

1026-96

MAY 20 1996



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

1. Proposed Work-site at: BRICK PLAZA

2. Name of Owner in Fee: FEDERAL INVEST Tel. (908) 955-4444

Address _____
street municipality zip code

3. Ownership in Fee: Public X Private _____

4. Principal Contractor: D. MILLER CONST CO Tel. (908) 920-1800

Address 270 DRUM PT RD, BRICK, N.J.

License No. OR, if new home, Builder Reg. No. 005637 Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

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

Address _____

6. Responsible Person _____ Tel. (____) _____
in Charge of 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
-----	------

~~Demo Bowling Alley & CD City~~

OPTIONAL (for office use only)[illegible]

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

1. Building	\$ 00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ 170		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

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 _____

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:

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 Daniel J. Hall

Address 270 Dorem PT RD. BRICK, N.J.

Telephone 908 920-1800

Signature Daniel J. Hall Date _____

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 _____	Barrier Free _____			
Electrical _____		Flood Hazard _____			
Plumbing _____		As Built Elevation Cert. _____			
Fire Protection _____					
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 #

5/20/96
1026-96/1

IDENTIFICATION Block 468 Lot _____

Work Site Location Cedarbridge Lane

Contractor Don Miller

Owner in Fee Federal Gov.

Address 270 Drum Pt Rd

Address _____

Tele. (____) Brick Nj

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:

Remo - CD city

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 \$ 10000

Ray Korkowski

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building _____

Plumbing _____

Electrical _____

Fire Protection _____

Other _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total _____

Check No. for 1026-96

Cash _____

Collected By: JS



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

5/20/96
1026-96

IDENTIFICATION Block

671

Lot

#8

Work Site Location

620 Birch Blvd

Contractor

D. Miller Const

Address

275 Union St Rd
Buck NY

Owner, in Fee

Federal Inv.

Address

Barn

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

005637

Exp. Date

10/20/97

Federal Emp. No.

or Social Security N

A.00

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Hamm/Bowling Alley
C&D City (2)

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 \$

20000

R Kerkowski

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 4

Building	2 R 85 BUILDING	170.00
Plumbing	TOTAL	170.00
Electrical	CHECK	170.00
Fire Protection	CHANGE	0.00
Other	5/20/96 NO. 5 88184805	13154
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total	170	
Check No.	F 2501	
Cash		
Collected By:		

U.C.C. Form F-170C

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT



Date Received
Date Issued
Control #
Permit #

1086-96/1

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

Block 408 Lot 1
Work Site Location Easton Bldg. Corner
Owner in Fee Federal Realty
Address _____
Tele. () _____
Contractor Don Muller
Address 270 Summit Blvd
Tele. () _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date: _____			Final		
Approved By: _____					

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.	3. Total (1+2) \$ _____
Area—Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		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 _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

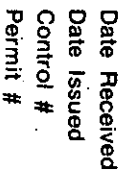
Demolition
CD City

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Other
☐ Demolition

(Office Use Only)
FEE

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



5-20-96

1026990-10

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000

Block 611 Lot 8

Work Site Location BRICK PLANT

Owner in Fee FEDERAL INVESTMENT TRUST

Address _____

Tele. (908) - 255-4944

Contractor DMILLER & SON, LOUST. CO
722 3RD ST

Address 410 CR 200 F-1 RV

FILE NO. 100-1877

$$\text{ele. } \left(\frac{1}{15x} \right) \frac{740 - 1000}{1000}$$

Lic. No. or Bldrs. Reg. No. 0052527

Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date: _____	Initial: _____	INSPECTIONS		Date: _____	Initial: _____
☒ No. Plans Req.				Type:	Failure	Failure	Approval
☐ All				Footing			
☐ Footing				Foundation			
☐ Foundation				Slab			
☐ Frame				Frame			
☐ Other				Insulation			
Joint Plan Review Required:				Finishes:			
☐ Elec. ☐ Plumb. ☐ File				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)	\$ <u>20,000.00</u>

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

Demo Of Roading Alley

D-D City

(Office Use Only)
FEE

TYPE OF WORK:	
☐ New Building.	
☐ 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	\$ _____

Back



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

SEP 3 96 00 80 19

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

Block 671 Lot 28 BRICK PLAZA - CHUCKE CHESES
Work Site Location RESTAURANT.

Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4800 HAMPTON LA., STE 500
BETHESDA MD. 20814

Tele. (301) 961-9225
Contractor PAKWAY CONST. HOBEKEV ELECTRICAL

Address 1000 S. STEPHENS HWY. STE 340
LEWISVILLE TX 75067

Tele. (214) 711-1000
798/7281

Lic. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3

☐ Pole/Pad # [REDACTED] ☐ Temporary ☐ Other [REDACTED]

Building Occupied as RESTAURANT Utility Co. [REDACTED]

Est. Cost of Elec. Work \$ 5,400

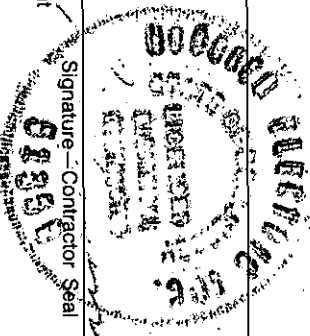
JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)	Initial
	Type:	Failure	Approval
☐ No Plans Required			
Joint Plan Review Required:			
☐ Bldg. ☐ Plumb.	Rough		
☐ Fire ☐ Elevator	Temporary		
☐ Elec. Plans Approved	Constr. Serv.		
Date: _____	TCO		
Approved by: _____	Other		
	Service		
	Final		
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued _____		
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued _____		
Date: _____			
Approved By: _____			

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.

☐ Licensed Electrical Contractor ☐ Exempt Applicant



Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO. 32 SIZE 11 ITEM 151
Fixtures (1)
Receptacles (2)
Switches (3)
Total 1 + 2 + 3

- ☐ Kw Range
- ☐ Kw Oven(s)
- ☐ Kw Surface Unit
- ☐ hp Dishwasher
- ☐ hp Garbage Disposal
- ☐ Kw Dryer
- ☐ Kw AC Unit
- ☐ Burglar Alarms
- ☐ Intercoms Panels
- ☐ Smoke Detectors
- ☐ hp Whirlpool/spa
- ☐ Pool Bonding
- ☐ Pool Filter Motor
- ☐ Pool Lights
- ☐ Kw Water Heater(s)
- ☐ Kw Central heat:
 - oil, gas or elec.
- ☐ Kw Baseboard Heat Units
- ☐ Thermostats
- ☐ hp Heat Pump
- ☐ hp Pump(s)
- ☐ Amp Motor Control Center/Sub Panels
- Signs
 - Light Standards
 - hp Motors—Fractional H.P.
 - hp Motors—All Others
 - Kw Transformers
 - Kw Generators
 - Amp Service Entrance
 - Other

FEE (Office Use Only)

Paid ☒ Check # <u>9370</u>	Administrative Surcharge	\$ <u>45.</u>
	Minimum Fee	\$ <u>4.</u>
	DCA Training Fee	\$ <u>49.1</u>
Collected by: <u>[Signature]</u>	TOTAL FEE	\$ <u>49.1</u>

U.C.C. Form F-120B

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PA by Parkway Const., 1000 S. Stephens Hwy, Suite 340
LEWISVILLE, TX 75067



J.J. MOUNT SERVICE CENTER, 775 VASSAR AVENUE, LAKEWOOD, NJ 08701 1-800-221-0051

March 15, 1995

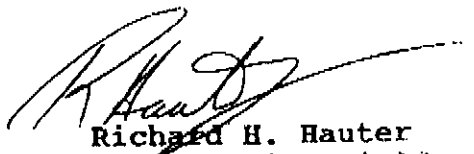
Mr. Sam Buelich
Attn: Don Miller

Re: Brick Shopping Center; Music Theatres
Retired service at main; 3/15/95

Dear Mr. Buelich:

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of our natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

If you would like to have the gas service restored, you will need to contact one of our representatives at least six (6) weeks prior to the estimated reconnection date. This is necessary for us to obtain the permits required to restore service. The service will be installed in a straight line, perpendicular from the curb line to the meter location.


Richard H. Hauter
Distribution Field
Supervisor
Ocean Division

RH:drd

cc: R. Gallo
file

Faxed: Don Miller

Post-It® Fax Note	7871	Date	5-20	# of pages	1
To	Don Miller	From	Diane		
Co./Dept.		Co.	USOG		
Phone #		Phone #	Ext. 43-17		
Fax #	920-1803	Fax #	370-4564		





Jersey Central Power & Light Company
417 New Jersey Avenue
Point Pleasant Beach, New Jersey 08742

May 16, 1996

Federal Realty
Attn: Ed McLaughlin
Willowgrove Shopping Center
122C Park Avenue
Willowgrove, Pa. 19090

Dear Mr. McLaughlin:

This letter confirms that Jersey Central Power and Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

Brick Plaza Shopping Center
100 Chamberbridge Road
Brick, N. J. 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,


Duncan Kelly
Project Specialist

DK:pl

demoltr.pri

BRICK
THE BRICK TOWNSHIP



UTILITIES
MUNICIPAL UTILITIES AUTHORITY

COMMISSIONERS

1551 Highway 88 West • Brick, New Jersey 08724-2399
(908) 458-7000 • FAX (908) 458-7725

JOHN C. EKARIUS
Chairman

KEVIN F. DONALD
Executive Director

THOMAS G. MAIORINE
Vice Chairman

PATRICK L. BOTTAZZI
Secretary

WILLIAM MILLER
Treasurer

BRIAN MACFIE
Asst. Sec./Treas.

May 16, 1996

Mr. D. Miller
270 Drum Point Road
Brick, Nj 08723

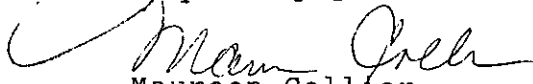
Subject: Building to be Demolished and Reconstructed
Account No.: [REDACTED]
Service Location: BRICK Plaza - CD City
Block: 468 Lot: 10-03

Dear Mr. Miller:

This is to certify that the water service at the subject property has been terminated and the water metering system has been removed.

Please note that it is the responsibility of the homeowner to insure that the sewer line is properly capped at the curb, so that debris from the demolition procedure does not enter the sewer system.

Very truly yours,


Maureen Collier
Customer Accounts Division

BRICK

THE BRICK TOWNSHIP



UTILITIES

MUNICIPAL UTILITIES AUTHORITY

COMMISSIONERS

JOHN C. EKARIUS
Chairman

THOMAS G. MAIORINE
Vice Chairman

PATRICK L. BOTTAZZI
Secretary

WILLIAM MILLER
Treasurer

BRIAN MACFIE
Asst. Sec./Treas.

1551 Highway 88 West • Brick, New Jersey 08724-2399
(908) 458-7000 • FAX (908) 458-7725

KEVIN F. DONALD
Executive Director

May 16, 1996

Mr. D.D. Miller
270 Drum Point Road
Brick, NJ 08723

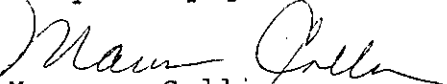
Subject: Building to be Demolished and Reconstructed
Account No.: [REDACTED]
Service Location: Brick Plaza Brick Lanes
Block: 671 Lot: 4

Dear Mr. Miller:

This is to certify that the water service at the subject property has been terminated and the water metering system has been removed.

Please note that it is the responsibility of the homeowner to insure that the sewer line is properly capped at the curb, so that debris from the demolition procedure does not enter the sewer system.

Very truly yours,


Maureen Collier
Customer Accounts Division



Jersey Central Power & Light Company
417 New Jersey Avenue
Point Pleasant Beach, New Jersey 08742

May 16, 1996

Federal Realty
Attn: Ed McLaughlin
Willowgrove Shopping Center
122C Park Avenue
Willowgrove, Pa. 19090

Dear Mr. McLaughlin:

This letter confirms that Jersey Central Power and Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

Brick Plaza Shopping Center
620 Brick Blvd.
Brick, N. J. 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Duncan Kelly
Project Specialist

DK:pl

demoltr.pf1

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 10-3
Work Site Address Block Lot

FEDERAL INVESTMENT TRUST
Owner's Name, Address, Phone

D. MILLER & Son Const. Co.
Contractor's Name, Address, Phone

BRICK BLOCK & CONCRETE COMMERCIAL Bldg.
Construction Describe type (Single-family home, etc.)

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

20 CONTAINER
Describe type and estimated quantity of material

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

DON MILLER 908-920-1800

Size of dumpster: 30YD + 20YD

OCEAN COUNTY LAND FILL
Destination of discarded debris:

EAST COAST CARTING
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 5/20/96
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