BLOCK 671 LOT ~~A~~ 8 ADDRESS (SITE) 620 BRICK BLVD. PERMIT NO. 1026-96

RECEIVED

MAY 20 1996

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA
2. Name of Owner in Fee: FEDERAL INVEST Tel. (908) 255-4449
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: D.M. LER 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. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

2 @ 85

		Update	Update
1. Building	$		
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	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

II. PROPOSED WORK

Demo Bowling Alley & CD ~~Bldg~~

	Est. Cost
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	20,000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			5/28/96				

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) 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 10404692

U.C.C. Form F-100B

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 Daniel J. Lubell

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

Telephone (908) 920-1800

Signature Daniel J. Lubell 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	
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 5/20/96
Control #
Permit # 1026-96-1

IDENTIFICATION Block 468 Lot 1

Work Site Location Cedar Bridge Ave

Owner in Fee Federal Govt.

Address

Tele. ( )

Contractor Don Miller

Address 220 Drum Pt Rd

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:

Demo - CD only

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 $ 10 000

Ray Korkowski

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	4.00
Cert. of Occ.	5/20/96
Other	
Total	50.00
Check No.	1021
Cash	
Collected By:	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

CONSTRUCTION PERMIT

Date Issued 5/20/96
Control #
Permit # 1026-96

IDENTIFICATION Block 671 Lot ~~18~~

Work Site Location 620 Birch Blvd

Owner in Fee Federal Govt.
Address Army

Tele. ( )

Contractor D. Miller Const
Address 23 Johnson Pl Rd
Brick NJ

Tele. ( )

Lic. No. or Bldrs. Reg. No. 003637 Exp. Date 8.00

Federal Emp. No.
or Social Security N [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
Demo Bowling Alley
CO 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 Korkowski Jr
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	2625 BUILDING	170.00
Plumbing	TOTAL	170.00
Electrical	CHECK	170.00
Fire Protection	CHANGE	0.00
Other 05/20/96 NO. 5	0818A005	13:54
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total	170	
Check No.	# 2501	
Cash		
Collected By:		

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 1026-96/1

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

Block 468 Lot 1
Work Site Location Cedar Bridge Ave
Owner in Fee Federal Realty
Address
Tele. ( )
Contractor Don Miller
Address 270 Drum Point Rd
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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

Demo / CD City

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[ ] 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:							

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
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

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.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-20-96
Date Issued
Control #
Permit # 102696

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

Owner in Fee FEDERAL INVESTMENT TRUST.

Address

Tele. (908) - 255 - 4944

Contractor D MILLER & SON CONST. Co.

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

Tele. (908) 920 - 1800

Lic. No. or Bldrs. Reg. No. 005637

Federal Emp. No. _____ or Social Security N [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	5/20/96	AL
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____

Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
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) $ 20,000.00

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 BOWLING ALLEY
C-D CITY.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[X] Demolition

(Office Use Only) FEE

$ _____

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

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

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 3 9600801 9

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 28 BRICK PLAZA - CHUCKE CHEESES RESTURANT.
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4800 HAMPDEN LA., STE 500
BETHESDA MD. 20814
Tele. (301 - 961 - 9225
Contractor PARKWAY CONST. Hoboken ELECTRIC
Address 1660 S. STEMMONS FRWY., STE 340
LEWISVILLE TX., 75067
Tele. (214 [illegible] 981 798/7281
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as RESTAURANT Utility Co.
Est. Cost of Elec. Work $ 5,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

BOARD OF ELECTRICAL EXAMINERS LICENSED ELECTRICAL CONTRACTOR 8195

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
32		Fixtures (1)	
11		Receptacles (2)	
8		Switches (3)	
51		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	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	

Paid [✓ Check # 7370
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 45.
DCA Training Fee	$ 4.
TOTAL FEE	$ 49.-

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ps by Parkway Const., 1660 S. Stemmons Suite 340 LB 29, Lewisville, TX 75067

NEW JERSEY NATURAL GAS COMPANY
People and Resources Dedicated to Service

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 7671	Date 5-20	# of pages ▶ 1
To Don Miller	From Diane	
Co./Dept.	Co. NJNG	
Phone #	Phone # Ext. 43-17	
Fax # 920-1803	Fax # 370-4564	

JCP&L
A GPU COMPANY

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 /pl
Duncan Kelly
Project Specialist

DK:pl

demoltr.pfl

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

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 UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

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 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

JCP&L
A GPU COMPANY

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

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

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

Describe type and estimated quantity of material 20 CONTAINER

Name, address and phone of party responsible for removal of debris:
DON MILLER 908-920-1800

Size of dumpster: 30yD. + 20yD.

Destination of discarded debris: OCEAN COUNTY LAND FILL

Hauler's DEP Permit No.: EAST COAST CARTING

**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.

DONALD J. MILLER | 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