

BLOCK

RECEIVED

AUG 07 1997



CONSTRUCTION PERMIT APPLICATION

Applicant DIV. OF INSPECTION Completes Sections I, II, III (optional), IV, VI and VII

20K

I. IDENTIFICATION

1. Proposed Work-site at: 35 Cedar Bridge
STEINHACHS BRICK PLAZA
2. Name of Owner in Fee: FEDERAL REALTY Tel. (301) 998-8100
Address 35 Cedar Bridge BRICK 08723
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JAYCEFF CONST CO Tel. (732) 225-5320
Address 35 COLBY AVE MANASQUAN NJ 08736
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security _____
5. Architect or Engineer N/A Tel. _____
Address _____
6. Responsible Person in Charge of Work Tom Moore Mike Nugent 477-6997
Tel. (732) 223-5320

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories CONST TRAILER
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 _____

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 \$300

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>JRT</u>	<u>8/7/97</u>		<u>8-28-97</u>	<u>FM</u>			
<u>CWB</u>	<u>8/12/97</u>		<u>8/12/97</u>	<u>SK</u>			

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) CAB

No. of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
Office Trailer
2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

Called 9-3-97 get
10-2-97 called Jayeff - Mike Nugent to get up permit
A.H.B.T. PRELIMINARY APPROVAL

COMMERCIAL

A.H.B.T. - MANDATORY FEE - IMPORTANT

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.

X Agent Name TOM MOORE

Address 35 COLBY AVE
MANASQUAN NJ 08736

Telephone (732) 223-5320

Signature TOM MOORE Date _____

OFFICE DATE RECEIVED: _____

VII. 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 _____	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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

10-6-97

Control #

Permit #

3064-97

IDENTIFICATION Block

671

Lot

8

Work Site Location

35 Cedar Bridge

Contractor

Jayell Coxet

Address

11111111111111111111

Owner in Fee

Federal Realty

Address

11111111111111111111

Tele. ()

903-5380

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

903-5380

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 \$

U.C.C. Form F-170C

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

50. -

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

15. -

Total

65. -

Check No.

32550

Cash

Collected By:

JAC

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 10-6-97
Date Issued
Control #
Permit # 3064-87

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.
Block 408-671 Lot 011
Work Site Location 35 CEDAR BRIDGE
Owner in Fee FEDERAL REALTY TRUST
Address PC BOX 471 ROCKVILLE MD
Tele. (301) 998-8100
Contractor JAYCEE CONST CO
Address 35 CEDAR BRIDGE
Tele. (301) 998-8100
U.C. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security N _____

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 Tom Mace

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

OFFICE TRAILER
CONST
6'x28' 10' High
MUST BE
ANCHORED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Req.	<u>6/29/97</u>	<u>EA</u>	Type:	Failure Failure Approval Initial
☐ All			Footings	
☐ 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 _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other CONST TRAILER
☐ Demolition

(Office Use Only)
FEE

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 8, 1997 1997 - 2243

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

Property Address: 35 Cedar Bridge Avenue, Brick Plaza

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

Applicant: Tom Moore (Phone): 223-5320

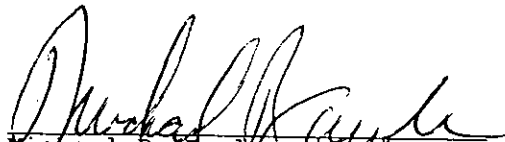
Existing Use: Steinbach Store

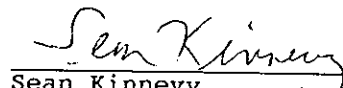
Proposed Use: Steinbach Store

Proposed Construction (if any): Temporary construction trailer,
8'x28', 10' high.

Conditions: As per chapter 280, Section 280-8.b of the Township
Code.

This permit shall be null, void and of not 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
Municipal Planner


Sean Kinnevy
Zoning Officer

JAYEFF CONSTRUCTION CORP. • MANASQUAN, NJ 08736

32550

Check # 32550 Date 10/02/97

Payee
TOWNSHIP OF BRICK

Office
STENBACH/BRICK-TRAILER
Permit

65.00

.00

65.00

65.00

.00

65.00

CERTIFICATE OF COMPLIANCE

BLOCK 6-11 LOT 8 SITE ADDRESS 35 Cedar Bridge

TYPE OF SITE Commercial TYPE OF BUSINESS _____
Residential/Commercial

APPLICANT Federal Realty PHONE NUMBER 301-975-8100

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS Steele's Office Trailer

INCLUSIONARY DEVELOPMENT

☐ Affordable Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Assessment: 1400⁰⁰ (1400) Date 8-13-77

Required Deposit on Estimate \$ 7⁰⁰ Date 8-25-77

Check # 31740 Receipt # 4061

Actual Assessment: _____ Date _____

Actual Required Fee: \$ _____

Minus Deposit of Estimate \$ _____

Balance Due \$ _____

Amount Paid in Full \$ _____ Date _____

Check # _____ Receipt # _____

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

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
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8-12-07

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 6-11 LOT 8 SITE ADDRESS 35 Cedar Bridge
Steinbach's
TYPE OF SITE Commercial TYPE OF BUSINESS Office Trailer
(Residential/Commercial)
APPLICANT Federal Realty CITY & STATE Brick 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:

\$ 105,000.00

Frederick R. Millman, CTA, Tax Assessor

8/13/07
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



Joseph C. Scarpelli, Mayor

Township Council

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048
Fax (908) 262-8954
<http://gbshost.com/brick>

August 19, 1997

Mr. Tom Moore
35 Colby Avenue
Manasquan, NJ 08736

RE: Mandatory Development Fee
Block 671 Lot 8; 35 Cedar Bridge Road

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 August 7, 1997, for the above block and lot at \$1,400.00, resulting in an estimated fee of \$14.00.

Therefore, it is required that one half of the estimated fee (\$7.00) 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

Affordable Housing Administrator

CAW/da

2nd letter

1st returned because
of address

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048
Fax (908) 262-8954
<http://gbshost.com/brick>

August 13, 1997

Federal Realty
c/o Steinbach Office Trailer
35 Cedar Bridge Road
Brick, NJ 08723

RE: Mandatory Development Fee
Block 671, Lot 8; 35 Cedar Bridge Road

To Whom it May Concern:

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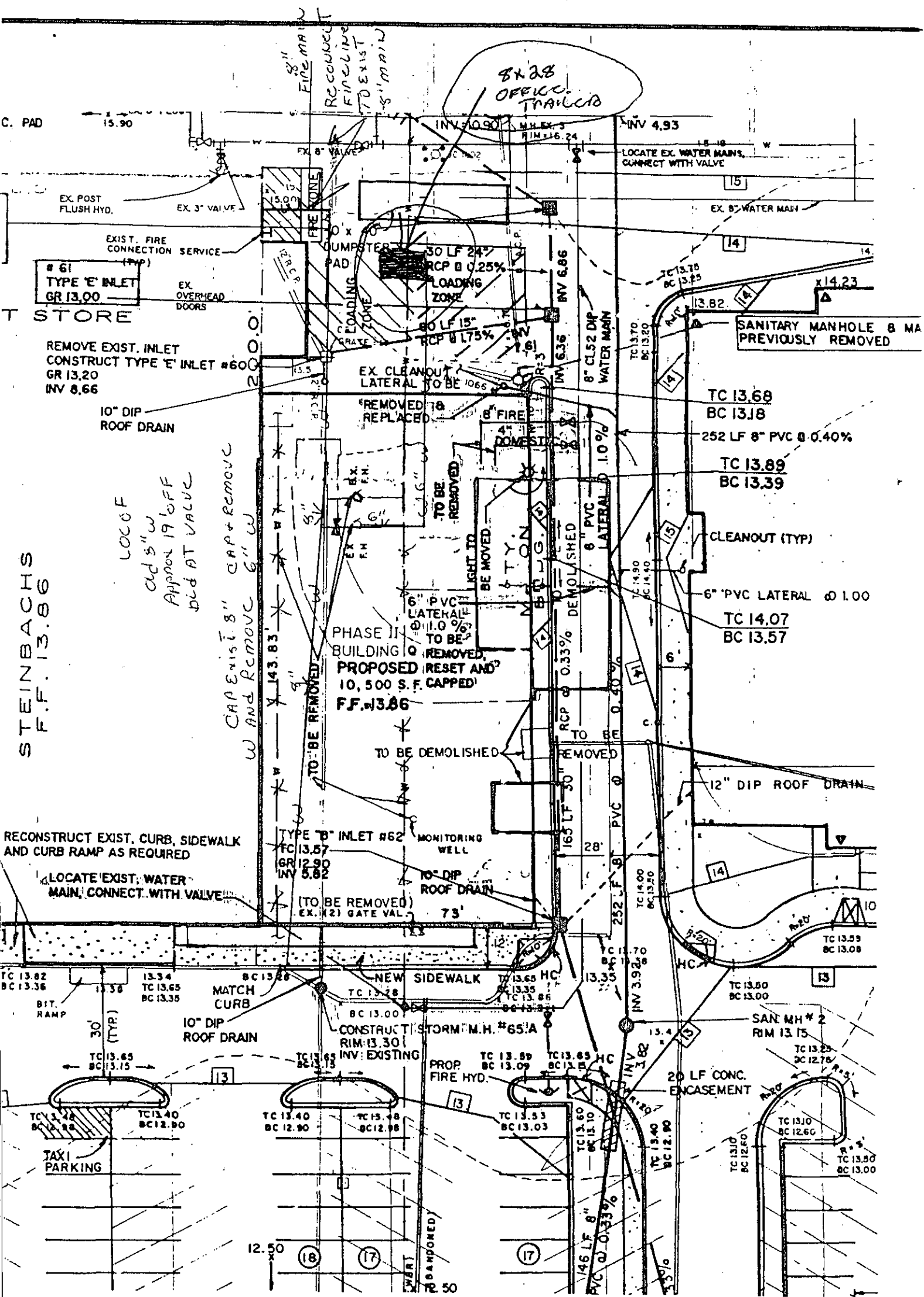
May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da



GRADING & DRAINAGE PLAN

APPROVED FOR ZONING ONLY
 SEAN KINNEVY, ZONING OFFICER
 DATE August 8, 1997
Sean Kinnevy - con. trailer

JAYEFF CONSTRUCTION CORP.

35 COLBY AVENUE
MANASQUAN, NJ 08738

FIRST UNION NATIONAL BANK
55-2/212

31740

CHECK NO.

31740

DATE

AMOUNT

August 19, 1997

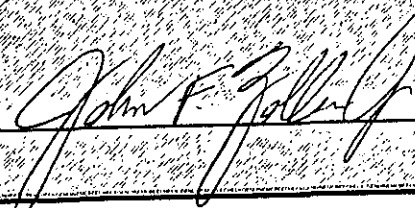
*****7.00

Pay: *****Seven dollars and no cents

PAY
TO THE
ORDER
OF

BRICK TOWNSHIP

BRICK, NJ



⑈031740⑈ ⑆021200025⑆2000012649318⑈

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

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees
Date: 8-25-97

Business/Development: Jayeff Construction
Owner/Applicant: Steinbachs
Property Address: 35 Cedar Bridge
Block: 671 Lot: 8

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 31740
Estimated Fee 14.00

Deposit Amount \$ 7⁰⁰

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check No.: _____
Final Fee: _____
Less Deposit: _____

Final Payment \$ _____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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:

H. Milano
Signature

8/25/97
Date