BLOCK 671 LOT 8 ADDRESS (SITE) SPACE 13 PERMIT NO. 1489-95

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick PLAZA Shopping Center SPACE 13
2. Name of Owner in Fee: Federal Realty Tel. (301) 658-8780
   Address 4800 street MONTGOMERY LANE municipality Bethesda, MD. zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: R.J. Young General Contractor Tel. (814) 457-7624
   Address P.O Box 220 SALIX, PA. 15952
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 251505040 Social Security No. _____
5. Architect or Engineer DEASEY ASSOCIATES Tel. (215) 732-3040
   Address 1315 WALNUT ST. SUITE 800 PHILA. PA. 19107
6. Responsible Person in Charge of Work R.J. Young Tel. (814) 457-7624

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	150		
2. Electrical				
3. Plumbing		114		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	843		
7. Less 20% for State Plan Review		84		
8. Subtotal	$			
9. DCA Training Fee		26		
10. Subtotal	$			
11. Cert. of Occupancy		25		
12. Other ZPA		15.00		
13. TOTAL	$	988.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Tenant fit up

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS entire job	33000

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
			6/14/95	DK	ok 9/15/95		
			6/14/95	DK		9/15/95	DK
			6/14/95	DK	9/15/95		DK
Sy	5/26/95		Sue	DK			

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

COMMERCIAL

LDS BR 10208692

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 R.J. Young General Contractors

Address P.O. Box 270

SALIX, PA. 15952

Telephone (814) 487-7624

Signature [signature] Date 5-23-95

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
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. EXEMPT

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

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

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

Completed 9/15/95

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/22/2001
Control #
Permit # 95-1489

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location SPACE 13 BRICK PLAZA
TENANT FIT UP
Owner in Fee/Occupant FEDERAL REALTY
Address 4800 HAMPTON LANE
BETHESDA MD, MD
Telephone ( )
Contractor
Address

Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SPACE 13 ONLY NO TENANT NAME

[ ] **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] **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.

[ ] **CERTIFICATE OF COMPLIANCE**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 20
Paid [X] Check No. 5576
Collected by: TL

CONSTRUCTION PERMIT

Date Issued 6/14/95
Control #
Permit # 1489-95

IDENTIFICATION Block 671 Lot 8

Work Site Location [illegible] Space # 13

Contractor R J Young [illegible]

Address

Owner in Fee Federal Realty

Address

Tele. ( )

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:

Tenant fit up

PAYMENTS (Office Use Only)			
Building	650	BUILDING	650.00
Plumbing	114	PLUMBING	114.00
Electrical		FIRE	79.00
Fire Protection	79	PLAN RVW	84.00
Other	524	D.C.A.	26.00
Other		C.O.	20.00
DCA Training Fee	2	TANEPLOT	15.00
Cert. of Occ.	2	TOTAL	988.00
Other	1	CHECK	988.00
Total	9	CHANGE	0.00
Check No.	5576		
Cash	06/14/95	NO 5 00124005	15:37
Collected By:			

1489## BLOCK 0.00
671 # LOT 0.00
8 #

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 $ 33,770

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/14/95
Date Issued
Control #
Permit # 1459-95

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 Shopping Center Space 13

Owner in Fee FEDERAL REALTY
Address 4500 HAMPTDEN LANE
BETHESDA MD.
Tele. (301) 655-8950
Contractor R.J. YOUNG. General CONTRACTOR
Address P.O. Box 220
SALIX PA. 15952
Tele. (814) 487-4512
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 251505040 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	6-14	9
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

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

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

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

[ ] Demolition

(Office Use Only)
FEE
$

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

322

Brick

WILL CALL

Super Cut

ELECTRICAL SUBCODE
TECHNICAL SECTION

319

Date Received WR 0107552
Date Issued 6/28 6/22 308
Control #
Permit # JUN 13 95 0 0 5 2 0 4

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 Store #13
Chambers Bridge Rd. Brick. PLAZA
Owner in Fee Federal Realty Investment Trust
Address 4800 Hampden La, suite 500
Bethesda, Md. 20814
Tele. (315) 657-8740
Contractor Garden State Electric
Address P.O. Box 148
Manasquan NJ 08736
Tele. (908) 223-8600
Lic. No. 6720
Federal Emp. No. 222937324 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/19/96
Approved By: 5477

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	7/5/95 5477	6/30/95		
Temporary	7/6/95 5433		7/6/95	5433
Constr. Serv.				
TCO				
Other				
Service				
Final			3/19/96	5477
Temp. Cut-in-Card Date Issued			7/6/95	5477
Final Cut-in-Card Date Issued			3/19/96	5477

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)
45		Fixtures (1)	
9		Receptacles (2)	
3		Switches (3)	
27		Total 1 + 2 + 3	40.-
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
1	___ Kw	Water Heater(s)	7
1	___ Kw	Central heat:	
		oil gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
1		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	200 Amp	Service Entrance	33
		Other	

Paid [ ] Check # 5430	Administrative Surcharge	$ 80.00
	Minimum Fee	$
	DCA Training Fee	$ 4.00
Collected by:	TOTAL FEE	$ 84.00

U.C.C. Form F-120B

RPF

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/14/95
Date Issued
Control #
Permit # 1489-95

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

Block 671 Lot
Work Site Location BRICK PLAZA SHopping CENTER SPACE 13

Owner in Fee FEDERAL REALTY
Address 4800 HAMPTDEN LANE
BETHESDA MD.
Tele. (301) 658-8980
Contractor Toms River H+A & A/C
Address 400 Corporate Circle
Toms River
Tele. ( ) 244-0880
Lic. No.
Federal Emp. No. 522651591 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof-top
Total Est. Cost of Fire Prot. Work $ 7200.00 [ ] Other

if Heating Unit is 15,000 CFM-150,000 CFM Smoke detect. S.D. Shutoff on return Side
150,000 CFM needs on Supply Side.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 6/14/95
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 9-15-95
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			9/15/95	
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 Roof-top Heat/cool Gas 130,000 BTU

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	1 IN DUCT	46
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	1 130,000 BTU	33
OTHER		
	Administrative Surcharge	$ 79
Paid [ ] Check #	Minimum Fee	$
	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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/14/95
Date Issued
Control #
Permit # 1489-95

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 13
Brick
Owner in Fee Federal Realty Corp
Address Bethesda MD.

Tele. ( )
Contractor James R. Parks
Address 322 Grand Central Pkw.
Bayville N.J.
Tele. (908) 237-9064
Lic. No. N.J. # 7036
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/14/95
Approved by: DW

SUBCODE APPROVAL:
[ ] CO [ ] COO [X] GA
Approved By: DW
Date: 9-15-95

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			6/27/95	DW
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			9/26/95	DW
Solar				
TCO		8/31/95		

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.

James R. Parks
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	
		Bath Tub	
1		Lavatory	7
		Shower	
		Floor Drain	
		Sink	
		Dishwasher	
		Drinking Fountain	
		Washing Machine	
		Hose Bibb	
1	5GAL	Water Heater	25
		Fuel Oil Piping	
X		Gas Piping	15
		Steam Boiler	
1		~~Hot Water Boiler~~ Furnace	25
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventer	
		Greasetrap	
1	5-TON	Water Cooled A/C Roof or Refrigeration Unit	25
		Sewer Connection	
X		Water Service Connection	
		Active Solar System	
X		Other Gas Pipe to existing	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ *Minimum Fee* $ _____
DCA Training Fee $ 4
Collected by: _____ TOTAL $ 114

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 6/14/95
Date Issued
Control #
Permit # 1489-95

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 Zone 13
Brick
Owner in Fee Ferroni Realty Corp
Address Bethania Rd.

Tele. ( )
Contractor James R. Parks
Address 132 Grand Central Pkwy.
Bayville N.J.
Tele. (908) 269-9061
Lic. No. N.J. #9036
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/14/95
Approved by: DHR

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 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.

James R. Parks
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	
		Bath Tub	
1		Lavatory	7
		Shower	
		Floor Drain	
		Sink	
		Dishwasher	
		Drinking Fountain	
		Washing Machine	
		Hose Bibb	
1	50 gal	Water Heater	21
		Fuel Oil Piping	
X		Gas Piping	15
		Steam Boiler	
1		Hot-Water-Boiler Furnace	25
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventer	
		Greasetrap	
1	5 ton	Water Cooled A/C Roof or Refrigeration Unit	25
		Sewer Connection	
X		Water Service Connection	
		Active Solar System	
X		Other Gas Pipe To existing	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 4
Collected by: _____ TOTAL $ 114

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: May 24, 1995 — 1995 **Z** 0770

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

Property Address: Brick Plaza

Owner: Federal Realty **(Phone):** (301) 658-8980

Applicant: R.J. Young General Contractors **(Phone):** (814) 487-7624

Use: Vacant retail unit - Space 13.

Proposed Construction (if any): Tenant fit-up for retail store.

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 Kinnevy

Sean Kinnevy — **Land Use Officer**

☑ EXEMPT 5/25/91

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: [illegible] DATE: 5/25/91

ADDRESS: [illegible]

PROPERTY LOCATION: [illegible] NOAC #13

ACCOUNT NO: _____ BLOCK 67 LOT 5

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 : Done Date: 5/25/91

Down Payment : _____ Date: _____

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

Balance : _____ Date: _____

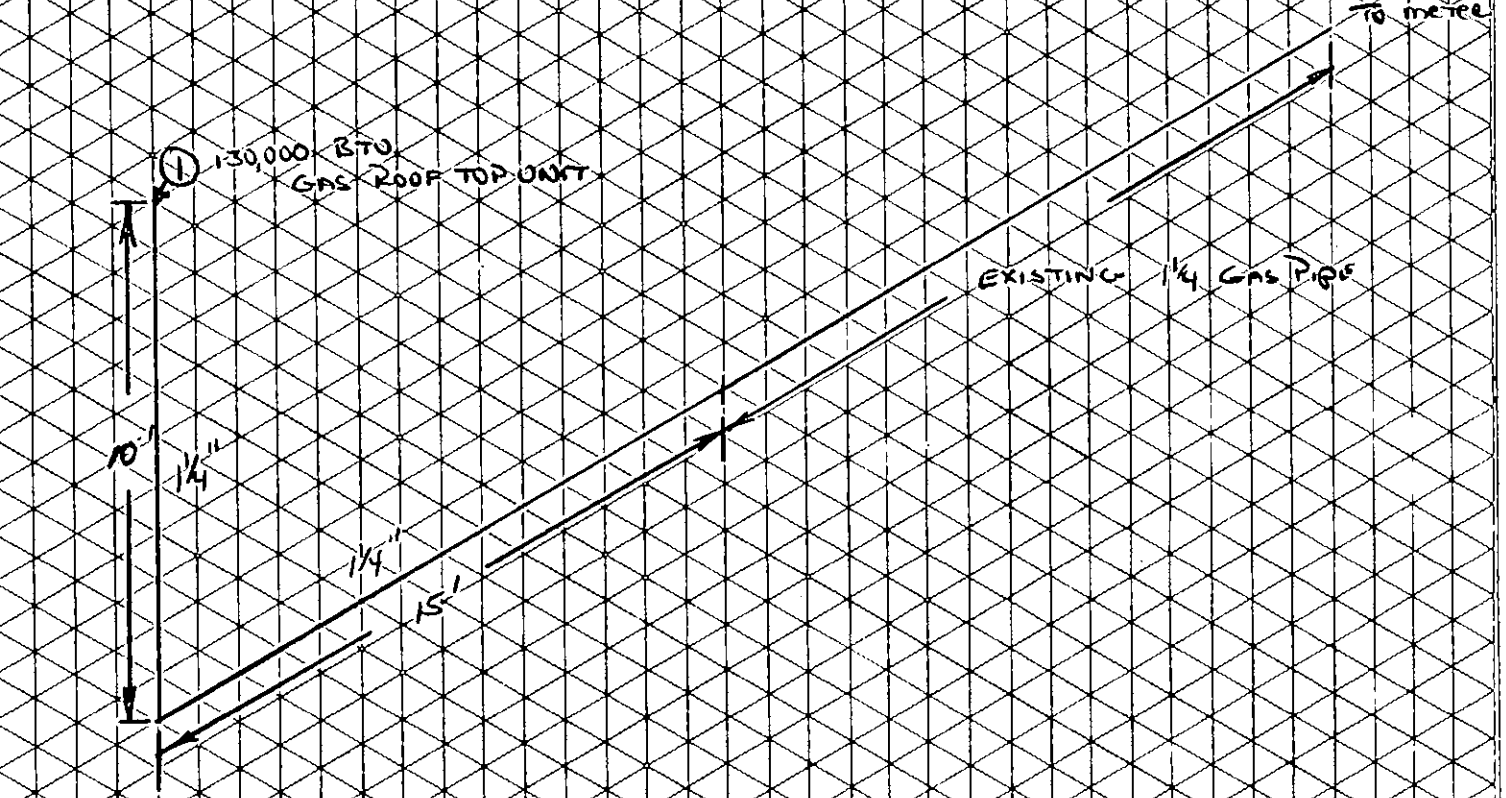
Pd. in Full : _____ Date: _____

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.

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

Toms River Heating & A/C
400 Corporate Circle
Toms River, N.J.
244-2880

Brick Plaza Unit #13



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 8

DATE: 5/25/95

[illegible]

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

The estimated equalized added assessment for the construction at the above site is $[illegible].

Preliminary [signature]
Frederick R. Millman, CTA

[illegible] 25 95
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

BOCA
PLAN REVIEW RECORD

Plan Review # _____

Date _____

BASIC/NATIONAL MECHANICAL CODE

Valuation = will send

Fee _____

JURISDICTION New Albany

(City, County, Township, etc.)

BUILDING LOCATION Buck Run Rd

(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

*Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Mechanical Code.

6/8/95 called

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Handy Cap Bath	

Correction list continued on Page 2.

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477

LENNOX®

ENGINEERING DATA

COOLING & GAS HEAT

GCS24

(5 and 6 Ton)
(17.6 to 21.1 kW)

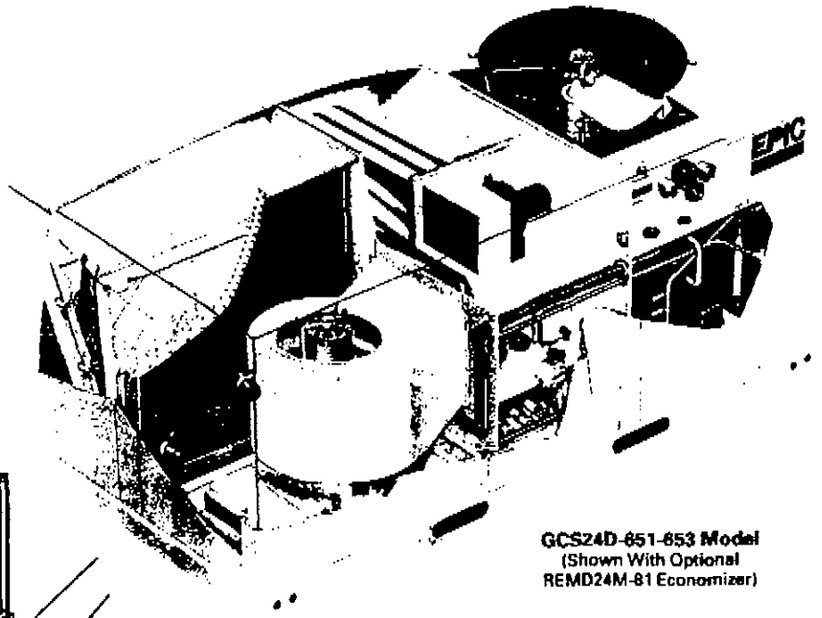
EPIC™ SERIES

GCS24D-651-653 , GCS24-653 AND GCS24-813 PACKAGED UNITS COOLING & GAS HEAT

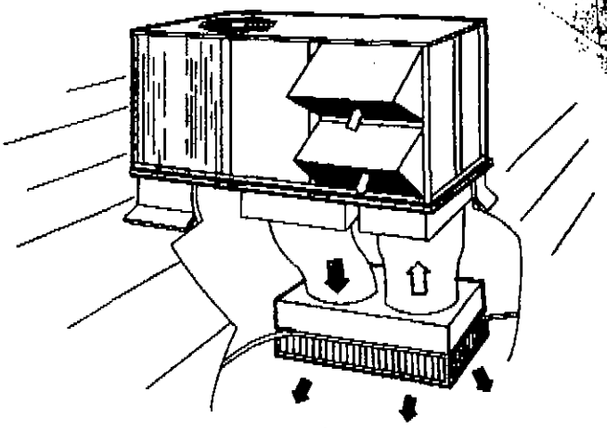
***58,000 and 73,000 Btuh (17.0 to 21.4 kW) Cooling Capacity**
78,000 to 130,000 Btuh (22.9 to 38.1 kW) Input Heating Capacity

*ARI Standard Ratings

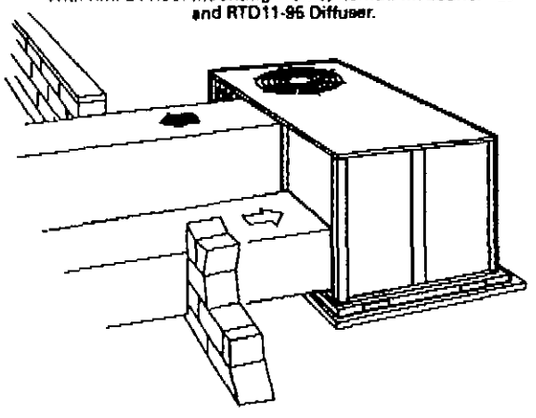
Bulletin No. 210035
April 1995
Supersedes July 1994



GCS24D-651-653 Model
(Shown With Optional
REMD24M-81 Economizer)



Down-Flo Supply and Return Air Installation
With RMF24 Roof Mounting Frame, REMD24M Economizer
and RTD11-96 Diffuser.



Horizontal (Side) Supply and Return Air Installation.

Table of Contents

SPECIFICATIONS — GCS24D-651-653-130 & GCS24-653-130

Model No.			GCS24D-651-653-130 Direct Drive	GCS24-653-130 Belt Drive
Cooling Ratings	Gross cooling capacity — Btuh (kW)		61,000 (18.9)	
	*Net cooling capacity — Btuh (kW)		58,000 (17.0)	
	*Total unit watts		6520	
	*SEER (Btuh/Watt)		10.0	
	EER (Btuh/Watt)		8.9	
	★Sound Rating Number (bels)		8.6	
Heating Ratings	Sea Level One Stage Heating Capacity (Natural Gas)	Input/Output — Btuh (kW)	130,000 (38.1) / 104,000 (30.5)	
		A.G.A./C.G.A. Thermal Efficiency / AFUE	80.0% / 78.0%	
	Sea Level One Stage Heating Capacity (•LPG/Propane)	Input/Output — Btuh (kW)	130,000 (38.1) / 104,000 (30.5)	
		A.G.A./C.G.A. Thermal Efficiency / AFUE	80.0% / 78.0%	
Refrigerant (HCFC-22) Charge			8 lbs. 12 oz. (3.97 kg)	
Evaporator Blower and Drive Selection	Blower wheel nom. dia. x width — in. (mm)		11-1/2 x 9 (292 x 229)	12 x 12 (305 x 305)
	**Factory Installed Drives	Nominal motor horsepower (W)	.75 (560)	1.5 (1120)
		Max. usable horsepower (W)	- - - -	1.72 (1280)
		Voltage & phase	208/230v-1 or 3 ph or 460V-3ph	208/230v or 460v-3 ph
		RPM range	direct drive	835 — 1135
Evaporator Coil	Net face area — sq. ft. (m^2)		6.25 (0.58)	
	Tube diameter — in. (mm) & No. of rows		3/8 (9.5) — 2	
	Fins per inch (m)		15 (591)	
	Expansion device type		Thermostatic Expansion Valve	
	Drain connection (No. & size) — in. (mm) fpt		(1) 3/4 (19)	
Condenser Coil	Net face area — sq. ft. (m^2)		12.9 (1.20)	
	Tube diameter — in.(mm) & No. of rows		3/8 (9.5) — 2	
	Fins per inch (m)		20 (787)	
Condenser Fan	(No.) Diameter — in.(mm) & No. of blades		(1) 24 (610) — 3	
	Air volume — cfm (L/s)		4200 (1980)	
	Motor horsepower (W)		1/3 (224)	
	Motor rpm		1075	
	Motor watts		460	
Gas Supply Connections fpt — in. (mm) Natural Gas or •LPG/Propane			1/2 (12.7)	
Recommended Gas Supply Pressure — wc. in. (kPa)		Natural Gas	7 (1.7)	
		•LPG/Propane	11 (2.7)	
Filters (furnished)	Type of filter		Pleated Disposable	
	No. & size — in. (mm)		(4) 12 x 24 x 2 (305 x 610 x 51)	
Net weight of basic unit — lbs. (kg)			697 (317)	736 (334)
Shipping weight of basic unit — lbs. (kg) (1 Package)			797 (362)	836 (379)
Electrical characteristics			208/230v-1 or 3 ph or 460v-3ph	208/230v or 460v-3ph

★ Sound Rating Number in accordance with ARI Standard 270.
* Rated in accordance with ARI Standard 210/240; 95°F (35°C) outdoor air temperature and 80°F (27°C) db/67°F (19°C) wb entering evaporator air.
NOTE — ARI capacity is net and includes evaporator blower motor heat deduction. Gross capacity does not include evaporator blower motor heat deduction.
** Using total air volume and system static pressure requirements determine from blower performance tables rpm and motor output required. In Canada, nominal motor output is also maximum usable motor output.
•For LPG/Propane units a field installed kit is required and must be ordered [illegible]

Toms River Heating & Air Conditioning Co.

(A Division of Toms River Sheet Metal Co.)

Heating • Air Conditioning • Duct Work

400 Corporate Circle, Toms River, NJ 08755

908-270-3600 908-244-2880

Fax 244-2889

FACSIMILE TRANSMISSON (908) 244-2880

TO: Brick BLDG Dept FROM: Jim

ATTN: DAN Newbould DATE: 6/7/95 TIME: 9140

SUBJECT: Space #13 Brick Plaza NO. OF PAGES: 3 INCLUDING THIS SHEET

MEMO:

Installation Instructions for Lennox

GCS24-653-130 5 TON 130,000 BTU

Roof Top Unit