

BLOCK
RECEIVED

671

LOT

ADDRESS (SITE)

72 Brick Plaza #290

PERMIT NO.

1957-95

JUL 26 1995

pub.
laterCONSTRUCTION PERMIT
APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: 72 Brick Plaza #290

2. Name of Owner In Fee: Federal Realty Investors Tel. (215) 657-8740
Address 122-C Park Ave Wilkes-Barre PA. 19090
do record call

Ownership in Fee: Public ☒ Private ☐

Principal Contractor: Carata Contracting Corp Tel. (914) 993-9333
Address 158 West Maryland Ave

License No. OR, if new home, Builder Reg. No. WC 2155-H89 Exp. Date _____

Federal Emp. No. _____ Social Security No. _____

3. Architect or Engineer Herron Hall Tel. (619) 234-0345
Address 820 West Ash Street Cal. 92101-2488

Responsible Person in Charge of Work John Sullivan Tel. (914) 993-9333
992-1607

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>50-</u>		
2. Electrical			
3. Plumbing		<u>24.00</u>	
4. Fire Protection	<u>46-</u>		
5. Elevator Devices			
6. Subtotal	\$ <u>96</u>		
7. Less 20% for State Plan Review	<u>10</u>		
8. Subtotal	\$ <u>7-</u>		
9. DCA Training Fee			
10. Subtotal	\$ <u>20</u>	<u>2</u>	
11. Cert. of Occupancy			
12. Other <u>ZPA</u>	<u>\$11.00</u>		
13. TOTAL	\$ <u>148-</u>	<u>26.00</u>	

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 _____

II. PROPOSED WORK

- ☐ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☒ Plumbing
- ☒ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition
- TOTAL COSTS

Est. Cost

2700

2100

3000

8800.-

Tenant fit-up

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>WSP</u>	<u>7/26/95</u>		<u>7/27/95</u>	<u>OK</u>	<u>11/13/95</u>		<u>OK</u>
		<u>7/26/95</u>	<u>7/28/95</u>	<u>OK</u>	<u>7/24/97</u>		<u>OK</u>
					<u>9/8/95</u>		<u>OK</u>

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:
loan office
2. Use Group:
B
3. Change in Use Group,
Indicate Former:

LDS BR 10208702

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 John J. J. J. Date April 90

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 _____

Address _____

Telephone (_____) _____

Signature _____ Date _____

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 Protect.									
☐ Utility Dig No.									
☐									
☐									

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 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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

8/2/95

Control #

Permit #

1957-95

IDENTIFICATION Block 6411 Lot 8Work Site Location 7221 Hickman Ave. #92 Contractor Central ConstructionOwner in Fee Central Construction Address _____Address 122 C. St. N. W. Tele. (____) _____Tele. (____) _____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date 1957-95Federal Emp. No. BLOCKor Social Security No. 671 4

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____☐ ELECTRICAL ☒ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

tenant fit up

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 \$ \$40.00

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) 8

Building	41.00	BUILDING	50.00
Plumbing		PLUMBING	46.00
Electrical		ELECTRICAL	13.00
Fire Protection	41.00	FIRE PROTECTION	7.00
Other		OTHER	20.00
Other	41.00	OTHER	15.00
DCA Training Fee	7.00	DCA TRAINING FEE	48.00
Cert. of Occ.	30.00	CERT. OF OCC.	48.00
Other	7.00	OTHER	0.00
Total	118.00	TOTAL	

Check No. # 24189 11:36

Cash _____

Collected By: _____



PERMIT UPDATE

Date Update Issued

Control #

Permit # 1957-95

Date Permit Issued

8/22/95

IDENTIFICATION Block 671 Lot 2Work Site Location 72 BRICK PLAZA #29BOwner in Fee FEDERAL REALTY INVESTORSAddress 112 - C PARK AVEWILMINGTON P.A. 19090Tele. (215) 657-8740Contractor PHN 1970 JR PLUMBINGAddress P.O. BOX 9196BRICK N.J.Tele. (908) 920-2684Lic. No. or Bids. Reg. No. 9C 22Federal Emp. No. [REDACTED]or Social Security No. [REDACTED]

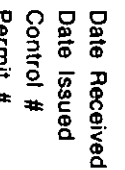
is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ Other _____☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

ADD SINK & MOP SINKEstimated Cost of Work \$ 1950[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		1957
Building	<u>24.00</u>	0.00
Plumbing	<u>24.00</u>	0.00
Electrical	<u>0.00</u>	0.00
Fire Protection	<u>0.00</u>	0.00
Other	<u>FLUORINE</u>	24.00
Other	<u>WATER</u>	2.00
DCA Training Fee	<u>TOTAL</u>	26.00
Cert. of Occ.	<u>CHECK</u>	26.00
Other	<u>FLUORINE</u>	0.00
Total	<u>26.00</u>	13.53
Check No.	<u>1949</u>	
Cash	<u>19.50</u>	
Collected By:	<u>[Signature]</u>	



8/2/95
1957-95

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Work Site Location 79 Brick House #2915

Owner in Fee Robert H. Smith

Address 144-C Falls Ave 2nd floor Apt. #2 19090

Tele. (945) 657 8140

Contractor Cortez Construction, LLC

Address 158 West Madison Ave
Chicago, Illinois 60606

Tele. (915) 993-1357

Lic. No. or Bldrs. Reg. No. MC-2152 H-87

Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS				
☐ No Plans Req.	☒ All	7/31/95	[Signature]	Type:				
☐ Footing				Footing				
☐ Foundation				Foundation				
☐ Frame				Slab				
☐ Other				Frame				
				Insulation				
Joint Plan Review Required:				Finishes:				
☐ Elec.	☐ Plumb.	☐ Fire		Energy				
SUBCODE APPROVAL				Mechanical				
☐ CO	☐ CCO	☒ VCA		TCO				
Date: 7/31/95				Other				
Approved By: [Signature]				Final				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work: 1. New Bldg. \$ _____ 2. Alteration \$ _____ 3. Total (1 + 2) \$ _____
Const. Class	Present	Proposed	
No. of Stories	1		
Height of Structure		Ft.	
Area—Largest Floor	1400	Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

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

but - up,

TYPE OF WORK:

- | | |
|-------------------------------------|--------------|
| ☐ | New Building |
| ☐ | Addition |
| ☒ | Alteration |

1] Roofing

- ☐ Siding _____
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.

[] Pool

- ☐ Asbestos Abatement
☒ Other Partitions / Office
☐ Other _____

[] Demolition

Administrative Surcharge

Paid 1 Check # _____ Minimum Fee _____

Collected by: _____

DCA TRAINING FEE: _____

TOTAL FEE

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as $\epsilon \rightarrow 0$. It is shown that the solutions of the system (1) converge to the solutions of the system (2) as $\epsilon \rightarrow 0$.

(Office Use Only)

FEE

BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8/2/95
1987-95

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

Block _____ Lot _____
 Work Site Location 1400 E. 10th St. S.W.
 Owner in Fee 1400 E. 10th St. S.W.
 Address 1400 E. 10th St. S.W.
 Tele. (____) _____
 Contractor 1400 E. 10th St. S.W.
 Address 1400 E. 10th St. S.W.
 Tele. (____) _____
 Lic. No. or Bids. Reg. No. 1400 E. 10th St. S.W.
 Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Failure	Failure	Approval
☐ 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:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 No. of Stories 1
 Height of Structure _____ Ft.
 Area—Largest Floor 1400 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) \$ _____

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

Just - use

TYPE OF WORK:

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

(Office Use Only)
FEE

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



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 8/2/95
Date Issued
Control #
Permit # 1957-95

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

Block 87 Lot 8
Work Site Location 78 Baick Lane 350

Owner in Fee Federal Openly Traded
Address 1200 C. Park Ave 2 Wilson Grove PA 19090

Tele. (215) 657 8740
Contractor Canada Contracting Corp. White Plains NY 10604
Address 128 Westmonte Ave White Plains NY 10604

Tele. (914) 953 9333
Lic. No. UC 21675 H 84
Federal Emp. No. [REDACTED] Social Security No. [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed Used (Agent Home)
Constr. Class. Present Proposed E.S. Risk Spurred.
Heating Systems [] New [] Existing Certified.
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other

Location: [] Other
Total Est. Cost of Fire Prot. Work \$ [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:			
[] No Plans Required		Type:	Failure	Dates (Month/Day)	Initial
Joint Plan Review Required:		Suppression Test			
[] Bldg. [] Plumb.		Fire Alarm Test			
[] Elec. [] Elevator		Smoke Test			
[] Fire Plans Approved		Mechanical			
Date: <u>7/28/95</u>		TCO			
Approved by: <u>[Signature]</u>		Other <u>Wind</u>			
SUBCODE APPROVAL:		Other <u>7/29/95</u>			
[] CO [] CO2 [] CA		Other			
Date: <u>7/28/95</u>		Other			
Approved by: <u>[Signature]</u>					

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

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

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical

Gas or Oil Fired Appliance
OTHER

FEE (Office Use Only)

Paid [] Check #	Administrative Surcharge \$ <u>46</u>
DCA Training Fee \$	Minimum Fee \$
Collected by: <u>[Signature]</u>	TOTAL FEE \$ <u>46</u>



PLUMBING
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: 800-272-1000.

Block 627 Lot 72 Block PLAZA # 2915

Work Site Location 72 BRICK PLAZA # 2915

Owner in Fee PARCA REALTY TRUSTEES

Address 122-7 PARK LAKE RD. 19080

Tele. (415) 457-8740

Contractor JOHN LINDO JR. PLUMBING

Address 10 SAN ANGELO BLVD. N.J.

Tele. (908) 900-9147

Lic. No. [REDACTED]

Federal Emp. No. [REDACTED]

I Security No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present N Proposed X

Building Sewer Size 3" Public Sewer X Private Septic X

Water Service Size 3/4" Public Water X Private Well X

Estimated Cost of Plumbing Work \$ 1950

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☐ No Plans Required

Joint Plan Review Required: ☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 8/19/95

Approved by: [Signature]

SUBCODE APPROVAL: ☐ CO ☐ CCA ☐ CCA

Approved By: [Signature]

Date: 9-8-95

TCO CA 9545 9651

Gas Piping CA 9545 9651

Solar CA 9545 9651

Gas Equipment CA 9545 9651

Fixtures CA 9545 9651

Sewer CA 9545 9651

Water CA 9545 9651

Rough CA 9545 9651

Slab CA 9545 9651

Type: CA 9545 9651

Dates (Month/Day) 8-22-95 8-22-95

8/22/95
1957-95
Updated

D. TECHNICAL SITE DATA (List all fixtures.)

NO. 1 FEE (Office Use Only)

Water Closet 1

Urinal/Bidet 1

Bath Tub 1

Lavatory 1

Shower 1

Floor Drain 1

Sink 1

Dishwasher 1

Drinking Fountain 1

Washing Machine 1

Hose Bibb 1

Water Heater 1

Fuel Oil Piping 1

Gas Piping 1

Steam Boiler 1

Hot Water Boiler 1

Sewer Pump 1

Interceptor/Separator 1

Backflow Preventer 1

Greasetrap 1

Water Cooled A/C 1

or Refrigeration Unit 1

Sewer Connection 1

Water Service Connection 1

Active Solar System 1

Other 1

Verf 1

Administrative Surcharge 1

Minimum Fee 1

DCA Training Fee 1

Collected by: 1 TOTAL \$ 24



**PLUMBING
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 72 BRICK PLAZA # 2915

Owner in Fee FORAN PLATT TUCKER

Address 122-12 BAY HILLS PA 19090

Tele. (215) 657-2740

Contractor JOHN J. JOY JR. PLUMBER

Address 10 GOLF AVE.

Tele. (201) 920-2444 A.J.

Lic. No. 4532

Federal Emp. No. 195-728-350 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size 3" Public Sewer X Private Septic _____

Water Service Size 3/4" Public Water X Private Well _____

Estimated Cost of Plumbing Work \$ 1850

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____

Joint Plan Review Required: _____

INSPECTIONS _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Solar _____

TCO _____

Approved By: _____

Date: _____

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)

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Water Cooled A/C

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other

VENT

FEE (Office Use Only)

\$24-

Paid ☐ Check # _____

Collected by: _____

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL \$

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 26, 1995

1995 Z 1152

Block 671 Lot 8

Zone B-3, H.D.

Property Address: 72 Brick Plaza

Owner: Federal Realty Investments

(Phone): (215) 657-8740

Applicant: Corato Contracting Corp.

(Phone): (914) 993-9333

Use: Brick Plaza Unit #29B

Proposed Construction (if any): Tenant fit-up for loan office.

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

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 671 LOT 8 SITE ADDRESS 72 B. K. P. H. B.
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS _____
APPLICANT COMMUNITY DEVELOPMENT PHONE NUMBER 912-3100
APPLICANT ADDRESS 72 B. K. P. H. B. CITY & STATE BRICKLEY
PERMIT # _____ NAME OF BUSINESS COMMUNITY DEVELOPMENT

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☐ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☒ Commercial is .01 %

Estimated Assessment \$ 3000.00 Date 11-23-97
Estimated Required Fee \$ 30.00
Required Deposit on Estimate \$ 15.00 Date 12-4-97
Check # 849 Receipt # 3208
Actual Assessment \$ 3000.00 Date 3-13-99
Actual Required Fee \$ 30.00
Minus Deposit of Estimate \$ 15.00
Balance Due \$ 15.00 Date 4-6-99
Check # 849 Receipt # 3147
Amount Paid In Full \$ 30.00

Fees Imposed To Date 12 702,251.00
Fees Reached \$15,000 3-14-15 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

BOCA PLAN REVIEW RECORD

Plan Review # _____

Valuation = _____

BASIC/NATIONAL BUILDING CODE

Date _____

Fee _____

(All Articles except 15 22 and 24)

JURISDICTION _____

(City County Township etc)

BUILDING LOCATION _____

(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

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

CORRECTION LIST

No

DESCRIPTION

Code
Section

~~Needs Fire Rating & Smoke Spread on Carpet~~
~~need occupancy load~~
~~SD Lunch Room & front offices~~
~~Ext Signs Emergency Exit Battery Back up~~
~~Fire Extinguishers~~
~~Full out Fire Test Card~~

The plan review accomplished as indicated in the record is limited to those code sections specifically identified herein Copyright, 1984 Building Officials and Code Administrators International Inc. Reproduction by any means is prohibited NOTE In order that we might develop other programs and provide additional services of benefit to the Code Administration profession please re-order additional copies of this form from



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

BLOCK 671

LOT # 8

DATE

7/28/95

PLUMBING & MECHANICAL CHECK LIST

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 X

~~BROCHURE FOR NEW HEATING UNIT~~

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

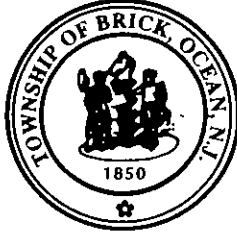
OTHER

Called
7-28-95
nd

Sign

JACKET

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 11-24-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS 72 Brick Plaza

TYPE OF SITE Commercial TYPE OF BUSINESS Sign
(Residential/Commercial)

APPLICANT Federal Realty Inv. CITY & STATE Brick, N.J.

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ 3,000

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ 3,000.00

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

COMMERCIAL CREDIT
BRICK, NEW JERSEY

**Commercial
Credit**

60-160
433

No 30034 397714

Date Amount

Pay To: TOWNSHIP OF BRICK

4-05-1999 *****15.00>

The
Amount of: FIFTEEN DOLLARS

Mellon Bank, N.A., Pittsburgh, Pennsylvania

By:

[Signature]

AUTHORIZED SIGNER

MP

MEMO *Commercial Credit*

By:

[Signature]

AUTHORIZED SIGNER

MP

From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 4-6-99

Business/Development: Commercial Credit

Owner/Applicant: Commercial Credit

Property Address: 72 Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee \$ _____

Deposit Amount \$ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 30034 397714

Final Fee \$ 30.00

Less Deposit \$ 15.00

Final Payment \$ 15.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received In Treasurer's Office by:

[Signature]
Signature

4-6-99
Date

THIS DOCUMENT HAS SECURITY FEATURES

THIS DOCUMENT HAS SECURITY FEATURES

TOWNSHIP OF BRICK

(x) NOTICE OF VIOLATION AND
ORDER TO TERMINATE

() NOTICE AND ORDER OF
PENALTY

IDENTIFICATION:

SITE: 72 BRICK PLAZA
SECURITY FINANCIAL

Block: 671 Lot: 8

OWNER: FEDERAL REALTY INVESTORS

AGENT: SECURITY FINANCIAL

ADDRESS: 122-C PARK AVE
WILLOW GROVE PA 19090

72 BRICK PLAZA
BRICK NJ 08723

CERTIFIED MAIL RECEIPT #: Z 433 369 733 & Z 433 369 730

ACTION:

MUST OBTAIN A CERTIFICATE OF OCCUPANCY BEFORE YOU CAN OCCUPY ANY
STRUCTURE OR TENANT FIT-UP

DATE OF NOTICE: 9/8/95

DATE OF INSPECTION: 9/7/95

COMPLIANCE DUE DATE: 9/18/95

TAKE NOTICE that you have been found to be in violation of the
State Uniform Construction Code Act and Regulations promulgates
thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

5:23-2.23--CERTIFICATE OF OCCUPANCY REQUIREMENTS

(a) New buildings: A building or structure hereafter erected
shall not be used or occupied in whole or part until a for of
certificate of occupancy shall have been issued by the construction
official

1. The enforcing agency shall upon application by the owner
issue a certificate of occupancy when all requirements of the
regulations have been met.

You are hereby ordered to terminate the said violation(s)
on or before IMMEDIATELY (but no later than December 23, 1994). No
Certificate of Occupancy or Approval will be issued until you comply
with the following requirements for a Certificate of Occupancy to be
issued:

1. FINAL BUILDING INSPECTION
2. FINAL PLUMBING INSPECTION ✓
3. FINAL FIRE INSPECTION
4. FINAL ELECTRICAL INSPECTION

(x) Failure to comply with this Order will subject you
to a penalty of \$ 500 per day for each day that the
violation exists after the compliance due date.

(x) You are hereby ordered to pay a penalty in the
amount of \$500.00 for each violation for a total
penalty of \$500.00. Each day that any of the
said violations remain outstanding after
9/18/95 shall result in an additional penalty of
\$500.00 per day.

If you wish to contest the validity of the above actions, you may
request a hearing before the Construction Board of Appeals of the
Ocean County Construction Board of Appeals within 20 business days of
the receipt of these Orders. 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 matter, please call:
908-477 3000 Division of Inspections-ART CIERZO .

Notice of violation and order to terminate
Ray Korkowski

Notice and order of penalty:
Arthur J. Cierzo CO.

9/8/95
1 COPY HAND DELIVERED TO
SECURITY FINANCIAL BY DAN NORMAN

P. Carr