RECEIVED MAR 22 1993 DIV. OF INSPECTION

BLOCK ____ LOT ____ ADDRESS (SITE) 1 HOUR PHOTO PERMIT NO. 580-93

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: SPACE 12 Brick Plaza
2. Name of Owner in Fee: FEDRAL REALITY Tel. (301) 961-9221
   Address 4800 HAMPDEN LANE (street) BETHESDA (municipality) MD (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: R J YOUNG Tel. (814) 487-7624
   Address P O Box 220 (street) SALIX (municipality) PA 15952
   License No. OR, if new home, Builder Reg. No. ____
   Federal Emp. No. ____ Social Security [redacted]
5. Architect or Engineer ROBERT LYN Tel. (215) ____
   Address ____
6. Responsible Person In Charge of Work RONALD YOUNG Tel. (814) 487-7624

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 —		
2. Electrical			
3. Plumbing	55 —	30 pd	4-19-93
4. Fire Protection	46 —		
5. Other			
6. Subtotal	$ 251 —		
7. Less 20% for State Plan Review	5 —		
8. Subtotal	$		
9. DCA Training Fee	18 —	5 pd 4-19-93	
10. Subtotal	$		
11. Cert. of Occupancy	20 —		
12. Other			
13. TOTAL	$ 294 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 25' ft.	
3. Area—Largest Floor 8000 sq. ft.	
4. Building Area—All Floors 12200 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 ____	

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	20 000
6. ☐ Fire Protection	
7. ☑ Plumbing	3000
8. ☑ ~~Electrical~~	~~5000~~
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	23,000

Interior Alterations

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
			4/8/93	RL	5-5-93	JC	
DL	3/25/93						
		4/9/93K	4/12/93	KE	5/12/93	KE	
		3/30/93	4/8/93	SL	5/1/93	DK	
				Elec	3/19/94	PB	
Orig	3/26/93	EVA					

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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 STORE
2. Use Group: M
3. Change in Use Group, Indicate Former: ____

U.C.C. Form F-100A

LDS BR 10310925

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 R J YOUNG INC.

Address Box 220 SALIX, PA, 15952

Telephone (814) 487-7624

Signature _____ Date MARCH 9

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	AP Prelimin. Initial	AP Prelimin. Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Prelimin. Final Date	REGIONAL APPROVAL Final Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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.									
☒ Other Zoning	SC	3/20/93	retail store	abb.					
☐									
☐									

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.		

2/22/96
Spoke to Josie @ County
their records show that
final Electrical was rejected.
5/10/95 by Bob Kaches. - LOE

2/22/96
Asked Paul to look into.
LOE

CONSTRUCTION PERMIT

Date Issued 4-12-93
Control #
Permit # 580-93

IDENTIFICATION Block 671 Lot 8

Work Site Location [illegible] 12 - Brick Plaza
[illegible]

Owner in Fee [illegible]
Address 1700 [illegible]
[illegible] Md.

Tele. ( )

Contractor R. [illegible]
Address P.O. [illegible]
[illegible] Pa.

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 Alter-

PAYMENTS (Office Use Only)	
Building	150 —
Plumbing	55 —
Electrical	
Fire Protection	46 —
Other	P/R 5
Other	
DCA Training Fee	18
Cert. of Occ.	20
Other	
Total	294 —
Check No.	# 5772
Cash	
Collected By:	[illegible]

0005** 300*# BLOCK .00 671 # LOT .00 8 # BUILDING 150.00 PLUMBING 55.00 FIRE 4600.00 4600.00 FIRE 46.00

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 $ 23,000.

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

1 hr
4 oto

PERMIT UPDATE

Date Update Issued 4/19/93
Control #
Permit # 580-93
Date Permit Issued 4-12-93

IDENTIFICATION Block 671 Lot 8

Work Site Location Brick Plaza #10 Brick NJ

Owner in Fee Landlord Improvements

Address

Tele. ( )

Contractor Toms River Sheetmetal

Address 400 Cuspenze Circle Toms River NJ

Tele. (908) 244-8880 **0005**

Lic. No. or Bldrs. Reg. No. 580*#

Federal Emp. No. 221651591 BLOCK 0.00

or Social Security No. 671 #

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Piping Update

Estimated Cost of Work $ 6100.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	LOT 8 #	0.00
Building		30.00
Plumbing	30. PLUMBING	5.00
Electrical	D.C.A.	35.00
Fire Protection	TOTAL	35.00
Other	CHECK	0.00
Other	CHANGE	09:41
DCA Training Fee	04/19/93 NO 5 0002A005	
Cert. of Occ.		
Other		
Total	35	
Check No.	#7057	
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Brick

PERMIT UPDATE

Date Update Issued 930426
Control # 903580
Permit #
Date Permit Issued 930331

IDENTIFICATION Block 671 Lot 19 Keuigkety Board

Work Site Location Unit 12
Rt. 70/Chambersbridge

Owner in Fee Federal Realty Investment.

Address ~~4800 Hampton Lane, suite 500~~
~~Bethesda, Maryland 20914~~

Tele. (____)

Contractor Garden State Electric

Address P.O. Box 1418
Manasquan.

Tele. (908) 223-8600

Lic. No. or Bldrs. Reg. No. 6720

Federal Emp. No. 222937724

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[✓] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 1-200A 3φ Disc and 200A Sub Panel
1-Water Heater.
2-40A circuit
2-60A circuit

Estimated Cost of Work $ 1400.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	41.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

1 hr. photo
NEXT TO BAKERY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-12-93
Control #
Permit # 580-93

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 # 12 BRICK PLAZA

Owner in Fee FEDRAL REALTY
Address 4800 HAMPDON LANE
BETHESDA MD.
Tele. (301) 961 9221
Contractor R J YOUNG INC.
Address Box 220
SALIX PA 15952
Tele. (814) 487-2624
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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

~~[illegible] photo~~
Demo. Refer.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 5-5-93		
Approved By: J. Chuslo		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame (OUR)	4/27/93		4/27/93	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group	Present ✓	Proposed
Constr. Class	Present ✓	Proposed
No. of Stories	1	
Height of Structure	~~25~~	Ft.
Area—Largest Floor	8,000 ~~1200~~	Sq. Ft.
Total Bldg. Area/All Floors	~~1200~~ 1200	Sq. Ft.
Volume of Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $25,000
3. Total (1+2) $

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other INTERIOR RENOVATION
- [ ] 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

4-23-93 - Plan calls to sheetrock up to bottom of roof deck - drop ceiling installed w/false ceiling above - can't inspect JL

4/27/93 — above O.K. JL

Back

WILL CALL PHOTO STORE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAR 31 93 0 J 3 5 8 0

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 Qual. #12

Work Site Location Brick Plaza Shopping Plaza. RTE 70 + CHAMBER BRIDGE RD. Unit #12

Owner in Fee FEDERAL REALTY INVESTMENT TRUST

Address 4500 HAMPDEN LANE Suite 500
Bethesda MD. 20814

Tele. (____)

Contractor GARDEN STATE ELECTRICAL CONTRACTORS

Address P.O. BOX 148
MANASQUAN, NJ 08736

Tele. (908) 223-8600

Lic. No. 6720

Federal Emp. No. 222937324 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 4,800.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/16/93
Approved By: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	4.21.93 #1	____	4.22.93	[signature]
Temporary	____	____	4.28.93	RF #4
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	4.13.93 #1	____	____	____
Service	5.10.93 #4	____	____	____
Final	5.4.93 #2	____	3/19/93	[signature]

Temp. Cut-in-Card Date Issued 4.28.93 #2

Final Cut-in-Card Date Issued [illegible]

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]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
24		Fixtures (1)	
10		Receptacles (2)	
7		Switches (3)	
41		Total 1 + 2 + 3	40-
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
1	11 Kw	A/C Unit	7-
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
1	____ Kw	Central heat: oil (gas) or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Administrative Surcharge $ ____
Paid [ ] Check # 3982 Minimum Fee $ 47.00
DCA Training Fee $ 4.00
Collected by: ____ TOTAL FEE $ 51.00

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

pd by RS Young
PO Box 220
Salem Pa. 15952

(1) R/W used 1" Improperly allowing snaked in

5-4-93 (1) whips hanging in vertical Soffit Overhang
(2) 5 Whips hanging in store Box off
(3) No Access to Roof

5-10-93 change cover on Roof Top Rep.

Unit 12

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-12-93
Control #
Permit # 580-93

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 Brick Plaza Shopping Center
Brick Township Photo
Owner in Fee Federal Realty
Address
Tele. ( )
Contractor Toms River Sheetmetal Co.
Address 400 Corporate Circle
Toms River N.J. 08753 or 755
Tele. (908) 244-2880
Lic. No.
Federal Emp. No. 222651591 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof
Total Est. Cost of Fire Prot. Work $ 6100.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 4/12/93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/12/93
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other final			5/12/93	
Other				
Other				

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 Repair

Water Supply Source
Method of Vaive 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 Fire Wall.		46
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Emergency Lites		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Exit lights		
Gas or ~~Oil Fired~~ Appliance		
OTHER 125,000 BTU		
	Administrative Surcharge $	
Paid [ ] Check #	Minimum Fee $	46
Collected by	TOTAL FEE $	

U.C.C. Form F-140A

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

one hour foto.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-19-93
Control # 580-93
Permit # 4-15-93

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 Brick Plaza #18
Brick, N.J.
Owner in Fee Landlord Improvements
Address
Tele. ( )
Contractor Toms River Sheetmetal
Address 400 Corporate Cir.
Toms River, N.J. 08755
Tele. (908) 244-8880
Lic. No.
Federal Emp. No. 226515591 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 650.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 4/16/93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 4/30/93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			4-19-93	Jack
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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) Update

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
X	Gas Piping	15-
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	15-
	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	

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

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

Unit 12

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-12-93
Control #
Permit # 580-93

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

Block 611 Lot 8
Work Site Location BRICK PLAZA SHOPPING CENTER UNIT 12 AT 701 CEDAR BRIDGE
Owner in Fee BRICK 1 HR. PHOTO
Address

Tele. (908) 477-3388
Contractor PRIMAK PLUMBING
Address 632 CHATHAM DR. TR.
Tele. (908) 270-6282
Lic. No. 8405
Federal Emp. No. 223042196 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4 Public Sewer Private Septic
Water Service Size 3/4 Public Water Private Well
Estimated Cost of Plumbing Work $ 2000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 4/8/93
Approved by: GP

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved By: CAO
Date: 5/14/93

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			4-19-93	
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
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.

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
1	Sink ✓	5
	Dishwasher	
	Drinking Fountain	
	~~Washing Machine~~	~~5~~
1	Hose Bibb ✓	5
1	Water Heater ✓	5
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	~~Water Cooled A/C or Refrigeration Unit~~	15
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	10

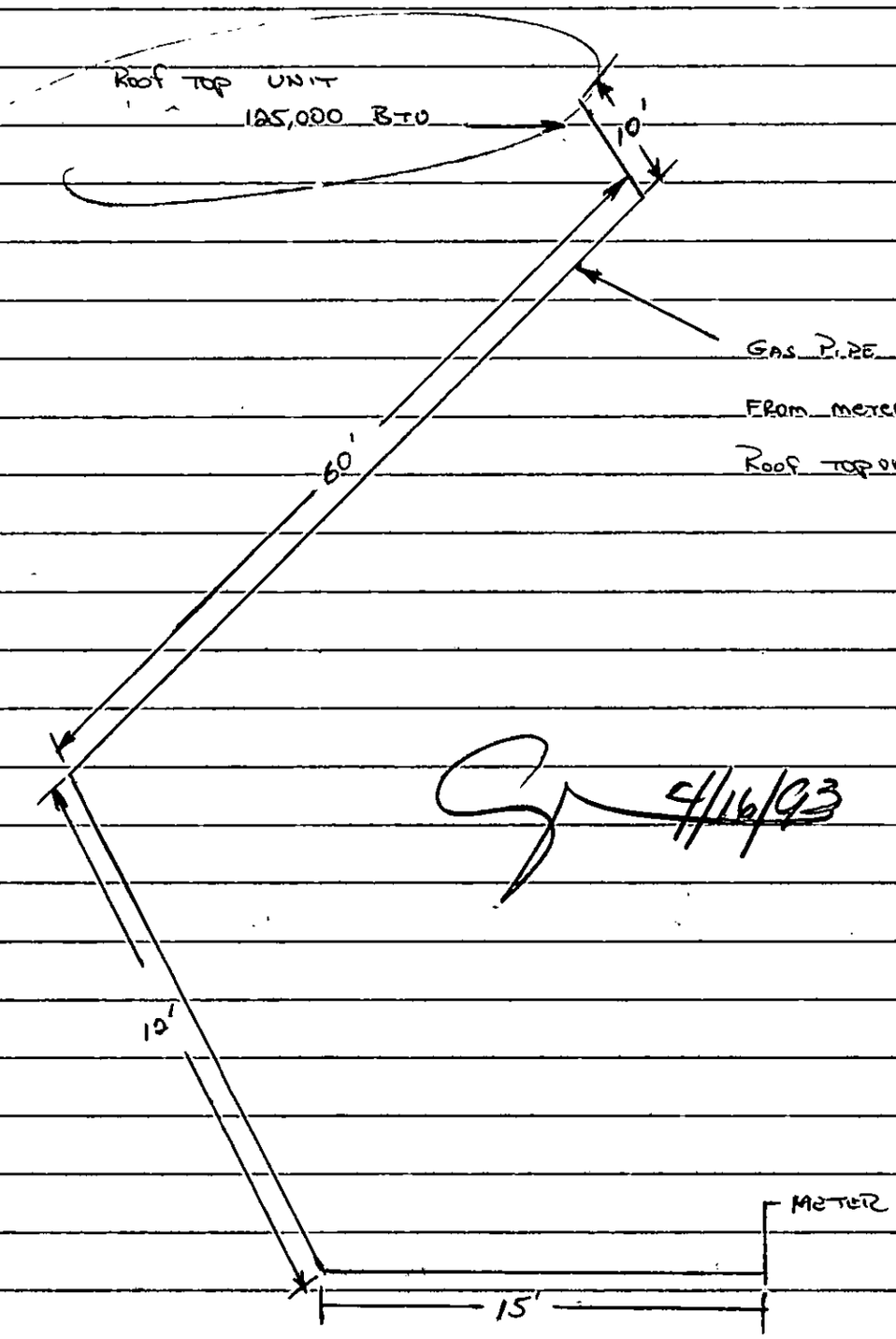
4/19/93

Administrative Surcharge $ 40
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 46
Collected by: TOTAL $

U.C.C. Form F-130B

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

Toms River Heating & A/C
400 Corporate Circle
Toms River, N.J. 08755 908-244-8880



Job location: Brick Plaza shopping Center
Unit #12

Permit # 580-93