BLOCK 671 LOT 8 ADDRESS (SITE) Brick Plaza Shopping Center PERMIT NO. 65-90

RECEIVED
JAN 25 1990
BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA SHOPPING CENTER (RITE AID)
2. Name of Owner in Fee: BRICK PLAZA INC. Tel. (___) ___
   Address 100 BRICK PLAZA (street) BRICK (municipality) NJ. 477-5353 (zip code)
3. Ownership in Fee: Public ___ Private X
4. Principal Contractor: RITE AID CORP Tel. (215) 667-9108
   Address 939 MONTGOMERY AVE, NARBERTH PA. 19072
   License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
   Federal Emp. No. ___ Social Security No. ___
5. Architect or Engineer JOHN C INGLESE Tel. (201) 744-0994
   Address 49 PARK ST. MONTCLAIR, N.J.
6. Responsible Person In Charge of Work STAN BELL Tel. (215) 667-9108

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 675 —		
2. Electrical			
3. Plumbing	95.00 —		
4. Fire Protection	40.—		
5. Other			
6. Subtotal	$ 810 —		
7. Less 20% for State Plan Review	5 —		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20 —		
12. Other			
13. TOTAL	$ 835 —		

2/1/90 CK

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 10' 9" ft.	
3. Area—Largest Floor 5867 sq. ft.	
4. Building Area—All Floors 5867 sq. ft.	
5. Volume of Structure 63,070 cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed 0 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	
6. ☒ Fire Protection	
7. ☒ Plumbing	
8. ☒ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	90,000

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
3. New Building				1-31-90	WR	5/8/90	RK	
5. Alteration								
6. Fire Protection	1-28-90	1-29-90		1-29-90		5-8-90	JE	
7. Plumbing		1-24-90		1-24-90		5-8-90	GS	
8. Electrical								

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: RITE AID PHARMACY/STORE
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR 10207034

U.C.C. Form F-100A

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 U.E.R COMPANY, INC,

Address 49 PARK ST.
MONTCLAIR, N.J.

Telephone (201) 744-0994

Signature Thomas Ingleese (FOR U.E.R. CO.) Date 1-23-90
(THOMAS INGLESE)

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 Zoning	SK	1/23/90	alt.						
☐									
☐									

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.		

CONSTRUCTION PERMIT

Date Issued 2/1/90
Control #
Permit # 65-90

IDENTIFICATION Block 671 Lot 8

Work Site Location Rock Plaza Shopping Ctr Contractor Rite Aid Corp.

Address

Owner In Fee Same

Address

Tele. ( )

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

Tele. ( ) Federal Emp. No.

or Social Security No. 65×#

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm 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 $ 90,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)			
Building	675	BLOCK 671 #	0.00
Plumbing	95	LOT 8 #	
Electrical		BUILDING	675.00
Fire Protection	40	PLUMBING	95.00
Other PR	5	FIRE	40.00
Other		PLAN RVW	5.00
DCA Training Fee		C / O	20.00
Cert. of Occ.	20	TOTAL	835.00
Other		CHECK	835.00
Total	835	CHANGE	0.00
Check No.	✓		
Cash	01/31/90 NO. 5	0013A005	11:29
Collected By:			

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control #
Permit # 65-90

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

Block 6711 Lot 8
Work Site Location BRICK PLAZA SHOPPING CENTER
BRICK PLAZA
Owner in Fee BRICK PLAZA, INC.
Address 100 BRICK PLAZA.
BRICK, N.J.
Tele. ( )
Contractor RITE AID CORP
Address 939 MONTGOMERY
NARBERTH, PA- 19072
Tele. (215) 667-8378
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.				Dates (Month/Day)			
[X] All	1-31-90	WK	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			2-15-90	
[ ] 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 M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 10'9" Ft.
Area—Largest Floor 5867 Sq. Ft.
Total Bldg. Area/All Floors 5867 Sq. Ft.
Volume of Structure 63,070 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 50,000
3. Total (1+2) $ 90,000

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

INTERIOR RENOVATION OF EXISTING COMMERCIAL SPACE TO RITE AID STORE

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[X] 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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control #
Permit # 65-90

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 BRICK PLAZA SHOPPING CENTER
BRICK PLAZA
Owner in Fee BRICK PLAZA, INC.
Address 100 BRICK PLAZA.
BRICK, N.J.
Tele. ( ) /
Contractor RITE AID CORP
Address 939 MONTGOMERY
NARBERTH, PA - 19072
Tele. (215) 667-8378
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	2/1/90	INC	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 M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 10'9" Ft.
Area—Largest Floor 5864 Sq. Ft.
Total Bldg. Area/All Floors 5867 Sq. Ft.
Volume of Structure 63,070 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 50,000
3. Total (1+2) $ 50000

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
INTERIOR RENOVATION OF EXISTING COMMERCIAL SPACE TO RITE AID STORE

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[Y] 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 $

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control #
Permit # 65-90

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 Brick Plaza Shopping Center
Brick Plaza.
Owner in Fee Brick Plaza, Inc.
Address 190 Brick Blvd. Plaza.
Brick N.J.
Tele. ( )
Contractor Rite Aid Corp.
Address 939 Montgomery
Narberth Pa. 19072
Tele. (215) 667-8378
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M 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:
[X] Bldg. [X] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-29-90
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 3/8/90
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Ed Deal 3/8/90			3/8/90	JE
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 Alteration Comm. Bldg. Bank of

Description of Work Emergency Lites Exit Signs Buffer Back up Fire Extinguisher.

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		
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 $ 40—
Paid [ ] Check # Minimum Fee $
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control # 65-90
Permit #

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 Shopping Center
Brick Plaza.
Owner In Fee Brick Plaza Inc
Address 100 Brick Plaza.
Brick N.J.
Tele. (____)
Contractor Rite Aid Corp.
Address 939 Montgomery
Narberth PA. 19072
Tele. (215) 667-8378
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M 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:
[X] Bldg. [X] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-29-90
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS: Dates (Month/Day)

Type	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 Alteration - Comm. Bldg. back up Emergency lites Exit Signs Fire Extinguishers.

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		
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 $ $40-
Paid [ ] Check # ______ Minimum Fee $ ______
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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control #
Permit # 65-90

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 BRICK PLAZA SHOPPING CENTER
BRICK PLAZA
Owner in Fee BRICK PLAZA, INC.
Address 100 BRICK PLAZA
BRICK, N.J.
Tele. ( )
Contractor JOHN PODWATS
Address 73 ROSSHALL BLVD
PISCATAWAY, N.J.
Tele. (201) 247-4522
Lic. No. 7174
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 1-24-90
Approved by: J W Lyle

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: J W Lyle
Date: 5-8-90

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
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.

John Podwats
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

FIXTURE REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10.-
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
3	Sink	15.-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.-
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
3	Water Cooled A/C or Refrigeration Unit	45.-
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
1	Other VENT	10.-

Administrative Surcharge $
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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/1/90
Date Issued
Control #
Permit # 65-90

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

Block 6711 Lot 8
Work Site Location BRICK PLAZA SHOPPING CENTER
BRICK PLAZA
Owner in Fee BRICK PLAZA, INC.
Address 100 BRICK PLAZA
BRICK, N.J.
Tele. ( )
Contractor JOHN PODWATS
Address 73 ROSSHALL BLVD
PISCATAWAY, N.J.
Tele. (201) 247-4522
Lic. No. 7174
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 1-24-90
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by:
Date: 5-18-90

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
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.

John Podwats
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

FIXTURE REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20.-
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
3	Sink	15.-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.-
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
3	Water Cooled A/C or Refrigeration Unit	45.-
1	Sewer Connection	
1	Water Service Connection	
1	Gas Service Connection	
	Active Solar System	
1	Other VENT	10.-

Administrative Surcharge $
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

SMI CONSTRUCTION COMPANY

3019 DARNELL ROAD • PHILADELPHIA, PA 19154
215-824-1555

CORPORATE HEADQUARTERS
3019 DARNELL ROAD
PHILADELPHIA, PA 19154
REGIONAL OFFICE
P.O. BOX 2111
ASHLAND, VA 23005
(804) 798-1811
FAX-(804) 798-1813

February 26, 1990

Township of Brick
Attn: Building Department

Re: Rite Aid Store #2512
34 Brick Plaza
Bricktown, N.J.

Block #671 Lot #8
Permit # 65-90

To Whom It May Concern:

As Superintendant for SMI Construction on jobsite, to the best of my knowledge there has been no removal of asbestos tile (hazardous waste). All floor tile is being covered by new, unremoved.

Thank you,

Steve DeCola
SMI Construction

/ljw

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

12-26-90

On inspection was made and no asperine tile was removed. I noticed vinyl tile had been removed, but Vinyl asperine tile was not touched. a letter will follow from Eng. and builder

Sutto

January 12, 1990

1-609 530-8812

Rite aid #2512
Brick Plaza
Bricktown, NJ

SCOPE OF WORK

RX Area
- Add additional 8'-0" to Rx platform
- Build new wall between Rx and rec. room.
- Build stubwall
- Purchase and install new gate
- Build gate pockets
- Build new rear wall
- New ceiling (Rx) to 10'-0"
- New curtain wall
- New mirrored valance

Sales Area
- New entrance doors
- New vestibule and lighting
- Put panels and mullions in near managers office - storefront
- Patch holes in undercanopy
- New managers office as per spec
- Remove window valance lighting
- Sheetrock front wall
- Paint entire store and Rite Aid graphics
- Marlite areas per specs, managers area, cooler area, checkout area, Rx, Rx waiting area
- Build front end checkout and tile w/electric and phone wiring
- New wall between sales/rec
- Remove ceiling - leave lights
- New ceiling - grid and tile to 10'-6"
- New lighting - sales floor
- New emergency lighting w/ remotes
- Move night light and one new night light
- New sales/rec door
- Terminate old electric - valances and Rx checkout and floor outlets

Stockroom
- Remove loft - demo
- Relocate HVAC units to deck - reuse (1) unit and new unit
- Furr and insulate rear wall
- Relocate panel at old Rx
- New electrical panels - use old 200 amp disc & ct
- New light
- New ceiling

- New security w/lighting, electric and loft
- New lounge w/lighting, electric and loft
- Paint bathrooms and stockroom
- New fan/light combos - vents
- Block up three windows
- New toilet seats
- New contactor system w/switch in managers office

Demo
- loft
- Sales/rec wall

FE Supervisor - Jeff Woods
RX Supervisor - Bob Alpert