____
Preliminary Paid _____	Check # _____
	Receipt # _____
Final Total Fee Required _____	
Preliminary Paid _____	Date _____
Final Paid _____	Check# _____
Balance Due _____	Receipt # _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

Township of Brick

Counter Form
(PLEASE PRINT)

update
02-3622
+A

Site Location: 2 BRICK Plaza - The Wiz
Block: 671 Lot: 8
Owner's Name: Federal Realty
Owner's Mailing Address: 4800 Hampden Lane Suite 580
Bethesda, MD 20814
Phone: (732) 741-5850

BUILDING

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Contractor: SOLTIS ELECTRIC
Address: 251 HUPPERT DR.
BRICK N.J. 08723
Phone#: 732-920-5572
Lis #: 6759
Federal Emp # or SSN: [REDACTED]

Technical Data

Description of Work: _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	<u>10</u>
Alarm Devices/FAC Panel	_____
Total	_____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit - Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: \$ 1000.00

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

Signature: [Signature]

Please Print Name PATRICK G. SOLTIS

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

update 02-3622
HB

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: BRICK BLVD S GLORIA ANN Smith
Block: 381.01 Lot: 556
Owner's Name: FEDERAL REALTY INVESTMENT TRUST
Owner's Mailing Address: 4800 HAMPPDEN LN Suite 580
Bethesda, MD 20814
Phone: (301) 788-8100

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$ _____
Cost of New Building: \$ _____
Total Cost of New Building Work: \$ _____

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

Signature: _____
Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit -Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

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

Signature: _____
Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: G. FALCK FIRE PROTECTION
Address: P.O. - BOX 206
MANFLOKING, N-J 08138
Phone #: 732-262-4412
Lis #: _____
Federal Emp # or SSN 22-352-3852

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source CITY
Method of Valve Supervision TAMPER
Local Alarm Supervision ✓
Central Supervision: ✓
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads	<u>5</u>
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work 1,500-

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

Signature: Gary Falck

Print Name: GARY FALCK

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: The Wiz - Rt 70+ Chambers Bridge Rd. Brick, NJ 08723
 Block: 468 Lot: 1
 Owner's Name: Federal Realty Investment Trust
 Owner's Mailing Address: 4800 Hampden Lane, Suite 580
Bethesda, MD 20814
 Phone: (301) 998-8100

BUILDING

Contractor: MID-Com Inc.
 Address: 422 Manor Rd.
Staten Island, NY 10314
 Phone#: 718-815-3375
 Lis. #:
 Federal Emp # or SSN 06-1565965

Technical Data

Description of Work:

Interior Fit-Out

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☒ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:
 No of Stories:
 Height of Structure:
 Area of the largest floor:
 Area of New Structure:
 Volume of New Structure:
 Total Land Disturbed:

Cost of Alteration: \$ 75,00

Cost of New Building: \$

Total Cost of New Building Work: \$ 75,000

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

Signature: Joanne Comitini
 Please Print Name Joanne Comitini

ELECTRICAL

Contractor: EDC Electric Corp
 Address: P.O. Box 7404
Shrewsbury, NJ 07702
 Phone#: 732-741-5100
 Lis. #: 5453
 Federal Emp # or SSN 22-2935044

Technical Data

Item	Quantity
Lighting Fixtures	<u>20</u>
Receptacles	<u>90</u>
Switches	<u></u>
Detectors	<u></u>
Light Poles	<u></u>
Motors w/ Fract. HP	<u></u>
Emergency & Exit Lights	<u></u>
Communication Points	<u>70</u>
Alarm Devices/FAC Panel	<u></u>
Total	<u>180</u>

Pool (Receptacles, Switches, Lights, Motor 1HP)
 Spa/Hot Tub/Storable Pool
 Electric Range KW
 Oven/Surface Unit KW
 Electric Water Heater KW
 Electric Dryer KW
 Dishwasher KW
 Garbage Disposal H
 A/C Unit - Central Air KW
 Space Heater/Air Handler KW
 Baseboard Heating KW
 Motors 1+ HP
 Transformer/Generator KW
 Light Stander AM
 Service AM
 Subpanel 1-100A 304W AM
 Motor Control Center AM
 Sign/Outline Light KW
 Furnace
 Steam Boiler
 Other:

Estimated Cost of Electrical Work: 25,000

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

Signature: [Signature]
 Please Print Name Frank Pignatelli, Pres.

CONTRACTOR'S SEAL