BLOCK 671 LOT 8 QUALIFICATION CODE C2-8 ADDRESS (SITE) 80 BRICK PLAZA PERMIT NO. 99-2726

C2-8

RECEIVED JUN 30 1999 DIVISION

CONSTRUCTION PERMIT APPLICATION

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

ZNA

I. IDENTIFICATION

BON-TON STORE

1. Proposed Work Site at: 80 BRICK PLAZA, BRICK TWP. NJ
2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST Tel. (301) 998-8100
   Address 1626 JEFFERSON ST, ROCKVILLE, MD 20852-4041 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: JAYEFF CONSTRUCTION CORP Tel. (732) 223-5320
   Address 35 COLBY AVE. MANASQUAN NJ 08736
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-2797171 FAX: (732) 223-6080
5. Architect or Engineer TUCCI SEGRETE & ROSEN Tel. (212) 629-3900
   Address 440 NINTH AVE, NY, NY 10001
6. Responsible Person in Charge of Work MIKE FABEAN (JAYEFF)
   Tel. (732) 223-5320 FAX (732) 223-6080

9-2-99 FIRE FRI T CO

Tenant fit-up
Minor alteration - replace fixtures and light fixtures

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2,510-		
2.	Electrical	60-		
3.	Plumbing			
4.	Fire Protection		105	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	112	2	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 2712-	107	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

COMMERCIAL

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 ____

PRELIMINARY APPROVAL — FINAL APPROVAL — CONSTRUCTION — IMPORTANT — PAY FEE ... JAN 18

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration	100,000				7-20-99	[illegible]			
5. ☑ Fire Protection					8-18-99	[illegible]	relock sprinkler heads only		
6. ☐ Plumbing									
7. ☑ Electrical	40,000				7-20-99	[illegible]	8/30/99		ok
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☑ Demolition	10,000	[illegible]	7/6/99		7/6/99	[illegible]			
TOTAL COSTS	150,000								

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: RETAIL SALES
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10401438

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

X Agent Name EDWARD M. GORE (JAYEFF CONST.)

Address 35 COLBY AVE., MANASQUAN NJ 08736

Telephone (732) 223-5320

Signature Edward M Gore

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. 2726	9-3-99			
☐ Lead Abatement Clearance Certificate	No. _____				

CERTIFICATE

Date Issued 9-2-99
Control #
Permit # 99-2726

IDENTIFICATION

Block 671 Lot 8
Work Site Location 80 Brick Plaza

Owner in Fee Federal Realty Investment
Address 1626 Jefferson St.
Rockville, Md. 20852-4041
Tele. ( )
Contractor Javeff Construction Corp.
Address 35 Colby Ave.
Manasquan, NJ 08736
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group M
Maximum Live Load
Description of Work/Use:

Tenant fit-up "BON TON STORE"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

☐ 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.

XXXX☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than September 8, 19 99 or the owner will be subject to a fine or order to vacate:

Pending compliance with Building and Fire.

J Cuniazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

0002
992726*#

BLOCK	0.00
671 #	
LOT	0.00
8 #	
BUILDING	2510.00
ELETRIC*	60.00
D.C.A.	112.00
ZONEPLOT	15.00
ENG P.R.	15.00
TOTAL	2712.00
CHECK	2712.00
CHANGE	0.00

07/21/99 NO. 5 0022A005 13:23

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/21/99
Control #
Permit # 99-2726

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 80 BRICK PLAZA BON-TON STORE
ALTERATIONS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Telephone (215)657-8740

Contractor JAYEF CONSTRUCTION
Address 35 COLBY AVE.
MANASQUAN, NJ 08736-
Telephone (908)223-5320
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2797171

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS- MINOR DEMO, MINOR ALTERATIONS OF EXSITING FIXTURES AND REPLACE LIGHT FIXTURES

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 $ 140,000

J. Cusiano
Construction Official

07/21/99
Date

O.C.C. 7170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	2,510
Electrical	60
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	112
Cert. of Occupancy	0
Other	Zoning 30.
Total	~~2,682~~
Check No.	2712. 45880
Cash	
Collected By	HP

0002
992726*#
BLOCK 671 # 0.00
LOT 8 # 0.00
FIRE 65.00
D.C.A. 2.00
TOTAL 67.00
CHECK 67.00
CHANGE 0.00
08/24/99 NO. 5 0018A005 12:12

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/24/99
Control #
Permit # 99-2726+A
Permit Issued 07/21/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 80 BRICK PLAZA BON-TON STORE
FIRE SPRINKLER HEADS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Telephone (215)657-8740

Contractor RG SOLOMON FIRE PROTECTION
Address ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
Telephone (732)449-8208
Lic. No. or Bldrs. 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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
RELOCATE 10 SPRINKLER HEADS AND ADD 3 NEW SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	2648
Cash	
Collected By	HP

Estimated Cost of Work $ 2,000

J. Cuniffe
Construction Official

08/24/99
Date

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

0004*
2726*#
BLOCK 671 #
LOT B #
FIRE 0.00
D.C.A. 0.00
TOTAL 55.00
CHECK 1.00
CHANGE 56.00
NO. 5 0.00
00JAA005 14:20
08/26/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/26/99
Control #
Permit # 99-2126+B
Permit Issued 07/21/99

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 80 BRICK PLAZA BOW-LIN STORE
ADDT'L FIRE SPRINKLERS

Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Telephone (215)657-8740

Contractor RJ SOLOMON FIRE PROTECTION
Address POYAI CT J-15
SPRING LAKE HEIGHTS NJ 07762-
Telephone (732)449-8208
Lic. No. or Reg. 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:
ADDITIONAL SPRINKLER HEADS

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	0
Fire Protection	55
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	56
Check No. # 2665	999
Cash	
Collected By	FL

Estimated Cost of Work $ 1,400

J Ciriazza Jr 08/26/99

Construction Official Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/03/99
Control #
Permit # 99-2726

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ALTERATIONS
Owner in Fee/Occupant FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Telephone (215)657-8740
Contractor JAYEF CONSTRUCTION
Address 35 COLBY AVE.
MANASQUAN, NJ 08736-
Telephone (908)223-5320 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2797171

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 ALTERATIONS- MINOR DEMO, MINOR ALTERATIO
AND REPLACE LIGHT FIXTURES

[ ] 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 Ciriazza

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 45880
Collected by: HP

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/03/99
Control #
Permit # 99-2726

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ALTERATIONS
Owner in Fee/Occupant FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Telephone (215)657-8740
Contractor JAYEF CONSTRUCTION
Address 35 COLBY AVE.
MANASQUAN, NJ 08736-
Telephone (908)223-5320 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2797171

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 ALTERATIONS- MINOR DEMO, MINOR ALTERATIO
AND REPLACE LIGHT FIXTURES

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

[ ] CERTIFICATE OF 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

[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.

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

[ ] TEMPORARY CERTIFICATE OF 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 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. Quiazza

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 45880
Collected by: HP

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/30/99
Date Issued 7/21/99
Control # C2-8
Permit # 99-2726

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICE PLAZA BOR-TOR STORE
ALTERATIONS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele (215)657-8740
Contractor JAYKE CONSTRUCTION
Address 35 COLBY AVE.
MANASQUAN, NJ 08736-
Tele.(908)223-5320 Fax ( )
Lic. No. or Bldrs. Reg No
Federal Emp No. 22-2797171

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-20-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

	Present	Proposed B
Use Group		
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 Disturned		0 Sq Ft

Est. Cost of Bldg. Work:
1. New Bldg $ 0
2. Alteration $ 100,000
3. Total (1+2)$ 100,000

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

INTERIOR ALTERATIONS- MINOR DEMO, MINOR ALTERATIONS OF EXSITING FIXTURES AND REPLACE LIGHT FIXTURES

Note Mezzinine Plan Submitted Does Not match Field Conditions

TYPE OF WORK			FEE (Office Use Only)
[ ] New Building			$ 0
[ ] Addition			0
[X] Alteration			2,510
[ ] 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	$ 2,510
	DCA Training Fee	$ 60

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/30/99
Date Issued 7/21/99
Control # C2-8
Permit # 99-2726

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

Block 671 Lot 8 Qual

Work Site Location 30 BRICK PLAZA DRIVE-TOP STORE
ALTERATIONS

Owner in Fee FEDERAL REALTY

Address SAME
BRICK NJ 08723-

Tele (215)657-4740

Contractor JAMES CONSTRUCTION

Address 35 COLBY AVE.
HADDONFIELD NJ 08033-

Tele (609)427-5120 Fax #

Lic No of Mstr. Reg No

Federal EIN No 22-2971111

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

| | No Plans Req.
|X| All 7-20-99 (FM)
| | Footing
| | Foundation
| | Frame
| | Other

Joint Plan Review Required:
| | Elect | | Plumb | | Fire
SUBCODE APPROVAL | | Elev
| | CO | | CCO | | CA

Date:

Approved By:

INSPECTIONS — Dates (Month/Day) — Type — Failure — Failure — Approval — Initial

Footing
Foundation
Slab
Frame
BarrierFree
Insulation
Finishes
Energy
Mechanical
P/O
Other
Final
BarrierFree

B BUILDING CHARACTERISTICS

Use Group Present Proposed
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 $ 100,000
3. Total (1)+(2) 100,000

Industrialized Building:
| | State Approved
| | NRC

C CERTIFICATION IS SIGN 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
USE GROUP(S) & SUBS

INTERIOR ALTERATIONS- MINOR WORK. MINOR ALTERATIONS TO EXISTING FIXTURES AND REPLACE LIGHT FIXTURES

Note Mezzinine Plan Submitted Does Not match Field Conditions

TYPE OF WORK — FEE (Office Use Only)

| | New Building — 0
| | Addition — 0
|X| Alteration — 1,510
| | Roofing — 0
| | Siding — 0
| | Fence 0 Height (exceeds 6') — 0
| | Sign 0 Sq. Ft — 0
| | Pool — 0
| | Asbestos Abatement Subchapter 5 — 0
| | Lead Haz. Abatement RSRA 5:17 — 0
| | Other — 0
Other — 0
| | Demolition — 0

Subtotal Construction Surcharge — $ 0
Paid | | Check # Minimum Fee — $ 0
Collected 0 TOTAL FEE — $ 1,510
DCA Training Fee — $ 50

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/30/99
Date Issued 7/21/99
Control # C28
Permit # 99-2726

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ALTERATIONS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(215)657-8740
Contractor JAYEF CONSTRUCTION
Address 35 COLBY AVE.
MANASQUAN, NJ 08736-
Tele.(908)223-5320 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2797171

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-20-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	1ST STOOS.		7/23/99	
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 $ 100,000
3. Total (1+2)$ 100,000

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

INTERIOR ALTERATIONS- MINOR DEMO, MINOR ALTERATIONS OF EXSITING FIXTURES AND REPLACE LIGHT FIXTURES

Note Mezzinine Plan Submitted Does Not match Field Conditions

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,510
[ ] 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	$ 2,510
DCA Training Fee	$ 80

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/30/99
Date Issued 7/21/99
Control # C2-8
Permit # 99-2726

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

Block 671 Lot 8 Qual
Work Site Location 50 BRICK PLAZA BON-TON STORE
ALTERATIONS
Owner in Fee PROBEAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(732)280-6700 Fax ( )
Contractor PRO MAINTENANCE
Address 1164 HWY 33
FARMINGDALE, NJ 07727-
Tele.(732)280-6700
Lic. No. or Bldrs. Reg. No. 6629
Federal Emp No 22-3439446

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed b
[ ] Pole/Pad S [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 7/20/99
Approved By:

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

INSPECTIONS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO	SIZE	ITEM	*BR (Office Use Only)
52		Lighting Fixtures	
45		Receptacles	
0		Switched	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
14		Emergency & Exit Lights	
32		Communications Points	
0		Alarm Devices & Panel	
147		TOTAL OUTLETS	
0		Pool Permit with UW Lights	0
		Separate Pool/Spa/Hot Tub	0
0	0	KW Electric Range/Receptacle	0
0	0	KW Oven-Surface Unit	0
0	0	KW Electric Water Heater	0
0	0	KW Electric 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 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Electric Signs/Outline Light	0
		Other	0
		Other	0

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	
Minimum Fee	$	0
Total Fee	$	80
UCC Training Fee	$	

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/30/99
Date Issued 7/21/99
Control # C2-8
Permit # 99-2726

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA NON-TOH STORE
ALTERATIONS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(732)280-6700 Fax ( )
Contractor PRO MAINTENANCE
Address 1766 HWY 34
FARMINGDALE, NJ 07727-
Tele.(732)280-6700
Lic. No. or Bldrs. Reg. No. 6629
Federal Emp. No 22-3430998

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 40,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 7/20/99
Approved By:

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

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initials
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
52		Lighting Fixtures	
48		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
15		Emergency & Exit Lights	
32		Communications Points	
0		Alarm Devices/F.A.P. Panel	
147		TOTAL OUTLETS	60
0		Pool Permit With UW Lights	0
		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	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	$	60
DCA Training Fee	$	5

UCC Bldg (rev 11/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/30/99
Date Issued 7/21/99
Control # C2-8
Permit # 99-2726

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ALTERATIONS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(732)280-6700 Fax ( )
Contractor PRO MAINTENANCE
Address 1766 HWY 34
FARMINGDALE, NJ 07727-
Tele.(732)280-6700
Lic. No. or Bldrs. Reg. No. 6629
Federal Emp. No. 22-3430998

B. ELECTRICAL CHARACTERISTICS
Use Group - Present ______ Proposed B
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other
Building Occupied as ______ Utility Co. ______
Estimated Cost of Electrical Work $ 40,000

COMMERCIAL

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
52		Lighting Fixtures	
48		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
15		Emergency & Exit Lights	
32		Communications Points	
0		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	60
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 7-20-99
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-30-99
Approved By: [signature]

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			7-26-99	TO
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	8-26-99		8-30-99	TO

Dates (Month/Day)
Temp Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

ceiling visible offices OK 8-1 7/26
8-7-99 Floor outlets
OVER... contractor not onsite 7-27-99 TO

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 Appl...

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	60
DCA Training Fee	$	32

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

8-13-99 Stock Store - WANTED

walk through with Build. & Fire Sub code - many existing violations, in storage room, open wiring no clamps, wiring connections
No permit Telecommunication - & Alarm wiring

8-16-99 AM - 10:30 AM

Walkthrough with C.O. & Bld. Sub code many open box & scrap wire, many Romex clamps on M.C.

8-16-99 Return Trip 7:20 PM

Some corrections made.
Still K.O. seals missing. Box covers missing
Scrap BX-M.C
Tape on M.C. In box on Romex clamp on box
(Switch Box)

8-17-99
2nd floor Ceiling

8-26-99 (Final)

Now U.L cord Assembly

Showcase Wiring
Type wrap. flex to fixture

8-27-99 Open Wiring under cash wrap -
120 volt ? ~~___~~ - Box

8/30/99 Thru All
As per Reno work on this permit only -
Reno Passed

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/25/99
Date Issued ~~01/01/54~~ 8/26/99
Control #
Permit # 99-2726+B

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ADDT'L FIRE SPRINKLERS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(732)449-8208 Fax ( )
Contractor RG SOLOMON FIRE PROTECTION
Address ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
Tele.(732)449-8208
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3496080

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,400

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8-25-99
Approved By: KER

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Date: 8-30
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			8/30	KER
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 26 WET HEADS		55
Other		0
		DCA + 1

Administrative Surcharge $ 30
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $
DCA Training Fee $

U.C.C. T

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

DATE RECEIVED 08/17/99
DATE ISSUED ~~01/01/54~~
CONTROL # 8-24-99
PERMIT # 99-2726+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 8 QUAL
WORK SITE LOCATION 80 BRICK PLAZA BON-TON STORE
FIRE SPRINKLER HEADS
OWNER IN FEE FEDERAL REALTY
ADDRESS SAME
BRICK, NJ 08723-
TELE.(732)449-8208 FAX ( )
CONTRACTOR RG SOLOMON FIRE PROTECTION
ADDRESS ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
TELE.(732)449-8208
LIC. NO. OR BLDRS. REG. NO.
FEDERAL EMP. NO. 22-3496080

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

USE GROUP PRESENT PROPOSED B
CONSTR CLASS PRESENT PROPOSED
HEATING SYSTEMS [ ] NEW [ ] EXISTING [ ] HVAC
TYPE: [ ] GAS [ ] OIL [ ] ELECT [ ] SOLAR
[ ] OTHER
LOCATION:
TOTAL EST. COST OF FIRE PROT WORK $ 2,000

FIRE ALARM SYSTEM
NEW [ ] EXISTING [ ]
LOCATION OF PANEL:
FIRE SUPPRESSION/STANDPIPE SYS
NEW [ ] EXISTING [ ]
LOCATION OF MAIN CONTROL VALVE

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW
[ ] NO PLANS REQUIRED
JOINT PLAN REVIEW REQUIRED:
[ ] BLDG [ ] ELECT
[ ] PLUMB [ ] ELEVATOR
[ ] FIRE PLANS APPROVED
DATE: 8 18 99
APPROVED BY:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
DATE:
APPROVED BY:

INSPECTIONS TYPE	DATES (MONTH/DAY) FAILURE	FAILURE	APPROVAL	INITIAL
ALARM SYS				
SUPPR TEST			8-24	
STANDPIPE				
FIRE PUMP				
PREENG SYS				
MECHANICAL				
SMOKE CTL				
TCO				
FINAL				
OTHER				

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION.

SIGNATURE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WATER SUPPLY SOURCE
METHOD OF ALARM/SUPPR SYS SUPERV

	NUMBER	FEE (OFFICE USE ONLY)
STORAGE TANKS		
TYPE: [ ] FLAMMABLE LIQUID [ ] COMBUST LIQUID [ ] LPG [ ] LNG CAPACITY 0-FUEL		
ALARM SYSTEMS [ ] 110V INTERCONNECTED [ ] SYSTEM	NUMBER	
ALARM DEVICES(SMOKE,HEAT,PULLS,WATER/FLOW)	0	
SUPERVISORY DEVICES (TAMPERS,LOW/HIGH AIR)	0	
SIGNALLING DEVICES (HORN/STROBES; BELLS)	0	
OTHER DEVICES	0	
TOTAL	0	0
SUPPRESSION SYSTEMS		
FIRE PUMP 0 GPM TYPE	0	
DRY PIPE/ALARM VALVES	0	
PRE-ACTION VALVES	0	
SPRINKLER HEADS (DRY AND WET)	13	65
STANDPIPES	0	0
PRE-ENGINEERED SYSTEMS		
WET CHEMICAL	0	0
DRY CHEMICAL	0	0
CO2 SUPPRESSION	0	0
FOAM SUPPRESSION	0	0
HALON SUPPRESSION	0	0
OTHER		0
KITCHEN HOOD EXHAUST SYSTEM	0	0
SMOKE CONTROL SYSTEM	0	0
GAS [ ] OR OIL [ ] FIRED APPLIANCES	0	0
OTHER		0
OTHER		0

ADMINISTRATIVE SURCHARGE	$ 0
MINIMUM FEE	$ 0
TOTAL FEE	$ 65
DCA TRAINING FEE	$ 2

PAID [ ] CHECK #
COLLECTED BY:

U.C.C. F140 (REV. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

TECHNICAL SECTION
SUBCODE
FIRE PROTECTION
UCC NEW JERSEY

PERMIT # 99-2726+A
CONTROL #
DATE ISSUED 01/01/54
DATE RECEIVED 08/17/99

COMMERCIAL

8-27-99
— MARS Office
Lower R hosts
Riser not tagged
SPK report
Aisles

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/25/99
Date Issued ~~01/01/54~~ 8/26/99
Control #
Permit # 99-2726+B

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ADDT'L FIRE SPRINKLERS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(732)449-8208 Fax ( )
Contractor RG SOLOMON FIRE PROTECTION
Address ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
Tele.(732)449-8208
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3496080

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,400.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8-28-99
Approved By: CSR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 26 WET HEADS		55
Other		0

DCA 4 1

Administrative Surcharge $ 50
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $
DCA Training Fee $

U.C.C

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/25/99
Date Issued ~~01/01/54~~ 8/26/99
Control # 8/26/99
Permit # 99-2726+B

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

Block 671 Lot 8 Qual
Work Site Location 80 BRICK PLAZA BON-TON STORE
ADDT'L FIRE SPRINKLERS
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(732)449-8208 Fax ( )
Contractor RG SOLOMON FIRE PROTECTION
Address ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
Tele.(732)449-8208
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3496080

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,400

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

JOB SUMMART (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 8-28-99
Approved By: GR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supery

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 26 WET HEADS		55
Other		0

DCA 4 /

Administrative Surcharge $ 58
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $
DCA Training Fee $

U.C.C

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

DATE RECEIVED 08/17/99
DATE ISSUED ~~01/01/54~~
CONTROL # 8-24-99
PERMIT # 99-2726+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 8 QUAL
WORK SITE LOCATION 80 BRICK PLAZA BON-TON STORE
FIRE SPRINKLER HEADS
OWNER IN FEE FEDERAL REALTY
ADDRESS SAME
BRICK, NJ 08723-
TELE.(732)449-8208 FAX ( )
CONTRACTOR RG SOLOMON FIRE PROTECTION
ADDRESS ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
TELE.(732)449-8208
LIC. NO. OR BLDRS. REG. NO.
FEDERAL EMP: NO. 22-3496080

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

USE GROUP PRESENT PROPOSED B
CONSTR CLASS PRESENT PROPOSED
HEATING SYSTEMS [ ] NEW [ ] EXISTING [ ] HVAC
TYPE: [ ] GAS [ ] OIL [ ] ELECT [ ] SOLAR
[ ] OTHER
LOCATION:
TOTAL EST COST OF FIRE PROT WORK $ 2,000

FIRE ALARM SYSTEM
NEW [ ] EXISTING [ ]
LOCATION OF PANEL:
FIRE SUPPRESSION/STANDPIPE SYS
NEW [ ] EXISTING [ ]
LOCATION OF MAIN CONTROL VALVE

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW
[ ] NO PLANS REQUIRED
JOINT PLAN REVIEW REQUIRED:
[ ] BLDG [ ] ELECT
[ ] PLUMB [ ] ELEVATOR
[ ] FIRE PLANS APPROVED
DATE: 8/18/99
APPROVED BY:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
DATE:
APPROVED BY:

INSPECTIONS TYPE	DATES (MONTH/DAY) FAILURE	FAILURE	APPROVAL	INITIAL
ALARM SYS				
SUPPR TEST				
STANDPIPE				
FIRE PUMP				
PREENG SYS				
MECHANICAL				
SMOKE CTL				
TCO				
FINAL				
OTHER				

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION:

SIGNATURE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WATER SUPPLY SOURCE
METHOD OF ALARM/SUPPR SYS SUPERV

	NUMBER	FEE (OFFICE USE ONLY)
STORAGE TANKS		
TYPE: [ ] FLAMMABLE LIQUID [ ] COMBUST LIQUID [ ] LPG [ ] LNG CAPACITY 0 FUEL		
ALARM SYSTEMS [ ] 110V INTERCONNECTED [ ] SYSTEM		
ALARM DEVICES(SMOKE,HEAT,PULLS,WATER/FLOW)	0	
SUPERVISORY DEVICES (TAMPERS,LOW/HIGH AIR)	0	
SIGNALLING DEVICES (HORN/STROBES, BELLS)	0	
OTHER DEVICES	0	
TOTAL	0	0
SUPPRESSION SYSTEMS		
FIRE PUMP 0 GPM TYPE	0	
DRY PIPE/ALARM VALVES	0	
PRE-ACTION VALVES	0	
SPRINKLER HEADS (DRY AND WET)	13	65
STANDPIPES	0	0
PRE-ENGINEERED SYSTEMS		
WET CHEMICAL	0	0
DRY CHEMICAL	0	0
CO2 SUPPRESSION	0	0
FOAM SUPPRESSION	0	0
HALON SUPPRESSION	0	0
OTHER		0
KITCHEN HOOD EXHAUST SYSTEM	0	0
SMOKE CONTROL SYSTEM	0	0
GAS [ ] OR OIL [ ] FIRED APPLIANCES	0	0
OTHER		0
OTHER		0

ADMINISTRATIVE SURCHARGE	$ 0
MINIMUM FEE	$ 0
TOTAL FEE	$ 65
DCA TRAINING FEE	$ 2

PAID [ ] CHECK #
COLLECTED BY:

U.C.C. F140 (REV. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

DATE RECEIVED 08/17/99
DATE ISSUED ~~01/01/54~~
CONTROL # 8-24-99
PERMIT # 99-2726+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 8 QUAL
WORK SITE LOCATION 80 BRICK PLAZA BON-TON STORE
FIRE SPRINKLER HEADS
OWNER IN FEE FEDERAL REALTY
ADDRESS SAME
BRICK, NJ 08723-
TELE.(732)449-8208 FAX ( )
CONTRACTOR RG SOLOMON FIRE PROTECTION
ADDRESS ROYAL CT I-15
SPRING LAKE HEIGHTS, NJ 07762-
TELE.(732)449-8208
LIC. NO. OR BLDRS. REG. NO.
FEDERAL EMP. NO. 22-3496080

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

USE GROUP PRESENT PROPOSED B
CONSTR CLASS PRESENT PROPOSED
HEATING SYSTEMS [ ] NEW [ ] EXISTING [ ] HVAC
TYPE: [ ] GAS [ ] OIL [ ] ELECT [ ] SOLAR
[ ] OTHER
LOCATION:
TOTAL EST COST OF FIRE PROT WORK $ 2,000

FIRE ALARM SYSTEM
NEW [ ] EXISTING [ ]
LOCATION OF PANEL:
FIRE SUPPRESSION/STANDPIPE SYS
NEW [ ] EXISTING [ ]
LOCATION OF MAIN CONTROL VALVE

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW
[ ] NO PLANS REQUIRED
JOINT PLAN REVIEW REQUIRED:
[ ] BLDG [ ] ELECT
[ ] PLUMB [ ] ELEVATOR
[ ] FIRE PLANS APPROVED
DATE: 8 18 99
APPROVED BY:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
DATE:
APPROVED BY:

INSPECTIONS TYPE	DATES (MONTH/DAY) FAILURE	FAILURE	APPROVAL	INITIAL
ALARM SYS				
SUPPR TEST				
STANDPIPE				
FIRE PUMP				
PREENG SYS				
MECHANICAL				
SMOKE CTL				
TCO				
FINAL				
OTHER				

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION.

SIGNATURE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
WATER SUPPLY SOURCE
METHOD OF ALARM/SUPPR SYS SUPERV

	NUMBER	FEE (OFFICE USE ONLY)
STORAGE TANKS		
TYPE: [ ] FLAMMABLE LIQUID [ ] COMBUST LIQUID [ ] LPG [ ] LNG CAPACITY 0 FUEL		
ALARM SYSTEMS [ ] 110V INTERCONNECTED [ ] SYSTEM		
ALARM DEVICES(SMOKE,HEAT,PULLS,WATER/FLOW)	0	
SUPERVISORY DEVICES (TAMPERS,LOW/HIGH AIR)	0	
SIGNALLING DEVICES (HORN/STROBES, BELLS)	0	
OTHER DEVICES	0	
TOTAL	0	0
SUPPRESSION SYSTEMS		
FIRE PUMP 0 GPM TYPE	0	
DRY PIPE/ALARM VALVES	0	
PRE-ACTION VALVES	0	
SPRINKLER HEADS (DRY AND WET)	13	65
STANDPIPES	0	0
PRE-ENGINEERED SYSTEMS		
WET CHEMICAL	0	0
DRY CHEMICAL	0	0
CO2 SUPPRESSION	0	0
FOAM SUPPRESSION	0	0
HALON SUPPRESSION	0	0
OTHER		0
KITCHEN HOOD EXHAUST SYSTEM	0	0
SMOKE CONTROL SYSTEM	0	0
GAS [ ] OR OIL [ ] FIRED APPLIANCES	0	0
OTHER		0
OTHER		0

ADMINISTRATIVE SURCHARGE $ 0
PAID [ ] CHECK # MINIMUM FEE $ 0
COLLECTED BY: TOTAL FEE $ 65
DCA TRAINING FEE $ 2

U.C.C. F140 (REV. 3/96)

R.G. SOLOMON FIRE PROTECTION INC.
2010 PILGRIM ROAD
WALL, NJ 07719
TEL (732) 556-0981 FAX (732) 556-9680

Inspection Report

Building : BonTon Person : Barbara Shannon - Store Manager
Street : Rt 70 & Chambersbridge
City : Brick State : NJ Zip Code :
Inspector : Robert Solomon Date : 8-27-99

System type :

1.	**General :**				
	A.	Is the Building occupied ?	(yes)	no	n/a
	B.	Are all systems in service ?	(yes)	no	n/a
	C.	Is their a min of 18" clearance between the top of the storage and the sprinkler deflector ?	(yes)	no	n/a
2.	**Control Valves :**				
	A.	Are all Sprinkler system control valve and all other valves in the appropriate open or closed position ?	(yes)	no	n/a
	B.	Are all control valves in the open position and locked, sealed, or equipped with a tamper switch ?	(yes)	no	n/a
3.	**Water Supplies :**				
	A.	Was a waterflow test of the main drain done at the sprinkler riser ?	(yes)	no	n/a
4.	**Tanks - Pumps - Fire Department Connections :**				
	A.	Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained ?	yes	no	(n/a)
	B.	Are Fire department connections in satisfactory condition, couplings free, caps in place, and check valve tight ?	(yes)	no	n/a
	C.	Are Fire department connections visible and accessible	(yes)	no	n/a
5.	**Wet Systems :**				
	A.	Are cold weather valves in the appropriate open or closed position ?	yes	no	(n/a)
	B.	Have antifreeze solutions been tested ?	yes	no	(n/a)
	C.	Where the antifreeze test results satisfactorily	yes	no	(n/a)

6.	**Dry Systems :**				
	A.	Is the dry valve in service ?	yes	no	n/a
	B.	Are the air pressure and the priming water level in accordance with the specifications ?	yes	no	n/a
	C.	Has the operation of the air or nitrogen supply been tested ?	yes	no	n/a
	D.	Is the air or nitrogen in service ?	yes	no	n/a
	E.	Where the low points drained during this inspection ?	yes	no	n/a
	F.	Did quick opening devices operate satisfactorily ?	yes	no	n/a
	G.	Did the dry valve trip properly during the trip pressure test ?	yes	no	n/a
	H.	Did the Heating Equipment in the dry pipe valve room operate at the time of inspection ?	yes	no	n/a
7.	**Special Systems :**				
	A.	Did the Deluge or Preaction valve operate properly during testing ?	yes	no	n/a
	B.	Did the heat responsive devices operate properly during testing ?	yes	no	n/a
	C.	Did the supervisory operate during testing ?	yes	no	n/a
8.	**Alarms :**				
	A.	Did the Water motor gong test satisfactorily ?	yes	no	n/a
	B.	Did the Electric alarm bell test satisfactorily ?	yes	no	n/a
	C.	Did supervisory alarm test satisfactorily ?	yes	no	n/a
9.	**Sprinklers :**				
	A.	Are sprinklers free from corrosion, loading, or obstructions to spray discharge ?	yes	no	n/a
	B.	Are Sprinklers less than 50 years old and testing not required ?	yes	no	n/a
	C.	Is their a stock of spare sprinklers available ?	yes	no	n/a
	D.	Does the exterior condition of the sprinkler system appear to be satisfactory ?	yes	no	n/a
	E.	Are Sprinklers of their proper temperature rating for their location ?	yes	no	n/a
10.	**Dry pipe valve trip test :**				
	A.	Date :	yes	no	n/a
	B.	Control valve partially open :	yes	no	n/a
	C.	Control valve fully open :	yes	no	n/a
		Dry Pipe Operating Test :			
	Make :	Model : Serial # :			
	A.	Time to trip ?	yes	no	n/a
	B.	Water pressure ?	yes	no	n/a
	C.	Air pressure ?	yes	no	n/a
	D.	Trip point - air pressure ?	yes	no	n/a
	E.	Time water reached test outlet ?	yes	no	n/a
	F.	Alarm operate properly ?	yes	no	n/a
11.	**Date Quick opening device tested :**		yes	no	n/a
12.	**Date Deluge or Preaction valve tested :**		yes	no	n/a

13. Review Control valve maintenance ? (yes) no n/a

Control Valve Maintenance Table

	Valve	number	type	open	secured	closed	sign
A.	City	: #1	PIV	OPEN	-Secured	–	
B.	Tank	:					
C.	Pump	:					
D.	Sectional	: #2	Butterfly	-open-	Secured	–	yes
E.	System	:					
F.	Other	:					

14. Waterflow Test at Sprinkler Riser : yes no n/a

		(City) - Tank -	Pump
A.	Water supply source ?	#1	#2
B.	Static Pressure :	80 psi	80psi
C.	Residual Pressure :	50 psi	50psi
D.	Test Drain pipe size :	2"	2"
E.	Location of Test Drain :	Loading Area	Loading Area
F.	Date of last flow test :	UNKNOWN	UNKNOWN

15. Heat responsive devices test method : yes no (n/a)

A. Type of equipment :

B. Manufacturer :

Test Results

Valve #	Valve #
Valve #	Valve #

16. Explain any "NO" answers and comments :

NONE

17. Adjustments or Corrections made during this inspection:

Advised Manager of 18" clearance requirement for storage.

18. Although these comments are not the result of an engineering review, the following the following desirable improvements are recommended :

Engineered Drawing & Hydraulic Calculations performed.

Signature _____

Date 8-27-99

Seal _____

system #1

R.G. SOLOMON FIRE PROTECTION INC.
2010 PILGRIM ROAD
WALL, NJ 07719
TEL (732) 556-0981 FAX (732) 556-9680

Inspection Report

Building : Bon-Ton — Person : Mike Fabian - Jayeff Co.
Street : Brick Plaza
City : Brick — State : NJ — Zip Code : 08742
Inspector : R. Solomon — Date : 9/12/99

System type :

1.	**General :**				
	A.	Is the Building occupied ?	(yes)	no	n/a
	B.	Are all systems in service ?	(yes)	no	n/a
	C.	Is their a min of 18" clearance between the top of the storage and the sprinkler deflector ?	(yes)	no	n/a
2.	**Control Valves :**				
	A.	Are all Sprinkler system control valve and all other valves in the appropriate open or closed position ?	(yes)	no	n/a
	B.	Are all control valves in the open position and locked, sealed, or equipped with a tamper switch ?	(yes)	no	n/a
3.	**Water Supplies :**				
	A.	Was a waterflow test of the main drain done at the sprinkler riser ?	(yes)	no	n/a
4.	**Tanks - Pumps - Fire Department Connections :**				
	A.	Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained ?	yes	no	(n/a)
	B.	Are Fire department connections in satisfactory condition, couplings free, caps in place, and check valve tight ?	(yes)	no	n/a
	C.	Are Fire department connections visible and accessible	(yes)	no	n/a
5.	**Wet Systems :**				
	A.	Are cold weather valves in the appropriate open or closed position ?	yes	no	(n/a)
	B.	Have antifreeze solutions been tested ?	yes	no	(n/a)
	C.	Where the antifreeze test results satisfactorily	yes	no	(n/a)

6.	**Dry Systems :**				
	A.	Is the dry valve in service ?	yes	no	n/a
	B.	Are the air pressure and the priming water level in accordance with the specifications ?	yes	no	n/a
	C.	Has the operation of the air or nitrogen supply been tested ?	yes	no	n/a
	D.	Is the air or nitrogen in service ?	yes	no	n/a
	E.	Where the low points drained during this inspection ?	yes	no	n/a
	F.	Did quick opening devices operate satisfactorily ?	yes	no	n/a
	G.	Did the dry valve trip properly during the trip pressure test ?	yes	no	n/a
	H.	Did the Heating Equipment in the dry pipe valve room operate at the time of inspection ?	yes	no	n/a
7.	**Special Systems :**				
	A.	Did the Deluge or Preaction valve operate properly during testing ?	yes	no	n/a
	B.	Did the heat responsive devices operate properly during testing ?	yes	no	n/a
	C.	Did the supervisory operate during testing ?	yes	no	n/a
8.	**Alarms :**				
	A.	Did the Water motor gong test satisfactorily ?	yes	no	n/a
	B.	Did the Electric alarm bell test satisfactorily ?	yes	no	n/a
	C.	Did supervisory alarm test satisfactorily ?	yes	no	n/a
9.	**Sprinklers :**				
	A.	Are sprinklers free from corrosion, loading, or obstructions to spray discharge ?	yes	no	n/a
	B.	Are Sprinklers less than 50 years old and testing not required ?	yes	no	n/a
	C.	Is their a stock of spare sprinklers available ?	yes	no	n/a
	D.	Does the exterior condition of the sprinkler system appear to be satisfactory ?	yes	no	n/a
	E.	Are Sprinklers of their proper temperature rating for their location ?	yes	no	n/a
10.	**Dry pipe valve trip test :**				
	A.	Date :	yes	no	n/a
	B.	Control valve partially open :	yes	no	n/a
	C.	Control valve fully open :	yes	no	n/a
		Dry Pipe Operating Test :			
	Make :	Model : Serial # :			
	A.	Time to trip ?	yes	no	n/a
	B.	Water pressure ?	yes	no	n/a
	C.	Air pressure ?	yes	no	n/a
	D.	Trip point - air pressure ?	yes	no	n/a
	E.	Time water reached test outlet ?	yes	no	n/a
	F.	Alarm operate properly ?	yes	no	n/a
11.	**Date Quick opening device tested :**		yes	no	n/a
12.	**Date Deluge or Preaction valve tested :**		yes	no	n/a

13. Review Control valve maintenance ? (yes) no n/a

Control Valve Maintenance Table

	Valve	number	type	open	secured	closed	sign
A.	City	: #1	PIV	- open	- secured	-	
B.	Tank	:					
C.	Pump	:					
D.	Sectional	:					
E.	System	:					
F.	Other	:					

14. Waterflow Test at Sprinkler Riser : (yes) no n/a

A. Water supply source ? (City) - Tank - Pump

B. Static Pressure : 85 psi

C. Residual Pressure : 40 psi

D. Test Drain pipe size : 2"

E. Location of Test Drain : Rear building

F. Date of last flow test : unknown

15. Heat responsive devices test method : yes no (n/a)

A. Type of equipment :

B. Manufacturer :

Test Results

Valve #	Valve #
Valve #	Valve #

16. Explain any "NO" answers and comments :

N/A

17. Adjustments or Corrections made during this inspection:

Relocated 5 heads to accomodate new config. of walls

18. Although these comments are not the result of an engineering review, the following the following desirable improvements are recommended :

NONE

Signature _____

Date 8/12/99

Seal _____

system #2

R.G. SOLOMON FIRE PROTECTION INC.
2010 PILGRIM ROAD
WALL, NJ 07719
TEL (732) 556-0981 FAX (732) 556-9680

Inspection Report

Building : Bon-Ton — Person : Mike Fabian - Jayeff Co.
Street : — Brick Plaza
City : Brick — State : NJ — Zip Code : 08742
Inspector : R. Solomon — Date : 8/12/99

System type :

1.	**General :**				
	A.	Is the Building occupied ?	(yes)	no	n/a
	B.	Are all systems in service ?	(yes)	no	n/a
	C.	Is their a min of 18" clearance between the top of the storage and the sprinkler deflector ?	(yes)	no	n/a
2.	**Control Valves :**				
	A.	Are all Sprinkler system control valve and all other valves in the appropriate open or closed position ?	(yes)	no	n/a
	B.	Are all control valves in the open position and locked, sealed, or equipped with a tamper switch ?	(yes)	no	n/a
3.	**Water Supplies :**				
	A.	Was a waterflow test of the main drain done at the sprinkler riser ?	(yes)	no	n/a
4.	**Tanks - Pumps - Fire Department Connections :**				
	A.	Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained ?	yes	no	(n/a)
	B.	Are Fire department connections in satisfactory condition, couplings free, caps in place, and check valve tight ?	(yes)	no	n/a
	C.	Are Fire department connections visible and accessible	(yes)	no	n/a
5.	**Wet Systems :**				
	A.	Are cold weather valves in the appropriate open or closed position ?	yes	no	(n/a)
	B.	Have antifreeze solutions been tested ?	yes	no	(n/a)
	C.	Where the antifreeze test results satisfactorily	yes	no	(n/a)

6.	**Dry Systems :**				
	A.	Is the dry valve in service ?	yes	no	(n/a)
	B.	Are the air pressure and the priming water level in accordance with the specifications ?	yes	no	(n/a)
	C.	Has the operation of the air or nitrogen supply been tested ?	yes	no	(n/a)
	D.	Is the air or nitrogen in service ?	yes	no	(n/a)
	E.	Where the low points drained during this inspection ?	yes	no	(n/a)
	F.	Did quick opening devices operate satisfactorily ?	yes	no	(n/a)
	G.	Did the dry valve trip properly during the trip pressure test ?	yes	no	(n/a)
	H.	Did the Heating Equipment in the dry pipe valve room operate at the time of inspection ?	yes	no	(n/a)
7.	**Special Systems :**				
	A.	Did the Deluge or Preaction valve operate properly during testing ?	yes	no	(n/a)
	B.	Did the heat responsive devices operate properly during testing ?	yes	no	(n/a)
	C.	Did the supervisory operate during testing ?	yes	no	(n/a)
8.	**Alarms :**				
	A.	Did the Water motor gong test satisfactorily ?	(yes)	no	n/a
	B.	Did the Electric alarm bell test satisfactorily ?	(yes)	no	n/a
	C.	Did supervisory alarm test satisfactorily ?	(yes)	no	n/a
9.	**Sprinklers :**				
	A.	Are sprinklers free from corrosion, loading, or obstructions to spray discharge ?	(yes)	no	n/a
	B.	Are Sprinklers less than 50 years old and testing not required ?	(yes)	no	n/a
	C.	Is their a stock of spare sprinklers available ?	(yes)	no	n/a
	D.	Does the exterior condition of the sprinkler system appear to be satisfactory ?	(yes)	no	n/a
	E.	Are Sprinklers of their proper temperature rating for their location ?	(yes)	no	n/a
10.	**Dry pipe valve trip test :**				
	A.	Date :	yes	no	(n/a)
	B.	Control valve partially open :	yes	no	(n/a)
	C.	Control valve fully open :	yes	no	(n/a)
		Dry Pipe Operating Test :			
	Make :	Model : Serial # :			
	A.	Time to trip ?	yes	no	(n/a)
	B.	Water pressure ?	yes	no	(n/a)
	C.	Air pressure ?	yes	no	(n/a)
	D.	Trip point - air pressure ?	yes	no	(n/a)
	E.	Time water reached test outlet ?	yes	no	(n/a)
	F.	Alarm operate properly ?	yes	no	(n/a)
11.	**Date Quick opening device tested :**		yes	no	(n/a)
12.	**Date Deluge or Preaction valve tested :**		yes	no	(n/a)

13. Review Control valve maintenance ? (yes) no n/a

Control Valve Maintenance Table

	Valve	number	type	open	secured	closed	sign
A.	City	:					
B.	Tank	:					
C.	Pump	:					
D.	Sectional	: #2					
E.	System	:					
F.	Other	:					

14. Waterflow Test at Sprinkler Riser : (yes) no n/a

A. Water supply source ? (City) - Tank - Pump

B. Static Pressure : 55 psi

C. Residual Pressure : 40 psi

D. Test Drain pipe size : 2"

E. Location of Test Drain : Rear building

F. Date of last flow test : UNKNOWN

15. Heat responsive devices test method : yes no (n/a)

A. Type of equipment :

B. Manufacturer :

Test Results

Valve # Valve #

Valve # Valve #

16. Explain any "NO" answers and comments :

N/A

17. Adjustments or Corrections made during this inspection:

Relocate 5 heads

18. Although these comments are not the result of an engineering review, the following the following desirable improvements are recommended :

NONE

Signature _____

Date 6/12/99

Seal _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS 80 Block Plaza
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Tenant F.I.U.P.

APPLICANT Jayett Construction Corp PHONE NUMBER 223-3320
APPLICANT ADDRESS 35 Colby Ave CITY & STATE Pleasantville, NJ
PERMIT # C2-98 NAME OF BUSINESS Ban-Tam Store

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 %

X Commercial is .01 %

Estimated Assessment $ 322600.00 Date 7-8-99

Estimated Required Fee $ 3226.00

Required Deposit on Estimate $ 1613.00 Date 7.12.99

Check # 4976 Receipt # 5282

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

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 7-7-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS 80 Brick Plaza
Tenant Fitup

TYPE OF SITE Commercial TYPE OF BUSINESS Ben-Ton Store
(Residential/Commercial)

APPLICANT Eighth Const. CITY & STATE Manasquan, 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:

53,772 $ 312,000 (w2)

Frederick R. Millman, CTA, Tax Assessor

7/8/99
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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

July 9, 1999

Jayeff Construction Corp
35 Colby Ave.
Manasquan, NJ 08736

RE: Mandatory Development Fee
Block 671, Lot 8 ~ Bon-Ton Store, 80 Brick Plaza

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 June 30, 1999, for the above block and lot at $322,600.00, resulting in an estimated fee of $3226.00.

Therefore, you are required to submit one half of the estimated fee ($1613.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will 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. so as 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
Affordable Housing Administrator

CAW/da

MandDevCommLtr2/99

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date: 7-19-96

JURISDICTION: Ellicott City
(City, County, Township, etc.)

BUILDING LOCATION: 8a BRICK PLAZA Bar Tavern Take
(Street address)

BUILDING DESCRIPTION: Interior Alt.

REVIEWED BY: Thomas Olsen

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
	Floor	
	No Electric Plans	
	Mike Fabian	

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BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD · COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/93

TOWNSHIP OF BRICK

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

ORIGINAL

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance
Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date 6/28/99

Municipal Engineer
401 Chambers Bridge Rd.
Brick, NJ 08723

RE: Ben-Ton Stone Inc.

Block 671 Lot 8

I, Michael Fabeas (name) of 80 Brick Plaza ~~56 Chambers Bridge Rd~~ (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, (circle one), is/~~is not~~ located in a flood zone.

Respectfully Submitted,

(applicant's signature)

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.

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

OFFICE USE ONLY

Approved X Date 7/6/99 By

Rejected Date _____ By _____

Remarks Interior Only!

ADT

Service Ticket

Customer Name: THE BON TON
Address: BRICK PLAZA
City/State/Zip: BRICK, NJ
Phone ( ) Alternate ( )
Contract Type Warranty Expiration / /
Maintenance Contract: Yes(____) No(____) Resi Ext Lim Warranty: Yes(____) No(____)

IN ACCORDANCE WITH AND SUBJECT TO ALL THE TERMS AND CONDITIONS SET FORTH IN OUR EXISTING CONTRACT/AGREEMENT IF ONE IS IN EFFECT, OR SET FORTH ON THE REVERSE SIDE HEREOF.

WO create Date/Time / / : AM/PM
CMC System No. A3000030132
RMC System No. –
Ticket No. 215493 Associate No. 850
Map Location/CrossStreet
Admin Town/Customer No. –
Commit Date/Time / / : AM/PM
Service Requested by:
Ticket Priority
PO No.

Check applicable boxes and insert device locations when appropriate

SERVICE REQUEST CODES		RESOLUTION CODES		CAUSE CODES		DEVICES
20 Control not arming		01 Repaired device or foil	X	05 Customer set off in error		Point Interface Device (PID)
23 Zone/Point in trouble		02 Replaced Device or foil		10 Lightning damage		Door or window contact
25 No timer test received		03 Repaired control or keypad		31 False alarm		Motion detector
28 Device reported damaged		04 Replaced control or keypad		32 Equipment physically damaged	X	Manual Fire Alarm
31 BA Investigation		06 Changed PROM or control		34 Equipment malfunctioning		Smoke detector
32 FA Investigation		07 Changed customer codes		35 Reinitialized/reset control		Gate valve
33 HUA Investigation		08 Installed temporary device		36 No ADT equipment problem		Glass Break
34 Supervisory System (CCM) inves.		09 *Temp disconnect of device		37 Loose/corroded wire corrected		Sound Discriminator
35 CCTV - Adjustment/Repair		11 Replaced batteries		38 Equip malfunction - warranty		Card reader
40 System trouble		12 Relocated device		80 Non sched contractual inspection		Camera/monitor/recorder
52 Install temporary device		14 Cleaned/cleared smoke det.		81 Scheduled inspection		Photo Electric Beam
53 Request to disconnect equipment		16 Perm disconnect of service		82 Customer requested inspection	X	
56 Request to relocate device		17 *Temp disconnect of service		83 Damaged wiring		
57 Cust request special inspection		18 Adjusted device sensitivity		84 No timer test		
58 Damaged wiring		19 Performed customer training		91 Telco problem		RECEIVED
60 Firmware change		20 Replaced fuse		39 Animal/pest problem		
65 Telcom Failure		21 Alarm investigation		40 ADT		
70 Reset system/equipment		33 Equipment tested OK		41 Actual attack/fire/etc		AUG 17 1999
71 Assist/educate customer		50 Cleared by phone		42 Weather		
80 Non-sched contractual inspection		51 Canceled by customer				DIV. OF INSPECTION
81 Scheduled inspection		52 Canceled by ADT				
		22 Bypass point or zone				

SPECIAL INSTRUCTIONS:

* Estimated Reconnection or Service Resumption Date: / / -- List Disconnected Devices or Systems in Comment Area Below.

ADT Service Associate Comments: LOCATE AND REPAIR GROUNDED STROBE CKT. COMPLETE TEST OF FIRE ALARM. ALL OF FIRE ALARM SYSTEM IS CONNECTED TO ADT CENTRAL STATION AND IS OPERATIONAL

Name (Print & Sign) RICK HARDING

Close Ticket..... YES(X) No (____)

Customer Comments:

Please Print Name & Title: X Bruce Pyle Bruce Pyke

Signature & Date:

Date 8/13/99

Service Call or ~~Travel Time~~ (____ Hrs) charge ~~(cross out improper item)~~			$50.00	Material Used: Part / SCN	Qty	Price	Ext. Price	Billing
Service Time	From 12:00 To 2:40	2 min	240.00				$	370.00 Labor & Material
Less service call credit and/or non chargeable time		min					$	$ Sales Tax
Additional time - billable @$ Per Mins or fraction thereof		min	$				$	370.00 TOTAL
Total Labor Charge			370.00	Total Material Charge			$	

I authorize ADT to charge my
□ VISA □ Mastercard □ Discover Card Account Number _____ Check (#_____) or Cash received in the amount of $_____

(Expiration /) for the TOTAL billing above. Customer's Signature _____ (for credit card only)

If check is received make sure the Customer's "Admin Town/Customer No" is noted on it.

Form 524-06, (7/95)

©1997 ADT Security Services, Inc.

Customer Copy

TERMS AND CONDITIONS

LIMITATION OF LIABILITY

IT IS UNDERSTOOD THAT ADT IS NOT AN INSURER, THAT INSURANCE, IF ANY, SHALL BE OBTAINED BY THE CUSTOMER AND THAT THE AMOUNTS PAYABLE TO ADT HEREUNDER ARE BASED UPON THE VALUE OF THE SERVICES AND THE SCOPE OF LIABILITY AS HEREIN SET FORTH AND ARE UNRELATED TO THE VALUE OF THE CUSTOMER'S PROPERTY OR PROPERTY OF OTHERS LOCATED IN CUSTOMER'S PREMISES. CUSTOMER AGREES TO LOOK EXCLUSIVELY TO CUSTOMER'S INSURER TO RECOVER FOR INJURY OR DAMAGE IN THE EVENT OF ANY LOSS OR INJURY AND RELEASES AND WAIVES ALL RIGHT OF RECOVERY AGAINST ADT ARISING BY WAY OF SUBROGATION. ADT MAKES NO GUARANTY OR WARRANTY, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS THAT THE SYSTEM OR SERVICES SUPPLIED, WILL AVERT OR PREVENT OCCURRENCES OR THE CONSEQUENCES THEREFROM, WHICH THE SYSTEM OR SERVICE IS DESIGNED TO DETECT. IT IS IMPRACTICAL AND EXTREMELY DIFFICULT TO FIX THE ACTUAL DAMAGES, IF ANY, WHICH MAY PROXIMATELY RESULT FROM FAILURE ON THE PART OF ADT TO PERFORM ANY OF ITS OBLIGATIONS HEREUNDER. THE CUSTOMER DOES NOT DESIRE THIS CONTRACT TO PROVIDE FOR FULL LIABILITY OF ADT AND AGREES THAT ADT SHALL BE EXEMPT FROM LIABILITY FOR LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES, OR CONSEQUENCES THEREFROM, WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT; THAT IF ADT SHOULD BE FOUND LIABLE FOR LOSS, DAMAGE OR INJURY DUE TO A FAILURE OF SERVICE OR EQUIPMENT IN ANY RESPECT, ITS LIABILITY SHALL BE LIMITED TO A SUM EQUAL TO 10% OF THE AGGREGATE PRICE REFLECTED ON THE FRONT HEREOF OR $1,000, WHICHEVER IS GREATER, AS THE AGREED UPON DAMAGES AND NOT AS A PENALTY, AS THE EXCLUSIVE REMEDY; AND THAT THE PROVISIONS OF THIS PARAGRAPH SHALL APPLY IF LOSS, DAMAGE OR INJURY IRRESPECTIVE OF CAUSE OR ORIGIN, RESULTS DIRECTLY OR INDIRECTLY TO PERSON OR PROPERTY FROM PERFORMANCE OR NONPERFORMANCE OF OBLIGATIONS IMPOSED BY THIS CONTRACT OR FROM NEGLIGENCE, ACTIVE OR OTHERWISE, STRICT LIABILITY, VIOLATION OF ANY APPLICABLE CONSUMER PROTECTION LAW OR ANY OTHER ALLEGED FAULT ON THE PART OF ADT, ITS AGENTS OR EMPLOYEES. NO SUIT OR ACTION SHALL BE BROUGHT AGAINST ADT MORE THAN ONE (1) YEAR AFTER THE ACCRUAL OF THE CAUSE OF ACTION THEREFORE. IT IS FURTHER AGREED THAT THE LIMITATIONS ON LIABILITY, EXPRESSED HEREIN, SHALL INURE TO THE BENEFIT OF AND APPLY TO ALL PARENT, SUBSIDIARY AND AFFILIATED ADT COMPANIES. IF THE CUSTOMER DESIRES ADT TO ASSUME A GREATER LIABILITY, ADT SHALL AMEND THIS AGREEMENT BY ATTACHING A RIDER SETTING FORTH THE AMOUNT OF ADDITIONAL LIABILITY AND THE ADDITIONAL AMOUNT PAYABLE BY THE CUSTOMER FOR THE ASSUMPTION BY ADT OF SUCH GREATER LIABILITY PROVIDED, HOWEVER, THAT SUCH RIDER AND ADDITIONAL OBLIGATION SHALL IN NO WAY BE INTERPRETED TO HOLD ADT AS AN INSURER. IN THE EVENT ANY PERSON, NOT A PARTY TO THIS AGREEMENT, SHALL MAKE ANY CLAIM OR FILE ANY LAWSUIT AGAINST ADT IN ANY WAY RELATING TO THE EQUIPMENT OR SERVICES THAT ARE THE SUBJECTS OF THIS AGREEMENT, INCLUDING FOR FAILURE OF ITS EQUIPMENT OR SERVICE IN ANY RESPECT, CUSTOMER AGREES TO INDEMNIFY AND HOLD ADT HARMLESS FROM ANY AND ALL SUCH CLAIMS AND LAWSUITS INCLUDING THE PAYMENT OF ALL DAMAGES, EXPENSES, COSTS AND ATTORNEY'S FEES. IF THIS AGREEMENT PROVIDES FOR DIRECT CONNECTION TO A MUNICIPAL POLICE OR FIRE DEPARTMENT OR OTHER ORGANIZATION, THAT DEPARTMENT, OR OTHER ORGANIZATION MAY INVOKE THE PROVISIONS HEREOF AGAINST ANY CLAIMS BY THE CUSTOMER DUE TO ANY FAILURE OF SUCH DEPARTMENT OR ORGANIZATION.

LIMITED WARRANTY: IF MATERIAL IS SUPPLIED AS INDICATED ON THE REVERSE SIDE, ANY PART OF THE SYSTEM, INCLUDING THE WIRING, INSTALLED UNDER THIS AGREEMENT WHICH PROVES TO BE DEFECTIVE IN MATERIAL OR WORKMANSHIP WITHIN NINETY (90) DAYS OF THE DATE OF COMPLETION OF INSTALLATION WILL BE REPAIRED OR REPLACED AT ADT'S OPTION WITH A NEW OR FUNCTIONALLY OPERATIVE PART. LABOR AND MATERIAL REQUIRED TO REPAIR OR REPLACE SUCH DEFECTIVE COMPONENTS WILL BE FREE OF CHARGE FOR A PERIOD OF NINETY (90) DAYS FOLLOWING THE COMPLETION OF THE ORIGINAL INSTALLATION.

THIS LIMITED WARRANTY DOES NOT APPLY TO THE CONDITIONS LISTED BELOW AND IN THE EVENT CUSTOMER CALLS ADT FOR SERVICE UNDER THE LIMITED WARRANTY AND UPON INSPECTION BY ADT'S REPRESENTATIVE IT IS FOUND THAT ONE OF THESE CONDITIONS HAS LED TO THE INOPERABILITY OR APPARENT INOPERABILITY OF THE SYSTEM. A CHARGE WILL BE MADE FOR THE SERVICE CALL OF ADT'S REPRESENTATIVE WHETHER OR NOT HE ACTUALLY WORKS ON THE SYSTEM. SHOULD IT ACTUALLY BE NECESSARY TO MAKE REPAIRS TO THE SYSTEM DUE TO ONE OF THE "CONDITIONS" NOT COVERED BY WARRANTY, A CHARGE WILL BE MADE FOR SUCH WORK AT ADT'S THEN APPLICABLE RATES FOR LABOR AND MATERIAL. SERVICE WILL BE FURNISHED BY ADT DURING ITS NORMAL WORKING HOURS 8:00 A.M. TO 4:30 P.M. MONDAY THROUGH FRIDAY, EXCEPT HOLIDAYS. CONDITIONS NOT COVERED BY LIMITED WARRANTY: A) DAMAGE RESULTING FROM ACCIDENTS, ACTS OF GOD ALTERATION, MISUSE, TAMPERING OR ABUSE. B) FAILURE OF THE CUSTOMER TO PROPERLY FOLLOW OPERATING INSTRUCTIONS PROVIDED BY ADT AT THE TIME OF INSTALLATION OR AT A LATER DATE. C) ADJUSTMENTS NECESSITATED BY MISALIGNMENT OF CCTV CAMERAS, IMPROPER ADJUSTMENT OF MONITOR BRIGHTNESS AND CONTRAST TUNING DIALS OR INSUFFICIENT LIGHT ON THE AREA VIEWED BY THE CAMERA(S). D) TROUBLE DUE TO INTERRUPTION OF COMMERCIAL POWER OR TO THE PHONE SERVICE.

THE FOREGOING LIMITED WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT (EXCEPT WITH RESPECT TO A CONSUMER PURCHASER, ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE SHALL COINCIDE IN DURATION WITH THE NINETY (90) DAY LIMITED WARRANTY) NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THE CUSTOMER'S EXCLUSIVE REMEDY WITH RESPECT TO ANY AND ALL LOSSES OR DAMAGES RESULTING FROM ANY CAUSE WHATSOEVER, INCLUDING ADT'S NEGLIGENCE, SHALL BE REPAIR OR REPLACEMENT AS SPECIFIED ABOVE. ADT SHALL IN NO EVENT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY NATURE, INCLUDING WITHOUT LIMITATION, DAMAGES FOR PERSONAL INJURY OR DAMAGES TO PROPERTY, AND HOWEVER OCCASIONED, WHETHER ALLEGED AS RESULTING FROM BREACH OF WARRANTY OR CONTRACT BY ADT OR NEGLIGENCE OF ADT OR OTHERWISE. SOME STATES MAY NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, OR THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES SO THE ABOVE LIMITATIONS AND EXCLUSION MAY NOT APPLY TO YOU. UNLESS A LONGER PERIOD IS REQUIRED BY APPLICABLE LAW, ANY ACTION AGAINST ADT IN CONNECTION WITH THIS SYSTEM MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE OF THE ACTION HAS ACCRUED.

NO AGENT, EMPLOYEE OR REPRESENTATIVE OF ADT NOR ANY OTHER PERSON IS AUTHORIZED TO MODIFY THIS WARRANTY IN ANY RESPECT. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE .

GENERAL

ADT ASSUMES NO LIABILITY FOR DELAYS IN INSTALLATION OF THE EQUIPMENT, OR FOR INTERRUPTIONS OF SERVICE DUE TO STRIKES, RIOTS, FLOODS, FIRES, ACTS OF GOD OR ANY CAUSES BEYOND THE CONTROL OF ADT AND WILL NOT BE REQUIRED TO SUPPLY SERVICE TO THE CUSTOMER WHILE INTERRUPTION OF SERVICE DUE TO ANY SUCH CAUSE SHALL CONTINUE.

CUSTOMER GRANTS PERMISSION TO ADT TO ENTER UPON ITS PREMISES TO PERFORM THE SERVICE TO THE EQUIPMENT AS AGREED HEREIN.

THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE CUSTOMER AND ADT. IN EXECUTING THIS AGREEMENT CUSTOMER IS NOT RELYING ON ANY ADVICE OR ADVERTISEMENT OF ADT. CUSTOMER AGREES THAT ANY REPRESENTATION, PROMISE, CONDITION, INDUCEMENT OR WARRANTY, EXPRESS OR IMPLIED, NOT INCLUDED IN WRITING IN THIS AGREEMENT SHALL NOT BE BINDING UPON ANY PARTY, AND THAT THE TERMS AND CONDITIONS HEREOF APPLY AS PRINTED WITHOUT ALTERATION OR QUALIFICATION, EXCEPT AS SPECIFICALLY MODIFIED IN WRITING. THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL GOVERN NOTWITHSTANDING ANY INCONSISTENT OR ADDITIONAL TERMS AND CONDITIONS OR ANY PURCHASE ORDER OR OTHER DOCUMENT SUBMITTED BY THE CUSTOMER.

FALSE ALARM NOTICE

False Alarms detract from the effectiveness of your security system. Many municipalities have instituted fines and/or cancel response for locations that have "excessive" False Alarms. Avoid False Alarms by:

- Operating your system correctly.
- Securing all windows and doors prior to exiting building and keeping them in good repair.
- Notifying ADT prior to working on monitored sprinkler systems, opening early, etc.

If any alarm investigation indicates that the cause was the result of a Customer Fault an additional service charge will normally be made.

EQUIPMENT DISCONNECTIONS

This represents ADT's notice to you that the system(s)/device(s) listed on the face of this Service Ticket as temporarily or permanently disconnected are no longer in service and, thus, cannot detect and/or report occurrences or transmit signals.

1. All work is subject to review and rebilling in accordance with the terms and conditions of the customers ' agreement/contract with ADT.
2. Unless otherwise specified, work shall be done between the hours of 8 AM and 4:30 PM, exclusive of Saturdays, Sundays and holidays.
3. Customer is aware that the Limitations of Liability and other provisions set forth in the existing contract/order/agreement, if one is in effect, or set forth above, apply to the work/services or materials supplied.

ADT Security Services, Inc.
2540 Route 130
Suite 100
Cranbury, NJ 08512
Telephone 609 655 2200
732 572 3404
Fax 609 860 2180

August 13, 1999

The BonTon
80 Route 70 Brick Plaza
Brick, NJ 08723
Attn: Bruce Pyke

Dear Mr. Pyke,

This correspondence should serve to confirm that ADT Security Services performs maintenance, inspects, and monitors the fire alarm system at the above referenced Bon Ton location.

The fire alarm system consists of manual pull stations, heat detectors, duct smoke detectors, waterflow detection and horn/strobe circuits.

The fire alarm system is monitored by an ADT Underwriters Laboratories listed Central Station. Signals received are communicated to the Brick Fire Department via telephone. Fire alarm testing and inspection is done on a monthly basis. Service and maintenance is performed on an "as needed" basis upon request by customer.

If I can be of any additional assistance, please do not hesitate to contact me.

Very truly yours,

Ray Szczuplak

Ray Szczuplak,
Service Manager
ADT Security Services

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS 80 Brick Plaza
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Tenant F.T.-Up

APPLICANT Jayett Construction Corp PHONE NUMBER 223-5320
APPLICANT ADDRESS 39 Colby Ave CITY & STATE Ramsey NJ
PERMIT # C2-8 NAME OF BUSINESS Bon-Ton Store

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 %

X Commercial is .01 %

Estimated Assessment $ 322,600.00 Date 7-8-99
Estimated Required Fee $ 3226.00
Required Deposit on Estimate $ 1613.00 Date 7-12-99
Check # 4976 Receipt # 8232
Actual Assessment $ 322600.00 Date
Actual Required Fee $ 3226.00
Minus Deposit of Estimate $ 1613.00
Balance Due $ 1613.00 Date 8-19-99
Check # 46912 Receipt # 8273
Amount Paid In Full $ 3226.00

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

Joseph C. Scarpelli, Mayor

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Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 7-7-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS 80 Brick Plaza
Tenant Fitup

TYPE OF SITE Commercial TYPE OF BUSINESS Ben-Ton Store
(Residential/Commercial)

APPLICANT Fayett Const. CITY & STATE Manasquan, 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:

53,977

$ 322,600

Frederick R. Millman, CTA, Tax Assessor

7/8/99

Date

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

$ 322,600

Frederick R. Millman, CTA, Tax Assessor

~~7/8/99~~ 8-19-99

Date

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

COUNTER FORM
PLEASE PRINT

99-2726 + A
671 & update

PLUMBING

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
1	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:

RECEIVED
AUG 1 1999
DIV. OF INSPECTION

FIRE

CONTRACTOR: R. G. Solomon Fire Prot., Inc.
ADDRESS: 2010 Pilgrim Road
Wall, NJ 07719
PHONE: 732-556-0981
LIC #: EXP. DATE:
FEDERAL EMPL # (or S.S. #): 22-3491080

TECHNICAL DATA (DESCRIPTION OF WORK)

Relocate 10 sprinkler heads
Add 3 sprinkler heads

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source: City
Method of Valve Supervision: Tamper
Local Alarm Supervision: Flow
Central Supervision: Yes
Proprietary Supervision:

	Capacity:	Fuel:
Flammable Liquip Storage Tanks		
Combustable Liquid Storage Tanks		
L.G.P. Storage Tanks		

DESCRIPTION	NUMBER
Wet Sprinkler Heads	13
Dry Sprinkler Heads	
Total	13
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: $ 2,000.00
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

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

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

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Other:
- o Fence: Height (6' or More)
- o Sign: Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o 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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

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 - Exact 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 o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

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

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

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Type 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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

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 - Enter 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 o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

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:

FIRE

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 Supervision
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:

JAYEFF CONSTRUCTION CORP.
35 COLBY AVENUE
MANASQUAN, NJ 08736

FIRST UNION NATIONAL BANK
55-2/212

46712

CHECK NO. 46712

DATE	AMOUNT
August 24, 1999	$*******1,613.00

Pay: **********One thousand six hundred thirteen dollars and no cents

PAY TO THE ORDER OF
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
BRICK, NJ 08723

⑈046712⑈ ⑆021200025⑆ 20000126493 18⑈

SECURITY FEATURES: MICRO PRINT TOP & BOTTOM BORDERS - COLORED PATTERN - ARTIFICIAL WATERMARK ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

Date: 8-24-99

Business/Development: Bon-Ton

Owner/Applicant: Jayeff Const.

Property Address: 80 Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 46712

Final Fee $ 3226.00

Less Deposit $ 1613.00

Final Payment $ 1613.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

8-24-99
Date

COUNTER FORM
PLEASE PRINT

99-2726+B
Update

PLUMBING

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMPL # (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:

FIRE

CONTRACTOR: R.G. Solomon Fire Protection
ADDRESS: 2010 Pilgram Rd.
Wall, N.J. 07719
PHONE: 732-556-0981 #
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 Supervision
Proprietary Supervision

	Capacity:	Fuel:
Flammable Liquip Storage Tanks		
Combustable Liquid Storage Tanks		
L.G.P. Storage Tanks		

DESCRIPTION	NUMBER
Wet Sprinkler Heads	X 12 NEW / 14 Relocate
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: $ X $1400.00
Signature: X
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

total sprinkler heads
+A + +B = 39 heads
total - $100
Pd 65.
Owe 55.

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

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

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

THE BAN TON

BUILDING

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Other:
- o Fence: Height (6' or More)
- o Sign: Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o 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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

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 - Exact 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 o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

BON-TON STORES
80 BRICK PLAZA

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

Site Location: Block 671 Lot 8 — Date Rec'd.:
Block: Lot: — Date Issued:
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST — Control #:
Address: 1626 JEFFERSON ST ROCKVILLE, MD 20852-4041 — Permit #:
State: Zip: Phone: (301) 998-8100
SS #: Provide only if Applicant is owner

NOT REQ'D

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: STAYER CONSTRUCTION CORP
ADDRESS: 35 COLBY AVENUE MANASQUAN NJ 08736
PHONE: 732-223-5520
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-2797171

TECHNICAL SITE DATA

DESCRIPTION OF WORK: - MINOR DEMOLITION
- MINOR ALTERATIONS (FIXTURES STORE)
- LIGHT FIXTURING

TYPE OF WORK

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

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: M Proposed: M
No. of Stories: 1
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed: 0
Signature:

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $ 100,000
TOTAL (1+2): $ 100,000
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

NOT REQ'D

ELECTRICAL SUBCODE

CONTRACTOR: Pro Maintenance Co
ADDRESS: 1766 Hwy 34
Farmingdale, NJ 07727
PHONE: 732-280-6700
LIC #: 6629A EXP. DATE: 3/31/2000
FEDERAL EMPL. #: (or S.S. #): 223 430 998

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	52	
Receptacles	48	20A
Switches	[illegible]	
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights	15	
Communications Points	32	
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): Brian R Smarsloff
Estimated Cost of Electrical Work: $ 40,000
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE 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 Supervision
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

45766
CHECK NO. 45766

DATE: July 12, 1999
AMOUNT: $*******1,613.00

Pay: **********One thousand six hundred thirteen dollars and no cents

PAY TO THE ORDER OF
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
BRICK, NJ 08723

SEC[redacted]

Date: 7-12-99

Business/Development: Bon-Ton STore

Owner/Applicant: Jayeff Const. Corp

Property Address: 80 Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 45766

Estimated Fee $ 322600

Deposit Amount $ 1613.00

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

7-12-99
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

80 Brick Plaza — 671 — 8
Work Site Address — Block — Lot

Federal Realty Investment
Owner's Name, Address, Phone

Jayeff Const.
Contractor's Name, Address, Phone

Construction demo fixtures
Describe type (Single-family home, etc.)

Demolition fixtures
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

COMMERCIAL

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

Size of dumpster: big

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.

Have Permit already 99-2394
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

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

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

Home Sweet Home