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JUN 12 1995

DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

Applicants Complete: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: Bte 70 + Chamberbridge Rd
2. Name of Owner in Fee: Federal Realty Tel. (215) 657-8740
Address 122 c Park Ave.
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: East Coast Sign Tel. (215) 781-8500
Address 5058 Rt 13 N, Bristol Pa
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 1232180296 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person in Charge of Work Jason Sharfstein Tel. 215, 781-8500

II. PROPOSED WORK

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

Est. Cost

\$	22,000
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\$ 3,000

\$ 25,000

Sign.

OPTIONAL (for office use only)[illegible]

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

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

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

V. FREE SUMMARY ~~for office use only~~

		Update	Update
1. Building	\$ 400 -		
2. Electrical			
3. Plumbing			
4. Fire Protection	N/A.		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review	40 -		
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	20 -		
12. Other ZPA	\$115 -		
13. TOTAL	\$ 475 -		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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:
Shopping Center
2. Use Group:
B
3. Change in Use Group,
Indicate Former:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

☐ 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 the 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 East Coast Sign Co

Address 5058 Rt. 13N

Bristol Pa. 19007

Telephone (215) 781-8500 X-167

Signature Fason Aronstein Date 6/6/95

BLOCK _____ LOT _____ ADDRESS (SITE) _____ PERMIT NO. 1585-95

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (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	
☐ Zoning Officer									IMPORTANT A.H.B.T. - EXEMPT
☐ 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 Protection									
☐ Utility Dig No.									
☐									
☐									

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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 6-22-95
Control #
Permit # 1585-95

IDENTIFICATION Block 671 Lot 8
Work Site Location Road 704 Chambersburg Contractor East Coast Sign
Address 5058 1513
Owner in Fee Federal Realty Address Parade Pa
Address _____
Tele. (215) 657 8710 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:

Sign

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 \$ 25,000

A. Criss

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		1585#
Building	<u>400</u>	0.00
Plumbing	<u>BLCK</u>	0.00
Electrical	<u>477</u>	
Fire Protection	<u>1</u> <u>611 H</u>	
Other	<u>LUT 0</u>	0.00
Other	<u>B H</u>	
DCA Training Fee	<u>5150</u>	40.00
Cert. of Occ.	<u>FLAN RVW</u>	40.00
Other	<u>21A</u> <u>450</u>	20.00
Total	<u>711</u> <u>5150</u> <u>LUT</u>	15.00
Check No.	<u>415</u> <u>213</u>	475.00
Cash		
Collected By:	<u>671</u>	



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 6-22-95
Date Issued
Control #
Permit # 1585-95

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 Bricktown, NJ
Owner in Fee East Coast Property
Address 122 C Fair Ave.
Willow Grove PA 19090
Tele. (215) 667-8740
Contractor East Coast Sign
Address 5055 Rt. 13N
Bristol PA 19007
Tele. (215) 281-5500
Lic. No. or Bids. Reg. No. 232180296 or Social Security No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Failure Approval
☒ No Plans Req.			Edging		
☒ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☒ CA			TCO		
Date: <u>5-23-95</u>			Other		
Approved By: <u>[Signature]</u>			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 [Signature]
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

As seen in detail on prints

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	\$ _____

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 14, 1995

1995 Z 0905

Block 671

Lot 8

Zone B-3, H.D.

Property Address: Chambers Bridge Road, Brick Plaza

Owner: Federal Realty Trust

(Phone): (215) 657-8740

Applicant: East Coast Sign Co.

(Phone): (215) 781-8500

Use: A & P Food Market

Proposed Construction (if any): Wall Signs, 400 square feet.

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

Land Use Officer

TOWNSHIP OF
BRICK NJ

06/22/95 NO. 5

0005

1585**

BLOCK 0.00

BLOCK 0.00

671 #

LOT 0.00

8 #

SIGNS 400.00

PLAN RVW 40.00

C / O 20.00

ZONEPLOT 15.00

TOTAL 475.00

CHECK 475.00

CHANGE 0.00

0.00 100%