

BLOCK 621 LOT 8 ADDRESS (SITE) BRICK PLAZA ^{SPACE 41} PERMIT NO. 104-11

RECEIVED

DEC 12 3 1996



CONSTRUCTION PERMIT APPLICATION

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

IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA

2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT Tel. (25) 657-8740

Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

3-7 Ownership in Fee: Public Private

Principal Contractor: HIGH TECH SIGNS Tel. (908) 223-0024

Address 2411 Highway 35 MANASQUAN NJ

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. 22-300-2653 Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6 Responsible Person Jim HANSON Tel. (908) 223-0824
in Charge of Work

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
- TOTAL COSTS**

Est. Cost

10700.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval	Rejection	Re- viewer
LWP	10/28/96		11/25/96	[Signature]			
FHGF	10/30/96		10/30/96	[Signature]			

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 90-		
2. Electrical			
3. Plumbing			
4. Fire Protection	N/A		
5. Elevator Devices			
6. Subtotal	\$ 90-		
7. Less 20% for State Plan Review			
8. Subtotal	\$ 9-		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other 2A	\$ 15		
13. TOTAL	\$ 114.00		

VI. BUILDING/SITE CHARACTERISTICS

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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

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:
SR. SERVICES

3. Change in Use Group,
Indicate Former:

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 _____

Address _____

Telephone (_____) _____

Signature James F. Hinkson Date 10/28/96

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									IMPORTANT A.H.B.T. - EXEMPT
☐ 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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/4/97

734-97

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☐ BUILDING☐ PLUMBING☒ OTHER☐ ELECTRICAL☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 \$

CONSTRUCTION OFFICIAL

(see reverse side)

PAYMENTS (Office Use Only)

734##

Building

90 BLOCK

.00

Electrical

671 #

.00

Plumbing

LOT

.00

Fire Protection

8 #

Elevator Devices

BUILDING

.00

Other

D.C.A.

.00

DCA Training Fee

ZONE LOT

.00

Cert. of Occ.

TOTAL

.00

Other

ZPA

.00

Total

TOTAL

.00

Check No.

41

Cash

4/14/97

NO. 20018A005

1.46

Collected By:

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material, plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures, electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued.

Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/4/97
734-97

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
Work Site Location BRICK PLAZA SPACE 41

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Tele. (215) 657-8740 - EX 3008
Contractor HIGHTECH SIGNS
Address 2411 HIGHWAY 35 MANASSAS VA 20108

Tele. (908) 223-0024
Lic. No. or Bids. Reg. No. 223002653 or Social Security No. _____
Federal/Emp. No. _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☐ No Plans Req.	Type: _____
☒ All	☐ Footing
☐ Foundation	☐ Foundation
☐ Slab	☐ 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	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Alteration \$ _____
Height of Structure	_____ Ft.	_____ Ft.	3. Total (1+2) \$ _____
Area—Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____ Sq. Ft.	
Volume of New Structure	_____ Cu. Ft.	_____ Cu. Ft.	
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.	

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 James Henderson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
MOUNT CHANNEL LETTERS
ON A RAMPWAY TO BUILDING
FACIA

TYPE OF WORK:	(Office Use Only)
☐ New Building	FEE \$ _____
☐ Addition	\$ _____
☐ Alteration	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence	Height (6' or over) \$ _____
☒ Sign	Sq. Ft. \$ _____
☐ Pool	\$ _____
☐ Asbestos Abatement	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: October 28, 1996 1996 - 1558

Block 671 Lot 8 Zone B-3, G.B.

Property Address: Brick Plaza

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

Applicant: High Tech Signs (Phone): 223-0024

Use: Space 41 - MCOC Elder Med Offices

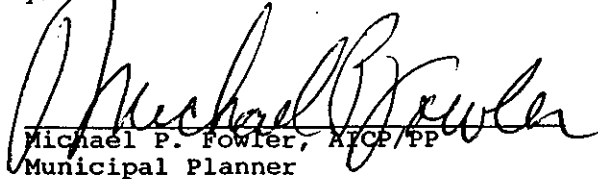
Proposed Construction (if any): Channel letters for wall sign:

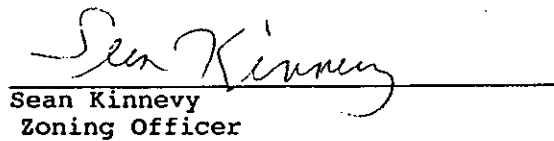
"Medical Center of Ocean County, Senior
Services, Elder Med".

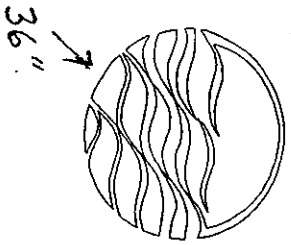
Conditions: Sign area may not exceed 15% of facade area.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

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



Medical Center
of
Ocean County

SENIOR SERVICES

ElderMed

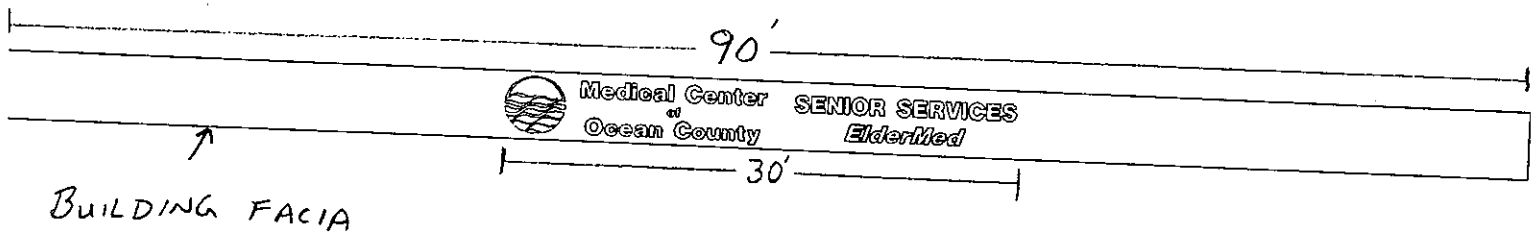
ALL 12" LETTERS

TOWNSHIP OF
BRICK NJ

04/04/97 NO. 5

0004
734**#
BLOCK 0.00
671 #
LOT 0.00
8 #
BUILDING 90.00
D.C.A. 9.00
ZONEPLOT 15.00
TOTAL 114.00
CHECK 114.00
CHANGE 0.00

0018A005 11:45



11/25/96