

RECEIVED



USE
United States Environmental

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA / DARNES & Noble C
2. Name of Owner in Fee: FEDERAL REALTY INVES. Tel. (301) 652-3360
Address 4800 Hampden Lane Bethesda MD 20814
street municipality zip code
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: MILCO CONSTRUCTION Tel. () 920-1800
Address 270 DRUM POINT RD BRICK NJ
License No. OR, if new home, Builder Reg. No. 55637 Exp. Date 1/96
Federal Emp. No. 22-2638013 Social Security No. _____
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person Don Miller Tel. () 920-1800
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 *INT.*

Est. Cost

15,000

OPTIONAL (for office use only)[illegible]

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	\$ 50 -		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ 50 -		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	12 -		
10. Subtotal	\$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	\$ 62 -		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure 18' _____ ft.
3. Area—Largest Floor 27,000 _____ 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)	
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VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10505264

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 Ed Treshock Milco Const.

Address 200 Drumpoint Rd

Brick

Telephone (920) 1800

Signature Ed Treshock Date 2/6/96

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									
☐ 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 Protection									
☐ 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. _____	_____	_____	_____

245
357
2505
245
245



CONSTRUCTION PERMIT

Date Issued

2/8/96

Control #

Permit #

113-96

IDENTIFICATION Block

611

Lot

8

Work Site Location

RICK HILL

Contractor

M. J. ...

Address

Owner in Fee

Address

...

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

11/3/97

Federal Emp. No.

or Social Security No.

Bldg. 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 \$

11,000.00

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) 03

Building 50.00

Plumbing 12.00

Electrical 62.00

Fire Protection 62.00

Other 1.00

Other

DCA Training Fee 10.00

Cert. of Occ.

Other

Total 197.00

Check No. 113-96

Cash

Collected By: ...



Date Received
Date Issued
Control #
Permit #

2/8/96
113-96

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 Building C
Work Site Location BRICK PLAZA
Owner in Fee FUTURE REALTY INVESTMENT TRUST
Address 4800 HAMPDEN LANE BETHESDA MD 20814
Tel. (301) 652-3360
Contractor MILCO CONSTRUCTION INC.
Address 270 DEUMPOINT RD BLICK NJ
Tel. () 920-1800 22-2638013
Lic. No. or Bids. Reg. No. 35637 or Social Security No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
No Plans Req.			Type	Failure	Approval
☒ All	2/7/96	[Signature]	Roofing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCQ ☐ YCA			TCO		
Date:	2/24/96		Other		
Approved By:	[Signature]		(Final)	2/24/96	[Signature]

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories	1		2. Alteration \$
Height of Structure	18		3. Total (1+2) \$
Area—Largest Floor	27,000		
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature

[Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove drop ceiling & Drywall Partitions - NON BEARING
Interior Demo
Clean out store for Architects inspection
FOR PLANS

(Office Use Only)
FEE

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration

☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☒ Demolition

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



Date Received 2/8/96
Date Issued 2/8/96
Control # 113-96
Permit # 113-96

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 Building C
Work Site Location BRICK PLAZA
Owner in Fee FUTURE BARNES & NOBLE
Address 4800 HAMPTON LANE
Bethesda MD 20814
Tele. (301) 652-3360
Contractor MILCO CONSTRUCTION INC.
Address 220 DEUMPOINT RD
BETHESDA MD
Tele. () 920-1800
Lic. No. or Bldgs. Reg. No. 22-2638013
Federal Emp. No. 55637 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	<u>2/28/96</u>	<u>[Signature]</u>	Type	Failure	Approval
☐ All			Roofing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CCO			TCO		
Date: <u>2/28/96</u>			Other		
Approved By: <u>[Signature]</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Constr. Class _____ Present _____ Proposed _____
No. of Stories 1
Height of Structure 18 Ft.
Area—Largest Floor 27,000 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) \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Remove drop ceiling & Drywall Partitions - NON BEARING
Interior Demo
Clear out store for architects inspection
for plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (6' or over)
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement
- ☐ Other _____
- ☐ Other _____
- ☒ Demolition

(Office Use Only)
FEE

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

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 671 8
Work Site Address Block Lot

Federal Realty Investment Trust
Owner's Name, Address, Phone

MILCO Construction 270 Drumbint Rd BRICK
Contractor's Name, Address, Phone 920-1800

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

Demolition T-BAR Ceiling & tiles Drywall, wood
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material
2- 30yd Containers

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

Size of dumpster: 30yd

Destination of discarded debris: OCEAN COUNTY Landfill

Hauler's DEP Permit No.: 18186

**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.

Ed Treeshock
Printed/Typed Name Signature Date 2/8/96

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