C29-2 8 Update 29-2-1

BLOCK 671 LOT ~~2 48/1172~~ QUALIFICATION CODE ______ ADDRESS (SITE) Brick Plaza PERMIT NO. 98-3187

RECEIVED JUL 27 1998 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Job II 477 2248 Cathon

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

I. IDENTIFICATION

1. Propsed Work Site at: Brick Plaza center / behind The Wiz 8219
2. Name of Owner in Fee: Federal Realty Trust Tel. (301) 998-8100
   Address 1626 East Jefferson St Rockville Md. 20852 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Jaycee Const corp Tel. (732) 223-5320 Call
   Address 35 Colby Ave ~~Brick~~ Manasquan NJ 08736
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 222797171 FAX: ( )
5. Architect or Engineer Gaetana Scerpica Tel. ( )
   Address 198 N Main St Wilkes Barre Penna
6. Responsible Person in Charge of Work Thomas Moore
   Tel. (732) 223-5320 FAX (732) 223-6080

V. FEE SUMMARY (for office use only)

			Update 1A	Update 1B	+C
1. Building	$	228	-0- Bld. rev.		
2. Electrical			75.–		35
3. Plumbing			90.–		
4. Fire Protection				65.	
5. Elevator Devices					
6. Subtotal	$				
7. Less 20% for State Plan Review					
8. Subtotal	$				
9. DCA Training Fee		15	5.		
10. Subtotal					
11. Cert. of Occupancy		40.			
12. Other 2Pa-JPP		30			
13. TOTAL	$	313.	170.	65.	35

AHBT PRELIMINARY APPROVAL

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	11'4" ft.	
3. Area — Largest Floor	830 sq. ft.	
4. New Building Area	830 sq. ft.	
5. Volume of New Structure	9108 cu. ft.	
6. Construction Classification	[illegible]	
7. Total Land Area Disturbed	830 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load	Storage	

COMMERCIAL

MAINTENANCE SHED

C/C ✓

Footing & Foundation ~~addition~~ — Fire Elect Plumbing Update

II. PROPOSED WORK

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	$7,000	[illegible]			9-15-98	FM	11/13/98		[illegible]
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection							11-18-98		[illegible]
6. ☑ Plumbing	2,000				9-23-98	[illegible]	11/17/98		[illegible]
7. ☑ Electrical	$3,500				9898 MR				
8. ☐ Elevator Devices							11/27/98		DR
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GWF	8/5/98		8/5/98	[illegible]			
TOTAL COSTS	12,500								

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:
2. Use Group:
3. Change In Use Group, Indicate Former:

IMPORTANT — COMMERCIAL — A.H.B.T. — FEE

LDS BR 10208700

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 Thomas Moore / JAYCEE CONST CO

Address 35 Colby AVE Maplewood NJ 07036

Telephone (732) 223-5320

Signature Thomas Moore

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 12/02/98
Control #
Permit # 98-3187

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
FOOTING & FOUNDATION ONLY
Owner in Fee/Occupant FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100
Contractor
Address

Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-3404436

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:

MAINTENANCE SHED/ADDITION
FOOTING ANF FOUNDATION ONLY

[ ] 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 Cunningham
CONSTRUCTION OFFICIAL

Fee $ 40
Paid [X] Check No. 0127
Collected by: AJP

D.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/02/9
Control #
Permit # 98-3187+B
Permit Issued 09/16/9

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA BEHIND WIZ
WET SPRINKLER HEADS
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor RG SOLOMON FIRE PROTECTION
Address ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
Telephone (732)449-8208
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. 22-3496080

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
WET SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	65
Check No.	0108
Cash	
Collected By	AJP

Estimated Cost of Work $ ~ 5,000

Construction Official

10/02/98
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 09/29/98
Control #
Permit # 98-3187+A
Permit Issued 09/16/98

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA BEHIND WIZ
ACTUAL BLDG REVIEW/UPDATE
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-3404436

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ACTUAL BUILDING REVIEW

PAYMENTS (Office Use Only)

Building	0
Electrical	75
Plumbing	90
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other	
Total	170
Check No.	0107
Cash	
Collected By	AJP

Estimated Cost of Work $ 1

Construction Official

09/29/98
Date

U.C.C. F150 (rev. 3/96)

0004
3187*#
BLOCK 671 # 0.00
LOT 2 # 0.00
PLUMBING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
NO. 5 0047A005 16:15
11/04/98

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/04/98
Control #
Permit # 98-3187+C
Permit Issued 09/16/98

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA BEHIND HIZ
BACK FLOW PREVENTER
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone (301)998-8100

Contractor BRUCE CALLANDER
Address 142 HADING PL
PT PLEASANT, NJ 08742-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 89-98434

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BACK FLOW PREVENTER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	# 110
Cash	
Collected By	

Estimated Cost of Work $ 750

Construction Official

11/04/98
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/16/98
Date Issued 9/29/98
Control # C29-2-1
Permit # 98 3167 +A

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
ACTUAL BUILDING REVIEW
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(301)998-8100
Contractor JAYEFF CONST CO
Address 35 COLBY AVE
MANASQUAN, NJ 08736-
Tele.(732)223-5320 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-3404436

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

ACTUAL BUILDING REVIEW

See New Drawings w/rated walls

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/16/98	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/15/98
Approved By: [signature]

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			10/29/98	[signature]
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11-13-98	[signature]
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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 $ 1
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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 09/16/98
Date Issued 9/24/98
Control # C29-2-1
Permit # 98 3167 +A

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
ACTUAL BUILDING REVIEW
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(301)998-8100
Contractor JAYEFF CONST CO
Address 35 COLBY AVE
MANASQUAN, NJ 08736-
Tele.(732)223-5320 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-3404436

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

ACTUAL BUILDING REVIEW

See New Drawings w/rated walls

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-16-98	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] 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 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 $ 1
3. Total (1+2)$ 1

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check # Collected by:

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 07/29/98
Date Issued 9/16/98
Control # C29-2
Permit # 98-3187

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
MAINTENANCE SHED/ADDITION
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(301)998-8100
Contractor JAYEFF CONST CO
Address 35 COLBY AVE
MANASQUAN, NJ 08736-
Tele.(732)223-5320 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 08-3404436

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-15-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approved	Initial
Type				
Footing			9/21/98	JC
Foundation			10-25-98	JC
Slab	10-6-98	10-22-98	10-22-98	FM
Frame	Rough		10/15/98	JC
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 11 Ft.
Area Largest Floor 830 Sq. Ft.
New Bldg. Area/All Floors 830 Sq. Ft.
Volume of New Structure 9,108 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7,000
2. Alteration $ 0
3. Total (1+2)$ 7,000

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

MAINTENANCE SHED/ADDITION

Footing + Foundation Only
other Diciplines To be updated

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[X] Addition	228
[ ] Alteration	0
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 228
DCA Training Fee	$ 15

Paid [ ] Check #
Collected by:

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 07/29/98
Date Issued 9/16/98
Control # C29-2
Permit # 98-3187

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

Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA BEHIND MIZ
MAINTENANCE SHED/ADDITION

Owner in Fee FEDERAL REALTY TRUST

Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-

Tele.(301)998-8100

Contractor JAYEFF CONST CO

Address 35 COLBY AVE
MANASQUAN, NJ 08736-

Tele.(732)223-5320 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 08-3404436

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-15-98	PG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 11 Ft.
Area Largest Floor 830 Sq. Ft.
New Bldg. Area/All Floors 830 Sq. Ft.
Volume of New Structure 9,108 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7,000
2. Alteration $ 0
3. Total (1+2)$ 7,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

MAINTENANCE SHED/ADDITION

Footing + Foundation Only
Other Diciplines To be updated

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[X] Addition		228
[ ] Alteration		0
[ ] 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	$ 228
	DCA Training Fee	$ 15

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

Solvica

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/29/98
Date Issued 9/29/98
Control # C29-2-1
Permit # 98-3187-A

X

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
MAINTENANCE SHED/ADDITION
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldrs Reg No 11930
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 91498
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10 27 98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9810200	
Temp Serv			9810201	
Const Serv				
TCO				
Other Trench			9/10/98	
Service				
Final			102798	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Lighting Fixtures	
8		Receptacles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
24		TOTAL NUMBERS	35
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
1	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
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 75
DCA Training Fee	$ 0

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 671 Lot 2,4,8,14,12
Work Site Location Brick Plaza Shopping center behind The Wiz
Owner in Fee Federal Realty Trust
Address 1626 East Jefferson St Rockville MD. 20852
Tele. (301) 998-8100
Contractor Pro Maintenance
Address 1706 Hwy 34 Farmingdale, NJ 07727
Tele. (732) 280-0760
Lic. No. 6629 Federal Emp. No. 223-430-998 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/8/98
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. 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.

Signature—Contractor—Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Fixtures (1)	
8		Receptacles (2)	
4		Switches (3)	
23		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1 100gal	Kw	Water Heater(s)	
	Kw	Central Heat:	
		oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	100 Amp	Service Entrance	
		Other	

COMMERCIAL

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 15
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

*U8730*17

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10-2-98
Date Issued
Control #
Permit # 98-3187+B
Update

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

Block 671 Lot 2
Work Site Location Brick Plaza behind WIZ

Owner in Fee Federal Realty Trust
Address 1626 E Jefferson ST
Rockville MD 20852
Tele. (301) 998 8100
Contractor R.G. Solomon Fire Protection Inc.
Address Royal Ct. I-15
Spring Lake Heights, NJ 07762
Tele. (732) 449-8208
Lic. No.
Federal Emp. No. 22-349/6080 or Social Security No. –

B. FIRE PROTECTION CHARACTERISTICS

Use Group / Present ______ Proposed Storage
Constr. Class. Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 5,000.00 [ ] Other

200psi 2 hr test o.k. & psi flask made 10-6-98 @ 4:30

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 10-1-98
Approved by: KCB
SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 11-18-98
Approved by: KCR

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other waterline	10-6-98	~~NOT 200~~ 100		KCB
Other Clear	~~10-?-98~~		10-27-98	KCB
Other		11-5-98	11-17-98	KCB

outside bell worked

See Back

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 new sprinkler system

Water Supply Source: city
Method of Valve Supervision: tamper switch
Local Alarm Supervision: Flow switch
Central Supervision: Yes
Proprietary Supervision:

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	9	
Dry Sprinkler Heads	X	
TOTAL	9	65
Smoke Detectors	X	
Heat Detectors	X	
TOTAL	X	
Stand Pipes	X	
Kitchen Hood Exhaust Systems	X	
Pre-Engineered Systems		
CO_2 Suppression	X	
Halon Suppression	X	
Foam Suppression	X	
Dry Chemical	X	
Wet Chemical	X	
Gas or Oil Fired Appliance	X	
OTHER	X	

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

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-7-98
Date Issued
Control # 98-3187 B.
Permit #
Update

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

Block 671 Lot 2

Work Site Location ~~Brick Plaza behind W12~~

Owner in Fee ~~Federal Realty Trust~~

Address ~~1626 E Jefferson St~~

~~Rockville MD 20852~~

Tele. (~~301~~) ~~998 8100~~

Contractor R. G. Solomon Fire Protection Inc.

Address Royal Ct. I-15

Spring Lake Heights, NJ 07762

Tele. (732) 449-8208

Lic. No.

Federal Emp. No. 22-349/6080 or Social Security No. –

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed Storage

Constr. Class. Present ______ Proposed ______

Heating Systems [ ] New [ ] Existing

Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar

[ ] Other ______

Location: ______

Total Est. Cost of Fire Prot. Work $ 5,000.00 [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:		Dates (Month/Day)		
[ ] No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Suppression Test				
[ ] Bldg. [ ] Plumb.	Fire Alarm Test				
[ ] Elec. [ ] Elevator	Smoke Test				
[ ] Fire Plans Approved	Mechanical				
Date: 12-1-98	TCO				
Approved by: KB	Other				
SUBCODE APPROVAL:	Other				
[ ] CO [ ] CCO [ ] CA	Other				
Date:					
Approved by:					

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]

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work New sprinkler system

Water Supply Source: city

Method of Valve Supervision: tamper switch

Local Alarm Supervision: Flow switch

Central Supervision: yes

Proprietary Supervision: ______

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____

Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____

L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____

L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	9	
Dry Sprinkler Heads	X	
TOTAL	9	65
Smoke Detectors	X	
Heat Detectors	X	
TOTAL	X	
Stand Pipes	X	
Kitchen Hood Exhaust Systems	X	
Pre-Engineered Systems		
CO_2 Suppression	X	
Halon Suppression	X	
Foam Suppression	X	
Dry Chemical	X	
Wet Chemical	X	
Gas or Oil Fired Appliance	X	
OTHER	X	

Administrative Surcharge $ ______

Paid [ ] Check # ______ Minimum Fee $ ______

DCA Training Fee $ ______

Collected by: ______ TOTAL FEE $ ______

U.C.C. Form F-140B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/04/98
Date Issued 11/04/98
Control #
Permit # 98-3187+C

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

Block 671 Lot 2 Qual

Work Site Location BRICK PLAZA BEHIND WIZ
BACK FLOW PREVENTER

Owner in Fee FEDERAL REALTY TRUST

Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-

Tele.( ) Fax ( )

Contractor BRUCE CALLANDER

Address 142 HADING PL
PT PLEASANT, NJ 08742-

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 89-98434

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 750

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11-12-98

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
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

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 11/04/98
Date Issued 11/04/98
Control #
Permit # 98-3187+C

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
BACK FLOW PREVENTER
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.( ) Fax ( )
Contractor BRUCE CALLANDER
Address 142 HADING PL
PT PLEASANT, NJ 08742-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 89-98434

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
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 an 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
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

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 09/16/98
Date Issued 9/29/98
Control # C29-2-1
Permit # 98-3187+A

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND WIZ
ACTUAL BUILDING REVIEW
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(908)899-8434 Fax ( )
Contractor BRUCE CALLENDER
Address 1142 HARDING PL.
PT PLEASANT, NJ
Tele.(908)899-8434
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1761872

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-23-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11-12-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	10-2-98		10-5-98	
Rough			10/16/98	
Water			10-5-98	
Sewer				
Fixtures			10/28/98	
Gas Equip.				
Gas Piping			10-26-98	
Solar				
Joe Yolle Final	10-28-98		11-12-98	

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
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
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 90
DCA Training Fee $ 2

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

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 09/16/98
Date Issued 9/29/98
Control # C29-2-1
Permit # 98-3187+A

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

Block 671 Lot 2 Qual
Work Site Location BRICK PLAZA BEHIND NIZ
ACTUAL BUILDING REVIEW
Owner in Fee FEDERAL REALTY TRUST
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Tele.(908)899-8434 Fax ( )
Contractor BRUCE CALLENDER
Address 1142 HARDING PL.
PT PLEASANT, NJ
Tele.(908)899-8434
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1761872

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-23-98
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 an 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)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
1	Gas Piping	25
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
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 90
DCA Training Fee $ 2

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 3, 1998 1998 - 1304

Block 671 Lot 2 Zone B-3, H.D.

Property Address: Brick Plaza

Owner: Federal Realty Trust (Phone): 301-998-8100

Applicant: Thomas Moore (Phone): 223-5320

Existing Use: Brick Plaza Shopping Center

Proposed Use: Brick Plaza Shopping Center

Proposed Construction (if any): 23'6" x 36' maintenance building, 11'4" high, adjacent to "Nobody Beats the Wiz".

Conditions: Site Plan approved by Planning Board. Map signed 1-23-97.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

Sewer re-
TO BE EVALUATED AFTER 2 YEARS

CERTIFICATE OF COMPLIANCE

Date.....

NAME FEDERAL REALTY

ADDRESS 1626 EAST JEFFERSON STREET ROCKVILLE
MARYLAND 20852

PROPERTY LOCATION 20 BRICK PLAZA

Account No. H932023 Block 671 Lot 2, 4, 8, 11, 12

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evans
Asst

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS _____

APPLICANT _____ PHONE NUMBER _____
APPLICANT ADDRESS _____ CITY & STATE _____
PERMIT # _____ NAME OF BUSINESS _____

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 %

Estimated Assessment $_____ Date _____

Estimated Required Fee $_____

Required Deposit on Estimate $_____ Date _____

Check # _____ Receipt # _____

Actual Assessment $_____ Date _____

Actual Required Fee $_____

Minus Deposit of Estimate $_____

Balance Due $_____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $_____

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

August 7, 1998

Jayeff Construction Corp.
35 Colby Avenue
Manasquan, NJ 08736

RE: Mandatory Development Fee
Block 671, Lot 2, 4, 8, 11, 12; Brick Plaza Maintenance Shed

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on July 27, 1998, for the above block and lot at $10,000.00, resulting in an estimated fee of $100.00.

Therefore, you are required to submit half of the estimated fee ($50.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

JAYEFF CONSTRUCTION CORP

35 COLBY AVE.
MANASQUAN, NJ 08736
(732) 223-5320
(732) 223-6080 (FAX)

FAX

Date: 7-29-98

Number of pages including cover sheet: 3

To:

Tina at building
RE Brick Plaza
Maintanance Shed

Phone:

Fax phone: 732-262-8954

CC:

From: JAYEFF CONSTRUCTION

Tom Moore

Pager 908-515-2194

Phone: 732-223-5320

Fax phone: 732-223-6080

REMARKS: ☒ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

riser Diagrams for gas and sanitary
line Maintainace shed at brick plaza

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax (908) 920-4850

DATE: 7-27-98

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 671 Lot: 2, 4, 8, 11, 12

Dear Sir;

I, Thomas Moore (Name) of 35 Colby Ave Manasquan N.J. (Address), request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Thomas Moore 732-223-5320
Applicant's signature Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

COMMERCIAL

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X DATE: 8/5/98 BY:

Rejected DATE: BY:

REMARKS:

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8-5-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 641 LOT 24.01, 12 SITE ADDRESS Brick Blvd.

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Restaurant

APPLICANT North Coast Corp. CITY & STATE Wayne NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

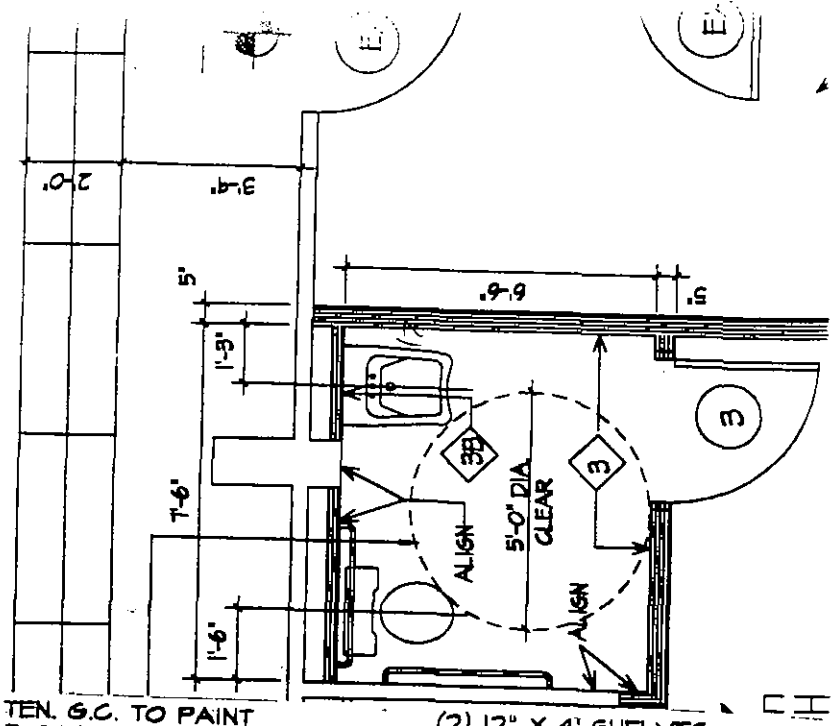
$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

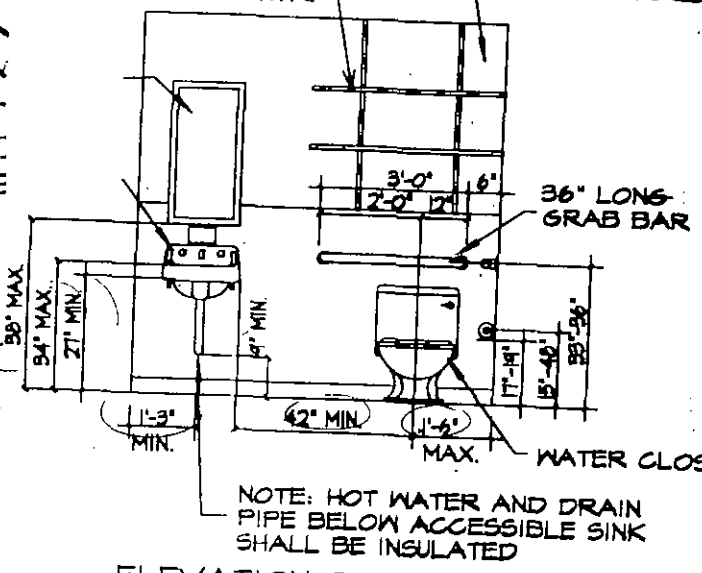
Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

C-29-2



(2) 12" X 4' SHELVES ON TWO 4' STANDARDS BY TEN. FIXTR. CONTR.

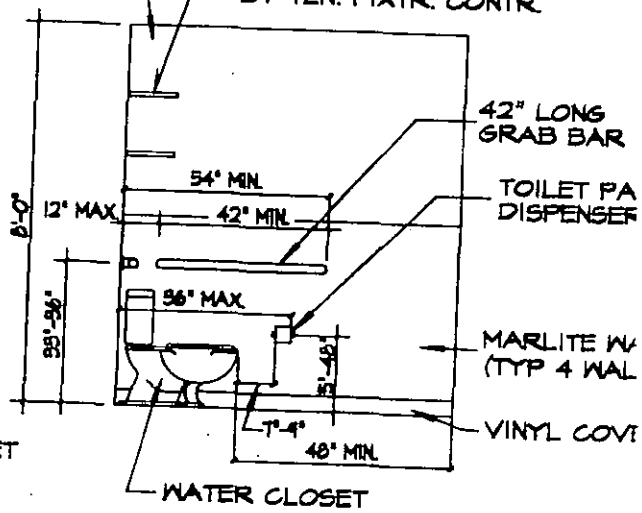
TEN. G.C. TO PAINT 2 COATS FLAT WHITE. (TYP 4 WALLS)



NOTE: HOT WATER AND DRAIN PIPE BELOW ACCESSIBLE SINK SHALL BE INSULATED

ELEVATION 2

(2) 12" X 4' SHELVES ON TWO 4' STANDARDS BY TEN. FIXTR. CONTR.



ELEVATION 3

EXIST'D SPORTS AUTHORITY

PROPOSED MAINTENANCE GARAGE
BRICK PLAZA.
BRICK TOWNSHIP, NEW JERSEY.

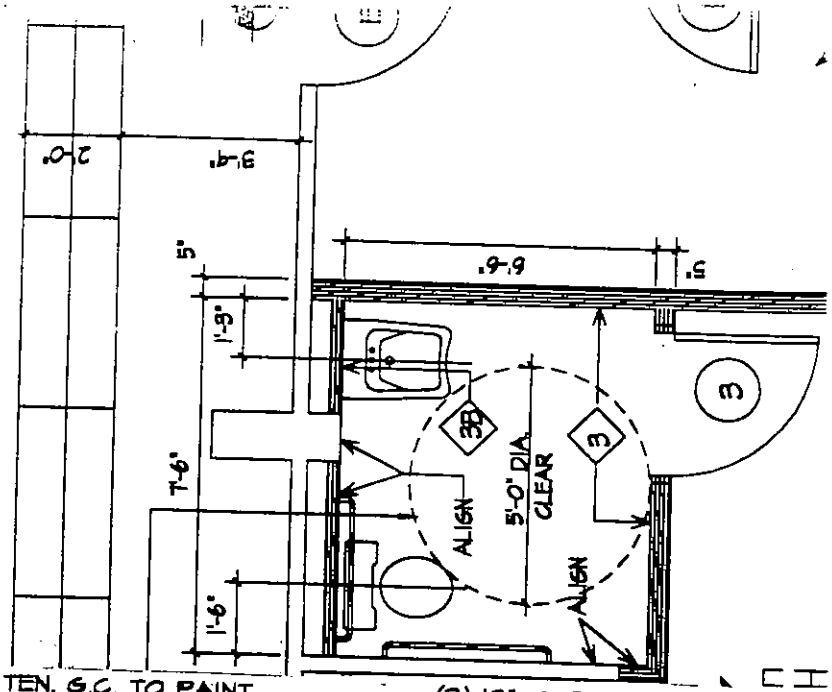
PLANS - ELEVATIONS & DETAILS.

SCALE AS NOTED

DATE- 6-18-98.

GAETANO SERPICO. AIA.
ARCHITECT.
198 N. MAIN ST. WILKES BARRE-PENNA.

DWG # A.1



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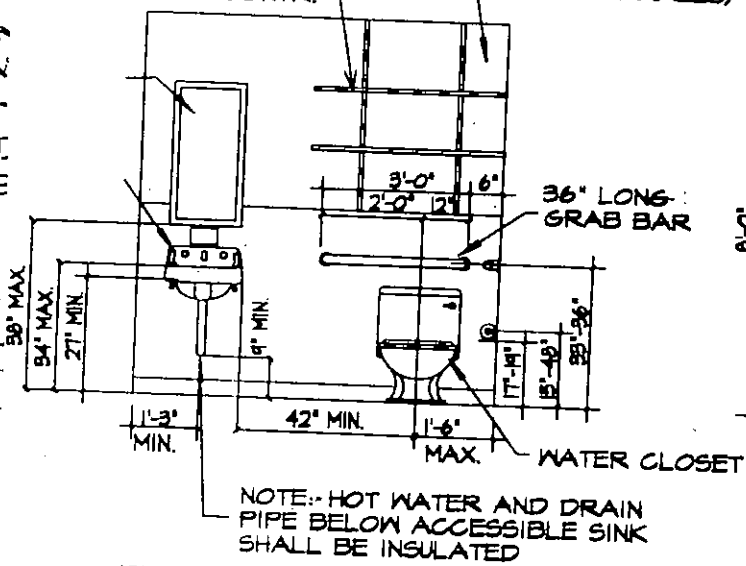
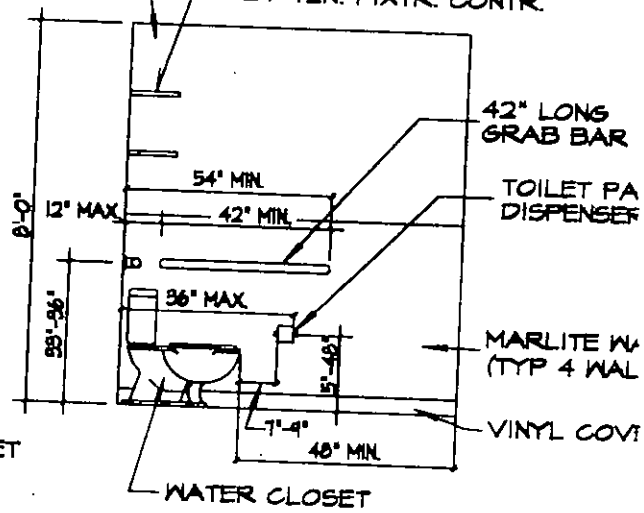
TEN. G.C. TO PAINT 2 COATS FLAT WHITE. (TYP 4 WALLS)



NOTE:- HOT WATER AND DRAIN PIPE BELOW ACCESSIBLE SINK SHALL BE INSULATED

ELEVATION 2

(2) 12" X 4' SHELVES ON TWO 4' STANDARDS BY TEN. FIXTR. CONTR.



ELEVATION 3

EXIST. SPORTS AUTHORITY

BRUNSWICK BOULEVARD

PROPOSED MAINTENANCE GARAGE
BRICK PLAZA.
BRICK TOWNSHIP. NEW JERSEY.

PLANS - ELEVATIONS & DETAILS.

SCALE AS NOTED

DATE. 6-18-98.

GAETANO SERPICO. AIA.
ARCHITECT.
198 N. MAIN ST. WILKES BARRE-PENNA.

DWG #
A-1

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date _____

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION Brick PLAZA
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DW

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No	DESCRIPTION	Code Section
01	BARRIER Free specs needed	
	Called 9-9-98 DW	
	Resubmit	
	TO plumbing	
	Info Furnished	
	9-14-98	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date 8-27-98

JURISDICTION Building (City, County, Township etc)

BUILDING LOCATION Brick Plaza (Street address)

BUILDING DESCRIPTION Storage Addition

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

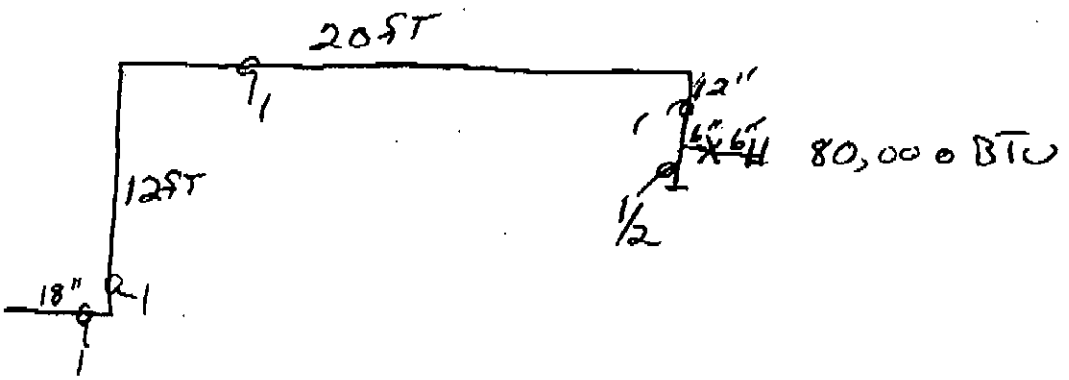
No	DESCRIPTION	Code Section
(1)	Proposed use is Accessory To Primary use OF Building - Primary is B use This Application Notes Storage or 'S use Requiring Sprinklee System (Not Noted)	302 11
(2)	WALL Between B use & S use must be 2-1HR	313 1,2
(3)	WALL Does NOT extend 30' Above ROOF Between uses As Requires For #2 Above	
	Left Message 4:04 (FM)	

TIMOTHY PETERS
PLUMBING & HEATING CO., INC.
NJ State Master Plumbers Lic. #7116
P.O. Box 1847
TOMS RIVER, NJ 08754
(908) 341-4414

JOB Brick Plaza MAINT. Building
SHEET NO. 2 OF 2
CALCULATED BY T. Peters DATE 7-29-98
CHECKED BY _____ DATE _____
SCALE NONE

GAS.

80000, BTU
LONGEST RUN
40FT

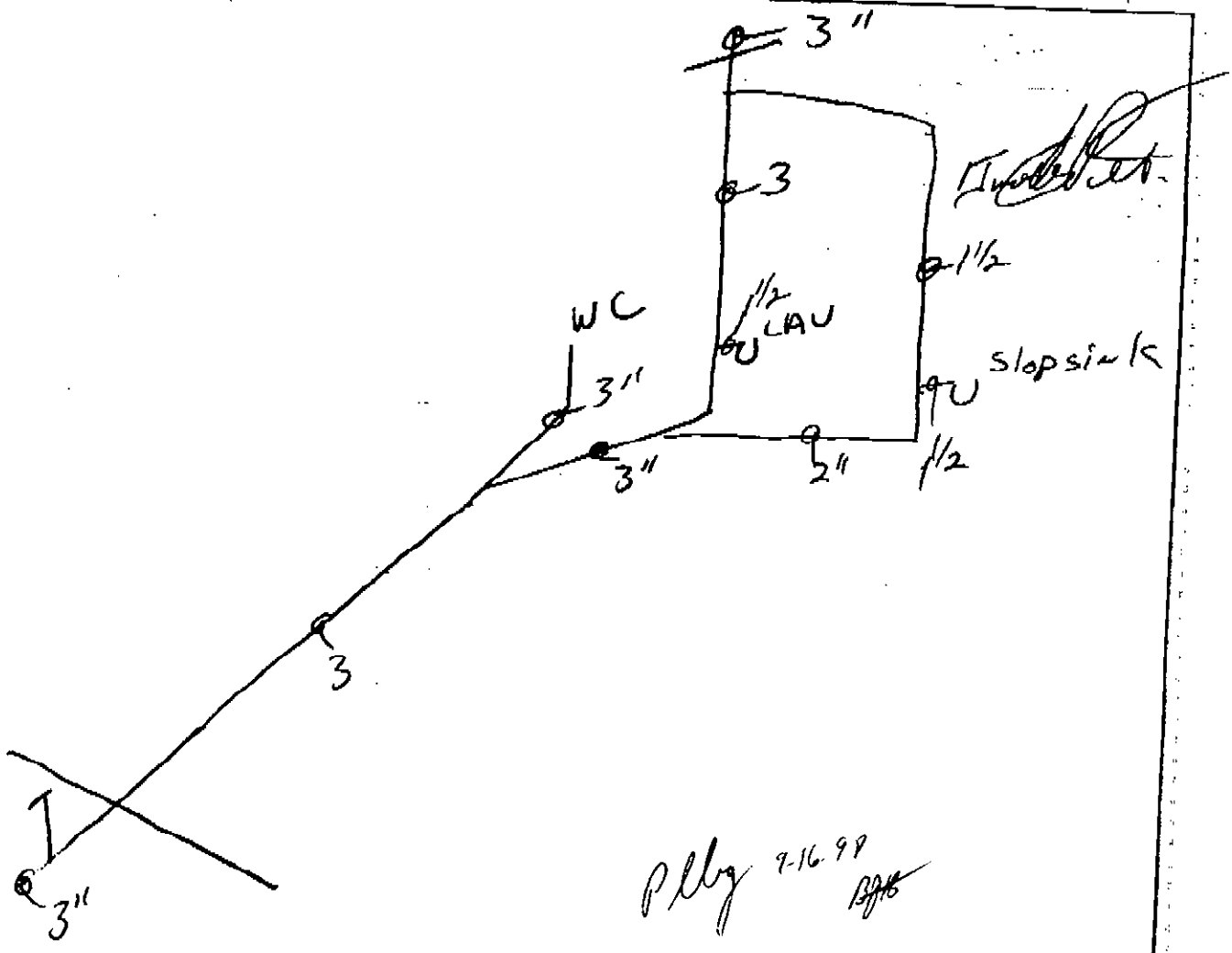


Plby 9-10-98

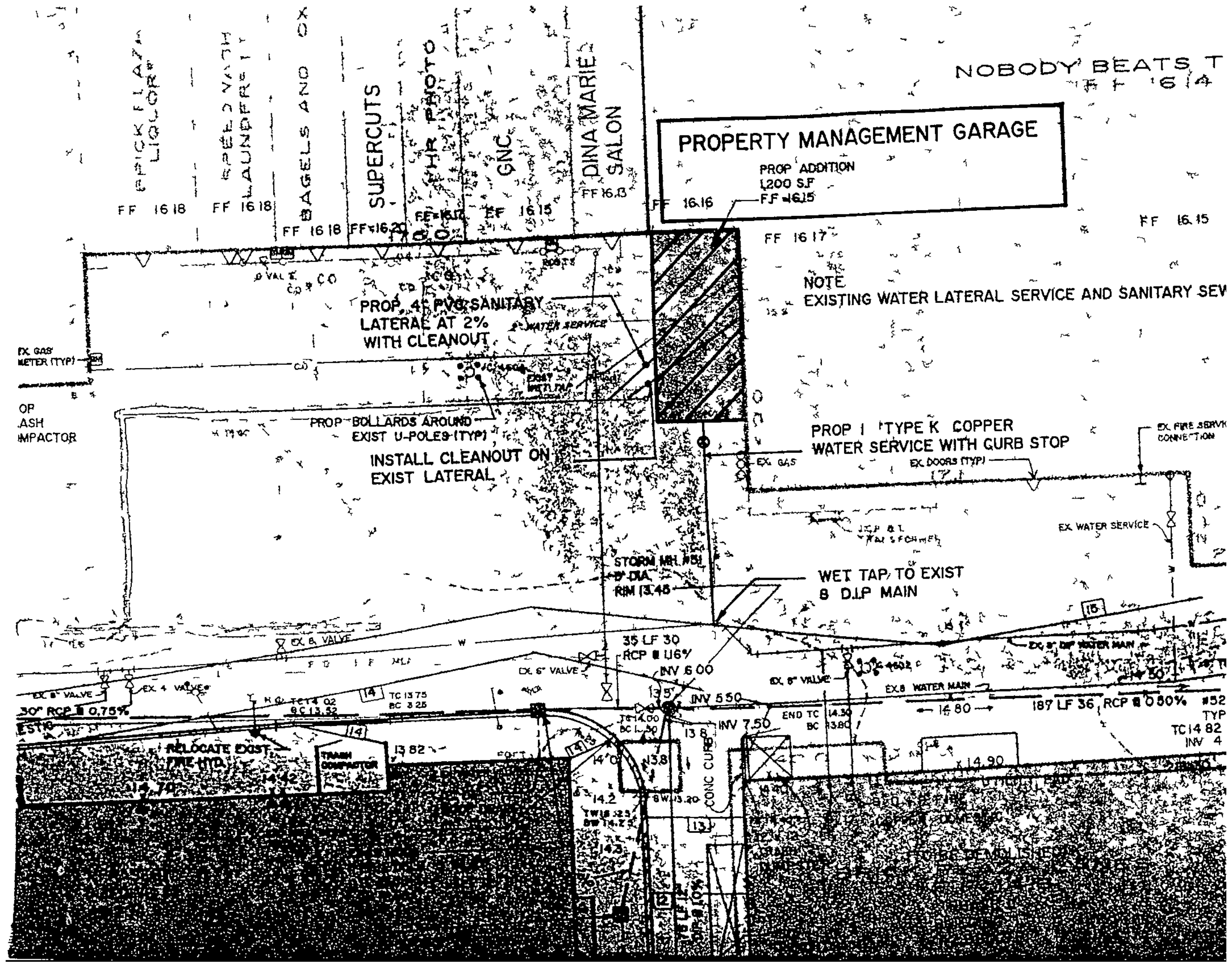
Timothy Peters

TIMOTHY PETERS
PLUMBING & HEATING CO., INC.
NJ State Master Plumbers Lic. #7116
P.O. Box 1847
TOMS RIVER, NJ 08754
(908) 341-4414

JOB Brick Plaza Maint. Building
SHEET NO. 1 OF 2
CALCULATED BY T.P. DATE 7-29-98
CHECKED BY DATE
SCALE None



Plbg 9-16-98


NOBODY BEATS T
FF 16.14
PROPERTY MANAGEMENT GARAGE
PROP ADDITION
1,200 S.F.
FF 16.15
SUPERCUTS
BAGELS AND
GNC
DINA MARIE
SALON
FF 16.18
FF 16.18
FF 16.18
FF=16.20
FF 16.15
FF 16.13
FF 16.16
FF 16.17
FF 16.15
NOTE
EXISTING WATER LATERAL SERVICE AND SANITARY SEW
PROP. 4" PVC SANITARY
LATERAL AT 2%
WITH CLEANOUT
EX. GAS METER (TYP)
PROP BOLLARDS AROUND
EXIST U-POLES (TYP)
INSTALL CLEANOUT ON
EXIST LATERAL
PROP 1" TYPE K COPPER
WATER SERVICE WITH CURB STOP
EX. GAS
EX. DOORS (TYP)
EX. FIRE SERVICE CONNECTION
EX. WATER SERVICE
STORM MH. #51
RIM 13.48
WET TAP TO EXIST
8" D.I.P. MAIN
EX. 8" VALVE
EX. 4" VALVE
EX. 6" VALVE
35 LF 30"
RCP @ 1.16%
INV 6.00
INV 5.50
INV 7.50
30" RCP @ 0.75%
TC 14.02
BC 13.52
TC 13.75
BC 13.25
RELOCATE EXIST FIRE HYD.
TRASH COMPACTOR
13.82
14.0
13.8
14.2
14.3
CONC CURB
END TC 14.30
BC 13.80
EX. 8" WATER MAIN
14.80
14.90
187 LF 36" RCP @ 0.50%
TYP
TC 14.82
INV 4
OP
ASH
IMPACTOR

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER _____ DATE _____

PROPERTY ADDRESS _____ BLOCK ____ LOT _____

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	_____	( ) _____	( ) _____
2:KITCHEN GROUP	_____	( ) _____	( ) _____
3:WATER CLOSETS	_____	( ) _____	( ) _____
4:LAVATORY	_____	( ) _____	( ) _____
5:BATH TUB	_____	( ) _____	( ) _____
6:SHOWER STALL	_____	( ) _____	( ) _____
7:KITCHEN SINK	_____	( ) _____	( ) _____
8:SERVICE SINK	_____	( ) _____	( ) _____
9:LAUNDRY TRAY	_____	( ) _____	( ) _____
10:DISHWASHER	_____	( ) _____	( ) _____
11:WASHING MACHINE	_____	( ) _____	( ) _____
12:URINAL	_____	( ) _____	( ) _____
13:FLOOR DRAIN	_____	( ) _____	( ) _____
14:DRINK FOUNTAIN	_____	( ) _____	( ) _____
15:AIR COND WATER COOLED	_____	( ) _____	( ) _____
16:DENTAL UNIT	_____	( ) _____	( ) _____
17:LAWN SPRINKLE	_____	( ) _____	( ) _____
18:FIRE SPRINKLE	_____	( ) _____	( ) _____
19:HOSE BIBS	_____	( ) _____	( ) _____
TOTAL	_____	_____	_____

GALLONS PER MINUTE _____

SIZE OF SERVICE _____

DATE: _____ APPROVED: _____

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date _____

JURISDICTION _____ *(City, County, Township etc.)*

BUILDING LOCATION [illegible] *(Street address)*

BUILDING DESCRIPTION [illegible]

REVIEWED BY [illegible]

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No	DESCRIPTION	Code Section
	Called Tom Moore 9 2 98	
	Re: Details on Elect Plans	
	Revisions Received 9/8/98	

06/93

send to Bldg. Dept.

C29-2-1

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 EAST
BRICK, NEW JERSEY 08724
(908) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME: Federal Realty Investment PHONE NO. _____ (bus.)

ADDRESS: 1626 E. Jefferson St. _____ (home)

Rockville, MD 20852

PROPERTY IN QUESTION: ADDRESS Brick Plaza (maintenance garage)

BLOCK(S) 671 LOT(S) 2

BTMUA ACCOUNT NO. J961606 TAX MAP DRAWING NO. 1392 B (Print)

SINGLE FAMILY RESIDENCE _____ MINOR SUBDIVISION _____

COMMERCIAL ✓ MAJOR SUBDIVISION _____

	WATER	SEWER
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE IS **REQUIRED.**	✓	✓

CONNECTION WILL BE PROVIDED AS FOLLOWS: INITIAL SERVICE CHARGES

WATER See ATTached Print (STREET) 3/4" 1818.00 1" 3163.00

SEWER See ATTached Print (STREET) 2422.00

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION FOR EXTENSION IS □ IS NOT □ REQUIRED. _____ _____ 0

3. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. IT SHALL BE AVAILABLE UPON COMPLETION OF WORK BY A DEVELOPER UNDER APPLICATION NO. _____ CONTACT THE AUTHORITY TO CONFIRM AVAILABILITY OF SERVICES. _____ _____

DATE: 9-24-98 SIGNED: Fariz M. S. Siddiqui

NOTE: STATEMENT GOOD FOR ONE YEAR.

pae
9/23

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 8 AND 12 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF $15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.
6. CERTIFICATE OF COMPLIANCE

   THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ALL FEES MUST BE PAID IN FULL.

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-23-99

JURISDICTION Pelby
(City, County, Township, etc.)

BUILDING LOCATION Buck Playa Hunt Club
(Street address) Chamberin Ridge Rd

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	a statement of utility service is needed.	
	Jay Elliott was called	

06/93

HYDRAULIC CALCULATIONS

for

MAINTENANCE GARAGE

BRICK PLAZA

BRICK TOWNSHIP, NEW JERSEY 08723

Contract No. 0113

Date September 18, 1998

Design Data:

Remote Area Location	ENTIRE AREA
Occupancy Classification	ORDINARY GRP.1 In Garage (Light in Offices)
Density	0.15 gpm/sq.ft
Remote Area Size	0.0 sq.ft
Coverage per Sprinkler	130.0 sq.ft
Sprinkler K-Factor	5.60
No. of Sprinkler Calculated	9
In-Rack Demand	0.0 gpm
Source Hose Demand	250.0 gpm
Total Water Including Hose	442.9 gpm
Name of Contractor	R.G. SOLOMON FIRE PROTECTION Inc.
Name of Designer	MSG Fire & Safety Inc.
Address	P.O. BOX 846,SPRING LAKE HEIGHTS, NEW JERSEY 07762
Authority Having Jurisdiction	A.H.J.

REVIEWED BY:
FRANK E. PANNONE
Professional Engineer / Registered Architect
1064A LONG BEACH BLVD.; LONG BEACH ISLAND
NORTH BEACH, N. J. 08008

☐ NJPE12861; ☐ NYPE39616; ☐ NJRA AIO 12950

OTHER

GENERAL RESULTS

Total Water Including Hose	442.9 gpm
Additional Allowances	0.0 gpm
Discharge from Sprinklers	193.2 gpm
Source Hose Demand	250.0 gpm
Average Imbalance	0.067 gpm
Maximum Imbalance	0.5 gpm
Maximum Velocity @ Pipe: m3	22.1 ft/s
Maximum Fr. Loss @ Pipe: m3	0.977 psi/ft

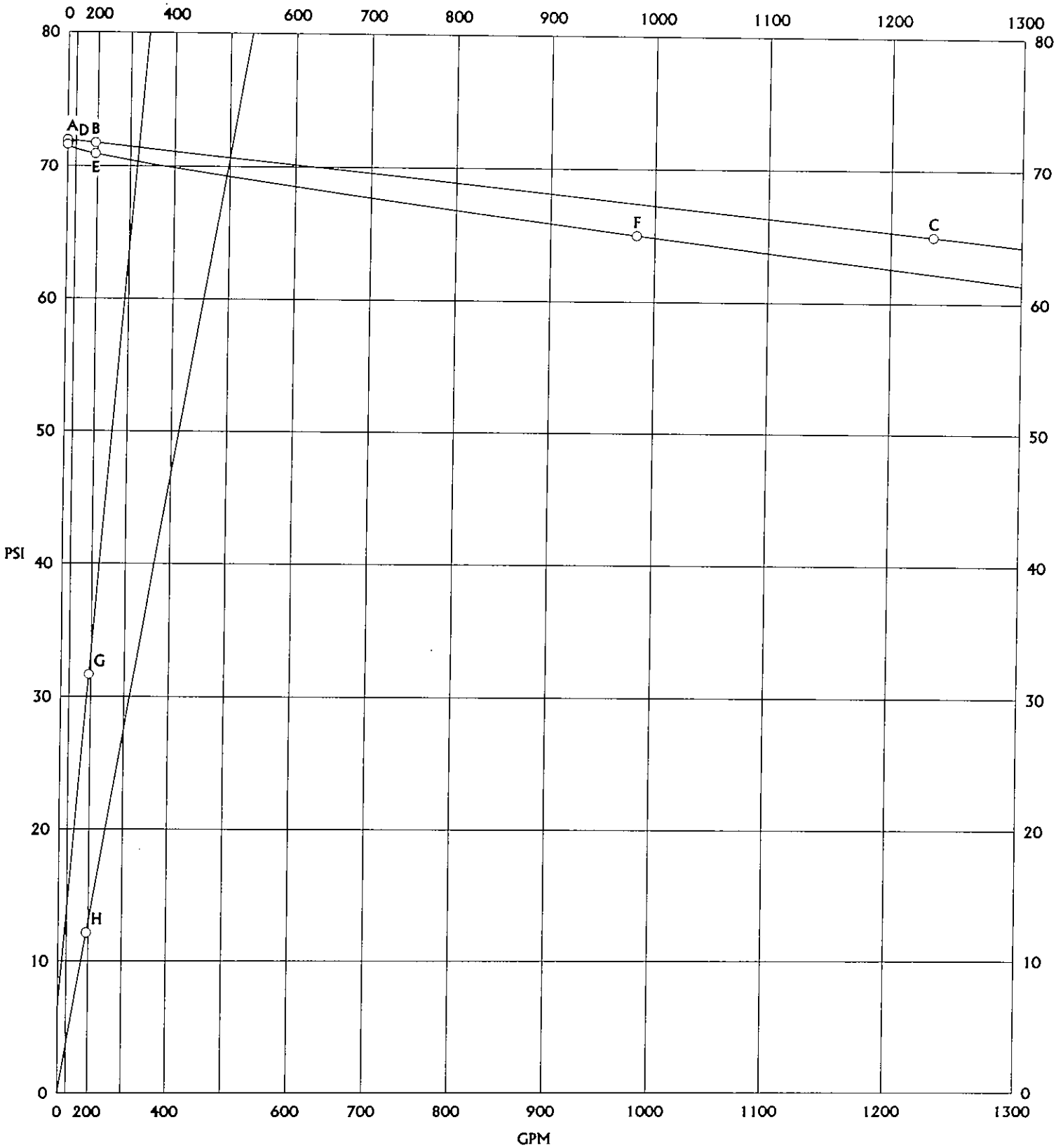
Remote Area was not Peaked

Velocity pressures have been used for information only, and are not valid for balancing the system.

SOURCE : s1

Static Pressure	72.0 psi
Residual Pressure	65.0 psi
Flow	1233.0 gpm
Hose Allowance	250.0 gpm
Available Pressure	70.9 psi
Required Pressure	31.7 psi
Safety Factor	55.4%, 39.3 psi
Water Flowing	192.9 gpm

Water Curves for Src : s1



Curve	Values - X : psi @ gpm
Supply Curve @ Src : s1	A : 72 @ 0 - B : 71.8 @ 192.9 - C : 65 @ 1233
Supply Curve with Hose @ Src : s1	D : 71.6 @ 0 - E : 70.9 @ 192.9 - F : 65 @ 983
Demand Curve @ Src : s1	6.4 @ 0 - G : 31.7 @ 192.9
End Head Pressure Responce	0 @ 0 - H : 12.1 @ 192.9

NODES							
#	Type	Value	Elevation	X	Y	Res. Pres.	Discharge
			ft	ft	ft	psi	gpm
s1	Src	[...]	-4.5	70.0	45.0	31.7	250.0
h1	Head	5.60	8.0	25.0	75.3	12.2	19.5
h2	Head	5.60	10.2	44.3	74.2	16.2	22.5
h3	Head	5.60	10.2	34.3	74.2	14.8	21.6
h4	Head	5.60	8.0	18.8	72.0	16.7	22.9
h5	Head	5.60	8.0	26.5	69.3	12.7	20.0
h6	Head	5.60	8.0	18.8	61.7	16.4	22.7
h7	Head	5.60	10.2	44.3	61.2	16.2	22.5
h8	Head	5.60	10.2	34.3	61.2	14.8	21.6
h9	Head	5.60	8.0	26.5	59.3	12.7	20.0
n1	Node	-	10.2	26.5	75.3	11.9	-
n2	Node	-	10.2	25.0	75.3	11.7	-
n3	Node	-	10.2	18.8	72.0	16.4	-
n4	Node	-	10.2	26.5	69.3	12.7	-
n5	Node	-	10.0	32.3	67.7	18.8	-
n6	Node	-	10.2	44.3	67.7	17.3	-
n7	Node	-	10.0	44.3	67.7	18.7	-
n8	Node	-	10.2	34.3	67.7	15.8	-
n9	Node	-	10.0	34.3	67.7	18.7	-
n10	Node	-	10.2	26.5	67.7	13.4	-
n11	Node	-	10.0	26.5	67.7	18.6	-
n12	Node	-	10.2	18.8	67.7	17.1	-
n13	Node	-	10.0	18.8	67.7	18.5	-
n14	Node	-	4.0	32.3	67.7	23.8	-
n15	Node	-	2.0	32.3	67.7	25.7	-
n16	Node	-	10.2	18.8	61.7	16.1	-
n17	Node	-	2.0	32.3	60.0	27.9	-
n18	Node	-	-4.5	32.3	60.0	30.9	-
n19	Node	-	10.2	26.5	59.3	12.3	-
n21	Node	-	-4.5	32.3	45.0	31.2	-

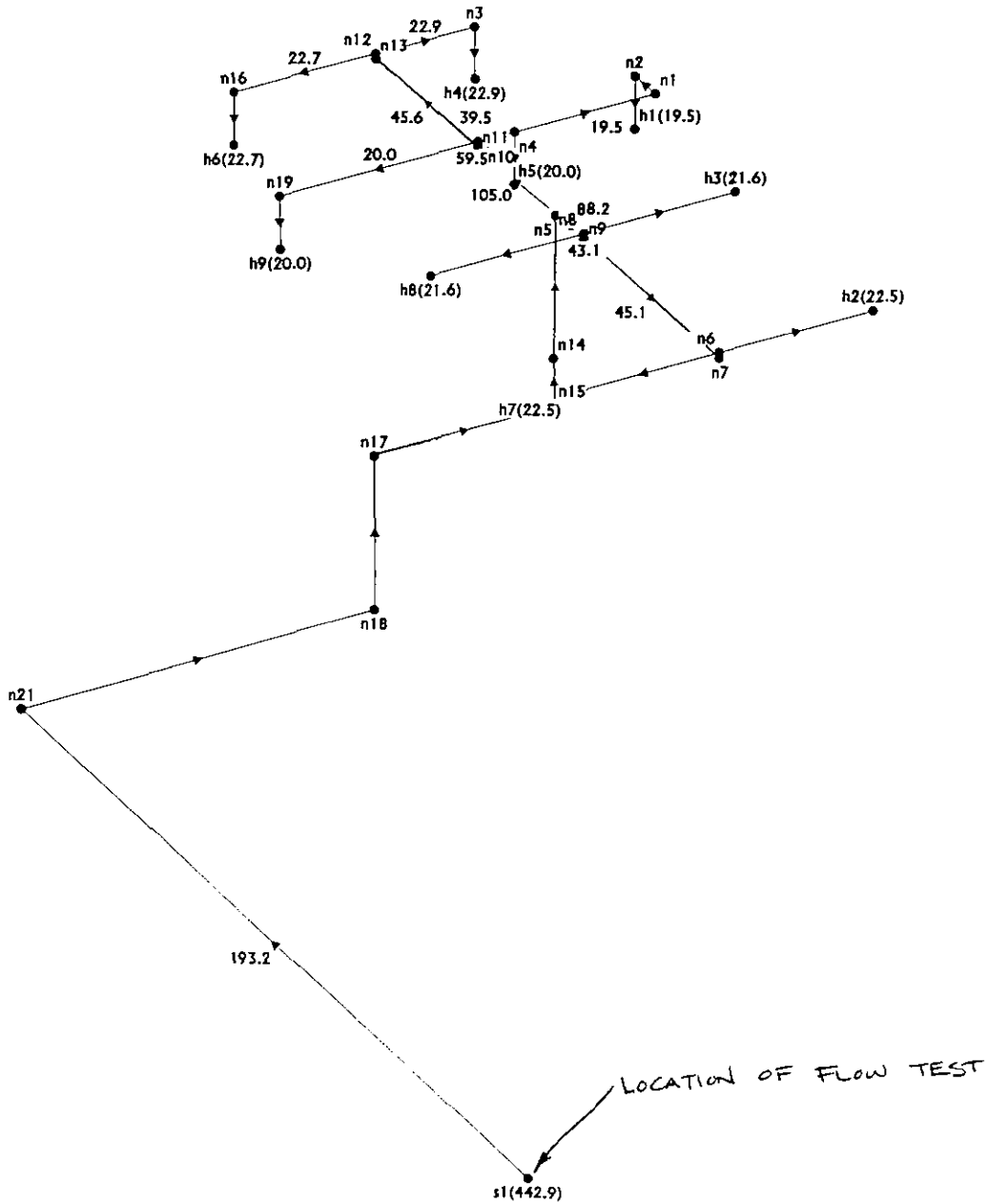
PIPES

#	Start/End Nodes				Material HWC Fittings	Size Nom.Diam. Int.Diam.	Length Eq.Length Total Length	Fr.Loss	Pres.Fr.Loss Pres.Elev.Loss Pres.Vel.Loss	Flow	Velocity
	#	Elevation	Res.Pres.	Discharge							
		ft	psi	gpm			ft	psi/ft	psi	gpm	ft/s
sd1	n2	10.2	11.7	-	Sch40	1	2.2	0.125	0.527	19.5	7.3
	h1	8.0	12.2	19.5	120	1.000	2.0		0.965		
					E	1.049	4.2		0.018		
sd2	n3	10.2	16.4	-	Sch40	1	2.2	0.167	0.705	22.9	8.5
	h4	8.0	16.7	22.9	120	1.000	2.0		0.965		
					E	1.049	4.2		0.021		
sd3	n4	10.2	12.7	-	Sch40	1	2.2	0.130	0.937	20.0	7.4
	h5	8.0	12.7	20.0	120	1.000	5.0		0.965		
					T	1.049	7.2		0.019		
sd4	n16	10.2	16.1	-	Sch40	1	2.2	0.164	0.694	22.7	8.4
	h6	8.0	16.4	22.7	120	1.000	2.0		0.965		
					E	1.049	4.2		0.021		
sd5	n19	10.2	12.3	-	Sch40	1	2.2	0.130	0.549	20.0	7.4
	h9	8.0	12.7	20.0	120	1.000	2.0		0.965		
					E	1.049	4.2		0.019		
bl1	n6	10.2	17.3	-	Sch40	1	6.5	0.162	1.056	22.5	8.4
	h2	10.2	16.2	22.5	120	1.000	0.0		0.000		
					-	1.049	6.5		0.021		
bl2	n8	10.2	15.8	-	Sch40	1	6.5	0.150	0.973	21.6	8.0
	h3	10.2	14.8	21.6	120	1.000	0.0		0.000		
					-	1.049	6.5		0.020		
bl3	h7	10.2	16.2	22.5	Sch40	1	6.5	0.162	1.056	-22.5	8.4
	n6	10.2	17.3	-	120	1.000	0.0		0.000		
					-	1.049	6.5		0.021		
bl4	h8	10.2	14.8	21.6	Sch40	1	6.5	0.150	0.973	-21.6	8.0
	n8	10.2	15.8	-	120	1.000	0.0		0.000		
					-	1.049	6.5		0.020		
bl5	n2	10.2	11.7	-	Sch40	1	1.5	0.125	0.187	-19.5	7.3
	n1	10.2	11.9	-	120	1.000	0.0		0.000		
					-	1.049	1.5		0.018		
bl6	n4	10.2	12.7	-	Sch40	1	6.0	0.125	0.748	19.5	7.3
	n1	10.2	11.9	-	120	1.000	0.0		0.000		
					-	1.049	6.0		0.018		
bl7	n12	10.2	17.1	-	Sch40	1	4.2	0.167	0.708	22.9	8.5
	n3	10.2	16.4	-	120	1.000	0.0		0.000		
					-	1.049	4.2		0.021		
bl8	n10	10.2	13.4	-	Sch40	1	1.6	0.458	0.725	39.5	14.7
	n4	10.2	12.7	-	120	1.000	0.0		0.000		
					-	1.049	1.6		0.037		
bl9	n19	10.2	12.3	-	Sch40	1	8.4	0.130	1.092	-20.0	7.4
	n10	10.2	13.4	-	120	1.000	0.0		0.000		
					-	1.049	8.4		0.019		
bl10	n16	10.2	16.1	-	Sch40	1	6.1	0.164	0.998	-22.7	8.4
	n12	10.2	17.1	-	120	1.000	0.0		0.000		
					-	1.049	6.1		0.021		

PIPES

#	Start/End Nodes				Material HWC Fittings	Size Nom.Diam. Int.Diam.	Length Eq.Length Total Length	Fr.Loss	Pres.Fr.Loss Pres.Elev.Loss Pres.Vel.Loss	Flow	Velocity
	#	Elevation	Res.Pres.	Discharge							
		ft	psi	gpm			ft	psi/ft	psi	gpm	ft/s
m1	n7 n6	10.0 10.2	18.7 17.3	- -	Sch40 120 E	1 1.000 1.049	0.2 2.0 2.2	0.586	1.305 0.099 0.042	45.1	16.7
m2	n9 n8	10.0 10.2	18.7 15.8	- -	Sch40 120 T	1 1.000 1.049	0.2 5.0 5.2	0.540	2.822 0.099 0.040	43.1	16.0
m3	n11 n10	10.0 10.2	18.6 13.4	- -	Sch40 120 T	1 1.000 1.049	0.2 5.0 5.2	0.977	5.107 0.099 0.055	59.5	22.1
m4	n13 n12	10.0 10.2	18.5 17.1	- -	Sch40 120 E	1 1.000 1.049	0.2 2.0 2.2	0.596	1.329 0.099 0.042	45.5	16.9
cm1	n5 n9	10.0 10.0	18.8 18.7	- -	Sch10 120 -	2-1/2 2.500 2.635	2.0 0.0 2.0	0.023	0.046 0.000 0.002	88.2	5.2
cm2	n11 n5	10.0 10.0	18.6 18.8	- -	Sch10 120 -	2-1/2 2.500 2.635	5.8 0.0 5.8	0.032	0.184 0.000 0.002	-105.0	6.2
cm3	n9 n7	10.0 10.0	18.7 18.7	- -	Sch10 120 -	2-1/2 2.500 2.635	10.0 0.0 10.0	0.007	0.066 0.000 0.001	45.1	2.7
cm4	n13 n11	10.0 10.0	18.5 18.6	- -	Sch10 120 -	2-1/2 2.500 2.635	7.7 0.0 7.7	0.007	0.052 0.000 0.001	-45.6	2.7
pp1	n14 n5	4.0 10.0	23.8 18.8	- -	Sch10 120 S	2-1/2 2.500 2.635	6.0 19.2 25.2	0.098	2.457 2.598 0.005	193.2	11.4
pp2	n15 n14	2.0 4.0	25.7 23.8	- -	Sch10 120 E	2-1/2 2.500 2.635	2.0 8.2 10.2	0.098	0.997 0.866 0.005	193.2	11.4
pp3	n17 n15	2.0 2.0	27.9 25.7	- -	Sch10 120 E2S2G	3 3.000 3.260	7.7 55.1 62.8	0.035	2.170 0.000 0.002	193.2	7.4
up3	s1 n21	-4.5 -4.5	31.7 31.2	250.0 -	Ductile 140 E	4 4.000 3.980	37.7 12.6 50.3	0.010	0.494 0.000 0.001	193.2	5.0
up1	n18 n17	-4.5 2.0	30.9 27.9	- -	Ductile 140 E	4 4.000 3.980	6.5 12.6 19.1	0.010	0.188 2.814 0.001	193.2	5.0
up2	n21 n18	-4.5 -4.5	31.2 30.9	- -	Ductile 140 E	4 4.000 3.980	15.0 12.6 27.6	0.010	0.271 0.000 0.001	193.2	5.0

FLOW DIAGRAM



COUNTER FORM
PLEASE PRINT

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

Site Location: Brick Plaza — Date Rec'd.:
Block: 671 Lot: 2, 4, 8, 11, 12, — Date Issued:
Owner in Fee: Federal Realty — Control #:
Address: 1626 East Jefferson St — Permit #:
Rockville md.

State: md Zip: 20852 Phone: (301) 998-8100
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Timothy Peters Plbg Corp
ADDRESS: P.O Box 1847
Toms River, NJ 08754
PHONE: 732-341-4414
LIC.#: 7116
LIC. EXPIRATION DATE: 6-99
FEDERAL EMP. # (or S.S. #): 22-314-5636

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $ 2000.00
Signature:
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: Joyce Const Co.
ADDRESS: 35 Colby Ave Brick Manasquan NJ 08736
PHONE: 732-223-6880 5320
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

addition

COMMERCIAL

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

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed: Storage
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: ~~10'8"~~ 11'4"
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: $12,500
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

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:

JAYEFF CONSTRUCTION CORP.
35 COLBY AVENUE
MANASQUAN, NJ 08736

FIRST UNION NATIONAL BANK
55-2/212

3887

CHECK NO. 38872

DATE AMOUNT

August 7, 1998 **********50.00

Pay: **********Fifty dollars and no cents

PAY TO THE ORDER OF BRICK TWP AFFORDABLE HOUSING

SECURITY [redacted]

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 8-12-98

Business/Development: Brick Plaza Center

Owner/Applicant: Jayeff Construction Corp

Property Address: Brick Plaza

Block: 671 Lot: 2, 4, 8, 11, 12

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 38872

Estimated Fee $ 100.00

Deposit Amount $ 50.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

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

8-12-98
Date

RECEIVED

SEP 1 4 1998

DIV. OF INSPECTION

COUNTER FORM

PLEASE PRINT

Contractor Change

ELECTRICAL SUBCODE

CONTRACTOR: ITS Electrical Co. Inc.

ADDRESS: 566 Michelle Pl.
Brick NJ 08723

PHONE: 732-477-1725

LIC. #: 11930 EXP. DATE: 03/31/00

FEDERAL EMPL. #: (or S.S. #): [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	11	
Receptacles	8	
Switches	4	
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	10gal 2	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	100	AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 7200.00

Signature (print name): [signature]

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL: 9-14-98

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:

COUNTER FORM
PLEASE PRINT

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

Site Location: _____ Date Rec'd.: _____
Block: _____ Lot: _____ Date Issued: _____
Owner in Fee: _____ Control #: _____
Address: _____ Permit #: _____

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: _____
Date: _____
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: _____
ADDRESS: _____

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

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: _____

Estimated Cost of Building Work: _____
New Building (1): $ _____
Aleration (2): $ _____
TOTAL (1+2): $ _____
SUBCODE APPROVAL: _____
PLANS: Required ☐ Approved ☐
Approved by: _____
Date: _____

Change of Contractor

COUNTER FORM

PLEASE PRINT

RECEIVED
SEP 21 1998
DIV. OF INSPECTION

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

Site Location: Brick Plaza Shopping Ctr. Date Rec'd.:
Block: 611 Lot: 2 Date Issued:
Owner in Fee: Federal Realty Trust Control #:
Address: Permit #:

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

PLUMBING SUBCODE

CONTRACTOR: Bruce Cullander
ADDRESS: 1142 Harding Place
Point Pleasant, NJ 08742
PHONE: 899-8434
LIC #: 8546
LIC. EXPIRATION DATE: 6/99
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
1	Hose Bibb
✓	Gas Piping 2 Appliances
	Fuel Oil Piping
1	Water Heater 10 Gal. Elec.
	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: $ 3,300 ea
Signature: Bruce Cullander
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

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:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

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:

#98-3187 MAINTENANCE SHED

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Fed Realty Trust DATE 9-23-98

PROPERTY ADDRESS Rock Plaza BLOCK 67 LOT 2-4-8-11, 12

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	1/2	( ) 3.5	( )
2:KITCHEN GROUP		( )	( )
3:WATER CLOSETS		( )	( )
4:LAVATORY		( )	( )
5:BATH TUB		( )	( )
6:SHOWER STALL		( )	( )
7:KITCHEN SINK	1	( ) 2	( )
8:SERVICE SINK		( )	( )
9:LAUNDRY TRAY		( )	( )
10:DISHWASHER		( )	( )
11:WASHING MACHINE		( )	( )
12:URINAL		( )	( )
13:FLOOR DRAIN		( )	( )
14:DRINK FOUNTAIN		( )	( )
15:AIR COND WATER COOLED		( )	( )
16:DENTAL UNIT		( )	( )
17:LAWN SPRINKLE		( )	( )
18:FIRE SPRINKLE		( )	( )
19:HOSE BIBS		( )	( )

TOTAL 5.5

GALLONS PER MINUTE 5

SIZE OF SERVICE 3/4"

DATE: 9-23-98 APPROVED: _____

COUNTER FORM
PLEASE PRINT

UPDATE 98-3187+C

maintenance garage

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

Site Location: Brick Plaza Management Date Rec'd.:
Block: 671 Lot: 2 Date Issued:
Owner in Fee: Federal Realty Control #:
Address: 1626 East Jefferson St Permit #:
Rockville MD 20852
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Bruce Cullander
ADDRESS: 1142 Hovding Place
Point Pleasant, NJ 08742
PHONE: 732-899-8434
LIC #: 9546
LIC. EXPIRATION DATE: 6/99
FEDERAL EMP. # (or S.S. #: [redacted]

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
1	Backflow Preventer Fire Sprinkler
	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

#1P

Estimated Cost of Plumbing Work: $ 750.00
Signature: Bruce Cullander
Owner ☐ Contractor ☑
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: 10/6/98
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Backflow preventer for Fire sprinkler line

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

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:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTEK 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: