Caller 12-15-94 MD

BLOCK 671 LOT 8 ADDRESS (SITE) Space 25A Brick Plaza Rt 70 PERMIT NO. 355894

RECEIVED NOV 29 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 25A Rt 70
2. Name of Owner in Fee: Federal Realty Investment Tel. (215) 657-8740
   Address 1600 Hampton Ln (street) Bathesda (municipality) md (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. 22-2154668 Social Security No. ___
5. Architect or Engineer Chambers Tel. (___) ___
   Address Baltimore Md.
6. Responsible Person In Charge of Work Russ Kelly Tel. (609) 235-6164

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 190 —		
2. Electrical			
3. Plumbing	49.—	14 + DCA = 15 pd 1-9-95	
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 285 —		
7. Less 20% for State Plan Review	29 —		
8. Subtotal	$		
9. DCA Training Fee	8 —		
10. Subtotal	$		
11. Cert. of Occupancy	30.00		
12. Other	2PA 11		
13. TOTAL	$ 372 —		

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.	1
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	10,000
6. ☐ Fire Protection	
7. ☒ Plumbing	1,000
8. ☒ Electrical	3,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	14,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
11/22 gw			12-14-94	RL	1/5/95 —		MLS
			12/14/94	X	2/17/95	30 days to 4/18	
			12/14/94	ff	1/5/95		Bm
					1-17-95		BM
Gm	12/9/94		Gm	BW			

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: Travel agent
2. Use Group: B
3. Change in Use Group, Indicate Former: M

UCC Form I 100A

LDS BR 10404706

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 Jim Kremmel

Address 12 Orchard Way
Mt. Laurel NJ 08054

Telephone (609) 235-6164

Signature J Kremmel Date 11/22/94

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
☐ 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								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXPIRED

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Name of Code & Edition

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
Other _____

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. 3558	2-17-95	
☐ None			

CERTIFICATE

Date Issued 2-17-95
Control #
Permit # 3558-94

IDENTIFICATION

Block 671 Lot 8
Work Site Location Chambersbridge & Rt. 70 (Brick Plaza)

Owner in Fee Federal Realty Investment
Address 1600 Hampton Lane
Bathesda, Md.
Tele. ( )
Contractor Russ Kelly Inc.
Address 12 Orchard Way
Mt. Laurel, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B **2 hours**
Maximum Live Load
Description of Work/Use:

Tenant fit-up Space 25A

"SUNRISE TRAVEL"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXX☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19 _____ or the owner will be subject to a fine or order to vacate:

Arthur J. Griggs
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

SUNRISE TRAILER

CONSTRUCTION PERMIT

Date Issued 12/16/94
Control #
Permit # 3558-94

IDENTIFICATION Block 671 Lot 8

Work Site Location BRICK PLAZA MALL #25

Owner in Fee FEDERAL REALTY INVESTMENTS
Address 1626 HWY

Tele. ( )

Contractor RISS KELLY INC **0003**
Address 11 CHRISTY WAY 3330**
AIT [illegible] N.J. 08050
DFT #

Tele. ( )
Lic. No. or Bldrs. Reg. No. LOT Exp. Date
Federal Emp. No. 0 #
or Social Security No.

is hereby granted permission to perform the following work:
[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

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 $ 14000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

		BUILDING	190.00
		PLUMBING	49.00
		[illegible]	46.00
PAYMENTS (Office Use Only)			
Building 190 —	PLAN RUN		39.00
Plumbing 44 —	D.C.A.		8.00
Electrical	C / O		20.00
Fire Protection 44 —	MINIMUM		15.00
Other PIP 34 —	ENG. P.R.		15.00
Other Inc. 15 —	TOTAL		372.00
DCA Training Fee 8 —	CHECK		372.00
Cert. of Occ. 20 —	CHANGE		0.00
Other [illegible] —	[illegible]		0.19
Total			
Check No.			
Cash			
Collected By: VAL			

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

PERMIT UPDATE

Date Update Issued 1-9-95
Control #
Permit # 3558-94
Date Permit Issued 12/16/94

IDENTIFICATION Block 671 Lot 8
Work Site Location Space 25A Brick Plaza Rt 70
Owner in Fee Federal Realty
Address 1600 Hampton Ln Rathedral Md
Tele. (215) 657-8740

Contractor Russ Kelly Inc
Address 12 Orchard Way Mt. Laurel NJ
Tele. (609) 235-6167
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-7146-68
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Update Tech Form to match updated drawings previously submitted

Estimated Cost of Work $ 10000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	0.00
Other	
DCA Training Fee	0.00
Cert. of Occ.	
Other	14.00
Total	1.00
Check No. 2070	15.00
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/16/94
Date Issued
Control #
Permit # 3558-94

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 Space 25 BRICK PLAZA Rt. 70
Owner in Fee Federal Reality Investment TRUST
Address 1600 Hampden Ln. Bathesda Md
Tele. (215) 657-8740
Contractor TECHNOTT MECHANICAL INC
Address 629 UNION MILLS Mt LAUREL NJ 08054
Tele. (609) 234-3887
Lic. No. 6103
Federal Emp. No. 222450284 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed B
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12/14/94
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: [signature]
Date: 1/5/95

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Slab			12/21/94	DK
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7.
	Urinal/Bidet	
1	Bath Tub	7.
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	25.
1	Water Heater	25
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10.

Administrative Surcharge $ 49-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $

Exception 7.24.4 min. 70.
Extra — second BATH
LAV —
WC —

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12/16/94
Date Issued
Control #
Permit # 3558-94

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

Block 67 Lot 6
Work Site Location Brick Plaza Space 25 A
R+70
Owner in Fee Federal Realty Investment Trust
Address 1600 Hampden Ln
Bathesda Md.
Tele. (215) 657-8740
Contractor Russ Kelly Inc.
Address 12 Orchard Way
Mt. Laurel NJ 08054
Tele. (609) 235-6164
Lic. No.
Federal Emp. No. 22-21546-68 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 12/14/94
Approved by:
SUBCODE APPROVAL:
[✓] CO [ ] CCO [✓] CA
Date: 2/17/95
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			2/16/95	
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		
Heat Detectors		
TOTAL		46
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		
OTHER		

Energy letter pathway Backup.

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
DCA Training Fee $
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

- Furnace 30" Clearance OK
- ~~Remote~~ light for furnace attic OK
- convience outlet furnace
- Mount fire Ext by front door OK

TCO recommended 30 day ~~ff~~ 1625 OK

2/17/95 abated JE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/16/94
Control #
Permit # 3558-94

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

Block 671 Lot 5
Work Site Location Brick Plaza Space 25 Rt 70
Owner in Fee Federal Realty Investment Trust
Address 1600 Hampdton Lane Bathesda Md.
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. 22-21546-68 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

Remodel retail space into travel agency 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	12/14/94	KAL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:			4/5/95	
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] LOA			TCO				
Date: 1/5/95			Other				
Approved By:			Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[X] Sign 30 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed B1
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Dec. 7, 1994 — 11/94 Z 0357

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

Property Address: Chambers Bridge Road, Brick Plaza, Unit 25

Owner: Federal Realty Investment **(Phone):**

Applicant: Jim Kremmel, Russ Kelly, Inc. **(Phone):** 609-235-6164

Use: Vacant (formerly part of Corbo Jewelers store)

Proposed Construction (if any): "Sunrise Travel Center" office interior alterations.

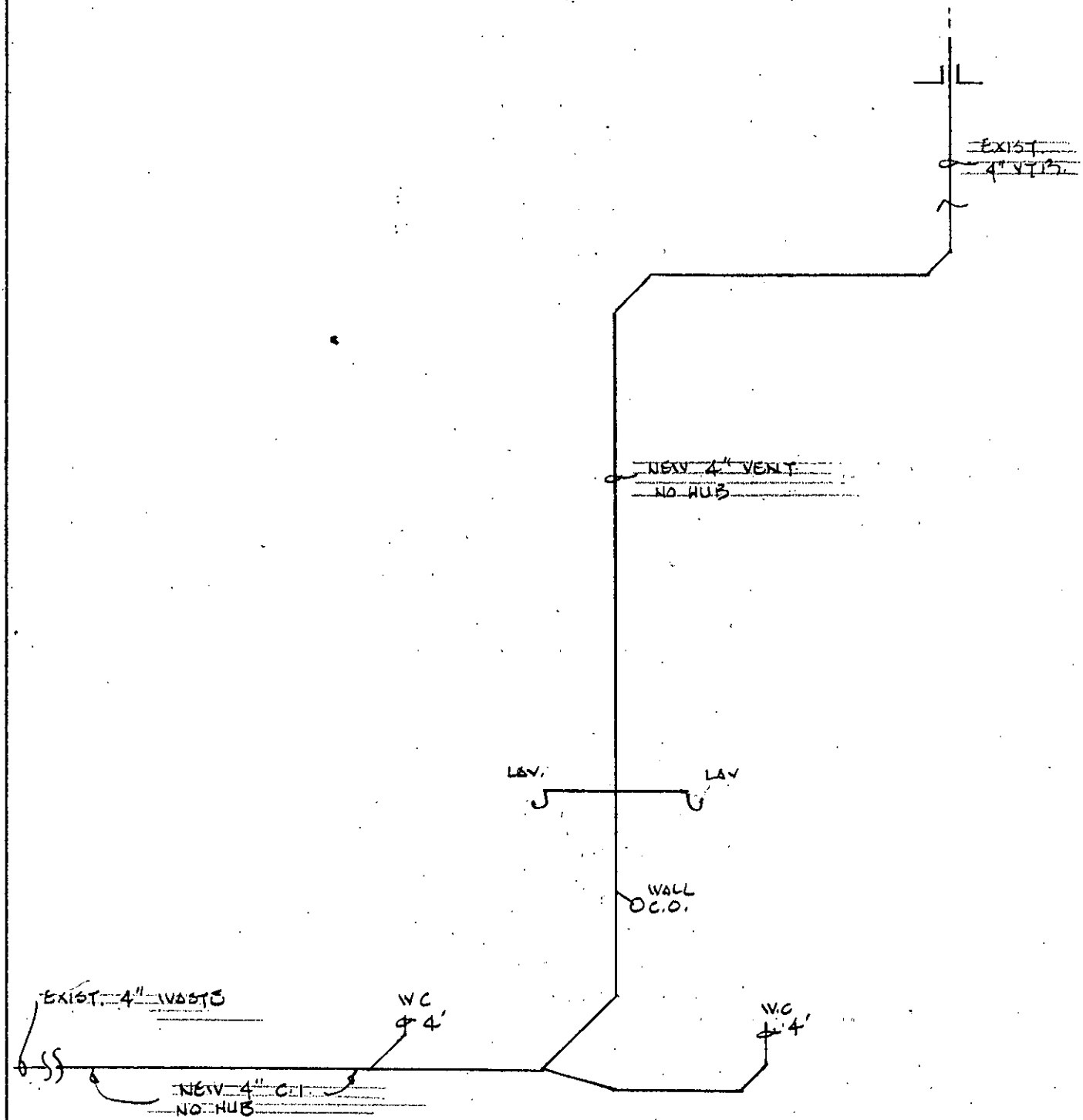
Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinney

Land Use Officer



Ralph E. Pendrak, AIA
CE009

The PENDRAK Organization
Architects
16 SOUTH HADDON AVE.
HADDONFIELD, N.J. 08033
PHONE (609)795-2525

Drawn	Date	Scale
K.B	15 DEC 94	N.S.

SUNRISE TRAVEL CENTER
BRICK PLAZA
SPACE 25A
RT. 70
BRICKTOWN, N.J.

Drawing: RISER DIAGRAM

Revisions

Project No. 0094

Drawing No. P-1a

BRICK TOWNSHIP

Plan Review

Zoning

Plumbing gc 12/15 gc

Building

Fire

Energy

Electrical

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 671 , Lot 3

DATE: 12/9/94

Emma Plaza
Sunrise Travel
Alleviation

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

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

Preliminary 12.22.94
Frederick R. Millman, CTA

12-1-94
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

- [x] EXEMPT 12-5-94
- [ ] PRELIMINARY ______
- [ ] TEMPORARY ______
- [ ] FINAL ______

CERTIFICATE OF COMPLIANCE

NAME: [illegible handwriting] DATE: 12-5-94

ADDRESS: [illegible handwriting]

[illegible handwriting] 719-1723

PROPERTY LOCATION: ______

ACCOUNT NO: ______ BLOCK 671 LOT 3

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%
- [x] Commercial is .01%

Estimated Fee :	None	Date:	12-5-94
Down Payment :		Date:	
Final Fee (Less down payment) :		Date:	
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.

Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR