BLOCK ~~468~~ 468 LOT ~~5~~ 5 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-2763

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: Interior Demol Concrete + Cutting openings
2. Name of Owner in Fee: FEDERAL REALTY INV Tel. (/) 866-655 8980
   Address 1626 E Jefferson St Rockville MD 20852
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SAR-SER INC Tel. (717) 829 4078
   Address 198 N MAIN ST WILKES-BARRE PA
   License No. OR, if new home Builder Reg. No. 1177 Exp. Date 6-99
   Federal Employee No. [redacted] FAX: (717) 829-4088
5. Architect or Engineer GAETANO SERPICO Tel. (717) 829-4078
   Address 198 N. MAIN St WILKES-BARRE PA
6. Responsible Person in Charge of Work Herbert SARAIV
   Tel. (717) 829 4078 FAX (717) 829-4088

INTERIOR CLEAN OUT

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	260	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal		8	
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	268	

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	

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									
2.	☐ New Building					8-11-98	FM	12/15/98		
3.	☐ Addition									
4.	☒ Alteration	10000								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	10000								

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: WILL PREPARE FOR
2. Use Group: RETAIL B
3. Change in Use Group, Indicate Former:

LDS BR 10303844

U.C.C. F100-1 (rev.

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 Herbert Sartin

Address 188 N MAIN St

WILKES-BARRE PA 18702

Telephone (717) 829 4078

Signature Herbert Sartin

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 12/28/98
Control #
Permit # 98-2763

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 468 Lot 5 Qual
Work Site Location 1048 CEDAR BRIDGE AVE
ETHAN ALLEN/INT DEMO
Owner in Fee/Occupant FEDERAL REALTY INV
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone ( )
Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR CLEANOUT/DEMO OF EXISTING BUILDING

[ ] 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. Cinciarra Dup
CONSTRUCTION OFFICIAL
U.C.C. 7260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 7250
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/28/98
Control #
Permit # 98-2763

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 468 Lot 5 Qual
Work Site Location 1048 CEDAR BRIDGE AVE
ETHAN ALLEN/INT DEMO
Owner in Fee/Occupant FEDERAL REALTY INV
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone ( )
Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Telephone ( ) Fax ( )
Lic. No. or Bldrs
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR CLEANOUT/DEMO OF EXISTING BUILDING

[ ] 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.

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[ ] Partial or limited time period (___ years); see file

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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. Cuniazza

CONSTRUCTION OFFICIAL
U.C.C. 7260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 7250
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/28/98
Control #
Permit # 98-2763

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 468 Lot 5 Qual
Work Site Location 1048 CEDAR BRIDGE AVE
ETHAN ALLEN/INT DEMO
Owner in Fee/Occupant FEDERAL REALTY INV
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone ( )
Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR CLEANOUT/DEMO OF EXISTING BUILDING

[ ] CERTIFICATE OF OCCUPANCY
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(this is a Temporary Certificate of Occupancy or Compliance, the following
ditions must be met no later than _____, ___ or the owner will be
ject to fine or order to vacate:

[ ] 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 _____, ___.

[redacted] Cuniazza
OFFICIAL
(rev. 3/96)

Fee $ 0
Paid [X] Check No. 7250
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/28/98
Control #
Permit # 98-2763

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 468 Lot 5 Qual
Work Site Location 1048 CEDAR BRIDGE AVE
ETHAN ALLEN/INT DEMO
Owner in Fee/Occupant FEDERAL REALTY INV
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone ( )
Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg No
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR CLEANOUT/DEMO OF EXISTING BUILDING

[ ] 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
this is a Temporary Certificate of Occupancy or Compliance, the following ditions must be met no later than _____, ___ or the owner will be ject 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 _____, ___.

Fee $ 0
Paid [X] Check No. 7250
Collected by: TL

[redacted] OFFICIAL
(rev. 3/96)

0004
2763#
BLOCK 468 # 0.00
LOT 129 # 0.00
BUILDING 260.00
D.C.A. 8.00
TOTAL 268.00
CHECK 268.00
CHANGE 0.00
08/11/98 NO. 5 0013A005 11:34

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/11/98
Control #
Permit # 98-2763

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 468-671 Lot 129 Qual

Work Site Location CHAMBERS&ROUTE 70
ETHAN ALLEN/INT DEMO
Owner in Fee FEDERAL REALTY INV
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone ( )

Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR CLEANOUT/DEMO OF EXISTING BUILDING

PAYMENTS (Office Use Only)

Building	260
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other	
Total	268
Check No.	7250
Cash	
Collected By	TL

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 $ 10,000

J Curazzo 3

Construction Official

08/11/98
Date

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

— UCC NEW JERSEY —
— BUILDING —
— SUBCODE —
— TECHNICAL SECTION —

Date Received 08/11/98
Date Issued 08/11/98
Control #
Permit # 98-2763

98-3497

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

Block 468-671 Lot 129 Qual
Work Site Location CHAMBERS&ROUTE 70
ETHAN ALLEN/INT DEMO
Owner in Fee FEDERAL REALTY INV
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.( )
Contractor SAR-SER INC
Address 198 N MAIN ST
WILKES BARRE, PA
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

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 CLEANOUT/DEMO OF EXISTING BUILDING

JOB SUMMARY (Office Use Only)

SAB AT entry 11-2-98 FM

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[ ] CO [ ] CCO [ ] CA		
Date: 12-28-98		
Approved By: FM		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing	2 PIERS OUTSIDE		10/5/98	
Foundation				
Slab				
Frame	OCD WALL OK		10/20/98	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other	portico frame		11/13/98	
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	260
[ ] 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

B. BUILDING CHARACTERISTICS

Use Group	Present B	Proposed B	
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 $ 10,000
3. Total (1+2) $ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 7250 Minimum Fee	$ 0
Collected by: TL TOTAL FEE	$ 260
DCA Training Fee	$ 8

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

COUNTER FORM

PLEASE PRINT

C 4-468 —

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: Chambers Br/Rte 70 Date Rec'd.:
Block: 468-671 Lot: 129 Date Issued:
Owner in Fee: Federal Realty INV Control #:
Address: 1626 E Jefferson St Permit #:
Rockville Md 20852

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: Frank Mugo Per Joe Corrigan
Date: 8-11-98
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: SAR-SER INC
ADDRESS: 191 N MAIN St
WILKES BARRE, PA 18702
PHONE: 717-829-4078
LIC #: 477
LIC. EXPIRATION DATE: 6-99
FEDERAL EMP. # (or S.S. #): [redacted]

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INTERIOR
CLEAN OUT
IN EXISTING B/DG.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☒ Demolition INTERIOR

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:

Signature: Deborah Santoro

Estimated Cost of Building Work: $ 10,000.00
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL: 8-11-98 FM
PLANS: Required ☐ Approved ☐
Approved by: Frank Mugo Per Joe Corrigan
Date: 8-11-98

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:

Combustable Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

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

TOWNSHIP OF BRICK

Cedar Bridge Ave & Rt 70 468-671 ~ 129-2-46 -11-12
Work Site Address — Block — Lot

Federal Realty Inv Trust Co. 1626 E Jefferson st Rockville MD
Owner's Name, Address, Phone

SAR-Ser Inc 198 N Main st Wilkes-Barre Pa 18702
Contractor's Name, Address, Phone

Construction Interior Demolition in Existing Bldg
Describe type (Single-family home, etc.)

Demolition Interior Demolition - Masonary-Block + Concrete
Describe type (Structure, roof, siding, etc.) cutting openings

Describe type and estimated quantity of material Masonary Block.
~40 yds

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

Ocean Recycling Inc 466 Cedar Bridge Ave
Lakewood NJ

Size of dumpster: 40 y

Destination of discarded debris:

Hauler's DEP Permit No.:

**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 been 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.

Herbert Sartin — Herbert Sartin — 8-11-98
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

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