TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 34 Brick Plaza Brick Town
2. Owner Name: Rite-Aid Corp. Tel. (717) 925-5825
   Address Harrisburg PA
3. Principal Contractor: Philadelphia Sign Co Tel. (609) 829-1460
   Address 707 W. Spring Garden St. Palmyra, N.J. 08065
   Lic. No. or Builder Reg. No. 4130 Federal Emp. No. 23-0923970
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work George Shaw Tel. (609) 829-1460

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☒ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Sign

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☒	Other Sign	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 1000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☒ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: Drug Store

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

U.C.C. Form F-100 (8/83)

671 8

LDS BR 10207035

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Chuck Preston TEL.(609) 829-1460

ADDRESS 707 W. Spring Garden St.

Palmyra, N.J. 08065

SIGNATURE Chuck Preston

BLOCK NO. 67Q LOT NO. 8 SUBDIVISION _____ PERMIT NO. 5526

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	9/25/89	V			
	Footings/Foundations					
	Framing					
	Architectural					
	Other ___			26 Sept 89	CR	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER ___					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other ___					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER ___					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING Liza	$ 104.00
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	.00
OTHER ___	.00
SUBTOTAL	$ 104.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.00)
D.C.A. TRAINING FEE .0006 x _____	= .00
CERTIFICATE OF OCCUPANCY	.00
OTHER ___	.00
OTHER ___	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 104.00

DATE 10/2/89 Collected By Pala

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ .00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	$ .00

CONSTRUCTION PERMIT

Date Issued 10-2-89
Control #
Permit # 5526

IDENTIFICATION Block 671 Lot 8

Work Site Location 34 Brick Plaza

Owner in Fee Rite Aid Corp.
Address Harrisburg, Pa.

Tele. ( )

Contractor Phila. Sign Co.
Address

Tele. ( )

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

Federal Emp. No. _____

or Social Security No. **0002**

5526**

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Sign

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)		
Building	671 #	0.00
Plumbing	LOT	
Electrical	8 #	
Fire Protection	SIGNS	104.00
Other	TOTAL	104.00
Other	CHECK	104.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.	NO. 5 0005A005	13:36
Other		
Total	104.	
Check No.	7584	
Cash		
Collected By:	Palo	

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 $ 1000.

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

PERMIT NO. 5526
DATE ISSUED 12/21/87
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Rite-Aid Corp
Address Harrisburg PA
Tel. (717) 925-5825
Work Site Address 34 Brick Plaza Bricktown

Contractor Philadelphia Sign Co
Address 707 W. Spring Garden St. Palmyra N.J. 08065
Tel. (609) 829-1460
Lic. No. 4130
Federal Emp. No. 23-0973920

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Chuck Preston
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Remove All Existing Lane Drug Sign, replace with 5'x20' S.F. Sign and 1 - 1'x4' under Canopy Sign

104sf total

☒ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☒ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$ 50.00
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				