BLOCK 671 LOT 8 ADDRESS (SITE) Chambers Bridge PERMIT NO. 614-90

RECEIVED

MAR 12 1990

BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Space 19 Brick Plaza (cards & gifts)
2. Name of Owner in Fee: Federal Reality Tel. ( )
   Address Bethesda Md.
   street municipality zip code
3. Ownership
4. Principal (JOE BURT Tel. (609) 235-6164
   Address 117 Maple Ave Island Hts NJ
   License No. Exp. Date
   Federal Emp. No. 22-21568-46 Social Security No.
5. Architect or Engineer GAETANO SERPICO Tel. (717) 829-4088
   Address Wilkes Barre PA
6. Responsible Person In Charge of Work ~~Russ Kelly~~ Tel. ~~(609) 235-6164~~

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 135 —		
2. Electrical			
3. Plumbing			
4. Fire Protection	60		
5. Other Safety Device			
6. Subtotal	$ 195 —		
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	$ 220 —		

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

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	10000
6. ☐ Fire Protection	
7. ☒ Plumbing	4000
8. ☒ Electrical	4000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	18,000

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
			3/29/90	RK(UK)	5/8/90 RK		
	3-14-90		3-14-90	JK	3/24/90		

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

Any ? — Contact Applicant

LDS BR 10310944

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 Russ Kelly Inc. Jeffrey T. Burt

Address 12 Orchard Way 10 Maple Ave

Mt. Laurel NJ Island Hts NJ

Telephone (609) 235-6164 (201) 270-2077

Signature _____ Date ~~3/16/90~~ 4/26/90

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									
☐ 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	JK	5/14/90	comm ats						
☐									
☐									

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.		

Cards + Jafs

CONSTRUCTION PERMIT

Date Issued 4/26/90
Control #
Permit # 614.90

IDENTIFICATION Block 671 Lot 8

Work Site Location Rock. Plaza Store #19

Owner in Fee Federal Realty
Address Bethesda Md.

Tele. ( )

Contractor Joe Bart
Address

Tele. ( )

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

Federal Emp. No. 614*#
or Social Security No. BLOCK 0.00

671 #

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Comm Alter

PAYMENTS (Office Use Only)		
Building	LOT	0.00
Plumbing	8 #	
Electrical	BUILDING	35.00
Fire Protection	FIRE	60.00
Other	PLAN RVW	5.00
Other P/R	C/O	20.00
DCA Training Fee	TOTAL	120.00
Cert. of Occ.	CHECK	120.00
Other	CHANGE	0.00
Total 04/26/90	NO. 5 0041A005	15:05
Check No.		
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 $ 18,000

CONSTRUCTION OFFICIAL

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 4/26/90
Date Issued
Control #
Permit # 614-90

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 19 BRICK PLAZA
CHAMBERS BRIDGE Rd
Owner in Fee Federal Reality
Address BAthesda Md.

Tele. ( )
Contractor ~~Russ Kelly Inc.~~ Joe Buet
Address ~~62 Archwood Ave Mt Laurel NJ~~ 117 maple Ave Island Hts N.J.
Tele. (609) 235-6164 (201) 270-2078
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-21568-46 or Social Security No. 144-50-4157

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
~~[X]~~ All	5/4/90	WE	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: 5/8/90			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Retail Proposed Retail
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 Joseph T. Buet

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SPACE Alterations (See PLAN)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4/26/90
Date Issued
Control #
Permit # 614-90

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 19 BRICK PLAZA
CHAMBERS Bridge Rd
Owner in Fee Federal Realty
Address Bathesda Md

Tele. ( )
Contractor ~~Ross Betty Inc~~ Joe Buel
Address ~~42 Orchard Terry~~ 117 maple Ave
~~Mt Laurel NJ~~ Island Hts N.J
Tele. ~~(609) 235-6764~~ (201) 270-2078
Lic. No.
Federal Emp. No. 22-2156846 or Social Security No. 184-50-1759

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Retail Proposed Retail
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] 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: 3-14-90
Approved by:
CODE APPROVAL:
Date: 3-24-90
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other			3/24/90	
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

Joseph T. Buel

D. TECHNICAL SITE DATA

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	~~0~~	
Exit Signs	4	
Smoke Detectors		
Heat Detectors		
TOTAL		
Emergency lites	3	
Stand Pipes		
Kitchen Hood Exhaust Systems		20
Safety Devices		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		~~40~~
OTHER		
Administrative Surcharge	$	~~$~~ 60
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

Toll case

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 67/ Lot 8 Address Brick Plaza Space 19

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

Administrative _____

Zoning _____

Engineering _____

Building We Faxed Copy

Plumbing Letter to Come

Electric _____

Fire _____

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 construction 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

Date _____