OK 3/1

RECEIVED

MAR 1 2 1990

BUILDING

COMMERCIAL

BLOCK 671 LOT 8 ADDRESS (SITE) Chambers Bridge Rd PERMIT NO. 309-90

(OPTICIAN)

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Space 38 Brick Plaza (old Shoe Repair)
2. Name of Owner in Fee: Federal Realty Tel. (_____)
   Address Bethesda Md (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Russ Kelly Inc Tel. (609) 235-6164
   Address 12 Orchard Way Mt Laurel NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2156846 Social Security No. _____
5. Architect or Engineer Gaetano Servico Tel. (717) 829 4088
   Address Wilkes Barre PA
6. Responsible Person In Charge of Work Russ Kelly Tel. (609) 235-6160

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	2000.

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
			3-13-90	[illegible]			
	3-13-90		3-13-90	[illegible]	4/2/90 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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15		
2. Electrical			
3. Plumbing			
4. Fire Protection	40.00		
5. Other			
6. Subtotal	$ [illegible]		
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	$ 80.00		

OK 3/14/90

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	

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: Optical Store
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10207037

Cmy ? contact arch on plans

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 Russ Kelly Inc

Address 12 Orchard Way

Mt. Laurel NJ

Telephone (609) 235-6164

Signature _____ Date 3/12/90

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 Zoning	SK	3/13/90	Official Store						
☐									
☐									

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 3/16/90
Control #
Permit # 309-90

IDENTIFICATION Block 671 Lot 8

Work Site Location Space 38 Brick Plaza

Owner in Fee Federal Realty

Address

Tele. ( )

Contractor Russ Kelly Inc.

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:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Com'l 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 $ 2000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)			
Building	15	**0004** 309#	
Plumbing		BLOCK	0.00
Electrical		671 #	
Fire Protection	40	LOT	0.00
Other		8 #	
Other P/R	5	BUILDING	15.00
DCA Training Fee		FIRE	40.00
Cert. of Occ.	20	PLAN RVW	5.00
Other		C / O	20.00
Total	80	TOTAL	80.00
Check No. X		CHECK	80.00
Cash		CHANGE	0.00
Collected By:			

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/16/90
Date Issued
Control #
Permit # 309-90

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 SPACE 38 BRICK PLAZA
CHAMBERS BRIDGE Rd
Owner in Fee Federal Realty
Address BAthesda Md
Tele. ( )
Contractor Russ Kelly Inc
Address 12 Orchard Way
Mt. Laurel NJ
Tele. (609) 235-6164
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2156844 or Social Security No.

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

Tenant fit up see plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-13-90	
[ ] 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) $ ____

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/16/90
Date Issued
Control #
Permit # 309-90

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

Block 691 Lot 8
Work Site Location Space 38 Brick Plaza
Chambers Bridge Rd
Owner in Fee Federal Realty
Address Bathesda Md

Tele. ( )
Contractor Russ Kelly Inc
Address 12 Orchard Way
Mt. Laurel NJ
Tele. (609) 235-6164
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2156841 or Social Security No.

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

Tenant fit up see plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-13-90	
[ ] 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) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous GC
  [ ] 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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/16/90
Date Issued
Control #
Permit # 309-90

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 SPACE 34 BRICK PLAZA
Chambers Bridge Rd
Owner in Fee Federal Reality
Address Bathesda Md

Tele. ( )
Contractor Russ Kelly Inc.
Address 120rchard WAY
Mt-Laurel NJ
Tele. (609) 235-6164
Lic. No.
Federal Emp. No. 22-21568-46 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Retail Proposed Retail
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ NONE [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 3-19-90
Approved by: JE

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 4/2/90
Approved by: JE

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Occupancy load	3-26-90		4/2/90	JE
Other				
Other Travel			4/2/90	JE

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 Exit Sign & Emergency Lites Battery Back up.

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	$ 40.00
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 3/16/90.
Date Issued
Control #
Permit # 309-90

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 SPACE 34 BRICK PLAZA
Chambers Bridge Rd
Owner in Fee Federal Reality
Address Bathesda Md
Tele. ( )
Contractor Russ Kelly Inc.
Address 120 Orchard WAY
Mt. Laurel NJ
Tele. (609) 235-6164
Lic. No.
Federal Emp. No. 22-21568-46 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Retail Proposed Retail
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ NONE [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 3-19-90
Approved by: AE
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 Exit Sign & Emergency Lites Battery Back ups.

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 $ 40.00
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

GAETANO SERPICO, A.I.A.
ARCHITECT - NCARB CERTIFIED

198 N. MAIN STREET ◦ WILKES-BARRE, PA 18702 ◦ (717) 829-4088

Township of Brick
Chambers Bridge Road
Bricktown, N.J. 07055

March 26, 1990

RE: Space # 38
Mel Wood Optical
Bricktown Plaza
Brick, N.J.

Dear Mr. Evaristo,

This is to certify that as the Architect of the above store I assure you and your department that the occupancy within this store will not exceed twenty (20) persons at any time.

Based on this we would appreciate your releasing the Certificate of Occupancy without requiring the second exit.

Thank you for your co-operation.

Very truly yours,

Gaetano Serpico, AIA