BLOCK #671 LOT #8 ADDRESS (SITE) 100 BRICK PLAZA BRICK TWP., NJ PERMIT NO. 2049-90

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: A+P Grocery Store, BRICK PLAZA
2. Name of Owner in Fee: Brick Plaza, Inc. Tel. (301) 652-3360
   Address 100 BRICK PLAZA, BRICK Twp., NJ 08723 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MILLTOWN Drilling + EXC Tel. (201) 218-0809
   Address 50 COUNTY LINE ROAD, Somerville, NJ 08876
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 223-009-743 Social Security No. _____
5. Architect or Engineer J.M. Sorge, Inc. Tel. (201) 218-0066
   Address 50 COUNTY LINE Rd, Somerville, NJ 08876
6. Responsible Person In Charge of Work MICHAEL NOVAK Tel. (201) 218-0066

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75.25		
2. Electrical			
3. Plumbing			
4. Fire Protection	125-		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review	5.00		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20.00		
12. Other			
13. TOTAL	$ 225.25		

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	

II. PROPOSED WORK

Tank removal 10/22

	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	$5,000

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
			10/22/90	RC			
	10/22/90		10/22/90	JC	3-1-91	JC	

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: COMMERCIAL
2. Use Group: A+P GROCERY
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10310939

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 J. M. Sorge, Inc.

Address 50 County Line Road

Somerville, NJ 08876

Telephone (201) 218-0066

Signature Michael J. Mowl Date 10/19/90

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	COMMENTS
☐ 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									
☐									
☐									

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. _____	_____	

CONSTRUCTION PERMIT

Date Issued 10-25-90
Control #
Permit # 2049-90

IDENTIFICATION Block 671 Lot 8

Work Site Location Chambersbridge Rd

Owner in Fee A & P Brick Plaza Inc.
Address 1000 Brick Plaza
Brick, NJ
Tele. ( )

Contractor Milltown Drilling & Exc.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. _____ Exp. Date ~~**0002**~~
Federal Emp. No. ~~2049**~~
or Social Security No. _____

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

removal of 1000 gal. oil tank

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 $ 5000.

C. J. Craig
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)		
	BLOCK 671 #	0.00
Building	LOT 8 #	
Plumbing	BUILDING	75.25
Electrical	FIRE	125.00
Fire Protection	PLAN RVW	5.00
Other	C / O	20.00
Other	TOTAL	225.25
DCA Training Fee	CHECK	225.25
Cert. of Occ.	CHANGE	0.00
Other	10/25/90 NO. 5 0016A005	10:25
Total		
Check No.		
Cash		
Collected By:		

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-25-90
Control #
Permit # 2049-90

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 A&P Grocery Store, Brick Plaza
100 Brick Plaza, Brick Twp., NJ 08723
Owner in Fee Brick Plaza, Incorporated
Address 100 Brick Plaza, Brick Twp., NJ 08723
Tele. (201) 218-0066
Contractor Milltown Drilling & Excavating Svcs.
Address 50 County Line Road
Somerville, NJ 08876
Tele. (201) 218-0809
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 223-004-743 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	10/25/90	AL	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			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 _____
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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Excavation and removal of an abandoned, 1,000-gallon capacity underground heating oil (#2) tank.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other ~~1,000 Gallon Tank~~ Removal
[ ] 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 = Office Copy 2 Canary = Office Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-25-90
Control #
Permit # 2049-90

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 A&P Grocery Store, Brick Plaza
100 Brick Plaza, Brick Twp., NJ 08723
Owner in Fee Brick Plaza, Incorporated
Address 100 Brick Plaza, Brick Twp., NJ 08723
Tele. (201) 218-0066
Contractor Milltown Drilling & Excavating Svcs.
Address 50 County Line Road
Somerville, NJ 08876
Tele. (201) 218-0809
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 223-004-743 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-7-90	11
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Excavation and removal of an abandoned, 1,000-gallon capacity underground heating oil (#2) tank.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other 1,000 Gallon Tank Removal
[ ] 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 = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-25-90
Control #
Permit # 2049-90

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 A&P Grocery Store, Brick Plaza
100 Brick Plaza, Brick Twp., NJ 08723
Owner in Fee Brick Plaza, Incorporated
Address 100 Brick Plaza
Brick Township, Ocean County, NJ 08723
Tele. (201) 218-0066
Contractor Milltown Drilling & Excavating Services
Address 50 County Line Road
Somerville, NJ 08876
Tele. (201) 218-0809
Lic. No.
Federal Emp. No. 223-004-743 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

Removal of tank will give weld tank what to & who Clermont St.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10-22-90
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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 Removal of Tank.

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

Flammable Liquid Storage Tanks (1) Capacity 1,000 Fuel Heat
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		125—
Smoke Detectors		
Heat Detectors		
TOTAL		
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 $ 125—

U.C.C. Form F-140A

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3 Pink = Applicant Copy
2 Canary = Office Copy
4 Hard = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-25-90
Control #
Permit # 2049-90

[NOT]IFICATION—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 A&P Grocery Store, Brick Plaza
100 Brick Plaza, Brick Twp., NJ 08723
Owner in Fee Brick Plaza, Incorporated
Address 100 Brick Plaza
Brick Township, Ocean County, NJ 08723
Tele. (201) 218-0066
Contractor Milltown Drilling & Excavating Services
Address 50 County Line Road
Somerville, NJ 08876 920 3377
Tele. (201) 218-0809
Lic. No.
Federal Emp. No. 223-004-743 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other 201
Location:
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other 1149

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10-22-90
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3-1-91
Approved by:

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tank Removal			3-1-91	
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 Removal of Tank.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision
Flammable Liquid Storage Tanks (1) 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		125—
Smoke Detectors		
Heat Detectors		
TOTAL		
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 $ 125—

U.C.C. Form F-140A

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