BLOCK 671 LOT 11 QUALIFICATION CODE C15 16 ADDRESS (SITE) 52 CHAMBERS BRIDGE ROAD PERMIT NO. 01-4277

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION MOBIL SERVICE STATION (BRICK PLAZA)

1. Propsed Work Site at: 52 CHAMBERS BRIDGE ROAD
2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST Tel. (732) 242 8870 (SITE)
   Address 1626 EAST JEFFERSON STREET, ROCKVILLE, MD. 20852
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: DALAI, INC. Tel. (215) 517 7600
   Address 3101 MT. CARMEL AVENUE, 3RD FL., GLENSIDE, PA. 19038
   License No. OR, if new home, Builder Reg. No. HIDEP CERT. NO. US00162 Exp. Date 10/31/04
   Federal Employee No. 23-2338501 FAX: (215) 517 8707
5. Architect or Engineer CORESTATES, INC. Tel. (770) 242 9550
   Address 7 JONES STREET, SUITE C, NORCROSS, GA. 30071
6. Responsible Person in Charge of Work KENT DAVID
   Tel. (215) 517 7600 FAX (215) 517 8707

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 126	126	
2.	Electrical	105	105	
3.	Plumbing	105	105	
4.	Fire Protection	105		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review	7481		
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 449		

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.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

COMMERCIAL

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work	4600								
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration					11/20/01		12/		O/C
5.	☒ Fire Protection	2300				11-20-01		12/17/01		O/C
6.	☒ Plumbing	2300				11/21/01		12/17/01		O/C
7.	☒ Electrical							12/17/01		O/C
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☒ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: SERVICE STATION
2. Use Group: M
3. Change in Use Group, Indicate Former:

U.S.T. MANDATORY

LDS BR 10501022

U.C.C. F100-1 (rev. 3/96)

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 PETER JORDAN - DELAWARE VALLEY PETROLEUM DESIGN SERVICES, INC.

Address 35 BELLWOOD DRIVE

LANGHORNE, PA. 19053

Telephone (215) 364 3614

Signature Peter Jordan

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		
Building _____		Energy _____	Other _____	
Electrical _____		Barrier Free _____	_____	
Plumbing _____		Flood Hazard _____	_____	
Fire Protection _____		As Built Elevation Cert. _____	_____	
Mechanical _____		Other _____	_____	

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ 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 INSPECTIONS

Date Issued 01/14/2002
Control #
Permit # 01-4277

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 671 Lot 11 Qual

Work Site Location 52 CHAMBERSBRIDGE RD
GAS TANK DISPENSORS

Owner in Fee/Occupant FEDERAL REALTY INVEST -MOBIL

Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-

Telephone (732)262-1819

Contractor DALAI INC

Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-

Telephone (215)517-7600 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-2338501

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group U

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

INSTALL CONTAINMENT BOXES & REINSTALL REPLACEMENT CONCRETE AT SUBMERSIBLE PUMP MANHOLES; INSTALL NEW SPILL CONTAINMENT MAN-

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

J Ciruzzi

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2481
Collected by: ERP

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 52 Chambers St Block 671 Lot 11

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING	APPROVED	12/11/01
PLUMBING	APPROVED	12/7/01
FIRE	APPROVED	12/10/01
ELECTRIC	APPROVED	12/7/01 OK
ENGINEERING	APPROVED	N/A
O.C.SOIL	APPROVED	N/A

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 12/12/01 OK
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

CA4-10

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/27/2001
Control #
Permit # 01-4277

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 11 Qual

Work Site Location 52 CHAMBERSBRIDGE RD
GAS TANK DISPENSORS
Owner in Fee FEDERAL REALTY INVEST -MORTI
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (732)782-1819

Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Telephone (215)517-1600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2338501

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
INSTALL CONTAINMENT BOXES & REINSTALL REPLACEMENT DISPENSERS; REMOVE CONCRETE AT SUBMERSIBLE PUMP MANHOLES; INSTALL NEW SPILL CONTAINMENT MANHOLES; REMOVE CONCRETE AT FILL MANHOLES AT TANKS

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 $ 10,450

Construction Official

11/27/2001
Date

N.J.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	125
Electrical	185
Plumbing	185
Fire Protection	185
Elevator Devices	0
Other	
DCA Training Fee	9
Cert. of Occupancy	0
Other	
Total	449
Check No.	2481
Cash	
Collected By	ERP

11/27/01 9:33AM 0000004282
XXD7 SERV.007

#0014277	
BUILDING	$125.00
ELECTRIC	$185.00
PLUMBING	$185.00
FIRE	$185.00
DCA	$9.00
CHECK	$449.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/20/01
Control # ~~C15-1628~~
Permit # 01-4277

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

Block 671 Lot 11 Qual

Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS

Owner in Fee FEDERAL REALTY INVEST -MOBIL

Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-

Tele.(732)262-1819

Contractor DALAI INC

Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-

Tele.(215)517-7600 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-2338501

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

INSTALL CONTAINMENT BOXES & REINSTALL REPLACEMENT DISPENSERS; REMOVE CONCRETE AT SUBMERSIBLE PUMP MANHOLES; INSTALL NEW SPILL CONTAINMENT MANHOLES; REMOVE CONCRETE AT FILL MANHOLES AT TANKS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/20/01	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				✓
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,600
3. Total (1+2) $ 4,600

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	125
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 125
DCA Training Fee	$ 4

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/29/01
Control # ~~C15-164~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(732)262-1819
Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Tele.(215)517-7600 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2338501

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/20/01	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12-11-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			12/4/01	
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/7/01	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed 0
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,600
3. Total (1+2)$ 4,600

Industrialized Building:
[ ] State Approved
[ ] HUD

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

INSTALL CONTAINMENT BOXES & REINSTALL REPLACEMENT DISPENSERS; REMOVE CONCRETE AT SUBMERSIBLE PUMP MANHOLES; INSTALL NEW SPILL CONTAINMENT MANHOLES; REMOVE CONCRETE AT FILL MANHOLES AT TANKS

COMMERCIAL

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	125
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 125
DCA Training Fee	$ 4

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

CC
NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-164~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)987-2022 Fax ( )
Contractor PHILLIP VITALE
Address 430 MILL RD
HATFIELD, PA 19440-
Tele.(215)987-2022
Lic. No. or Bldrs. Reg. No. E-8630
Federal Emp. No. 18-0546393

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,250

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] ~~Elect~~ Plans Approved
Date: 11/20/01
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] ~~CA~~
Date: 12/04/01
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other			12/01/01	
Service				
Final			12/04/01	

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect. Water-Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 3 REWIRE TANKS	105
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 105
DCA Training Fee $ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-164~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)987-2022 Fax ( )
Contractor PHILLIP VITALE
Address 430 MILL RD
HATFIELD, PA 19440-
Tele.(215)987-2022
Lic. No. or Bldrs. Reg. No. E-3630
Federal Emp. No. 18-0546393

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 3 REWIRE TANKS	105
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 105
DCA Training Fee $ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-164~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)987-2022 Fax ( )
Contractor PHILLIP VITALE
Address 430 MILL RD
HATFIELD, PA 19440-
Tele.(215)987-2022
Lic. No. or Bldrs. Reg. No. E-8630
Federal Emp. No. 18-0546393

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,230

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 3 REWIRE TANKS	105
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 105
DCA Training Fee $ 1

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-16~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
~~TANK REMOVAL~~ tank dispensers.
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)517-7600 Fax ( )
Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Tele.(215)517-7600
Lic. No. or Bldrs. Reg. No. NJDEP00162
Federal Emp. No. 23-2338501

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 11-19-01
Approved By: (ELR)
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 3 GAS TANK ~~REMO~~ dispensers.		~~450~~ 105
Other		0

Call for visual w/ open hole

changed in computer 11/27/01 cdf

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~450~~ 105
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

UCC F140 (rev 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-16~~
Permit # 01-4277

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

Block 671 Lot 11 Qual

Work Site Location 52 CHAMBERSBRIDGE RD

~~TANK REMOVAL~~ tank dispensers.

Owner in Fee FEDERAL REALTY INVEST -MOBIL

Address 1626 EAST JEFFERSON ST

ROCKVILLE, MD 20852-

Tele.(215)517-7600 Fax ( )

Contractor DALAI INC

Address 3101 MT CARMEL AVE 3RD FLOOR

GLENSIDE, PA 19038-

Tele.(215)517-7600

Lic. No. or Bldrs. Reg. No. NJDEP00162

Federal Emp. No. 23-2338501

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC

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

[ ] Other

Location:

Total Est Cost of Fire Prot Work $ 300

Fire Alarm System

New [ ] Existing [ ]

Location of Panel:

Fire Suppression/Standpipe Sys

New [ ] Existing [ ]

Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Plumb [ ] Elevator

[ ] Fire Plans Approved

Date: 11-19-01

Approved By: KLR

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 3 GAS TANK ~~REMO~~ dispensers.		~~450~~ 105
Other		0

Call for visual w/ open hole

Charged in computer 11/27/01 DR

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~450~~ 105
DCA Training Fee	$	2

Paid [ ] Check #

Collected by:

U.C.C. FI40 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC/NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-16~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
~~TANK REMOVAL~~ tank dispensers
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele (215)517-7600 Fax ( )
Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Tele (215)517-7600
Lic. No. or Bldrs. Reg. No. NJDEP00162
Federal Emp. No. 23-2338501

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 300

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 11-19-01
Approved By: KLR
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-10-01
Approved By: KLR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final	12-3-01		12-4-01	
Other				

C. CERTIFICATION IN LIEU OF OATH (See back)
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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		Call for visual w/ OPEN HOLE
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 3 GAS TANK ~~REMO~~ dispensers		~~450~~ 105
Other		0

changed in computer 11/27/01 ar

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~450~~ 105
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-1604~~
Permit # 04-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)517-7600 Fax ( )
Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Tele.(215)517-7600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2338501

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-27-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 12-7-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			12-7-01	
Gas Equip.				
Gas Piping			12-4-01	
Solar				
TCO				

Caroline

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
3	Fuel Oil Piping	105
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Ejector	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

COMMERCIAL

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	105
DCA Training Fee	$	2

Paid [ ] Check # Collected by:

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-16[illegible]~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)517-7600 Fax ( )
Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Tele.(215)517-7600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2338501

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-27-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
1	Fuel Oil Piping	105
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	105
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/14/2001
Date Issued 11/27/01
Control # ~~C15-16[illegible]~~
Permit # 01-4277

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

Block 671 Lot 11 Qual
Work Site Location 52 CHAMBERSBRIDGE RD
TANK INSTALLS
Owner in Fee FEDERAL REALTY INVEST -MOBIL
Address 1626 EAST JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(215)517-7600 Fax ( )
Contractor DALAI INC
Address 3101 MT CARMEL AVE 3RD FLOOR
GLENSIDE, PA 19038-
Tele.(215)517-7600
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2338501

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-27-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
3	Fuel Oil Piping	105
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 105
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK

For Information Call: _____

Permit No. 01-4277

APPROVAL FOR PLUMBING

	Date	Inspector
( ) Slab		
( ) Rough		
( ) Water		
( ) Gas		
( ) Mechanical		
( ) Other		
(✓) Final	12-7-01	

U.C.C. Form F-223A

TOWNSHIP OF BRICK

For Information Call: _____

Permit No. 52 Chamberbridge

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Mechanical		
[ ] Other		
[X] Final	12/19/01	

U.C.C. Form F-221B

52 Chamberbridge

For Information Call: 262-7604

Permit No. 01-4277

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[ ] Other		
[X] Final	12-7-01	

U.C.C Form F-224A

PRO 117

For Information Call: _____

Permit No. 01-4277

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] Rough		
[ ] Service		
[ ] Other		
[✓] Final	12-7-01	

U.C.C. Form F-222A

DVP DESIGN SERVICES, INC.

Peter Jordan
President

35 Bellwood Drive
Langhorne, PA 19053
Phone (215) 364-3614
Fax (215) 364-2452

SCHEDULED TO START MONDAY 11/26/01

11/14/01

TO: BRICK TWP. CONSTRUCTION DEPT.

RE: MOBIL SERVICE STATION
52 CHAMBERS BRIDGE ROAD
BLOCK 671, LOT 11

SUBJECT: WORK IS SCHEDULED TO START ON MONDAY, 11/26/01 IF PERMITS ARE ISSUED IN TIME. IT WOULD BE GREATLY APPRECIATED IF PERMITS CAN BE READY BY 11/21/01 (YOU ARE CLOSED 11/22 AND 11/23 FOR THANKSGIVING) OR THE LATEST BY 11/26/01. A BLANK CHECK IS BEING LEFT FOR THE PERMIT FEES PAYABLE TO TWP. OF BRICK. PLEASE KEEP PERMITS AT YOUR OFFICE FOR ACKUP ~~PICK~~ BY 11/26/01 AT THE LATEST IF ASSIBLE. (DO NOT MAIL !!) PLEASE CONTACT PETER JORDAN AT (215) 364 3614 AT TO STATUS.

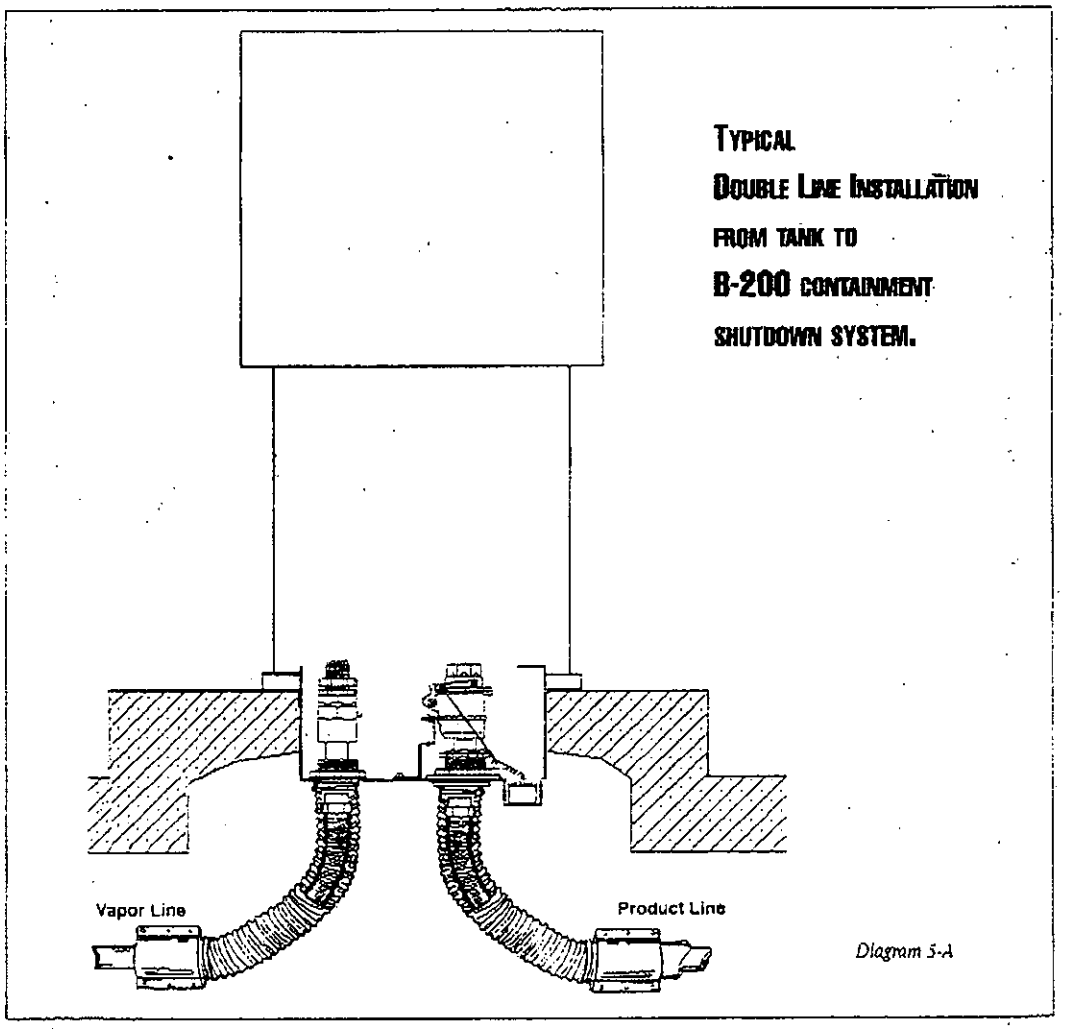
THANK YOU,

HAPPY THANKSGIVING,

PETER JORDAN

P.S. PLEASE LET ME KNOW PERMIT COST

B-200® BRAVO BOX



TYPICAL DOUBLE LINE INSTALLATION FROM TANK TO B-200 CONTAINMENT SHUTDOWN SYSTEM.

Diagram 5-A

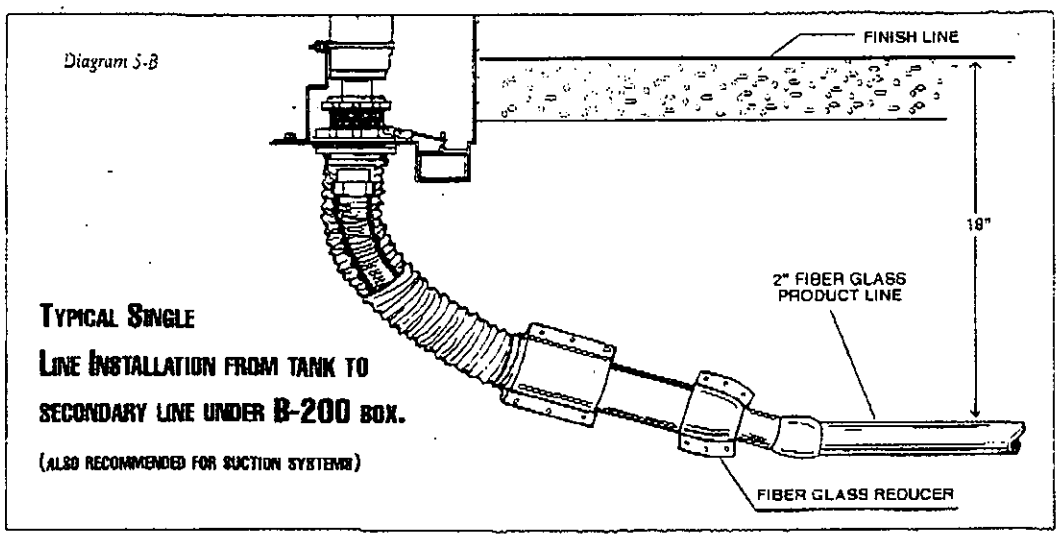


Diagram 5-B

TYPICAL SINGLE LINE INSTALLATION FROM TANK TO SECONDARY LINE UNDER B-200 BOX.

(ALSO RECOMMENDED FOR SUCTION SYSTEMS)

11/28/01

SYSTEMS

ISLAND FORM FOR B-200® PLACEMENT

PLEASE NOTE:
As of January 1, 1994, all Bravo B-200 containment boxes are manufactured with an angle support on each corner of the box, 5-inches below the finished grade. (See Diagram 4A)

NEW INSTALLATIONS:

1. For each Bravo box, cut two 2 x 4's to wedge on the inside of the island form.

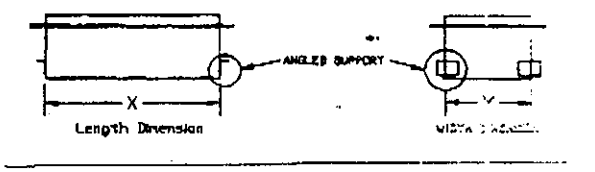
2. To determine the permanent position of the Bravo box inside the island form: measure the Bravo box length "X" as indicated on Diagram 4A. Divide "X" by 2 and add 1/8" to each side for this measurement. Mark this dimension on the island to the left and to the right of the center line of the island-dispenser layout, as in Diagram 4B.

3. Install the 2 x 4's inside of the island form. The position of the 2 x 4's must be outside of the marked dimension lines, as shown in Diagram 4C. Also, the top of each 2 x 4 must be a maximum of 5" below the finish grade and leveled. See Diagram 4C cross-section.

4. Cement the 2 x 4's to the island form and allow the cement to dry.

5. After the cement dries, place the Bravo box between the 2 x 4's. Position the box an equal distance from each side of the island. Shown in Diagram 4C cross-section, or mark from center dimension "Y" divided by 2 (Diagram 4A.)

6. Nail the Bravo box to the 2 x 4's to prevent shifting during the concrete pour.



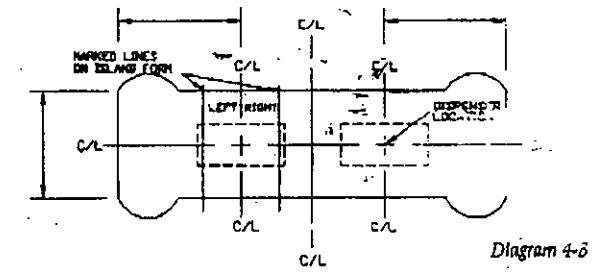
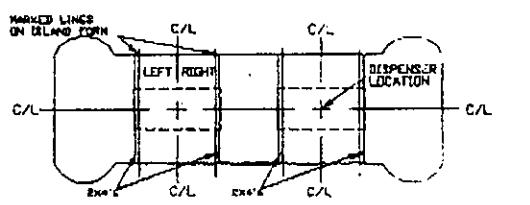


Diagram 4-B



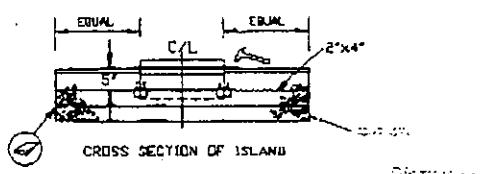
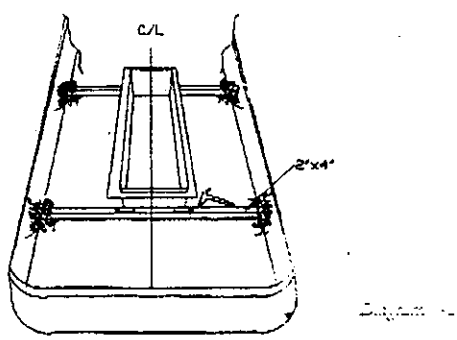


Diagram 4-C



Continue with B-200 Installation Instructions on Page 2.

RETROFIT INSTALLATIONS:

1. Remove the angled support on each corner of the Bravo box.

2. Cover these exposed areas with fiberglass pipe glue.

3. Saw cut the island to accommodate the Bravo box, allowing a tolerance of 1/2" to 3/4" in the width and length dimensions.

Continue with B-200 installation instructions on Page 2.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 11 SITE ADDRESS 52 Manchester Bridge Rd.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Retail Service Station
APPLICANT [illegible] PHONE NUMBER 908 237-1700
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

INCLUSIONARY DEVELOPMENT

Affordable — Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

Market Rate — No Fee Required X

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ _____

Frederick R. Millman, CTA, Tax Assessor — Date

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

$ 59,400

Frederick R. Millman — 12/17/01

Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required ~~594.00~~ [illegible] Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required 594.00
Preliminary Paid 0 — Date 1/4/01
Final Paid 594.00 Check# 250112
Balance Due -0- Receipt # 1382

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

12/10/01 - To accom.
12/13/01 - called finance stated it.

CIRCLE K STORES INC.
PO BOX 52085
PHOENIX, AZ 85072-2085
TOSCO

INK WILL CHANGE FROM PURPLE TO PINK IF CHECK IS AUTHENTIC.

CHECK DATE	CHECK NUMBER
12/20/01	2520112

MELLON BANK, N.A.
Three Mellon Bank Center
Pittsburgh, PA 15259

60-160
433

1288

PAY Five Hundred Ninety-Four Dollars And 00 Cents *** **********

VOID AFTER SIXTY DAYS

$594.00

NOTE MICROPRINTING IN AMOUNT AREA ABOVE.

TO THE ORDER OF

TOWNSHIP OF BRICK NJ
BRICK TAX COLLECTOR
401 CHAMBERS BRIDGE RD
BRICK NJ 08723

BY

AUTHORIZED SIGNATURE

THIS IS WATERMARKED PAPER - DO NOT ACCEPT WITHOUT VERIFYING WATERMARK - HOLD TO LIGHT TO VERIFY WATERMARK

[redacted]

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Mobil Service Station
Owner/Applicant: Circle K Stores
Property Address: 52 Chambers Bridge Rd.
Block: 671 Lot: 11

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 1/7/02

Check Number 2520112
Preliminary Fee Paid
Final Fee Paid 594.00

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

1/8/02
Date

OFFICE OF AFFORDABLE HOUSING

DALAI INC
3101 MT CARMEL AVENUE
THIRD FLOOR
GLENSIDE, PA 19038
(215) 517-7600
FAX (215) 517-8707

FAX COVER PAGE

DATE 01/14/02

TO Stephanie

COMPANY Brick Township

FAX # (732) 262 8954

PAGES 2

FROM Maureen Aquino

MESSAGE Regarding our conversation concerning Sonny's Mobil at 52 Chambersbridge,
I have attached the copy of the receipt for the Low Income Housing Fee
Please fax and mail the Certificate of Occupancy to our office at the
address above
Should you have any questions please call me at (215) 517 7600 ext 22
Thank you

C15-16-1

Counter Form
PLEASE PRINT

C15-16

PLUMBING

Contractor: DALAI, INC.
Address: 3101 MT. CARMEL AVE, 3RD FLOOR
GLENSIDE, PA. 19038
Phone #: 215 517-7600
Lis #: NTDEP CERT. NO. US00162
Federal Emp # or SSN 23-2338501

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	3
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	

Other: DISCONNECT PIPING TO THREE EXISTING MULTI PRODUCT GASOLINE DISPENSERS AND RE-CONNECT PIPING TO THREE REPLACEMENT MULTI-PRODUCT GASOLINE DISPENSERS AFTER CONTAINMENT BOXES ARE INSTALLED UNDER THE DISPENSERS.

Estimated Cost of Plumbing Work $2300

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: Peter Jordan
Please Print Name: PETER JORDAN

EXEMPT APPLICANT
CONTRACTOR'S SEAL

FIRE

Contractor: DALAI, INC.
Address: 3101 MT. CARMEL AVE., 3RD FLOOR
GLENSIDE PA. 19038
Phone #: 215 517 7600
Lis #: NTDEP CERT. NO. US00162
Federal Emp # or SSN 23-2338501

Technical Data

Description of Work: SEE PLUMBING SECTION

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 1-6000 1-5000 capacity GASOLINE GASOLINE 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:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other:

Estimated Cost of Fire Work $2300

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: Peter Jordan
Print Name: PETER JORDAN

Township of Brick

Counter Form

(PLEASE PRINT)

MOBIL SERVICE STATION (BRICK PLAZA)

Site Location: 52 CHAMBERS BRIDGE ROAD

Block: 671 Lot: 11

Owner's Name: FEDERAL REALTY INVESTMENT TRUST

Owner's Mailing Address: 1626 EAST JEFFERSON STREET ROCKVILLE, MD. 20852

Site Phone: (732) 262 1819

CIS-161

BUILDING

Contractor: DALAI, INC.

Address: 3101 MT. CARMEL AVE, 3RD FLOOR GLENSIDE, PA. 19038

Phone#: 215 517 7600

Lis # NJDEP CERT. NO. US00162

Federal Emp # or SSN 23-2338501

Technical Data

Description of Work: REMOVE THREE MULTI PRODUCT GASOLINE DISPENSERS. SAW CUT AND REMOVE CONCRETE AT ISLANDS. INSTALL CONTAINMENT BOXES AND RE-INSTALL REPLACEMENT DISPENSERS. REMOVE CONCRETE AT SUBMERSIBLE PUMP MANHOLES AT TANKS FOR OTHERS TO INSTALL CONTAINMENT SUMPS. REMOVE CONCRETE AT FILL MANHOLES AT TANKS AND AT VAPOR TRUCK CONNECTION ALSO. INSTALL NEW SPILL CONTAINMENT MANHOLES. RE-CONCRETE AROUND NEW MANHOLES.

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft
X MINOR WORK

Building Characteristics

Use Group Present: M Proposed: M

No of Stories:

Height of Structure:

Area of the largest floor:

Area of New Building:

Volume of Structure:

Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: $4600

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: Peter Jordan

Please Print Name PETER JORDAN

ELECTRICAL

Contractor: PHILIP VITALE

Address: 519 HULMEVILLE ROAD LANGHORNE, PA. 19047

Phone#: 215 757 0375

Lis #: E 8630

Federal Emp # or SSN [redacted]

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	
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	

Per Mobil minimum fee $35. - X3 for 3 tanks installed. 11-16-01.

Other: DISCONNECT AND RECONNECT ELECTRIC TO THREE MULTI PRODUCT GASOLINE DISPENSERS AND THREE SUBMERSIBLE PUMPS SO THAT CONTAINMENT BOXES/SUMPS CAN BE INSTALLED

Estimated Cost of Electrical Work: $1250

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: Philip Vitale

Please Print Name PHILIP VITALE

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92
This form must be Handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

MOBIL SERVICE STATION (BRICK PLAZA)
52 CHAMBERS BRIDGE ROAD — 671 — 11
Work Site Address — Block — Lot

BNY WESTERN/TOSCO MARKETING, P.O. BOX 52085 DC17, PHOENIX, ARIZONA 85072
Owner's Name, Address, Phone

DALAI, INC. 3101 MT. CARMEL AVENUE, 3RD FLOOR, GLENSIDE, PA. 19038, (215) 517 7600
Contractor's Name, Address, Phone

Construction REMOVE GASOLINE DISPENSERS, INSTALL CONTAINMENT BOXES, REINSTALL DISPENSERS; REMOVE AND REPLACE CONCRETE IN ORDER FOR CONTAINMENT SUMPS AND MANHOLES TO BE INSTALLED AT THE TANKS
Describe type (Single -family home, etc.)

Demolition CONCRETE MATS AND DISPENSING ISLAND CONCRETE REMOVAL & REPLACEMENT
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material CONCRETE. APPROXIMATELY 7-10 CUBIC YARDS.

Name, address and phone of party responsible for removal of debris:

DALAI, INC., 3101 MT. CARMEL AVENUE, 3RD FL., GLENSIDE, PA. 19038 (215) 517 7600

Size of dumpster: 20 CUBIC YARD

Destination of discarded debris: OCEAN COUNTY RECYCLING CENTER DBA OCEAN COUNTY REMANUFACTURING CENTER

Hauler's DEP Permit No.: 1507001215

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt; clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and ~~have~~ (WILL BE) disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

PETER JORDAN FOR KENT DAVID — Peter Jordan — 11-14-01
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant