BLOCK 671 LOT 8 ADDRESS (SITE) SPACE 1125' PERMIT NO. 1278-94

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick Plaza Space 25 RT 70 & Cedar Bridge Rd.
2. Name of Owner in Fee: Federal Realty Investment Tel. (215) 657-8740
   Address 4800 Hampton Bethlehem MD.
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: M. Kowalchick & Assoc Inc. Tel. (215) 569-8480
   Address 1735 Market St. S-3910 Phila, Pa. 19103
   License No OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer Robert Linn Tel. (610) 566-7044
   Address 1140 N Providence Rd. Media, Pa. 19063
6. Responsible Person In Charge of Work Bob Schmidt Tel. (215) 569-8480

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 90		
2. Electrical	65		
3. Plumbing	112		
4. Fire Protection			
5. Other			
6. Subtotal	$ 267		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 302		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	17500

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
					7/18/95		
					12/27/94		
					8/22/94		

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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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 10208699

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.

(X) Check if contractor.

Agent Name M. Kownacki & Assc Inc.

Address 1735 Market St S-3910
Phila, Pa. 19103

Telephone (215) 569-8480

Signature [signature] Date 6-3-94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	

BLOCK 671 LOT 8 B ADDRESS (SITE) BRICK PLAZA old Corbo Jewelers PERMIT NO.

RECEIVED
MAY 2 1994
251

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA Space 25 (Corbo Jewlers) RT 70 And Cedar Bridge
2. Name of Owner in Fee: Federal Realty Investment Tel. (215) 657-8740
   Address 4900 Hampton Ln Bathesda Md
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Russ Kelly Inc Tel. (609) 235-6164
   Address 12 orchard WAY Mt. Laurel NJ 08054
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-21546-68 Social Security No. ____
5. Architect or Engineer Robert Linn Tel. (610) 566-7044
   Address 1140 N Providence Rd Media Pa 19063
6. Responsible Person In Charge of Work Russ Kelly Tel. 609 235-6164

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	90 00		
2. Electrical				
3. Plumbing		65 00		
4. Fire Protection		112 —		
5. Other ~~Demo~~		~~50~~		
6. Subtotal	$	267 —		
7. Less 20% for State Plan Review		53 —		
8. Subtotal	$			
9. DCA Training Fee		10 —		
10. Subtotal	$			
11. Cert. of Occupancy		20 —		
12. Other				
13. TOTAL	$	302 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading ____	
12. Max. Live Load ____	
13. Max. Occupancy Load ____	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	12000 / 5000
6. ☒ Fire Protection	500
7. ☒ Plumbing	2000
8. ☒ Electrical	3000
9. ☐ Asbestos Abatement	
10. ☒ Demolition	~~2000~~
TOTAL COSTS	17,600

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
WP	5/2/94		5/6/94	MR			
			5/6/94	JC			

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: Existing
Before Construction
After Construction 4
Net gain or loss 4

B. NON-RESIDENTIAL
1. State Specific Use: RETAIL STORE
2. Use Group: M
3. Change in Use Group NO
   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 Russ Kelly

Address 12 orchard way

Mt. Laurel NJ

Telephone (609) 235-6164

Signature Russ Kelly Date 4/28/99

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

BLOCK 671 LOT 8 (A) ADDRESS (SITE) Old Corbo Jewelers PERMIT NO.

RECEIVED
APR 14 1994
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 Space 23
2. Name of Owner in Fee: Federal Reality Tel. (215) 657-8740
   Address 4800 Hampden Lane (street) Bethesda (municipality) MD 20814 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Russ Kelly Inc. Tel. (609) 235-6664
   Address 12 Orchard Way Mt. Laurel NJ 08054
   License No OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-21546-68 Social Security No. ____
5. Architect or Engineer Robert Linn Tel. (610) 566-7044
   Address Providence Rd Media Pa 19063
6. Responsible Person In Charge of Work Russ Kelly Tel. 609 235-6664

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	25000
6. ☒ Fire Protection	500
7. ☒ Plumbing	4000
8. ☒ Electrical	7000
9. ☐ Asbestos Abatement	
10. ☒ Demolition	5000
TOTAL COSTS	41,600

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
			5/6/94				
			4/22/94	ge			
Ray	4/14/94	EDA		Robt			

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	$ 188-		
2. Electrical		65-	
3. Plumbing	112-		
4. Fire Protection			
5. Other DEMO	50		
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	20-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 16 ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading ____	
12. Max. Live Load ____	
13. Max. Occupancy Load ____	

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: RETAIL SPACE
2. Use Group: M
3. Change in Use Group, Indicate Former:

Occupant 40

201C

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 JAMES KREMMEL

Address 12 ORCHARD WAY
MT. LAUREL NJ 08054

Telephone (609) 235-6164

Signature James Kremmel Date 4/14/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	JK	4/10/94	comm a17,						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

Space 25

CONSTRUCTION PERMIT

Date Issued 6/3/94
Control #
Permit # 1278-94

IDENTIFICATION Block 671 Lot 8

Work Site Location Bruckner Plaza Space 25

Owner in Fee Federal Realty

Address

Tele. ( )

Contractor M. Kowalchuck & Assoc

Address

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

DESCRIPTION OF WORK:

Interior Alteration

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 $ 17500

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)	**0004**	
Building		
Plumbing		0.00
Electrical		
Fire Protection		0.00
Other		
Other		0.00
DCA Training Fee		5.00
Cert. of Occ.		2.00
Other		5.00
Total		0.00
Check No.		0.00
Cash		2.00
Collected By:		

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

PERMIT UPDATE

Date Update Issued 7/18/94
Control #
Permit # 1278-94
Date Permit Issued 6-3-94

SPACE 25

IDENTIFICATION Block 671 Lot 8 & E.B. O'REILLY & ASSOC INC
Work Site Location KT-70 & CEDARBRIDGE RD Contractor
SPACE 25 Address 30 W. HIGHLAND AV.
Owner In Fee FEDERAL REALESTATE INVEST. PHILA PA. 19118
Address 4800 WASHINGTON Tele. (610) 242-8100
BETHESDA MD. Lic. No. or Bldrs. Reg. No.
Tele. (215) 569 8480 Federal Emp. No. 0.00
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [X] FIRE PROTECTION
DESCRIPTION OF WORK: INSTALL WARM-AIR FURNACE - GAS FIRED REPLACEMENT

Estimated Cost of Work $ 2800.-

R.J. Ciccio
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building		0.00
Plumbing	HD - PLUMBING	0.00
Electrical	FIRE	3.00
Fire Protection	33 U.C.A.	2.00
Other	TOTAL	5.00
Other	CHECK	5.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.	NO. 5 0024A005	1:37
Other		
Total	75.-	
Check No.	# 60715	
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

25

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/3/94
Date Issued
Control #
Permit # 1275-94

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 25 (CORBO JEWELERS)
RT 70 & CEDAR BRIDGE RD.
Owner in Fee FEDERAL REALTY INVESTMENT TRUST.
Address 4800 HAMPDEN LANE
BETHESDA MD.
Tele. (215) 657-8740
Contractor M. KOWALSKI & ASSOC INC.
Address 1935 MARKET ST. S-3910
PHILA. PA. 19103
Tele. (215) 569-8480
U.C. 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
Modify Retail Space as per plan.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[✓] No Plans Req			Type:				
[ ] All	5/19		Footing				
[ ] Footing	5/19		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
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 10,000
3. Total (1+2) $ 10,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[✓] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 25 (Old Combo Jewelers)
Rt 70 and Cedar Bridge Rd
Owner in Fee Federal Realty Investment Trust
Address 4800 Hampden Lane
Bethesda Md 20814
Tele. (215) 657-8740
Contractor Russ Kelly Inc
Address 12 Orchard Way
Mt. Laurel NJ 08054
Tele (609) 235-6164
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2546-68 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] 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 M Proposed M
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 25,000
3. Total (1+2) $ 25,00

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.

Russ Kelly
Signature

D. TECHNICAL SITE DATA (Space Alteration)
DESCRIPTION OF WORK
demolish existing interior and storefront construct new demising wall to create 2 spaces (25 & 25A)
As per plan

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[X] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

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

Brick

NEXT TO STEWART. 2 UNITS.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

APR 25 94 0 3040

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 25 (Old Conko Jeweler) Rt 70 & Cedar Bridge Rd
Owner in Fee Federal Realty
Address 4800 Hampden Lane
Bathesda Md 20814
Tele. (215) 657-5740
Contractor T.N. Williams Electric Inc.
Address 149 N.J. Hwy.
Cherrywood N.J. 08109
Tele. (609) 858-6918
Lic. No. 12115
Federal Emp. No. 22-3235121 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 7,000

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
[X] CO [ ] CCO [ ] CA
Date: 940822
Approved By: MWR645

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	Partial R/W 7-22-94		7-28-94	RWR
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	8-17-94		940822 MWR645	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 940822 MWR645

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Fixtures (1)	
18		Receptacles (2)	
2		Switches (3)	
60		Total 1 + 2 + 3	40
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
2	___ 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	
2	150 Amp	Service Entrance	66
	____	Other	

3ϕ

Paid [X] Check # 591
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 106.—
DCA Training Fee	$ 6.—
TOTAL FEE	$ 112.—

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

7-22-94 @10:40 AM received
7-28-94 Partial R/W walls only

8-17-94 FIXTURES MISSING.
SHOW WINDOW REPAIR.
SUPPORT DUCT ~~BOXES~~
NEED ROOF ACCESS
~~ACCESS NEEDED~~
DUMP H+C WTR
BLDG. STEEL

940922
above OK INR GLASS

FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Issued 6/10/94
Control #
Permit # 1278-94

Space 25

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 RT. 70 & CEDARBRIDGE RD
SPACE 25
Owner in Fee FED. REALESTATE INVEST.
Address 4800 HAS SUPERN
BETHESDA MD.
Tele. (215) 569-8480
Contractor E.B. O'REILLY & ASSOC INC
Address 30 W. HIGHLAND AV
PHILA PA 19118
Tele. 215 242 8100
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

if over 2000 CFM. need S.P. Shutoff in Returns of units

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 7/15/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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 up date 6/13/94

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER		
		33

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

U.C.C. Form F-1408B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

25

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 25 (Cooks Jewelers)
RT 70 & CEDAR BRIDGE RD.
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4340 HAMPDEN LANE
BETHESDA MD
Tele. (215) 657-8740
Contractor M. KOWALCHICK & ASSOC. INC.
Address 1735 MARKET ST S-3510
PHILA PA. 19103
Tele. (215) 569-8480
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present NA Proposed M
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 500.- [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/6/94
Approved by: JL

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 7/18/95
Approved by: JL

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			7/18/95	JL
TCO			7/18/95	JL
Other				
Other				
Other				

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors DUCT.	2	
Heat Detectors		46
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	2	66
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 12
Collected by: TOTAL FEE $

U.C.C. Form F-140B

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

25

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 25 (Cedar Terrace)
RT 70 & CEDAR BRIDGE RD.
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 4800 HAMPDEN LANE
BETHESDA MD
Tele. (215) 657-8700
Contractor M. KOWALCHICK & ASSOC. INC.
Address 1735 MARKET ST S-3510
PHILA. PA. 19103
Tele. (215) 569-8480
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present NA Proposed M
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 500.- [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 5/6/94
Approved by: DC

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors DET.	2	
Heat Detectors		46-
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	2	66
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 12-
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

SPACE - 25

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7/18/94
Date Issued
Control #
Permit # 1278-94
update

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 RT-70 & CEDAR BRIDGE Rd
SPACE 25 25
Owner in Fee FEDERAL REALESTE INVEST
Address 4800 HASUPTON
BETHESDA MD
Tele. (215) 569-8481
Contractor E. B. O'REILLY & ASSOC
Address 30 W. HIGHLAND AV
PHILA PA 19118
Tele. (215) 242-8100
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/15/94
Approved by: OJ

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

_____
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
V	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 40-
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

SPACE - 25

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/18/94
Date Issued
Control #
Permit # 1278-94
update

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 RT-70 · CEDAR BRIDGE Rd
SPACE 25 25
Owner in Fee FEDERAL REALESTE INVEST
Address 4800 HAMPTON
BETHESDA MD
Tele. (215) 569-8481
Contractor E. B. O'REILLY ASSOC
Address 30 W. HIGHLAND AV
HATBORO PA 19110
Tele. (215) 282-8100
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 7/15/94
Approved by: JV

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
✓	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 40
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 25 (COMBO JEWELERS) Rt 70 And cedar Bridge Rd
Owner in Fee Federal Realty Investment TRUST
Address 4800 Hampdon Ln Bathesda Md

Tele. (215) 657-8740
Contractor Schmidt's Mechanical Inc
Address 629 Union Mill Rd
Mt Laurel, NJ 08054
Tele. (609) 234-0882
Lic. No. 6103
Federal Emp. No. 222450284 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ $ 2000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: _____
Date: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO _____				

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
1	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 25 (CORBO JEWELERS)
Rt 70 And cedar Bridge Rd
Owner in Fee Federal Realty Investment TRUST
Address 4500 Hampden Ln Bathesda Md

Tele. (215) 657-5740
Contractor SCHMIDT'S MECHANICAL, INC
Address 629 UNION MILL RD
MT LAUREL, N.J. 08054
Tele. (609) 234-2227
Lic. No. 6103
Federal Emp. No. 22-1576324 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 12000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
1	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

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

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

Space ✓ Plumbing ~~Only~~ but no gas test

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/3/94
Date Issued
Control #
Permit # 1278-94

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 25 (Old Corbo Jewelers)
Rt 70 and Cedar Bridge Rd
Owner in Fee Federal Realty Investment Trust
Address 4900 Hampden Ln
Bethesda MD 20814
Tele. (215) 657-8740
Contractor Schmidt's Mechanical Inc
Address 629 Union Mill Rd
Mt Laurel, NJ 08054
Tele. (609) 234-2887
Lic. No. 6103
Federal Emp. No. 222450284 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 4/22/93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CC
Approved
Date: 12/22/94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			7-7-94	
Rough			7-25-94	
Water				
Sewer				
Fixtures				
Gas Equipment	6-13-94	8-22-94	9/6/94	
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Relocate Replace fixtures

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10.
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	10.
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	10
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
1	Gas Service Connection	15
	Active Solar System	
	Other	10
	Administrative Surcharge	$ ~~5.00~~
Paid [ ] Check #	Minimum Fee	$ 65
Collected by:	TOTAL	$

3/4" water service required

U.C.C. Form F-130A

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/3/94
Date Issued
Control #
Permit # 1278-94

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 25 (Old Corbo)
1170 and Cedar Bridge Rd (Jewelers)
Owner in Fee Federal Realty Investment Trust
Address 4800 Hampden Ln
Bethesda MD 20814
Tele. (215) 491-8740
Contractor Schmidt's Mechanical Inc
Address 629 Union Mill Rd
Mt Laurel, NJ 08054
Tele. (609) 234-2887
Lic. No. 6103
Federal Emp. No. 222450284 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 4/22/93
Approved by: [illegible]
0

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

Relocate Replace fixtures

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
2	Gas Piping	15
	Fuel Oil Piping	
2	Water Heater	18
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
1	Gas Service Connection	15.
	Active Solar System	
	Other	10

Administrative Surcharge $ 68
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

3/4" Water service required

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

☐ EXEMPT _____

☑ PRELIMINARY 4/[illegible]/[illegible]

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: [illegible] DATE: [illegible]

ADDRESS: [illegible]

PROPERTY LOCATION: [illegible]

ACCOUNT NO: _____ BLOCK 171 LOT [illegible]

INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Fee : [illegible] Date: [illegible]

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

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.

[illegible]

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

4/21/97 called by Art

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

Re: Block 671 Lot 8

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	Pt Art said another permit
Zoning	this permit is for two
Engineering	seperate buildings
Building	
Plumbing	
Electric	
Fire	

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 67, , Lot 3

DATE: 5/15/94

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $_____.

Preliminary Frederick R. Millman
Frederick R. Millman, CTA

____/____/____
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

ASSESSOR REVIEW / Form 0002 7/93

ACORD. CERTIFICATE OF

DATE (MM/DD/YY) 5/26/94tjc

PRODUCER

The Simkiss Agency, Inc.
150 Radnor-Chester Road
St. Davids, PA 19087-8710

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

M. Kowalchick & Associates
1735 Market Street, Suite 3910
Philadelphia, PA 19103

COMPANIES AFFORDING COVERAGE

COMPANY A Pennsylvania Manufacturers Association

COMPANY B Home Insurance Company

COMPANY C Crum & Forster

COMPANY D

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONT PROT	82944328373	3/31/94	3/31/95	GENERAL AGGREGATE	$ 3,000,000
					PRODUCTS-COMP/OP AGG	$ 1,000,000
					PERSONAL & ADV INJURY	$ 1,000,000
					EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED EXP (Any one person)	$ 5,000
B	AUTOMOBILE LIABILITY X ANY AUTO X ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	BAC123046	3/31/94	3/31/95	COMBINED SINGLE LIMIT	$ 1,000,000
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY EA ACCIDENT	$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
C	EXCESS LIABILITY UMBRELLA FORM X OTHER THAN UMBRELLA FORM	5530114323	3/31/94	3/31/95	EACH OCCURRENCE	$ 10,000,000
					AGGREGATE	$ 20,000,000
						$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL / EXCL	21944328373	3/31/94	3/31/95	STATUTORY LIMITS	
					EACH ACCIDENT	$ 100,000
					DISEASE - POLICY LIMIT	$ 500,000
					DISEASE - EACH EMPLOYEE	$ 100,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Brick Township
Brick, NJ

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

DAILY/WEEKLY INSPECTOR'S REPORT (374)

FOR THE DAY/WEEK OF: _____ INSPECTOR: Ray Cirt

DATE	TIME	PERMIT NO.	BLOCK	LOT	PLUMBING & HEATING	CONSTRUCTION LOCATION	INSPECTION RESULTS: Passed	Failed	Not Done	COMMENTS
		12774	671	8	25 ISPACE	NO. BOAT WALL	X			—
		"	"	"	" "	PLG	X			✓ 12/28
		"	"	"	" "	FIRE	X			
	12:66	383.41	7		425 Shoreline Dr			X		35 A
	1278				25/A			X		futures not installed

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date July 28, 94

Property Address Space #25 Brick Plaza Block 671 Lot 8

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	1	( ) 5	( )
2. Lavatory	1	( ) 2	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 7

Gallons per minute 6.5

Size of Service 3/4"

Date: 7-28-94 Approved: _____

Brick Township Plumbing Inspect

DAILY/WEEKLY INSPECTOR'S REPORT (374)

FOR THE DAY/WEEK OF: _____ INSPECTOR: Ray Cert

DATE	TIME	PERMIT NO.	BLOCK	LOT	PLUMBING & HEATING	CONSTRUCTION LOCATION	INSPECTION RESULTS: Passed	Failed	Not Done	COMMENTS
		12779	671	8	25 ISPACE	NO. BOARDWALK	X			-
		"	"	"	" "	PLG	X			✓ 12/28
		"	"	"	" "	FIRE	X			
	12:66	383.41	7		425 Shoreline, Tr			X		1 20 35 A
	1278				25A			X		future not installed