

Plan

(Wing)

~~1167-95~~  
617-95

BLOCK 671  
**RECEIVED**

LOT 8

ADDRESS (SITE) \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

MAR 30 1995

*add AP  
Building  
& Propts*



**CONSTRUCTION PERMIT  
APPLICATION**

**V. FEE SUMMARY (for office use only)**

|               |               | Update | Update |
|---------------|---------------|--------|--------|
| 1. Building   | \$ <u>950</u> |        |        |
| 2. Electrical |               |        |        |

DIV. OF INSPECTION

# 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 JAMES PANTANO

Address 16 PLAZA E. LANCASTER AVE.

ARMORE, PA 19003

Telephone (610) 649-7540

Signature [Signature] Date 3/29/95

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |          |
| <input type="checkbox"/> Planning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Other                                  |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |            |                   |            |                   |            |                   |            |          |

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

| X. CERTIFICATES ISSUED (office use only)                    | DATE EXPIRED |
|-------------------------------------------------------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____    |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____    |
| <input type="checkbox"/> Certificate of Approval            | No. _____    |
| <input type="checkbox"/> None                               |              |



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/3/95

617-95

IDENTIFICATION Block

671

Lot

8

Work Site Location

Coul. Plaza, Room 7-8-9

Contractor

N. J. Construction Software Inc.

Address

16 Plaza E. North Shore Ave.  
William, Pa. 19003

Owner in Fee

Federal Reserve Invest. Trust

Address

4800 Hampden Ave

Tele. ( )

Bethesda MD. 20814

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:

Antenna Demo Units 7-8-9  
old AP - Bakery & Rejoice

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 \$

48,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |              |          |        |
|------------------|--------------|----------|--------|
| Building         | 950          | **0005** |        |
| Plumbing         |              | 617*     |        |
| Electrical       | BLOCK        |          | 0.00   |
| Fire Protection  | 671 #        |          |        |
| Other            | LOT          |          | 0.00   |
| Other            | 8 #          |          |        |
| DCA Training Fee | 380 BUILDING |          | 50.00  |
| Cert. of Occ.    | 20 D.C.A.    |          | 30.00  |
| Other            | C / O        |          | 20.00  |
| Total            | 1008 TOTAL   |          | 100.00 |
| Check No.        | 519 CHECK    |          | 100.00 |
| Cash             | CHANGE       |          | 0.00   |
| Collected By:    | V.L.         |          |        |



Date Received  
Date Issued  
Control #  
Permit #

4-3-95  
617-95

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

Truck \_\_\_\_\_  
Work Site Location BUCK PLAZA Lot 8  
BUCK, NJ 08723 SPACE 7-8-9  
Owner in Fee FEDERAL REALTY INVESTMENT TRUST  
Address 4800 HAMPDEN LANE SUITE 500  
BETHESDA MARYLAND 20814  
Tel. (301) 652-3360  
Contractor INTON SALVAGE INC.  
Address 16 PHAZA E LANCASTER AVE.  
ACOMODE PA 19003  
Tele. (610) 644-7540  
Lic. No. or Bids. Reg. No. \_\_\_\_\_  
Federal Emp. No. 25-1761095 or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date           | Initial   | INSPECTIONS             | Dates (Month/Day) |         |          |         |
|----------------------------------------------------------------------------------------------|----------------|-----------|-------------------------|-------------------|---------|----------|---------|
|                                                                                              |                |           | Type:                   | Failure           | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Req.                                                       | <u>3/31/95</u> | <u>pu</u> | Footling                |                   |         |          |         |
| <input type="checkbox"/> All                                                                 |                |           | Foundation              |                   |         |          |         |
| <input type="checkbox"/> Footling                                                            |                |           | Slab                    |                   |         |          |         |
| <input type="checkbox"/> Foundation                                                          |                |           | Frame                   |                   |         |          |         |
| <input type="checkbox"/> Frame                                                               |                |           | Insulation              |                   |         |          |         |
| <input type="checkbox"/> Other                                                               |                |           | Finishes:               |                   |         |          |         |
| Joint Plan Review Required:                                                                  |                |           | Energy                  |                   |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |                |           | Mechanical              |                   |         |          |         |
| SUBCODE APPROVAL                                                                             |                |           | TCO                     |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |                |           | Other <u>Demolition</u> |                   |         |          |         |
| Date: _____                                                                                  |                |           |                         |                   |         |          |         |
| Approved By: _____                                                                           |                |           | Final                   |                   |         |          |         |

**B. BUILDING CHARACTERISTICS**

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

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1 + 2) \$ 48,000

**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

INTERIOR DEMOLITION:  
NON REMAINING PARTITIONS  
CEILING  
STON FIXTURES/FINISHES

Old A.P. Berkeley & Legler

**TYPE OF WORK:**

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

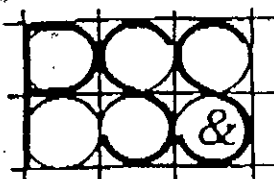
(Office Use Only)

FEE

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
DCA TRAINING FEE \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

Paid ☐ Check # \_\_\_\_\_

Collected by: \_\_\_\_\_



PAULUS  
SOKOLOWSKI  
and SARTOR, INC.  
CONSULTING ENGINEERS

67A MOUNTAIN BOULEVARD EXTENSION  
P.O. BOX 4039 • WARREN, NEW JERSEY 07059-0039  
(908) 560-8700 • FAX (908) 560-9768

PRINCIPALS

William Paulus, Jr., P.E.  
Anthony J. Sartor, Ph.D., P.E., P.P.  
O. von Bradsky, P.E.  
Philip A. Falcone, P.E.

David R. Antes, P.E.  
Michael P. Cohen, P.E.  
George T. Currier, P.E.  
Michael M. Gennaro, P.E.  
Marilyn Lannon, P.P., AICP  
Joseph J. Liferi, P.E., P.G., P.P.  
James R. Mehtreter, P.E.  
Carroll J. Oliva, P.E., R.A.  
Emad Yousef, P.E.

*left  
stop  
per  
boy*

August 9, 1995  
1799-0003-01

Mr. Gary Klacik  
Federal Realty Investment Trust  
4800 Hampden Lane  
Bethesda, Maryland 20814

Reference: Former A&P Building  
Brick Plaza Shopping Center  
Brick, New Jersey  
Existing Truss Repairs

Dear Mr. Klacik:

In 1994, Paulus, Sokolowski and Sartor was requested by Federal Realty Investment Trust to observe the repairs to truss members which were designed and installed by KAS Engineering (engineer) and Dajon Associates (builder), respectively. We have reviewed the repairs deemed necessary by the design/builder and found them to be installed in accordance with their direction. These repairs brought the trusses up to the level of their original design strength and to the code requirements at the time the building was constructed (approximately 1958). However, since then, there have been advances in structural engineering practice and changes in the code requirements. Therefore, the trusses do not meet current code requirements.

A review of the stresses in the truss members confirms that an overstress condition exists in the bottom chord members of all the trusses, predominantly due to snow live loads.

SENIOR ASSOCIATES

Michael A. Belikoff, P.E.  
William J. Berk, P.G.  
John T. Bolan, P.E.  
Joseph J. Fleming, P.E.  
Bruce T. Hawkins, C.E. A.  
Todd R. Heacock, P.E.  
R. Steve Oliver  
Eric Simone, P.E.  
David W. Smith  
Mark C. von Bradsky, P.E.  
Clifford Wilkinson, P.E.

ASSOCIATES

Mark K. Addison, P.E.  
Michael J. Barboza, P.E.  
Joseph P. Barry, P.E.  
Elpidio C. Carbonell, P.E.  
David J. Charette  
Mayur B. Desai, P.E.  
Jon D. Engle, P.E.  
B. Lynn Garcia  
Geoffrey R. Lanza, P.E.  
Mark Lennon  
Elizabeth S. McLoughlin, P.P., AICP  
Frank J. Mescoff, P.E.  
René J. Schneider, P.E.  
Janos Szeman  
James R. Wancho, P.E.  
Francis Wecht, L.S.  
Donald L. Whitehead  
Thomas C. Zatkulic, P.P., AICP

Mr. Gary Klacik  
Federal Realty Investment Trust  
August 9, 1995  
Page 2

In order to relieve this overstressed condition, new columns can be installed at strategic locations (close to mid-span at panel point locations). This will effectively reduce the span of the existing trusses and, thereby, eliminate the computed overstress.

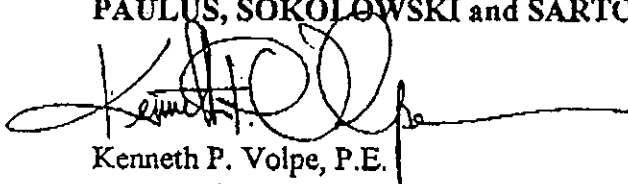
PS&S recommended to Federal Realty, and Federal Realty concurred, that the addition of these columns be implemented immediately. PS&S has begun work on the new column design. We recommend that the existing shores be left in place under Truss #1 (at the rear of the building) until the new columns are in place.

Because the computed overstress is predominately the result of snow live loads, it is our opinion the trusses are safe in their current condition until the winter season begins. Therefore, provided the new columns are in place prior to the winter season, the trusses, in our opinion, are capable of supporting existing loads in addition to the anticipated tenant mechanical ductwork, electrical work, and ceiling loads currently proposed for this space.

If you have any questions concerning the aforementioned items, please contact us.

Very truly yours,

PAULUS, SOKOLOWSKI and SARTOR, Inc.

A handwritten signature in black ink, appearing to read "Kenneth P. Volpe", with a long horizontal line extending to the right.

Kenneth P. Volpe, P.E.  
Project Manager

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, BRICK, N.J. 671 8  
Work Site Address Block Lot

FEDERAL REALTY INVESTMENT TRUST  
Owner's Name, Address, Phone  
4800 HAMPSHIRE LANE BETHESDA, MD 20814

INERION SAWAGE INC 16 PLAZA B. LANCASTER AVE.  
Contractor's Name, Address, Phone  
ANDOVER, PA 17003

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

Demolition INERION STRUCTURES DEMOLITION (PARTITIONS, CEILINGS ETC.)  
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material WOOD, DRYWALL, INSULATION

Name, address and phone of party responsible for removal of debris: 341-3333  
CONSOLIDATED CONTAINER SERVICES TOM RIVER NJ.

Size of dumpster: 30YD

Destination of discarded debris: OCEAN COUNTY LANDFILL, LANCASTER NJ.

Hauler's DEP Permit No.: 00546

**\*\*Note:** Any recyclable material, including, but not limited to:  
corrugated cardboard, vegetative waste, concrete, asphalt, clean wood,  
etc., must be delivered to an approved recycling center, and receipts  
provided to the Township of Brick along with tipping receipts for  
non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution,  
for the making or submission of false statements, representations or omissions,  
I declare, on behalf of the generator that the contents of this document are  
fully and accurately described above and have been disposed or recycled in  
accordance with all applicable State and Federal laws and regulations, and  
that I have been authorized, in writing, to make such declarations by the  
person in charge of the generator's operation.

JAMES PANTASO [Signature] 3/31/95  
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
2. Construction Code Office
3. Applicant

ORDINANCE 728-92

ORDINANCE OF THE TOWNSHIP OF BRICK, COUNTY  
OF OCEAN, STATE OF NEW JERSEY AMENDING AND  
SUPPLEMENTING CHAPTER 121 ENTITLED  
"CONSTRUCTION CODES, UNIFORM" TO ADD  
SECTION 121-3 "BUILDERS RESPONSIBILITY".

BE IT ORDAINED by the Township Council of the Township of  
Brick, County of Ocean, State of New Jersey, as follows:

SECTION 1. Section 121-3 of the Brick Township Code is  
hereby enacted as follows:

121-3. Builders Responsibility.

- A. Prior to any permit being issued for construction of  
any kind, the person or entity applying for the permit  
shall, as a prerequisite to the issuance of that permit,  
provide the Construction Official with written  
documentation setting forth the person's or entity's  
proposal to dispose of all construction debris resulting  
from the construction for which the permit is being  
issued.
- B. Prior to the issuance of a Certificate of Occupancy, the  
person or entity performing the construction shall  
provide the Construction Official with written  
documentation setting forth that the person or entity has  
complied with the proposal to dispose all of the  
construction debris.

SECTION 2. All Ordinances or parts of Ordinances  
inconsistent herewith are repealed.

SECTION 3. If any section, subsection, sentence, clause,  
phrase or portion of this Ordinance is for any reason held invalid or  
unconstitutional by a Court of competent jurisdiction, such portion  
shall be deemed a separate, distinct and independent provision, and  
such holding shall not affect the validity of the remaining portions  
hereof.

SECTION 4. This Ordinance shall take effect in the manner as  
prescribed by law.

PASSED: January 28, 1992

ADOPTED: February 25, 1992

SIGNED: \_\_\_\_\_  
MAYOR

\_\_\_\_\_  
PRESIDENT OF THE COUNCIL

ATTEST: \_\_\_\_\_  
MUNICIPAL CLERK

## TOWNSHIP OF BRICK

APPLICATION  
FOR A  
VARIATION

|             |                 |
|-------------|-----------------|
| PERMIT NO.  | _____           |
| DATE ISSUED | _____           |
| Block       | _____ Lot _____ |
| Subdivision | _____           |

## IDENTIFICATION

|                                          |                                            |
|------------------------------------------|--------------------------------------------|
| OWNER: Federal Realty                    | CONSTRUCTION LOCATION:                     |
| Name <u>Investment Trust</u>             | Name <u>Brick Plaza Shop. Ctr.</u>         |
| Address <u>4800 Hampden Lane Ste 500</u> | Address <u>Chambers Bridge &amp; Rt 70</u> |
| Town/State/Zip <u>Bethesda MD 20814</u>  | Town/State/Zip <u>Brick NJ 08723</u>       |

## FEE

FEE: \$ \_\_\_\_\_  
(Determined by Enforcing Agency)

## APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

N.J.A.C. 5:23-3.15(a)(1), National Standard Plumbing Code (NSPC) Sec. 3.7 and 3.75, NSPC Table 3.7

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.: The piping in question has already been installed in the subject property. It is operating without any problems. Practical difficulties would be removing the piping, closing down an extensive shopping center to do the work and economic difficulties. Further, the sidewalk canopy where the piping occurs has a roof but does not have walls, is not enclosed nor used to support persons or property. The canopy is simply a covering (or architectural projection) over the sidewalk. It is used for identity/signage purposes and architectural decoration. The lighter gage pipe \*

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: Applicant intends to triple the amount of hangers in the subject location in order to strengthen the pipe. Further, applicant's architect will inspect the piping on an annual basis for a three year period to assure that there are no problems which may develop within installed piping and hangers. See Exhibit "A" attached hereto.

\*presently installed in the piping shall not affect the integrity of the building nor decrease the useful life of the canopy nor create a public health or safety issue

DATE: July 24, 1996

SIGNED: \_\_\_\_\_

ATTORNEY FOR

APPLICANT

## DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☐ APPROVAL ☒ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

4 Pages TOTAL  
34rs INSPECTIONS

LETTER JUL 27 96  
DON H REED ARCH.  
JUNE 18 96

Date: 7-25-96

James A. Myers  
SUBCODE OFFICIAL

**Bucher Meyers  
Polniaszek Silkey + Associates, Inc.---AIA**

200-200-0000  
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July 22, 1996

Nicholas Montenegro  
Wilbert & Montenegro, P.C.  
531 Burnt Tavern Road  
Brick, New Jersey 08724

Re: Brick Plaza Shopping Center

Please let this letter supplement my previous correspondence to you on June 11, 1996, with regard to the issue of canopy stormwater piping

We propose to resolve this issue by adding additional pipe hangers in the canopy ceiling. We believe this will strengthen the piping system and shall not create a public health or safety hazard

Federal Realty and Milco Construction will retain my firm or another Registered Architect in New Jersey to inspect the piping on an annual basis for a three (3) year period to observe if there are any problems that may develop with the installed piping.

Very Truly Yours

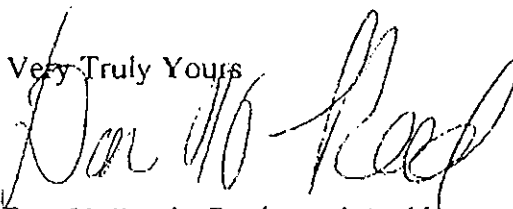
  
Don H. Reed - Registered Architect

EXHIBIT "A"

JUN 18 1996

**Bucher Meyers  
Polniaszek Silkey + Associates, Inc.—AIA**

Architects  
Planners  
Interior Designers

June 11, 1996

8777 First Avenue  
Silver Spring  
Maryland  
20910  
(301) 588-3100  
FAX (301) 589-7110

Walter Bucher, AIA  
Alan R. Meyers, AIA  
Ronald Polniaszek, AIA  
Philip Silkey, AIA

Nicholas Montenegro  
Wilbert & Montenegro, P.C.  
531 Burnt Tavern Road  
Brick, New Jersey 08724

Re: Brick Plaza Shopping Center

With regard to the alleged issue of undersized P.V.C. ( polyvinyl chloride ) stormwater piping thickness in the outside canopy.

Our position is that the piping in the canopy is outside of the building and therefore the installed piping is allowed for use outside the building. The NSPC code defines a "Building" as: "A structure having walls and a roof designed and used for the housing, shelter, enclosure or support of persons, animals or property." (See attached page of the Code.) The sidewalk canopy where the piping occurs has a roof but does not have walls, is not enclosed or used to support persons or property. The canopy is simply a covering (or architectural projection) over the sidewalk that is used for identity (signage) purposes and architectural decoration. The NSPC code allows SDR-35 piping to be used outside the building, see Table 3.7 of the Code.

Further, our position is that the difference between the SDR-35 and the SDR-26 is the thickness of the walls. On an outside structure that has waterproof roof components, a lighter gage pipe shall not affect the integrity of the building or decrease the useful life of the canopy or create a public health or safety issue.

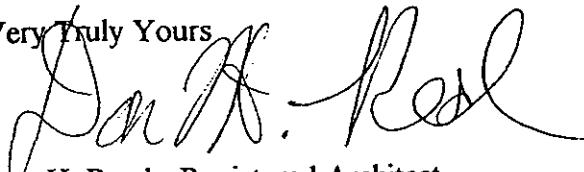
In design of this canopy, what we have done is to replace the previously existing residential type scupper boxes and downspouts which discharged at grade (creating a hazardous condition) with a new heavier and stronger downspout system connected to a underground stormwater system. This is a safer and more state of the art system.

We think this is a system worth accepting and approving.

As a solution to resolving the disagreement between the Township and Brick Plaza, I would propose that Federal Realty and Milco Construction be required to retain my firm or another Registered Architect in

New Jersey to inspect the piping on an annual basis for a three period to observe if there are any problems that may develop with the installed piping.

Very Truly Yours

A handwritten signature in black ink, appearing to read "Don H. Reed". The signature is fluid and cursive, with the first name "Don" being the most prominent.

Don H. Reed - Registered Architect

cc: Gary J. Klacik - Federal Realty Investment Trust

## CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
03/30/95

## PRODUCER

Risnychok-Dwyer, Inc.  
P.O. Box 348  
Southampton, PA 19389-0348

(610)798-9540

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.

COMPANY  
LETTER A Ohio Casualty  
COMPANY  
LETTER B  
COMPANY  
LETTER C  
COMPANY  
LETTER D  
COMPANY  
LETTER EINTERIOR SALVAGE, INC.  
16 Plaza East

Ardmore, PA 19008

## COVERAGE

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.

| CD<br>LTR | TYPE OF INSURANCE                                                                                                                   | POLICY NUMBER | POLICY EFF.<br>DATE | POLICY EXP.<br>DATE | ALL LIMITS IN THOUSANDS          |                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|---------------------|----------------------------------|---------------------------------------------------------------------------------------------|
|           | GENERAL LIABILITY                                                                                                                   |               |                     |                     | GENERAL AGGREGATE                | \$ 1000                                                                                     |
| A         | (X) COMMERCIAL GENERAL LIABILITY<br>( ) CLAIMS MADE (X) OCCUR.<br>( ) OWNER'S & CONTRACTOR'S PROT.<br>( )                           | BH052050451   | 03/30/95            | 03/30/96            | PRODUCTS-COMP/OPS AGGREGATE      | \$ 1000                                                                                     |
|           |                                                                                                                                     |               |                     |                     | PERSONAL & ADVERTISING INJURY    | \$ 1000                                                                                     |
|           |                                                                                                                                     |               |                     |                     | EACH OCCURRENCE                  | \$ 1000                                                                                     |
|           |                                                                                                                                     |               |                     |                     | FIRE DAMAGE (Any one fire)       | \$ 50                                                                                       |
|           |                                                                                                                                     |               |                     |                     | MEDICAL EXPENSE (Any one person) | \$ 5                                                                                        |
|           | AUTOMOBILE LIABILITY                                                                                                                |               |                     |                     | COMBINED SINGLE LIMIT            | \$ 1000                                                                                     |
| A         | ( ) ANY AUTO<br>( ) ALL OWNED AUTOS<br>( ) SCHEDULED AUTOS<br>(X) HIRED AUTOS<br>(X) NON-OWNED AUTOS<br>( ) GARAGE LIABILITY<br>( ) | BA052050431   | 03/30/95            | 03/30/96            | BODILY INJURY (Per person)       | \$                                                                                          |
|           |                                                                                                                                     |               |                     |                     | BODILY INJURY (Per accident)     | \$                                                                                          |
|           |                                                                                                                                     |               |                     |                     | PROPERTY DAMAGE                  | \$                                                                                          |
|           | EXCESS LIABILITY                                                                                                                    |               |                     |                     | EACH OCCURRENCE                  | \$ 1000                                                                                     |
| A         | (X)<br>( ) OTHER THAN UMBRELLA FORM                                                                                                 | BKD52050431   | 03/30/95            | 03/30/96            | AGGREGATE                        | \$ 1000                                                                                     |
|           | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY                                                                                      | XW052050451   | 03/30/95            | 03/30/96            | STATUTORY                        | \$ 500 (EACH ACCIDENT)<br>\$ 500 (DISEASE--POLICY LIMIT)<br>\$ 500 (DISEASE--EACH EMPLOYEE) |
|           | OTHER                                                                                                                               |               |                     |                     |                                  |                                                                                             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS  
RE: Brick Plaza, Space #7, 8 & 9 - Brick, NJ

## CERTIFICATE HOLDER

BRICK TOWNSHIP  
401 Chambersbridge Rd.  
Brick, NJ 08723

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

**TOWNSHIP OF BRICK**  
OCEAN COUNTY, NEW JERSEY  
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo, President  
Stephen C. Acropolis  
Helen Fayad  
Lee Hartman  
Thomas G. Maiorine  
Mary Lou Powner  
Michael A. Thulen

Department of Administration & Finance

Division of Inspections  
A. J. Cierzo  
Construction Official  
(908) 262-1024  
Fax: (908) 920-4850

July 5, 1995

ART'S  
COPY

Donald Miller  
Don Miller & Sons  
Drum Point Road  
Brick NJ 08723

RE: A & P FOOD STORE

Dear Mr. Miller,

Our office has made repeated requests for revised plans showing the roof design with the drainage system. These were not included in the original plans.

June 26, 1996 a letter was received stating that three signed and sealed copies of these plans would be sent within a week. These plans have not yet been received.

Kindly forward these plans as soon as possible. Thank you in advance for your anticipated cooperation.

Respectfully yours

*Arthur J. Cierzo*

Arthur J. Cierzo  
Construction Official

AJC/vjgs

cc: C. Joseph Smith, AIA, Architect of Record  
Ray Korkowski, Building Sub-code Official  
DIMIS95/671#1

JURISDICTION \_\_\_\_\_

BUILDING LOCATION \_\_\_\_\_

(City, County, Township, etc.)

Job Name \_\_\_\_\_

(Street address)

New Building ☐

Addition ☐

Alteration ☐

Other ☐

Construction Classification \_\_\_\_\_

Use Group \_\_\_\_\_

Block \_\_\_\_\_

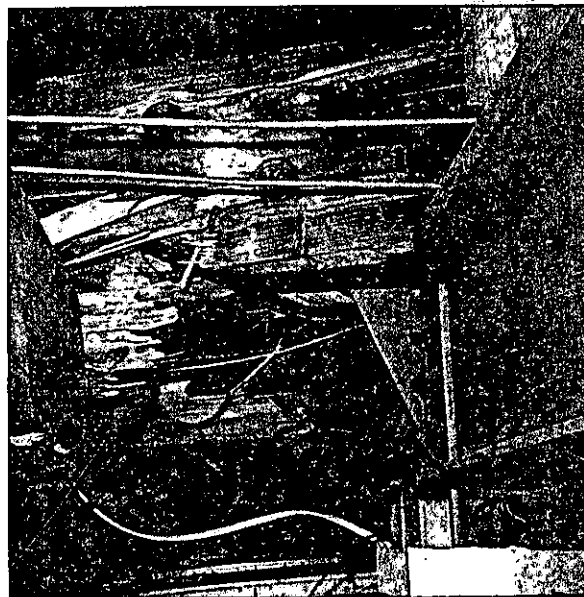
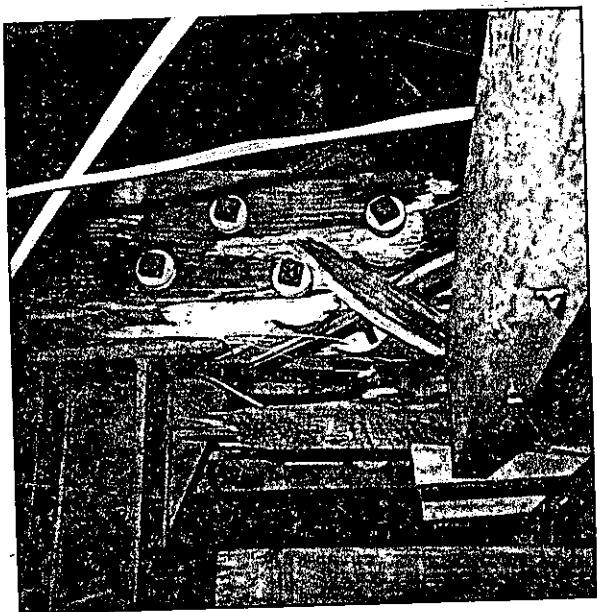
Lot \_\_\_\_\_

CORRECTION LIST

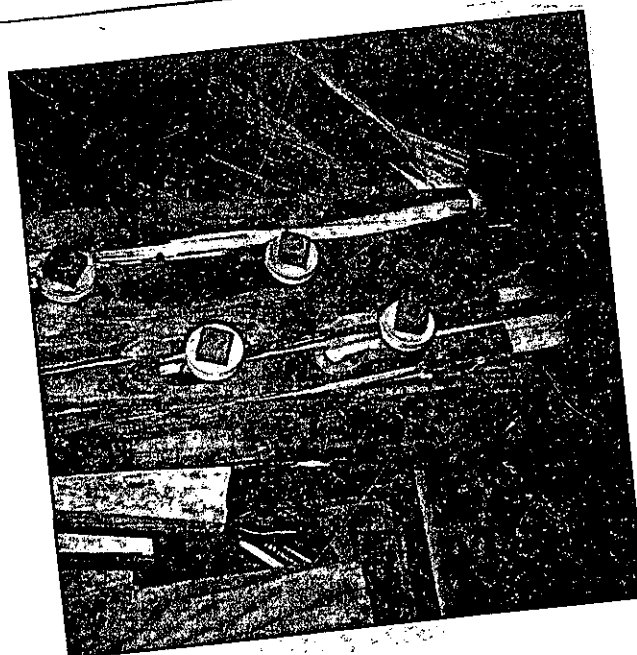
| No. | DESCRIPTION                      | Page          | Code Sect. | Ch |
|-----|----------------------------------|---------------|------------|----|
| 1   | <del>PBR RAY</del>               | <del>34</del> |            |    |
| 2   | <del>NEEDS STRUCTURAL TEST</del> | <del>34</del> |            |    |
| 3   | <del>VIOLATION NOTICE DUMB</del> |               |            |    |
| 4   |                                  |               |            |    |
| 5   |                                  |               |            |    |
| 6   |                                  |               |            |    |
| 7   |                                  |               |            |    |
| 8   |                                  |               |            |    |
| 9   |                                  |               |            |    |
| 10  | 8-11-95                          |               |            |    |
| 11  |                                  |               |            |    |
| 12  | Needs to Update                  |               |            |    |
| 13  | for trusses to be                |               |            |    |
| 14  | brought up to code               |               |            |    |
| 15  |                                  |               |            |    |

Other Comments:

Called  
8-24-95  
JH







617-95

| NJ PERMIT / CERTIFICATE DATA UCCARS   |  |                       |  |            |  |                         |  |                                         |  |
|---------------------------------------|--|-----------------------|--|------------|--|-------------------------|--|-----------------------------------------|--|
| <input checked="" type="checkbox"/> A |  | Permit No: 95-617     |  | Block: 671 |  | Use Group: B            |  |                                         |  |
|                                       |  | Date Issued: 04/03/95 |  | Lot: 8     |  | Census Item: 437        |  |                                         |  |
|                                       |  | (last, first)         |  | Number: 8  |  | Street: (worksite addr) |  |                                         |  |
|                                       |  | FEDERAL REALTY INVEST |  | SPACE7-9   |  | BRICK PLAZA             |  |                                         |  |
| <input type="checkbox"/> B            |  | New Building ]        |  | 0 sq ft    |  | Housg Units             |  | Gain: Sale 0 Rent 0                     |  |
|                                       |  | Addition              |  | 0 cu ft    |  | Lost: Sale 0 Rent 0     |  | Total Value of Constr: 48000            |  |
| <input checked="" type="checkbox"/> X |  | Alteration            |  |            |  |                         |  |                                         |  |
|                                       |  | Demolition            |  |            |  |                         |  |                                         |  |
|                                       |  | Underground Tank      |  |            |  |                         |  |                                         |  |
|                                       |  | Public Ownership      |  |            |  |                         |  | Industrialized Bldg: State Approved HUD |  |
| <input type="checkbox"/> C            |  | Fees - Building:      |  | 950(Ins)   |  | 0(Adm)                  |  | DCA: 38                                 |  |
|                                       |  | Electric:             |  | 0          |  |                         |  | Certif: 20                              |  |
|                                       |  | Plumbing:             |  | 0          |  |                         |  | Pd: 1008                                |  |
|                                       |  | Fire:                 |  | 0          |  |                         |  | Bal: 0                                  |  |
|                                       |  | Elevator:             |  | 0          |  |                         |  |                                         |  |
| <input type="checkbox"/> D            |  | Certif No:            |  | CO { 0 }   |  | CA                      |  | CC { 0 }                                |  |
|                                       |  | Date Issued: / /      |  | TCO { 0 }  |  | CCO                     |  | TCC { 0 }                               |  |
|                                       |  |                       |  |            |  |                         |  | Fee: 0                                  |  |

<F10> to continue

Owner Federal Realty Investment

Location Brick Plaza Spaces 7,8,9 Old A&P & Pizze

Permit No. 617-95 Lot 8 AUC 671

Fee: \$1008.00

Contr: Interior Salvage, Inc.

C.O. No. Date Issued 4/3/95

Use Group Demo. of Interior Walls of A&P & Pizze  
Violations

Plumber

671  
8

Z 433 527 391



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800 March 1993

*Insp / vol*

|                               |    |
|-------------------------------|----|
| S BRICK PLAZA/FEDERAL REALTY  |    |
| S 4800 HAMPTON LA SUITE 500   |    |
| P O BOX 20814                 |    |
| BETHESDA MD 20814             |    |
| P g                           | \$ |
| C i d F                       |    |
| S D F                         |    |
| R d D I F                     |    |
| R R S w g<br>W m & D D I      |    |
| R R Sh w g W m<br>D d Add Add |    |
| OTAL P g<br>& F               | \$ |
| Postm k D t                   |    |

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

Z 433 527 391

**MAIL**

Thank you for using Return Receipt Service

|                                                                                                                                                                                                                                                                                           |  |                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| <p>I also wish to receive the following services (for an extra fee)</p> <p>1 <input type="checkbox"/> Addressee's Address</p> <p>2 <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee</p>                                                                     |  | <p>Article Number</p> <p>Z 433 527 391</p>                       |  |
| <p>4a Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> |  | <p>7 Date of Delivery</p>                                        |  |
| <p>5 Signature (Addressee)</p>                                                                                                                                                                                                                                                            |  | <p>8 Addressee's Address (Only if requested and fee is paid)</p> |  |
| <p>6 Signature (Agent)</p>                                                                                                                                                                                                                                                                |  | <p>9 Date of Delivery</p>                                        |  |

Is your RETURN ADDRESS completed on the reverse side?

3 Article Addressed to

BRICK PLAZA/FEDERAL REALTY  
4800 HAMPTON LA SUITE 500  
BETHESDA MD 20814

PS Form 3811 December 1991 \*U.S. GPO: 1993-362-714 DOMESTIC RETURN RECEIPT

CERTIFIED MAIL #: Z-433 527 391

ADDRESS: 4800 HAMPTON LA SUITE 500  
BETHESDA MD 20814

**MUST OBTAIN A STRUCTURAL TEST**

DATE OF NOTICE: 5/23/95      DATE OF INSPECTION: 5/22/95  
COMPLIANCE DUE DATE: 6/2/95

You are hereby ordered to SECURE THE STRUCTURE AND STOP CONSTRUCTION at the above location as of IMMEDIATELY and until further notice from this enforcing agency.

This Order is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of 5:23-2.19 (a) 3. Structural Analysis which provides:

(a) Whenever the construction official and the appropriate subcode official determine that a need for special technical services exists with regard to a particular project for which the municipal enforcing agency is classified to perform plan review, the construction official may require the applicant to obtain and furnish to the construction official at the applicant's expense, a report from a licensed engineer or registered architect. Such report shall contain the information deemed necessary by the construction official to aid in his determination. Such may include, but not be limited to 1. Plan review services; 2. Site investigations; 3. Structural analysis; and 4. Building systems analysis.

Permission to resume construction can be obtained from this enforcing agency after the following conditions are met:

YOU MUST OBTAIN A STRUCTURAL ANALYSIS. Please contact the Sub-code Official in order to bring this structure into compliance with construction codes.

Failure to comply with this order will result in a penalty of \$500.00 per day for each day in which work continues after issuance of this Order.

If necessary the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

Pursuant to N.J.A.C 5:23-2.35 et seq., if you wish to contest the validity of the above action, you may file an appeal with the Construction Board of Appeals of Ocean County Construction Board of Appeals within 20 business days of the receipt of this form. The Application to the Construction Board of Appeals may be used for this purpose. Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$100.00 to be forwarded with your application to the Board of Appeals office at Building 2 Mott Place, Toms River, NJ 08753.

\*\*\*\*\*  
If you have any questions concerning this Order, please call:

BY ORDER OF:

Raymond Korkowski *[Signature]* SCO.  
Sub-code Official  
Arthur J. Cierzo *[Signature]* CO.  
Construction Official