

BLOCK

LOT

ADDRESS (SITE)

PERMIT NO.

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA Shopping Center
2. Name of Owner in Fee: Federal Realty Tel. (215) 657-8746
- Address 1220 PARK AVE WILLOW GROVE PA
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: MILCO Construction Tel. (732) 920-1800
- Address 270 DRUM POINT RD
- License No. OR, if new home, Builder Reg. No. 005637 Exp. Date _____
- Federal Emp. No. 22-3228517 Social Security No. _____
5. Architect or Engineer Barlo & Assoc. Tel. () 477-7751
- Address 92 MANTOLOKING RD BRICK
6. Responsible Person in Charge of Work Don Miller Tel. (732) 920-1800



CONSTRUCTION PERMIT APPLICATION

20K

V. FEE SUMMARY (for office use only)

1. Building	\$	920.-	Update	Update
2. Electrical				
3. Plumbing		55.-		
4. Fire Protection		15.-		
5. Elevator Devices				
6. Subtotal	\$			
7. Less 20% for State Plan Review		\$ 376.00		
8. Subtotal	\$			
9. DCA Training Fee		31.-		
10. Subtotal	\$			
11. Cert. of Occupancy		415		
12. Other <u>21A</u>				
13. TOTAL	\$	1086		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor 3900 sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification 2C
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☐ Minor work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☒ Fire Protection
7. ☒ Plumbing
8. ☒ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☒ Demolition

Est. Cost

32,400

600

3000

10000

4000

50,000

OPTIONAL (for office use only)								
Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer	Approval	Rejection
			3					
			3-4-96	FW				
			2/28/98	SL				
			3/10/98	FW	7/27/98	FW		
			2/15/98	SL				

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)
4. ☐ Two-Family (R-4)
5. ☐ One-Family (R-3)
6. ☐ One-Family (R-4)

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR 10208687

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

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

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

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

(☒) Check if contractor.

Agent Name MILCO Construction

Address 270 DRUM POINT Rd
BRICK

Telephone (732) 920-1800

Signature [Signature] Date 2/16/98

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

	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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/22/2001
Control #
Permit # 98-0487

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 671 Lot 8 Qual
Work Site Location BRICK PLAZA/SILVER THREADS
Owner in Fee/Occupant ALTERATION FEDERAL REALTY
Address 122C PARK AVE
WILLOW GROVE, PA 00000-0
Telephone (215)657-8740
Contractor MILCO CONSTRUCTION
Address 270 DRUM POINT RD
BRICK, NJ 08723-
Telephone (732)920-1800 Fax ()
Lic. No. or Bldgs. Reg. No. 005637
Federal Emp. No. 22-3228517

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:

ALTERATION

[] 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 , .

CONSTRUCTION OFFICIAL
U.C.C. F280 (rev. 3/96)

Fee \$ 0
Paid [X] Check No. 3762
Collected by: CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 02/22/2001
Control #
Permit # 98-0487

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location BRICK PLAZA/SILVER THREADS
Owner in Fee/Occupant ALTERATION FEDERAL REALTY
Address 1220 PARK AVE
WILLOWGROVE, PA 00000-0
Telephone (215)657-8740
Contractor MILCO CONSTRUCTION
Address 270 DRUM POINT RD
BRICK, NJ 08723-
Telephone (732)920-1800 Fax ()
Lic. No. or Bldrs. Reg. No. 005637
Federal Emp. No. 22-3228517

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:

ALTERATION

[] CERTIFICATE OF OCCUPANCY

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

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[] Total removal of lead-based paint hazards in scope of work
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[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until , .

Fee \$ 0
Paid [X] Check No. 3762
Collected by: CS

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

Work Completed 7/29/98

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 03/11/98
Control #
Permit # 98-0487

IDENTIFICATION Block 671 Lot 8

Work Site Location BRICK PLAZA/SIVER THREADS
ALTERATION
Owner in Fee FEDERAL REALTY
Address 122C PARK AVE
WILLOWGROVE, PA 00000-0
Telephone (215)657-8740

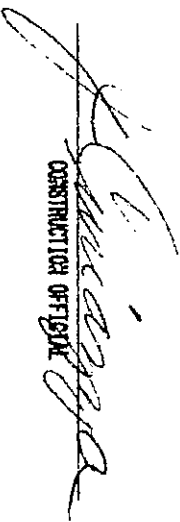
Contractor MILCO CONSTRUCTION
Address 270 DRUM POINT RD
BRICK, NJ 08723-
Telephone (732)920-1800
Lic. No. or Bldrs. Reg. No. 005637 Exp. Date / /
Federal Emp. No. 22-3228517
or Social Security No.

Is hereby granted permission to perform the following work:
☒ BUILDING ☒ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:
ALTERATION

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 \$ 40,000


CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	920
Electrical	0
Plumbing	55
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	31
Cert. of Occ.	0
Other	
Total	1,071
Check No.	3762
Cash	
Collected By:	CS



Date Received
Date Issued
Control #
Permit #

98-04147
3-11-98

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

Block 671 Lot 5
Work Site Location BECK PHARM SHOPPING CENTER
Shrubbers Building RD SILVER THICKS
Owner in Fee Federal Realty
Address 100 E PARK AVE
WILLOW GROVE, ILL
Tele. (312) 657-5740
Contractor MILCO CONSTRUCTION
Address 270 DEUNPOINT RD
BRICK
Tele. (732) 926-1800 C 03637
Lic. No. or Bids. Reg. No. 22-3228517
Federal Emp. No. 22-3228517 or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New ceiling
Softfit Joists
ADA Restroom

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS
☐ No Plans Req. Type: _____ Failure Failure Approval Initial
☒ All 3-4-98 EM Footing _____
☐ Footing _____ Foundation _____
☐ Foundation _____ Slab _____
☐ Frame _____ Frame _____
☐ Other _____ Insulation _____
Joint Plan Review Required: _____ Finishes: _____
☐ Elec. ☐ Plumb. ☐ Fire _____ Energy _____
SUBCODE APPROVAL _____ Mechanical _____
☐ CO ☐ CCO ☐ CA _____ TCO _____
Date: _____ Other: _____
Approved By: _____ Final: _____

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A1
Constr. Class Present 2C Proposed 2C
No. of Stories 1 Ft. _____
Height of Structure 16 Sq. Ft. _____
Area—Largest Floor 3900 Sq. Ft. _____
Total Bldg. Area/All Floors _____ Sq. Ft. _____
Volume of Structure _____ Cu. Ft. _____
Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work:
1. New Bldg. \$ 20,000
2. Alteration \$ 30,000
3. Total (1+2) \$ 50,000

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height _____
☐ Sign _____ Sq. Ft. _____
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)
FEE
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____

Spinkler Shop drawings sealed by
a N.J.P.E. must be submitted
to this office for approval
prior to any work being done

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

Block 671 B

Work Site Location BEICK PLAZA Shopping Center
Chambers Bridge Rd BEICK Silver Threads

Owner In Fee Federal Realty
122-C Park Ave

Address 122-C Park Ave
PA

Tele. (215) 657-8780
11100 Grove Rd

Contractor PHILCO Construction Co
220 Deum Point Rd

Address BEICK N.J.
220 Deum Point Rd

Tele. (732) 920-1800
000637

Lic. No. 000637
000637

Federal Emp. No. 22-322-8317 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group m Present m Proposed m Additional Plans not
Constr. Class. Present 2c Proposed 2c Heating Systems Existing
Type: Gas Oil Electrical Solar
Location: 1st floor heads are only
Total Est. Cost of Fire Prot. Work \$ 600 dropped in place

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Plan Review INSPECTIONS: _____
[] No Plans Required Type: _____ Failure Failure Approval Initial

Joint Plan Review Required: _____
[] Bldg. [] Plumb. [] Elec. _____
[] Fire Plans Approved _____
Date: 2/28/85 _____
Approved by: 2/28/85 _____
SUBCODE APPROVAL: _____
[] CO [] CCO [] CA _____
Date: _____
Approved by: _____

Suppression Test _____
Fire Alarm Test _____
Smoke Test _____
Mechanical _____
TCO _____
Other 2/28/85 _____
Other _____
Other _____

Other _____
Other _____
Other _____

Other _____
Other _____
Other _____

Other _____
Other _____
Other _____

Other _____
Other _____
Other _____

Other _____
Other _____
Other _____

Other _____
Other _____
Other _____



FIRE PROTECTION
SUBCODE
TECHNICAL SECTION



Date Received 9-24-87
Date Issued _____
Control # 3-11-48
Permit # _____

Note: if it appears additional heads will be
needed.

Description of Work Lower 4 heads to 10'

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____
Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____
Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____
Standpipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

45

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____

~~Bob Decker~~

~~Answer~~

- 7-22-84 Called D. Miller

G. Falco Show fire did work

262 4412

- Called mums to paint asile for room
exit

- Check spk layout



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

980407
3-11-98

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

Block 671 Lot B
Work Site Location BRICK PLAZA Shopping Center
Chambers Ridge Rd
Owner in Fee Federal Realty Trust
Address 1200 PEEK AVE
WILLOW GROVE PA
Tele. (215) 657-8740
Contractor FRANK D. SMITH
Address 174 JORDAN RD.
BRICK N.J. 08724
Tele. (732) 899-5941
Lic. No. 82242
Federal Emp. No. 22-2542824 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS	
Joint Plan Review Required:		Type:	Dates (Month/Day)
☐ No Plans Required		Slab	Approval <u>4-23-98</u> Initial <u>[Signature]</u>
☐ Bldg. ☐ Elec.		Rough	<u>4-23-98</u>
☐ Fire ☐ Elevator		Water	
☐ Plumb. Plans Approved		Sewer	
Date: <u>3/10/98</u>		Fixtures	<u>7-27-97</u> <u>[Signature]</u>
Approved by: <u>[Signature]</u>		Gas Equipment	
		Gas Piping	
		Solar	
		TCO	
Approved By: <u>[Signature]</u>			
Date: <u>7-27-97</u>			

SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ [Signature]
Approved By: [Signature]
Date: 7-27-97

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal [Signature]

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	<u>20</u>
	Urinal/Bidet	
	Bath Tub	
<u>1</u>	Lavatory	<u>10</u>
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
<u>1</u>	Water Heater	<u>10</u>
	Fuel Oil Piping	
	Gas Piping	<u>25</u>
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 35



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #
98-04117
3-11-98

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

Block 671 Lot B
Work Site Location BRICK PLAZA Shopping Center
14000 SHELBO RD SILVER THUNDER
Owner in Fee FEDERAL REALTY TRUST
Address 14000 SHELBO RD
W. HILL GROVE PA
Tele. (215) 657-8740
Contractor FRANK D. SMITH
Address 174 JORDAN RD.
BRICK N.J. 08724
Tele. (732) 899-5941
Lic. No. 8242
Federal Emp. No. 22-2442824 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present 11 Proposed 11
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Required	Slab	_____
Joint Plan Review Required:	Rough	_____
☐ Bldg. ☐ Elec.	Water	_____
☐ Fire ☐ Elevator	Sewer	_____
☐ Plumb. Plans Approved	Fixtures	_____
Date: <u>3/10/98</u>	Gas Equipment	_____
Approved by: <u>[Signature]</u>	Gas Piping	_____
SUBCODE APPROVAL:	Solar	_____
☐ CO ☐ CCO ☐ CA	TCO	_____
Approved By: _____		_____
Date: _____		_____

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

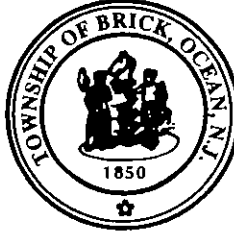
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	<u>20</u>
<u>1</u>	Urinal/Bidet	<u>10</u>
<u>1</u>	Bath Tub	<u>10</u>
<u>1</u>	Lavatory	<u>10</u>
<u>1</u>	Shower	<u>10</u>
<u>1</u>	Floor Drain	<u>10</u>
<u>1</u>	Sink	<u>10</u>
<u>1</u>	Dishwasher	<u>10</u>
<u>1</u>	Drinking Fountain	<u>10</u>
<u>1</u>	Washing Machine	<u>10</u>
<u>1</u>	Hose Bibb	<u>10</u>
<u>1</u>	Water Heater	<u>10</u>
<u>1</u>	Fuel Oil Piping	<u>25</u>
<u>1</u>	Gas Piping	<u>25</u>
<u>1</u>	Steam Boiler	<u>25</u>
<u>1</u>	Hot Water Boiler	<u>25</u>
<u>1</u>	Sewer Pump	<u>25</u>
<u>1</u>	Interceptor/Separator	<u>25</u>
<u>1</u>	Backflow Preventer	<u>25</u>
<u>1</u>	Greasetrap	<u>25</u>
<u>1</u>	Water Cooled A/C or Refrigeration Unit	<u>25</u>
<u>1</u>	Sewer Connection	<u>25</u>
<u>1</u>	Water Service Connection	<u>25</u>
<u>1</u>	Active Solar System	<u>25</u>
<u>1</u>	Other	<u>25</u>

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Minimum Fee \$ _____	
DCA Training Fee \$ _____	
Collected by: _____	TOTAL \$ <u>550</u>

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____

(Planning Board/BOA)

DATE: 2-19-10

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial TYPE OF BUSINESS Silver Threads
(Residential/Commercial) Alteration

APPLICANT Federal Realty CITY & STATE Willow Grove, Pa

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

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

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

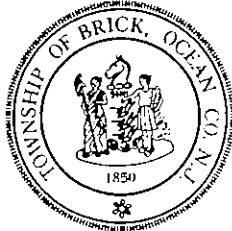
☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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



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

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

February 23, 1998

Federal Realty
122C Park Avenue
Willow Grove, PA

RE: Mandatory Development Fee
Block 671, Lot 8; Brick Plaza, Silver Threads Alteration

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 February 17, 1998, for the above block and lot at \$50,000.00, resulting in an estimated fee of \$500.00.

Therefore, it is required that one half of the estimated fee (\$250.00) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

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

If you have any questions, please contact me.

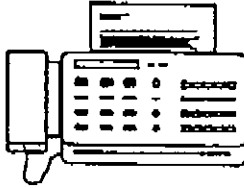
Sincerely,

Carol A. Wolfe
Carol A. Wolfe
Affordable Housing Administrator
CAW/da

**Barlo &
Assoc. P.A.**Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

908-477-7751

908-477-6788 (Fax)

**FAX TRANSMITTAL SHEET**RECIPIENT: MR. FRANK MINERDATE: 3/3/98FAX NUMBER: 262-8954TIME: 10:10 AM ☒ PM ☐COMPANY: T.O. BRICKPROJECT: SILVER THREADSBLDG. DEPT.BRICK PLAZA# OF PAGES TRANSMITTED: 2
(Including cover sheet)PROJ. #: 9719

MESSAGE:

LETTER REGARDING ABOVE REFERENCED PROJECTSENDER: JIM TIERNEYCC: ED TRESHOCK - DEN MILLER () CALL TO DISCUSS ENCLOSEDJOHN GALLAGHER - SILVER THREADS PLEASE REVIEW AND APPROVE

() ENCLOSED TO FOLLOW VIA MAIL

IMPORTANT:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

If the reader of this message is not the intended recipient or the Employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. Thank you.

If you have any problems or do not receive all the pages, please call us as soon as possible.

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel.: 732-477-7751

Fax: 732-477-6788

E-mail: abatareinc@aol.com

March 3, 1998

Mr. Frank Miser
Township of Brick Building Code Department
401 Chambers Bridge road
Brick, New Jersey 08723

Re: Renovations to
Silver Threads at Brick Plaza
Chambers Bridge Road
Brick Township, NJ
Architects Project No. 9719

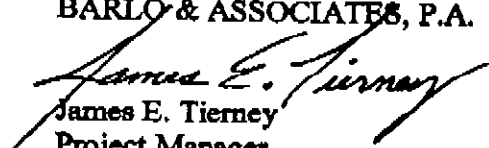
Dear Mr. Miser:

This letter is in response to your permit review on the above referenced project. We have checked the new superimposed loads on the existing roof joists created by the new interior fascia/soffit construction and have found the existing structure to be sufficient to handle these additional loads.

We trust this adequately responds to your comment and that a permit can be issued shortly. If you have any questions, please do not hesitate to call.

Very Truly Yours,

BARLO & ASSOCIATES, P.A.



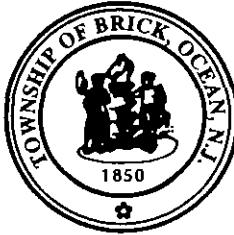
James E. Tierney
Project Manager
(For the Firm)

cc: John Gallaher, Silver Threads
Ed Treshock, Don Miller

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 2-19-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial TYPE OF BUSINESS Silver Threads
(Residential/Commercial) Alteration

APPLICANT Federal Realty CITY & STATE Willow Grove, Pa

☒ 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:

\$ 50,000

Frederick R. Millman, CTA, Tax Assessor

Date

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

\$ 50,000

Frederick R. Millman, CTA, Tax Assessor

Date

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 18, 1998 1998 - 0130

Block 671 Lot 8 Zone B-3, H.D.

Property Address: Chambers Bridge Road, Brick Plaza

Owner: Federal Realty Investment Trust (Phone): (215) 657-8740

Applicant: Donald Miller; Milco Construction (Phone): (732) 920-1800

Existing Use: Retail unit, "Silver Threads" clothing.

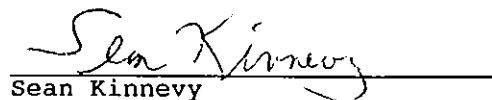
Proposed Use: Retail unit, "Silver Threads" clothing.

Proposed Construction (if any): Interior renovations.

Conditions: Interior work only.

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


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 671 LOT 8
PROPERTY ADDRESS CHAMBERS BRIDE RD, BRICK, N.J. BRICK PLAZA
NAME OF OWNER FEDERAL REALTY OWNER'S PHONE (215) 657-8740
NAME OF APPLICANT MILCO CONST. CO.
APPLICANT'S COMPLETE ADDRESS 270 DRUM PT RD, BRICK, N.J. 08723
APPLICANT'S PHONE NUMBER (732) 920-1800 APPLICANT'S BUSINESS NAME DON MILLER

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe) EXISTING - SILVER THREADS
☐ Other (please describe) NEW CEILING

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) SAME
☐ Other (please describe) _____

PROPOSED CONSTRUCTION ALTERATION OF CEILING - COMMERCIAL
All Dimensions _____ W _____ L _____ Ht _____
Deck or Garage ☐ Attached ☒ Detached
Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
☐ Two (2) accurate Survey / Plot Plans containing:
 ☐ all existing and proposed structures
 ☐ all dimensions of lot and structures
 ☐ set backs to all property lines
 ☐ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Don Miller Date 2/17/98
Reviewed by Zoning Officer _____ Date 2/18/98
☒ Approved ☐ Rejected

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Alterations
APPLICANT Federal Realty PHONE NUMBER 215-637-0740
APPLICANT ADDRESS 1220 Park Ave CITY & STATE W. Me. 04001 Pa
PERMIT # _____ NAME OF BUSINESS Silver Records

INCLUSIONARY DEVELOPMENT

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

MANDATORY DEVELOPER FEES

◇ Residential is .005 %
◇ Commercial is .01 %

Estimated Assessment \$ 50000.00 Date 2-19-98
Estimated Required Fee \$ 500.00
Required Deposit on Estimate \$ 250.00 Date 2-24-98
Check # 3754 Receipt # 4517
Actual Assessment \$ 50000.00 Date 6-29-98
Actual Required Fee \$ 500.00
Minus Deposit of Estimate \$ 250.00
Balance Due \$ 250.00 Date 7-6-98
Check # _____ Receipt # 1478
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

J R AND G INC. T/A
SILVER THREADS - 1
BRICK PLAZA SHOPPING CENTER
BRICK, NJ 08723

13041

PAY TO THE
ORDER OF

Township of Brick

7/1 19 98

55-2/212
95750

FIRST UNION First Union National Bank
Brick, N.J.

Two Hundred Fifty & 00/100

\$ 250.00

DOLLARS

FOR Mandatory Dev. Fee

BIK 671
Lot 8

Shirley Baller

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

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

Date: 7-6-98

Business/Development: ~~BRICK~~ Silver Threads

Owner/Applicant: JR AND G INC T/A Silver Threads

Property Address: 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 13041

Final Fee \$ 50000

Less Deposit \$ 250.00

Final Payment \$ 250.00

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:

Shirley Baller
Signature

7/6/98
Date

MILCO CONSTRUCTION CO

270 DRUM POINT RD
BRICK NJ 08723

SOVEREIGN BANK FSB
60-7269-2313

2/24/98

PAY TO THE
ORDER OF Township of Brick

\$ **250 00

Two Hundred Fifty and 00/100

DOLLAR

Township of Brick

MEMO

To Scott M Pezarras Chief Financial Officer
From Carol A Wolfe Affordable Housing Administrator
Re Affordable Housing Fees
Dat 2 24 98

Business/Development Silver Threads
Owner/Applicant Federal Realty
Property Address Brick Plaza
Block 671 Lot 8

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial
Residential

Inclusionary Development Fee

Check Number 3734
Estimated Fee \$ 500.00

Deposit Amount \$ 2500.00

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 \$ _____

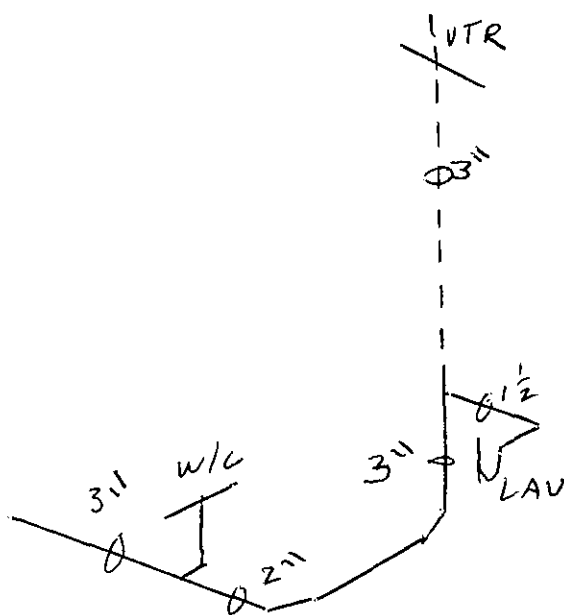
FOR DEPOSIT ONLY AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance
354 2C 93 is pursuant to N.J.S.A. 57:27D 301 et seq. And N.J.A.C.
5 92 18 et seq.

Received in Treasurer's Office by

Signature

Date



BIK

LOT

SILVER THREADS

Brick Plaza

BATH RENOVATION

James R. Smith

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

BRICK PLAZA. (SILVER THREADS) 671 8
Work Site Address Block Lot

FEDERAL REALTY- 732-920-1800
Owner's Name, Address, Phone

MILCO CONST. CO. 270 DRUM PT RD, BRICK, N-J.
Contractor's Name, Address, Phone 732-920-1800

Construction CEILING TILE & SHEETROCK.
Describe type (Single-family home, etc.)

Demolition CEILING TILE & SHEETROCK.
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 1-30 yd CONTAINER

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

SHORE ENVIR. SERVICES- CHAMBERS BRIDGE RD, BRICK.
Size of dumpster: 1-30 yd T-888-907-4673

Destination of discarded debris: O.C. LAND FILL.

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 submission 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.

DONALD J. MILLER Dale Miller 3/11/98
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

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

Recycling tonnage receipts attached?

Certified tipping receipts attached?

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

DISTRIBUTION LIST:

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