BLOCK 671 LOT 8 ADDRESS (SITE) Paul Calvert. PERMIT NO. 105-94

DOLLAR E-Z

SPACE 29A
OLD CONSUMER SQUARE

RECEIVED
DEC 28 1993
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, Brick N.J. DOLLAR E-Z
2. Name of Owner in Fee: Federal Realty Tel. (215) 657-8742
   Address 4800 Hampden Lane (street) Bethesda, Maryland (municipality) 20814 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A. J. Lewis Corp. Tel. (215) 975-9530
   Address 303 W. Lancaster Ave #290 Wayne PA. 19087
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 23-261-2315 Social Security No. [redacted]
5. Architect or Engineer Charles King Tel. (215) 854-9855
   Address _____
6. Responsible Person In Charge of Work John Giordano Tel. (215) 745-4763

Bill & Realty

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 -		
2. Electrical			
3. Plumbing	130 -		
4. Fire Protection	112 -		
5. Other			
6. Subtotal	$ 392 -	✓	
7. Less 20% for State Plan Review	5 -	✓	
8. Subtotal	$		
9. DCA Training Fee	34 -	✓	
10. Subtotal	$		
11. Cert. of Occupancy	20 -	✓	
12. Other		✓	
13. TOTAL	$ 451 -		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

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	20,000
6. ☐ Fire Protection	1,500
7. ☐ Plumbing	1,500
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	1,200
TOTAL COSTS	$ 42,700.

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
		12-28-93		1-18-94	JL			
				1-18-94	JL			
				1/17/94	JL			
	Eng	1-4-93	EWIT					

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: B M
3. Change in Use Group: Indicate Former:

Occupancy

20K

LDS BR 10207702

U.C.C. Form F-100A

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name John GIORDANO

Address A.J. Lewis Corp. 303 W. LANCASTER AVE. Wayne PA. 19087

Telephone (215) 975-9530

Signature John Giordano Date 12/28/93

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 Zng	SK	12/28/93	comm a/H	retail				
☐								
☐								

COMMENTS

1-4-93 AP

IMPORTANT - 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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

DOLLAR EXPRESS

CONSTRUCTION PERMIT

Date Issued 1-20-94
Control #
Permit # 105-94

IDENTIFICATION Block 671 Lot 8

Work Site Location Chambersbridge Rd. & 70
Contractor A J Lewis Corp.
Address

Owner in Fee Federal Realty
Address 4800 Hampden Ln
Bethesda, Md.
Tele. ( ) #8000783

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date 10588
Federal Emp. No. BLOCK 0.00
or Social Security No. 671 #

LOT 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant fit-up

PAYMENTS (Office Use Only) 8 #			
Building	150.-	BUILDING	150.00
Plumbing	130.-	PLUMBING	130.00
Electrical			
Fire Protection	42	FIRE	42.00
Other	Plan 5.	PLAN RVW	5.00
Other		D.C.A.	34.00
DCA Training Fee	34	U	0.00
Cert. of Occ.	20	TOTAL	451.00
Other		CHECK	451.00
Total	451.	CHANGE	0.00
Check No.		01/20/94 NO. 5 0015A005	0:20
Cash			
Collected By:			

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 $ 42,700.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-20-94
Control #
Permit # 105-94

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

Block 71 Lot 14
Work Site Location MILLVAR EXPRESS STORE # 294
Owner in Fee
Address
Tele. ( ) 272
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

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

HVAC ROOF TOP
SLAB WALL

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

(Office Use Only)
FEE
$

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

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

DOLLAR EXPRESS

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1-20-94
Control #
Permit # 105-94

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

Block 171 Lot 2

Work Site Location

Owner in Fee

Address

Tele. ( ) 7-742

Contractor

Address

Tele ( ) 775 1526

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

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

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

B. BUILDING CHARACTERISTICS

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

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

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

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

(Office Use Only)

FEE	
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$

Paid [ ] Check #
Collected by:

U.C.C. Form F-110A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 671 Lot 8
Work Site Location
Owner in Fee FINERAL REALTY
Address [illegible]
[illegible] MD
Tele. ( ) 187-2742
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1500 [ ] Other

JOB SUMMARY (Office Use Only)

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

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

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

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

DOLLAR EXPRESS

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 1-20-94
Permit # 105-94

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

Block 171 Lot 8
Work Site Location JOLLY MK EXPRESS
STORE # 394
Owner in Fee FEDERAL QUALITY
Address 4800 HAMPDEN LANE
BETHESDA, MARYLAND
Tele. ( ) (057-K742
Contractor Liber Bich & Sons, Inc.
Address 701 W. Delilah Road
Pleasantville, NJ 08232
Tele. (609) 641-7777
Lic. No. 5399
Federal Emp. No. 21-0518632 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 9500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 11/8/94
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10
	Shower	
	Floor Drain	
1	Sink	5
	Dishwasher	
1	Drinking Fountain	5
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5
	Steam Boiler	
2	Hot Water Boiler	10
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	25
2	Water Cooled A/C or Refrigeration Unit	30
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other/Unl	10

Administrative Surcharge $ 130
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

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

I agree 20.662 sq.ft. brick.
Fire walls is NOT in compliance
as per 502.2 Boca allows.
16,646
(-2380
So adding measurements
to the building FURTHER
AGGRAVATES VIOLATION.
THERE FOR THIS
1904.7 of Boca 93
should be corrected.

Township of Brick

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

Office of
Division of Inspections

CHECK LIST

Re: Block _____ Lot _____

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

Administrative _____
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
Fire _____

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

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

Arthur J. Cierzo, Construction Official

Called 1/7/94

BLOCK 671 PLUMBING & MECHANICAL CHECK LIST

LOT 8

DATE 1/7/94

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES,

✓ GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

✓ SIZE OF EXISTING HEATING UNIT

✓ BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY ✓ AC

BARRIER-FREE CODE REQUIREMENTS

OTHER

OCEAN COUNTY BOARD OF HEALTH
P.O. Box 2191
Toms River, N.J. 08754-2191
908-341-9700

Herbert W. Roeschke
Public Health Coordinator

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

March 7, 1994

Re: Proposed Floor Plans
Block 671 Lot 8
DOLLAR EXPRESS
RT. 70 & CHAMBERSBRIDE ROAD
BRICK, NEW JERSEY 08723

Dear Sir:

I have reviewed the floor plans for the above referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,
Joseph A. Caprio
Joseph A. Caprio
Sanitary Inspector

vl:JAC
cc: Brick Twp. Health Department
Brick Twp. Construction Official (Arthur Cierzo)

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

NEW ESTABLISHMENT

BLOCK 671 LOT 8

ESTABLISHMENT INFORMATION

PHONE #: 969-7888 (TEMP.)

ESTABLISHMENT TRADING NAME: DOLLAR EXPRESS

NUMBER AND STREET: BRICK PLAZA
Rt 70 + CHAMBERSBRIDGE Rd

CITY OR MUNICIPALITY: BRICK

ZIP CODE: 08723

ESTABLISHMENT LICENSE NO.:

COMMUN. CODE: 1506

RISK: III

ESTABLISHMENT CODE: 39

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: SPAIN'S INC T/A DOLLAR EXPRESS

NUMBER AND STREET: 1700 TOMLINSON Rd

CITY OR MUNICIPALITY: PHILADELPHIA

STATE: PA

ZIP CODE: 19116

COMMUN. CODE:

TIME (2400 HOURS)

DATE	BEGIN	END
3-7-94	08:20	08:35

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. 08754-2191
Telephone No. 908-341-9700

NAME OF INSPECTING OFFICIAL (Print): JOSEPH A. CAPRIO

SIGNATURE OF INSPECTING OFFICIAL: Joseph A. Caprio

PERMANENT REG. NO.: 6375

H.D.64

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DETAILED DATA SHEET

CONTINUATION SHEET

Establishment Trading Name	Establishment License No.	Date
DOLLAR EXPRESS		3-7-94
Signature of Inspecting Official	**Municipality**	**Time - (2400 Hours)**
Joseph G. Caprio	BRICK	Begin 08:20

REG. NO.	REMARKS (Please specify area)
	The attached plans have been reviewed + approved. They are in substantial compliance with Chapter XII of the N.J. State Sanitary Code
	This approval is based on no food prep being conducted on premisis
	This office shall be notified for an opening inspection prior to conducting business

(Attach additional sheets if necessary)

Page of Pages

H.D.67

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3999

9145
972
1092

1009

Office of
Division of Inspections

CHECK LIST

Re: Block _____ Lot _____

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

Administrative	
Zoning	
Engineering	
Building	FIRE WALL NOT IDENTIFYED ON PLANT
Plumbing	
Electric	CEILING - OPENING
Fire	

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

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

DOES NOT Garage includes MEZZANINE

Arthur J. Cierzo, Construction Official

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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: December 28, 1993

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

The estimated equalized added assessment for the construction at the above site is $ -0-

NO AA ANTICIPATED

Preliminary Frederick R. Millman

Frederick R. Millman, CTA

12/30/93

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

BLOCK 671

LOT 8

DATE 1/5/19

PLUMBING & MECHANICAL CHECK LIST

1 TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

✓ BARRIER-FREE CODE REQUIREMENTS

OTHER

TOWNSHIP OF BRICK

STOP CONSTRUCTION ORDER

IDENTIFICATION:
DOLLAR EXPRESS
SITE:Space 29A Brick Plaza BLOCK: 671 LOT: 8

OWNER: Federal Realty AGENT: SAME

ADDRESS: 4800 Hampden Lane
Bethesda, Maryland 20814
****
ACTION:

DATE OF NOTICE: 2-8-94 DATE OF INSPECTION: 2-8-94
COMPLIANCE DUE DATE:
****
You are hereby ordered to STOP CONSTRUCTION at the above location as of IMMEDIATELY until further notice from this enforcing agency.
HOWEVER, YOU MAY SECURE THE BUILDING
This Order is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of which provides:

MUST HAVE AN ACTIVE PERMIT, YOURS WAS SUPPOSE TO HAVE UPDATED PLANS WHICH HAVE NOT BEEN BROUGHT IN, SO IT IS THEREFORE VOIDED. Permission to resume construction can be obtained from this enforcing agency after the following conditions are met:

UPDATED PLANS ARE BROUGHT IN AN APPROVED BY THIS OFFICE.
Failure to comply with this order will result in a penalty of $ 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 which 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 SCO.