BLOCK 671 LOT 8 ADDRESS (SITE) Brick Plaza PERMIT NO. 246-94

CONSTRUCTION PERMIT APPLICATION

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

COPY

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA
2. Name of Owner in Fee: Federal Realty Corp Tel. (301) 961-9227
   Address 4800 Hampden Suite 500 (street) Bethesda MD. (municipality) 20814 (zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: ITS Elect. Cont. Tel. (908) 477-1725
   Address 566 Michelle Pl. Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 11930
   Federal Emp. No. 223 120 936 Social Security No [redacted]
5. Architect or Engineer ______ Tel. (___) ______
   Address ______
6. Responsible Person In Charge of Work FRED DRIES Tel. (908) 477-1725

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Other 5196		96.00		
6. Subtotal	$			
7. Less 20% for State Plan Review		5		
8. Subtotal	$			
9. DCA Training Fee		1		
10. Subtotal	$			
11. Cert. of Occupancy		20		
12. Other				
13. TOTAL	$	122		

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		

3 temporary signs

II. PROPOSED WORK

	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. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
			2/24/94	R/C	2/27/96		RK
Em	2/23/94	ENA		[illegible]			

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

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:
3. Change in Use Group, Indicate Former:

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

UCC Form I-100A

LDS BR 10404734

20C

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 Illuminating Technology Services Electrical Cont.

Address 506 Michelle Pl.

Brick NJ 08723

Telephone (908) 477-1725

Signature _____ Date 2/11/94

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 Zoning	S/C	2/23/94	temp signs					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT
2/25/94

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			

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/25/94
Control #
Permit # 246-94

IDENTIFICATION Block 671 Lot 8

Work Site Location Brick Plaza

Owner in Fee Federal Realty Corp.

Address

Tele. ( )

Contractor ITS Elec. Contr.

Address

Tele. ( ) 246##

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 671 #

or Social Security No. LOT

is hereby granted permission to perform the following work:

[4] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

3 Signs — Temporary.

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 $ 1500

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	BLDG	96.00
Plumbing	PLAN REV	5.00
Electrical	B.C.A.	1.00
Fire Protection	C / O	20.00
Other FIR 3	TOTAL	122.00
Other	CHECK	122.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ. 20		
Other 02/25/94 NO. 5 0019A005		11:02
Total 122		
Check No. # 2115		
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/11/94
Date Issued 2-25-94
Control #
Permit # 246-94

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

Block 671 Lot 8
Work Site Location BRICK PLAZA

Owner in Fee Federal Realty Corp
Address 4800 Hampden Suite 500
Bethesda, Maryland 20814
Tele. (301) 961-7227
Contractor Illuminating Technology Services Elect. Cont.
Address 566 Michelle Pl.
Brick, NJ 08723
Tele (908) 477-1725
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. 223 120 936 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	2/25/94	RL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA 9/6
Date: 2/25/94
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.

ITS
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

8FT
4FT [BRICK PLAZA Entrance]

TEMP.

2 Single Face Non Illuminated Sign
1 Double Face Non Illuminated Sign

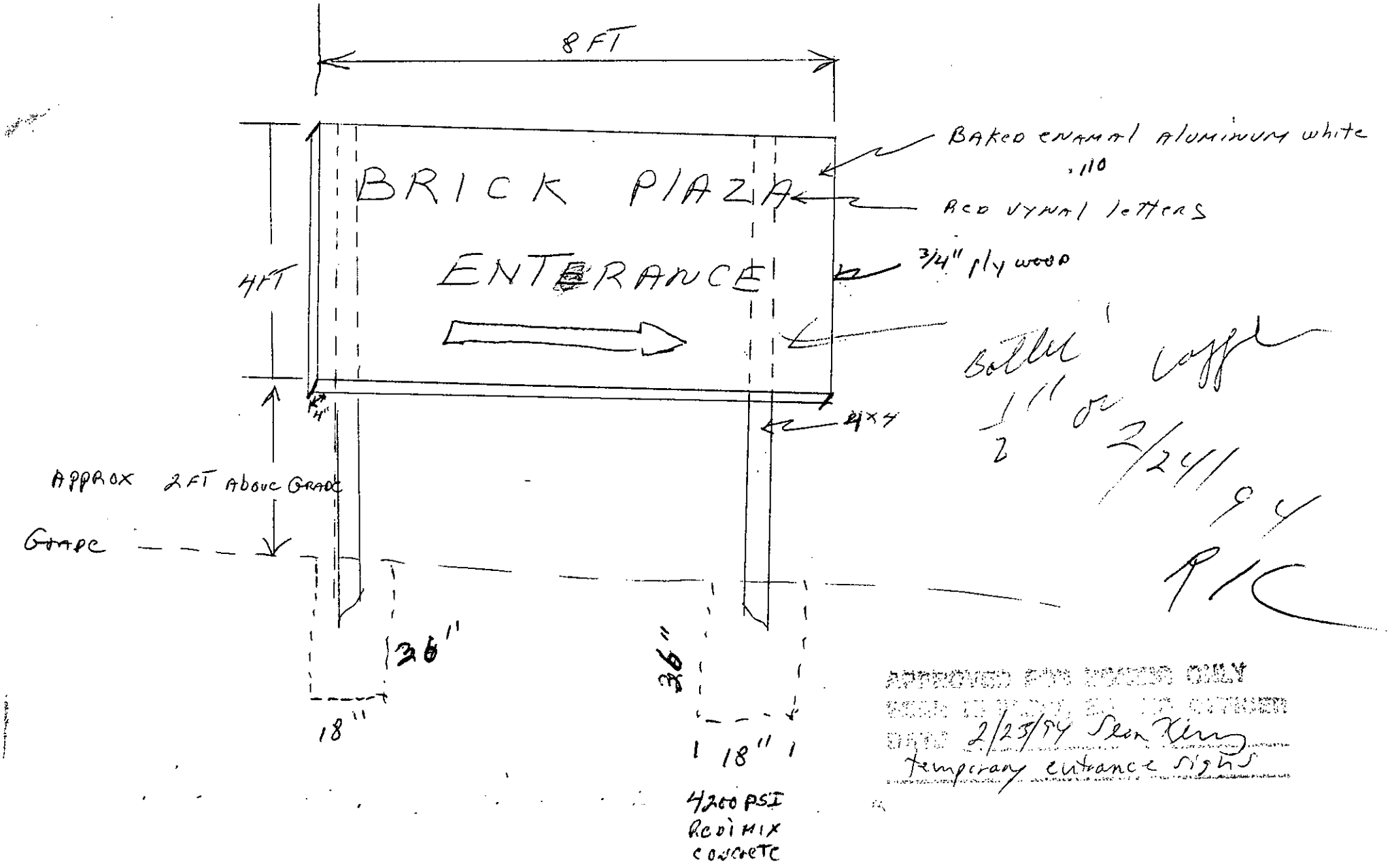
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
3 [X] Sign 32 EA Sq. Ft. each NON-ILLUMINATED
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(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

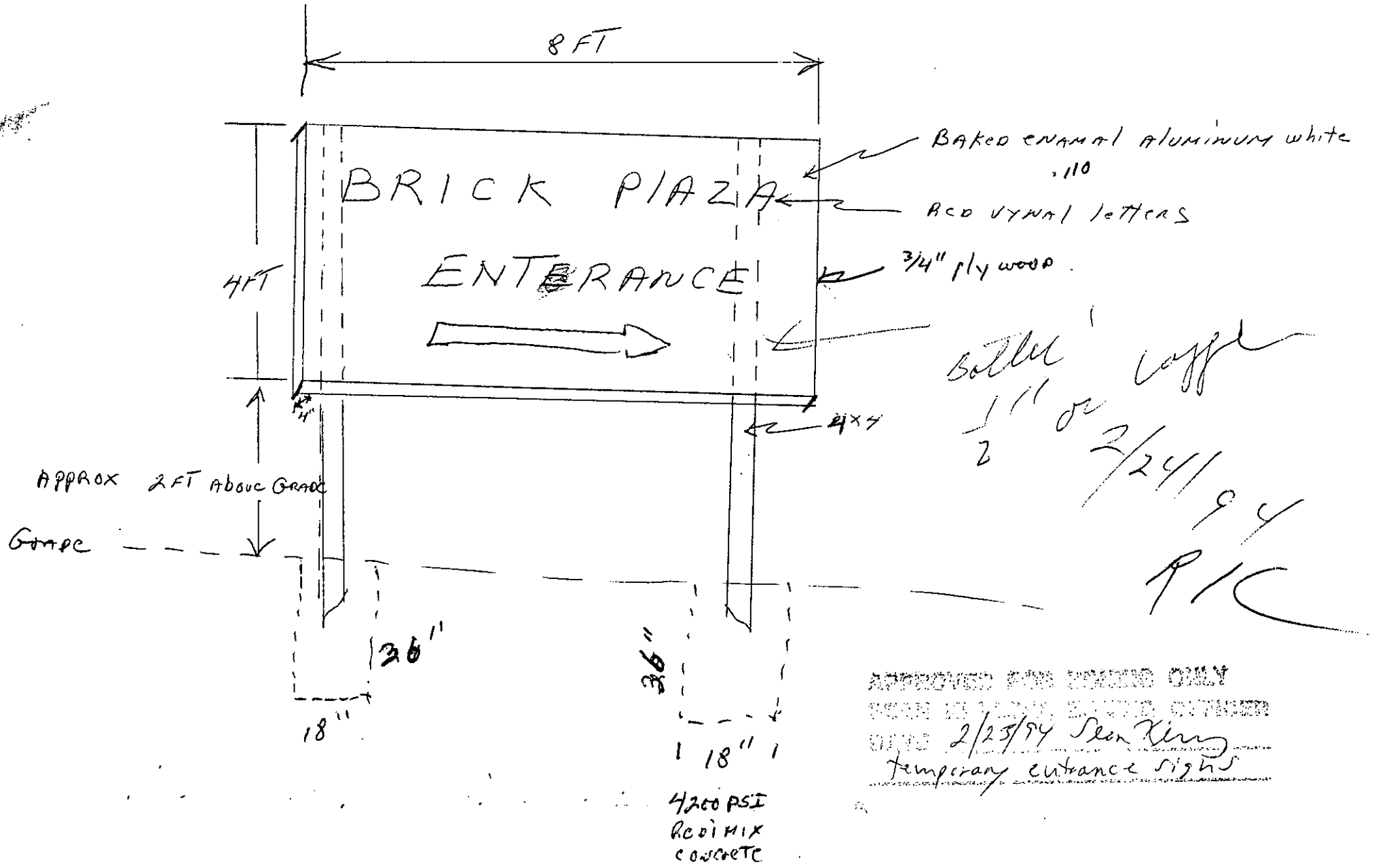
Tempory Signs



Bolted together 1" or 2" 2/24/94 PC

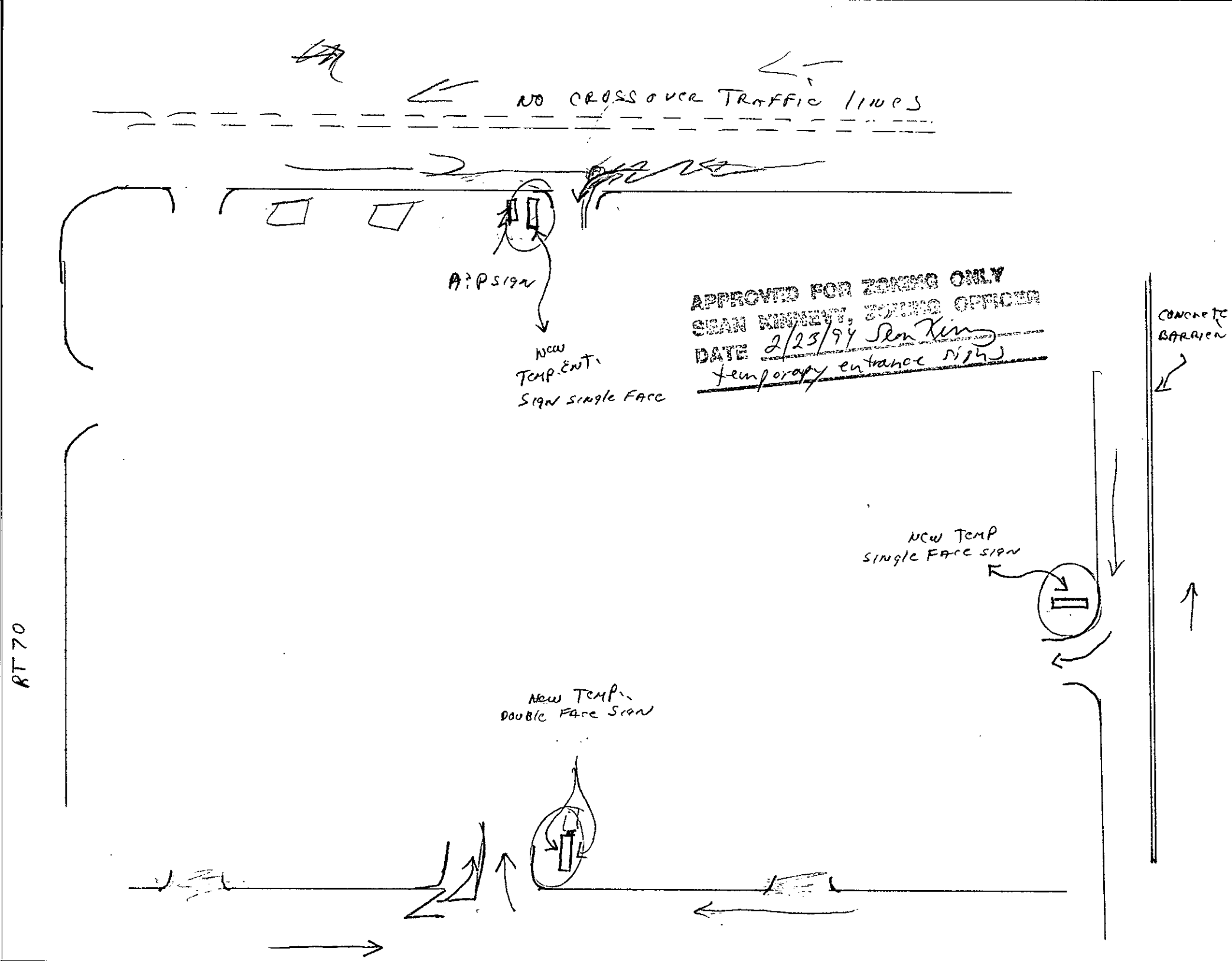
APPROVED FOR PERMIT ONLY
SUBJECT TO CONDITIONS AS STATED IN LETTER
DATED 2/25/94 Sean King
Temporary entrance signs

Tempory Signs



Bolted together 1" or 2" 2/24/94 PC

APPROVED FOR MAILING ONLY
UNDER NO CIRCUMSTANCES SHALL THIS BE CONSTRUED
DATED 2/25/94 Stan Kim
Temporary entrance signs


NO CROSSOVER TRAFFIC LINES
A.P. SIGN
NEW TEMP. ENT. SIGN SINGLE FACE
APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 2/23/94 Sean Kinney
temporary entrance sign
CONCRETE BARRIER
NEW TEMP SINGLE FACE SIGN
NEW TEMP. DOUBLE FACE SIGN
RT 70

TOWNSHIP OF
BRICK NJ

02/25/94 NO. 5

0004
246*#

BLOCK	0.00
671 #	
LOT	0.00
8 #	
SIGNS	96.00
PLAN RVW	5.00
D.C.A.	1.00
C / O	20.00
TOTAL	122.00
CHECK	122.00
CHANGE	0.00

0019A005 11:02

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 3

DATE: 2/23/94

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

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

-11-15

Preliminary Frederick R. Millman
Frederick R. Millman, CTA

2/25/94
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

☒ EXEMPT _____

☐ PRELIMINARY _____

☐ TEMPORARY _____

☒ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: Blue Rain DATE: 2/25/94

ADDRESS: Hawthorne Lane
Indian Knoll

PROPERTY LOCATION: Hawthorne Ln

ACCOUNT NO: _____ BLOCK 671 LOT 8

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 : 0 Date: _____

Down Payment : 0 Date: _____

Final Fee : 0 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

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR