BLOCK 671 RECL. LOT 8 ADDRESS (SITE) _____ PERMIT NO. 196-93

JAN 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: Space No 2913 Brick Plaza
2. Name of Owner in Fee: Federal Realty Tel. (301) 961-9222
   Address 4800 Hampden lane Suite 500 Bethesda maryland 20814
   (street / municipality / zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Edward R. Berraitis Tel. (908) 477-1493
   Address 494 N lakeshore Dr Brickltown NJ. 08723
   License No. OR, if new home, Builder Reg. No. 002728 Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer Arthur Altemose Tel. (215) 488-7549
   Address 3720 Ridge Pike collegeville, PA. 19426
6. Responsible Person In Charge of Work Edward R Berraitis Tel. (908) 477-1493

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	4'500.00
6. ☐ Fire Protection	
7. ☑ Plumbing	3'000.00
8. ☑ Electrical	3'000.00
9. ☐ Asbestos Abatement	
10. ☑ Demolition	1'000.00
TOTAL COSTS	11'500.00

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 90 -		
2. Electrical			
3. Plumbing	30 -		
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 166 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	$ 9 -		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 200 -		

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	

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
			2/5/93	AK	4-19-93		
JK	1/21/93						
		1-26-93 JK	2-8-93 JK		4-15-93 JK		
			2-9-93 JAK		3/5/93 JAK		

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

U.C.C. Form F-100A

LDS BR 10310911

20K

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	JK	1/20/93	comm alt.	retail				
☐								
☐								

COMMENTS

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

Date Issued 2-9-93
Control #
Permit # 196-93

Emergency B. Falcone

IDENTIFICATION Block 671 Lot 8

Work Site Location Rt. 70 & Chambersbridge Rd.

Owner in Fee Federal Realty
Address 11800 Hampshire La.
Suite 500 Bethesda, Md

Tele. ( )

Contractor Howard R. Bertis
Address
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

DESCRIPTION OF WORK:

Tenant fit-up
interior alterations

PAYMENTS (Office Use Only)		
Building	90.	LOT
Plumbing	30.	B 3
Electrical		BUILDING 9[illegible].00
Fire Protection	46.	PLUMBING 3[illegible] 00
Other	Plan	[illegible] 4[illegible] 00
Other		PLAN RVW [illegible].00
DCA Training Fee	9.	D.C.A. [illegible].00
Cert. of Occ.	20.	C/O 2[illegible].00
Other		TOTAL 20[illegible] 00
Total		CHECK 20[illegible] 00
Check No.	130	CHANGE [illegible].00
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 $ 11,500.

A. J. Cirizo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

Enrique Bastique

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 196-93

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

Block 67 Lot 8
Work Site Location Space NO. 293 Brick Plaza
Owner in Fee Federal Realty
Address 4800 Hampton lane Suite 500 Bethesda Maryland 20814
Tele. (301) 961-9222
Contractor Edward K Beraitis
Address 494 N Lake Shore Dr Brick Town NJ. 08723
Tele (908) 477-1493
Lic. No. or Bldrs. Reg. No. 002728
Federal Emp. No. _____ or Social Security [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2/19/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date 4/19/93
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			3/2/93	
Insulation				
Finishes			4/1/93	
Energy				
Mechanical			4/19/93	
TCO				
Other				
Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 16 Ft.
Area—Largest Floor 1100 Sq. Ft.
Total Bldg. Area/All Floors 1100 Sq. Ft.
Volume of Structure 11'000.00 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 11'500.00

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.

Edward Beraitis
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Finish interior and exterior of Space 293 in Brick Plaza as per Specs.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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

4/11/93 Incomplete - Rugs. moldy

ceiling leaky - RL

ELECTRICAL SUBCODE
TECHNICAL SECTION

B.I.F.

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 STORE 29B
(NEXT TO CONSUMER DEPOT) RT 7, [illegible] s/c
Owner in Fee VINCENT COCCIA - SS# 135-28-4512
Address 316 MAIN ST
TOMS RIVER, NJ 08753
Tele. (908) 422-4211
Contractor PHOENIX ELECTRIC COMPANY
Address 792 BURNT TAVERN RD.
BRICK, NJ 08724
Tele. (908) 458-0430
Lic. No. 5558
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as RETAIL STORE Utility Co. R2190072
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	
11		Fixtures
7		Recepta
2		Switche
20		Total 1
___	___	Range
___	___	Oven(s)
___	___	Surface
___	___	Dishwas
___		Garbag
___	___	Dryer
___	___	A/C Un
___		Burglar
___		Intercor
___		Smoke
___	___	Whirlpo
___		Pool Bo
___	___	Pool Fil
___		Pool Lig
1	20A	Water H
___	___	Central oil, g
___	___	Baseboa
___		Thermo
___	___	Heat Pu
___	___	Pump(s
___	___	Motor C
___		Signs
___	___	Light St
___	___	Motors-
___	___	Motors-
___	___	Transfor
___	___	Generat
___	___	Service
___	___	Other

failed 4/29

Paid [✓] Check # [illegible]
Collected by: _____

U.C.C. Form F-120A

Evergreen Realty

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAR 4930025 33

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 STORE 29B RT. 70 Eastbound
NEXT TO CONSUMER EXPRESS
Owner in Fee VINCENT COCCIA - SS # 135-28-4542
Address 316 MAIN ST
TOMS RIVER NJ 08753
Tele. (908) 422-4211
Contractor PHOENIX ELECTRIC COMPANY
Address 792 BURNT TAVERN RD.
BRICK NJ 08724
Tele. (908) 458-0434
Lic. No. 5558
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other R2190072
Building Occupied as RETAIL Utility Co. JCP&L
Est. Cost of Elec. Work $ -0-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept. _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	150A	Service Entrance 3φ	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # 119 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 33—

S

U.C.C. Form F-120A

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

Evergreen Boutique

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 196-93

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 Space #2913 Brick Plaza
Owner in Fee Federal Realty
Address 4800 Hampton Lane Suite 500 Bethesda Maryland 20814
Tele. (301) 961-9222
Contractor Edward Beraztis
Address 494 N. [illegible] Brick
Tele. ( ) 477-1493
Lic. No. 003128
Federal Emp. No. ______ or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Occupancy Load 35 People

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 $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-8-93
Approved by: JE
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 4/15/93
Approved by: JE

INSPECTIONS:

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Exit Signs	4/1/93 JE	4/8/93 JE	4/15/93	JE
Other Emergency Lts	4/1/93 JE		4/8/93	JE
Other				

C. CERTIFICATION IN LIEU OF OATH

(Over)

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

Edward Beraztis Jr.
SIGNATURE

D. TECHNICAL SITE DATA 2 Exits Signs - Battery Back Up

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		46
TOTAL Exit Signs Emergency Lts Battery Back up		
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		
OTHER		

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by ______ TOTAL FEE $ 46 -

U.C.C. Form F-140A

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

3/8/93 Cancelled/ will Call requested

4/1/93 Exit Signs Emergency lites not working

4/8/93 Exit Sign not Work

4/15/93 Christy Jr

Between Consumers Homestyle Buffet Evergreen Antique

after 7 PM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 196-93

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

Block 677 Lot 8
Work Site Location Brick Plaza -
Owner in Fee Federal Realty
Address 4800 Hampton Lane Suite 500
Bethesda Maryland 20814
Tele. ( )
Contractor DON KORN PLUMBING & HEATING
Address 212 E. HOPE CHAPEL Rd
JACKSON, N.J. 08527
Tele. (908) 905 0820
Lic. No. 6404
Federal Emp. No. 22-2779831 or Social Security No.

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: ______
Approved by: ______

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: Jeff
Date: 3-5-93

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab			2-16-93	Jeff
Rough			2-16-93	Jeff
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.

Don Korn
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by: ______ TOTAL $ 30—

U.C.C. Form F-130A

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

Ever Green Bounty

Township of Brick

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

Space. 2913. Brick Plaza

Office of
Division of Inspections

Called 1-21-93 JC

CHECK LIST

Re: Block 671 Lot 8

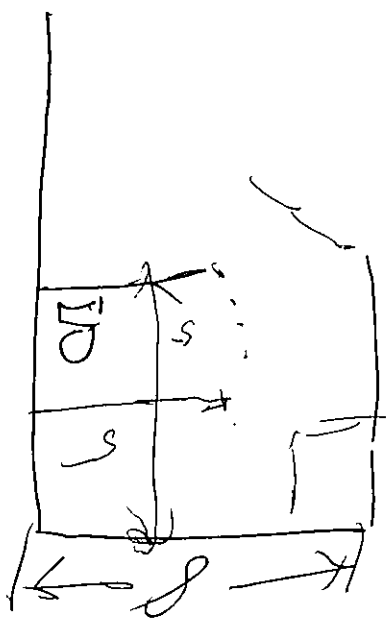
Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	
Zoning	
Engineering	
Building	Need UCC BATH Room
Plumbing	HANDI CAP.
Electric	
Fire	Need more information on plot plan

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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