

Called
8/21/94

"Mail In"



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

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

DIV. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA 10 EBBTIDE DRIVE BRICK N.J

2. Name of Owner in Fee: FEDERAL REALTY INVESTMENT TRUST Tel. (301) 652-3360

Address 4800 HAMPDEN AVE SUITE 500 BETHESDA MD 20814
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: ATLANTIC ENV. CONCEPTS/A DAVIS ENVIRONMENTAL Tel. (215) 534-3300

Address 17 INDEPENDENCE CT FOLCROFT PA 19032

License No. OR, if new home, Builder Reg. No. 00465 Exp. Date 6/4/95

Federal Emp. No. 52-1771005 Social Security No. _____

5. Architect or Engineer ACCREDITED ENVIRONMENTAL TECH. Tel. (215) 891-0114

Address 28 N. PENNELL RD MEDIA PA

6. Responsible Person In Charge of Work STEVEN DAVIS Tel. (215) 534-3300

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. ☒ Asbestos Abatement
10. ☐ Demolition

Est Cost

36.000.00

TOTAL COSTS

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
<i>JS</i>			2-5-94	<i>AK</i>			
ENA	2/4/94	ENA					

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories ONE
2. Height of Structure 10 FT ft.
3. Area—Largest Floor 4000 sq. ft.
4. Building Area—All Floors 311,000 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 _____

(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:
2. Use Group: retail
3. Change in Use Group, Indicate Former:

ZNA

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.

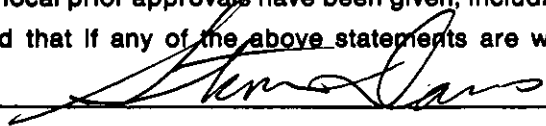
C. ☐ I further certify that I will perform or supervise the following work:

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 1/25/94

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.

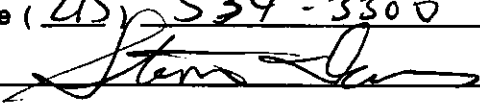
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name ATLANTIC ENV. CONCEPTS T/A DAVIS ENVIRONMENTAL

Address 17 Independence Court Folcroft PA 19032

Telephone (215) 534-3300

Signature  Date 1/25/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL	
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date
☐ 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.								
☐ Other								
☐								
☐								
☐								

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

Name of Code & Edition

Name of Code & Edition

Other

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Mechanical _____

Energy _____
Barrier Free _____
Flood Hazard _____
As Built Elevation Cert. _____
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

COMMENTS
10/19/91
IMPORTANT
A.H.B.T. - EXEMPT



CONSTRUCTION PERMIT

Date Issued 2-22-94
Control #
Permit # 208-94

IDENTIFICATION Block 671 Lot 8

Work Site Location SPR 24475 Contractor Doris Cunningham
Address 17 Independence Ct
Owner in Fee Robert Cunningham Address Fordsport Pa
Address 4800 Hampden Suite 500 Tele. ()
Bethesda Md. 20814 Lic. No. or Bldrs. Reg. No. Exp. Date
Tele. () Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

alter

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 \$ 36,000.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	<u>370</u>	
Plumbing		
Electrical		**0005**
Fire Protection		20800
Other	<u>PIR 5</u>	0.00
Other	<u>671 #</u>	
DCA Training Fee	<u>208</u>	0.00
Cert. of Occ.	<u>20</u>	0 #
Other	<u>DATE TIME</u>	70.00
Total	<u>324</u>	5.00
Check No.	<u># 11681</u>	29.00
Cash	<u>510</u>	20.00
Collected By:	<u>[Signature]</u>	



Date Received
Date Issued 2-22-94
Control #
Permit # 208-94

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

Block 671 Lot 24+25
Work Site Location BRICE PLAZA
10 ELLIOTT BLVD BLICK AT 08723
Owner in Fee TEO REM. INVESTMENT TRUST
Address 4800 HAMMERS DRIVE SUITE 500 BETHLEHEM MO. 20814
Tele. (301) 652-3360
Contractor ATLANTIC ENVIRONMENTAL CONCRETS T/A DALL'S ENVIRONMENTAL
Address 17 UNDERHILL DRIVE CREST FORECAST PA 19032
Tele. (215) 534-3300
Lic. No. or Bids. Reg. No. 00465
Federal Emp. No. 52-1771005 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: [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Removal of A.C.M. - DRYWALL,
FLOOR, TILE, MASTIC
Removal of NEW ACM - CARPETING,
PAVING, SHERVING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Req.			Footing				
☒ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec.			Energy				
☐ Plumb.			Mechanical				
SUBCODE APPROVAL			TCO				
☐ CO			Other				
☐ CCO			Final				
CA							
Date:							
Approved By:							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 10 ft
Area—Largest Floor 4000 Sq. Ft.
Total Bldg. Area/All Floors 31,000 Sq. Ft.
Volume of Structure N/A Cu. Ft.
Total Land Area Disturbed N/A Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 36,000
3. Total (1+2) \$ 36,000

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☒ Demolition	
☐ Miscellaneous	
☐ Fence	Height _____
☐ Sign	Sq. Ft. _____
☐ Pool	
☐ Elevator	
☒ Asbestos Abatement	
☐ Other	

Administrative Surcharge \$ _____
Paid () Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____

DAVIS ENVIRONMENTAL
FOLCROFT WEST BUSINESS CAMPUS
17 INDEPENDENCE COURT
FOLCROFT, PA 19032

215-534-3300

February 1, 1994

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

Attn: Mr. Arthur J. Cierzo
Construction Code Official

Dear Mr. Cierzo:

Enclosed please find Davis Environmental's Construction Permit Application and all associated paperwork for the asbestos removal project in the Brick Plaza, Brick, New Jersey.

If you should require further information upon review of this application, please do not hesitate to contact our office.

Sincerely,



Beth Mettler
Administrative Assistant

/bam

Spencer
24 + 25

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) <u>10/12/10 11/19/14</u>		Name of Building Owner/Operator (2) Federal Realty Investment Trust	
Agencies Notified ☒ EPA ☒ DEP ☒ POL ☒ DOH ☐ DCA		Type Notification ☒ Initial Notification ☐ Amended Notification	
Street Address 4800 Hampden Ln., Suite 500		City, State, Zip Code Bethesda, MD 20814	
Name of Contact Judy Ditton		Telephone Number (301)961-9264	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Brick Plaza			Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 10 Ebbtide Drive			Square Feet 5,000		
City (5) Brick			County (6) Ocean		# of Floors 1
County Code (7) (STATE USE ONLY)			Bldg. Age 32		
			Current Use (Prior if being demolished) Retail Stores		

Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. 0021		Name of Contractor (9) Atlantic Environmental Concepts, Inc. t/a Davis Environmental	
Street Address 28 N. Pennell Road				Street Address 17 Independence Court	
City, State, Zip Code Media, PA 19063				City, State, Zip Code Folcroft, PA 19032	
Project Manager for Monitoring Firm Don Heim		Telephone Number (215)891-0114		Telephone Number (215)534-3300	
				License Number 00465	

Scheduled Start Date (10) <u>10/12/14</u>		Sched. Completion Date (11) <u>10/31/14</u>		Name of OSHA Monitor EHS	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☐ Other - Describe:				Street Address 2316 Meetinghouse Road	
				City, State, Zip Code Boothwyn, PA 19061	

Scope of Work (Check all that apply) ☐ Demolition ☒ Large Project (> 160 SF or > 260 LF ACM) ☐ Small Project (> 25 < 160 SF or > 10 < 260 LF ACM) ☐ Minor Project (< 25 SF or < 10 LF ACM)				☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Glovebag Procedure	
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Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
See Attached							

Name of Registered Waste Hauler Merola Enterprises		NJDEP Waste Hauler ID No. 16219		Cubic Yards of Waste 40		Name of Registered Landfill Ocean County Landfill	
City, State Kearny, NJ 07032				Disposal Date 3/15/94		City, State Lakehurst, NJ	

Completed By (Print or Type) Steven Davis		Title Operations Manager		Signature <i>Steven Davis</i>		Date 2/1/94	
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Brick Plaza
10 Ebbtide Drive
Brick, NJ 08723
Notification of Asbestos Abatement

Location of ACM in Facility	Is location normally used solely by Main- tenance/ Custodial Staff +Yes--+No---+N/A+	Description of ACM	Amount	Abatement Type			
				R	E	E	
				E	R	N	N
				M	E	C	C
				O	P	A	L
				V	A	P	O
				A	I	S	S
				L	R	U	U
Space 24	X	VAT	3,825 sf	X			
Space 24	X	Joint Compound	3,456 sf	X			
Space 24	X	Sealant - Roof Overhang	50 lf	X			
Space 25	X	VAT	625 sf	X			
Space 25	X	Joint Compound	2,000 sf	X			
Space 25	X	Linoleum	80	X			

ASBESTOS ABATEMENT NOTIFICATION

DATE: 2-1-94

(PRINT OR TYPE)

(If applicable variance#)

Project: Brick Plaza

Street: ~~10 Ebbettside Dr.~~

Town: Brick, NJ

Contractor: Atlantic Environmental Lic No: 00465

Address: Concepts + a Davis Environmental
17 Independence Ct

A.S.C.M.: AET Folcroft PA 19032 Lic No: 0021

Address: 28 N. Pennell Rd
Media, PA 19063

OSHA Air Monitor: EHS
Address: 2316 Meetinghouse Rd

Boothwyn, PA 19061

Building Owner: Federal Realty Investment Trust

Street: 4800 Hampden Ln.

Town: Bethesda, MD

Phone: 301-961-9264

County:

Zip: 20814

Engineer/Architect: N/A

Street:

Town:

Phone: () -

County:

Zip:

Waste Hauler: Merck Ent.

Address: P.O. Box 474
Kearny, NJ 07032

Land Fill: Ocean County

Town: Lakehurst, NJ

Lic. No.: 16

Job Size: (Circle One) Minor

Small

Large

Quantity of Waste Generated:
(All Applicable)

CU. Yds.: 40

Linear Footage:

Sq. Footage: 9000

Proposed Start Date: 2/21/94

Proposed Finish Date: 3/15/94

Cost of work: \$ 36,000

(To be filled in by the Construction Official)

Construction Permit No.:

Date Issued: / /

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued
TOWNSHIP OF BRICK

10 EBBTIDE DRIVE BRICK NJ

Work Site Address: Block Lot
FEDERAL REALTY INVESTMENT TRUST 4800 HAMPTON AVE
Owner's Names, Address, Phone SUITE 500 BETHESDA MD 20814
ATLANTIC ENVIRONMENTAL CONCEPTS +A 301-652-3260
DAVIS ENVIRONMENTAL 17 INDEPENDENCE CT FOLCROFT PA 19032
Contractor's Name, Address, Phone 215-534-3300

Construction: N/A
Describe type (Single-family home, etc.)
Demolition: INTERIOR - DRYWALL, FLOOR TILE, MASTIC
PANELING, SHELTERING
Describe type (Structure, roof, siding, etc.)
Describe type and estimated quantity of material: ACM - 40 CU YDS.
NON-ACM - 30 CU YDS.

Name, address and phone of party responsible for removal of debris:
MEROLA ENT. RD. 474 KEARNY NJ 07032 201-589-1600
Size of dumpster: 1- ENCLOSED 100 YD BOX TRAILER - ACM
1- 30 YD OPEN DUMPSTER - NON-ACM

Destination of discarded debris: OCEAN COUNTY LANDFILL
Hauler's DEP Permit No.: 16219

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

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

STEVEN DAVIS
Printed/Typed Name Signature Date 1/25/94

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE "CERTIFICATE OF OCCUPANCY" OR "CERTIFICATION
OF APPROVAL" IS ISSUED.

Recycling tonnage receipts attached? _____
Certified tipping receipts attached? _____

**NOTE: Receipts must show certified weights, date of disposal and
name and address of disposal center.

- DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
 2. Construction Code Office
 3. Applicant

ORDINANCE 728-92

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

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

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

121-3. Builders Responsibility.

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

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

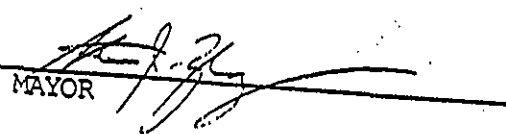
SECTION 3. If any section, subsection, sentence, clause,
phrase or portion of this Ordinance is for any reason held invalid or
unconstitutional by a Court of competent jurisdiction, such portion
shall be deemed a separate, distinct and independent provision, and
such holding shall not affect the validity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

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

PASSED: January 28, 1992

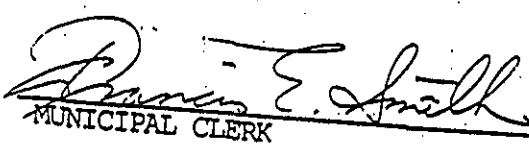
ADOPTED: February 25, 1992

SIGNED:


MAYOR


PRESIDENT OF THE COUNCIL

ATTEST:


MUNICIPAL CLERK