BLOCK 670 LOT 4,5 ADDRESS (SITE) 2770 Hooper Ave PERMIT NO. 258696

RECEIVED
SEP 17 1996

CONSTRUCTION PERMIT APPLICATION

Sign

DIV. OF FIRE SAFETY

DIV. OF CODES: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2770 HOOPER AVE. BRICK, N.J.
2. Name of Owner in Fee: OUTBACK STEAKHOUSE Tel. (813) 282-1225
   Address 550 N. REO ST. # 204 TAMPA, FL. 33609
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓ call
4. Principal Contractor: APPLE SIGNS Tel. 813 948-2220
   Address 1640 LAND O' LAKES BVD. LUTZ, FL. 33549
   License No. OR, if new home, Builder Reg. No. CBCA11812 Exp. Date 8-31-98
   Federal Emp. No. _____ Social Security No. 267-64-0243
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work PAUL LIMA Tel. 813 948-2220

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 86-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 86		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZPA	$15		
13. TOTAL	$ 103.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New 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. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Sign (2)

	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. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	✓ 2437.00 EWG

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
			10/9/96				
	9/25/96		10/14				

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

BRICK, N.J.

LDS BR 10207553

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 8-22-96

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.

X Agent Name PAUL LIMA

Address 1640 LAND O' LAKES BVD.

LUTZ FLORIDA 33549

Telephone ( ) 813-948-2220

Signature _____ Date 8-22-96

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

Please Type or Print in Ink

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued 10/9/96
Control #
Permit # 2586-96

IDENTIFICATION Block 670 Lot 4, 5

Work Site Location 2770 Hoover Ave
→ Oak Hill/Cork Stock Wod

Owner in Fee
Address 550 N. Reo St #204
Tampa Florida 33609
Tele. (813) 282-1236

Contractor Apple Signs
Address 16401 Land O Lakes Blvd
Lutz Florida 33549
Tele. (813) 94-7720
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security N[redacted]

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

2 signs

PAYMENTS (Office Use Only)	
Building	86
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other	zoning - 15
Total	103
Check No.	50027
Cash	
Collected By:	DR

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 $ 2437.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

25-86-96
10/8/96

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

Block 670 Lot 45
Work Site Location 2770 HOOPER AVE. BRICK, N.J.
Owner in Fee OUTBACK STEAKHOUSE
Address 550 N. REO STREET #204 TAMPA FLORIDA 33609
Tele. (813) 282-1225
Contractor APPLE SIGN & AWNING CO
Address 1640 LAND O' LAKES BVD. LUTZ, FLORIDA 33549
Tele. (813) 948-2220
Lic. No. or Bldrs. Reg. No. CBCA11812
Federal Emp. No. _____ or Social Security No [redacted]

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

(2) Signs
Wall + Pylon

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/3/96	GG
[ ] 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				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [X] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 2437.00
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: September 24, 1996 1996 - 1414

Block 670 Lot 4 & 5 Zone B-3

Property Address: 2770 Hooper Avenue

Owner: Kennedy Mall Associates (Phone):

Applicant: Apple Signs (Phone): (813) 948-2220

Use: Restaurant - Outback Steakhouse

Proposed Construction (if any): 30 square feet freestanding sign.
4' by 14' wall sign.

Conditions: All construction must comply with conditions approved under Planning Board Case # PB-2188.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 262-8954

OK 9/24 SK

September 19, 1996

Paul Lima
Apple Signs
1640 Land O' Lakes Blvd.
Lutz, Florida 33549

RE: Outback Steakhouse
Block 670, Lots 4 & 5
2770 Hooper Avenue, Brick, N.J.
Zoning Permit Application

Dear Mr. Lima,

Your application for a zoning permit for a ground sign on the referenced property is denied because the proposed sign is not in the location that was approved by th Planning Board under Case #PB-2188.

The approved site plan requires that the sign be located at least 15' from the property line at Hooper Avenue in the most easterly end of the island in front of the Outback building.

Upon receipt of a plan showing the sign in the approved location we will be able to process your application.

Any relocation of the sign will require an amended approval by the Planning Board.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

cc: Scott R. MacFadden,Business Administrator
Michael P. Fowler,AICP,PP-Office of Land Use Management
Outback SteakHouse
Kennedy Mall
Ray Korkowski,Acting Construction Official

Apple Sign & Awning, Inc.

Township of Brick, N.J.
401 Chambers Bridge Rd.
Brick, N.J. 08723

9-10-96

RE: Outback Steakhouse
Hooper Ave.
Brick, N.J.

To Whom It May Concern,

Please accept this letter as authorization for Paul Lima to act as our agent in pulling all and any necessary licenses and or permits for the above location on my behalf.

Sincerely,

Francis M. Liner
Qualifier

NOTARY R. Mark Willett

R. Mark Willett

R. Mark Willett
MY COMMISSION # CC506250 EXPIRES
December 8, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

1640 Land O' Lakes Blvd., Lutz, Florida 33549 813-948-2220 Fax 813-948-2403

CERTIFICATE OF INSURANCE: APPLE-1

CSR DD 06/24/96

PRODUCER

Oakes & Associates Insurance Agency, Inc.
4111 Land O'Lakes Blvd. #108
Land O'Lakes FL 34639

PHONE 813-996-4111

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

Apple Sign & Awning, Inc.
R. Mark Willett
1640 Land O'Lakes Blvd.
Lutz FL 33549

COMPANY LETTER A Auto Owners Insurance Co.

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	300,000
A	[X] COMMERCIAL GEN LIABILITY	922312-20526089-96	01/01/96	01/01/97	PROD-COMP/OP AGG.	300,000
	[ ] CLAIMS MADE [X] OCC.				PERS. & ADV. INJURY	300,000
	[ ] OWNER'S & CONTRACTOR'S PROTECTIVE				EACH OCCURRENCE	300,000
	[ ]				FIRE DAMAGE (ANY ONE FIRE)	50,000
	[ ]				MED. EXPENSE (ANY ONE PERSON)	5,000
	AUTOMOBILE LIAB				COMB. SINGLE LIMIT	
	[ ] ANY AUTO	20276437-920412	12/18/95	12/18/96	BODILY INJURY (PER PERSON)	100,000
	[ ] ALL OWNED AUTOS					
A	[X] SCHEDULED AUTOS					
A	[X] HIRED AUTOS				BODILY INJURY (PER ACCIDENT)	300,000
A	[X] NON-OWNED AUTOS					
	[ ] GARAGE LIABILITY				PROPERTY DAMAGE	100,000
	[ ]					
	EXCESS LIABILITY				EACH OCCURRENCE	
	[ ] UMBRELLA FORM					
	[ ] OTHER THAN UMBRELLA FORM				AGGREGATE	
	WORKERS' COMP AND EMPLOYERS' LIAB				STATUTORY LIMITS EACH ACCIDENT DISEASE-POL. LIMIT DISEASE-EACH EMP.	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

The Township of Brick, N.J.
401 Chambers Road
Brick NJ 08723

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Donald E. DeGain

ACORD 25-S (7/90)

Certificate of Insurance

Issue Date: (MM/DD/YY) 9/10/96

FINANCIAL SERVICES ASSOCIATES of AVENTURA, INC.

Financial Services Associates
2999 NE 191st. St. Suite 803
Aventura, Fl. 33180

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

ATTENTION CERTIFICATE HOLDER: If you have any questions please contact 7 GRAHAM,FRED at 1-800-753-1992

Apple Sign & Awning, Inc.
1640 Land O'Lakes Boulevard

Lutz, FL 33549

Companies Affording Coverage

Company Letter A	PBO
Company Letter B	
Company Letter C	

Coverages

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LT	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY	Policy Expiration Date (MM/DD/YY)	All Limits in Thousands
	General Liability				General Aggregate $
	☐ Commercial Liability				Products- Comp/ Ops Aggregate $
	☐ Claims Made ☐ Occurrence				Personal & Advertising Injury $
	☐ Owners & Contractors Protective				Each Occurrence $
	_____				Fire Damage (any one fire) $
	_____				Medical Expense (any one person) $
	Automobile Liability				CSL $
	☐ Any Auto				Bodily Injury Per Person $
	☐ All Owned Autos				
	☐ Scheduled Autos				
	☐ Hired Autos				Bodily Injury per Accident $
	☐ Non-Owned Autos				
	☐ Garage Liability				Property Damage $
	_____				
	Excess Liability				Each Occurrence $ / Aggregate $
	☐ Other Than Umbrella Form				
A	Workers' Compensation And Employers' Liability	284500	1/1/96	12/31/96	Statutory $ 100 (Each Accident) $ 500 (Disease- Policy Limit) $ 100 (Disease- Each Employee)
	Other				

Description of Operations/ Locations/ Vehicles/ Restrictions/ Special Items

DBA:

Certificate Holder

Township of Brick, N.J.
401 Chambers Road
Brick,
NJ 08723

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANIES WILL ENDEAVOR TO SEND 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Authorized Representative

OUTBACK STEAKHOUSE, INC.
550 North Reo Street • Suite 204
Tampa, FL 33609
Telephone 813/282-1225 Fax 813/282-1209

September 10,1996

Township of Brick, N.J.
401 Chambers Bridge Rd.
Brick, N.J. 08723

RE: Outback Steakhouse
Hooper Ave.
Brick, N.J.

To Whom It May Concern,

Please accept this letter as authorization for Apple Sign & Awning, Inc. to pull all and any necessary licenses and permits for the installation of our signage at the above location.

Sincerely,

Mark Aaron
Managing Partner

NOTARY R. Mark Willett
R. Mark Willett

R. Mark Willett
MY COMMISSION # CC506250 EXPIRES
December 8, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Apple Sign & Awning, Inc.
1640 Land O' Lakes Blvd.
Lutz, Florida 33549
813-948-2220 Fax 813-948-2403

TOWNSHIP of BRICK, N.J.

15' SETBACK FROM PROP. LINE

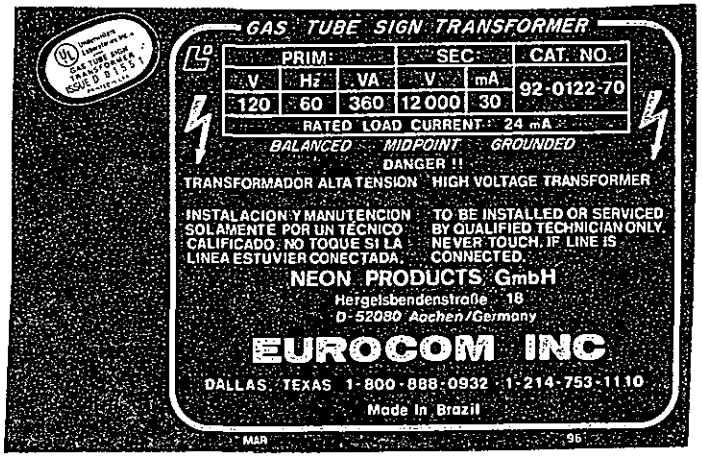
30 SQ. FT POLE SIGN LOCATION

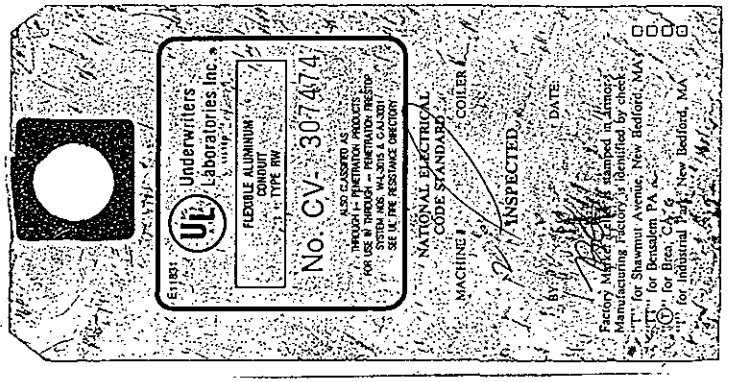
HOOPER AVENUE

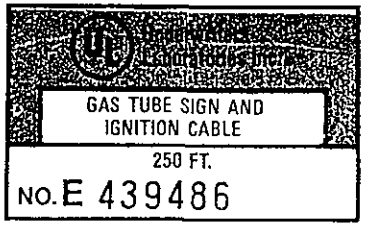
BRICK BOULEVARD

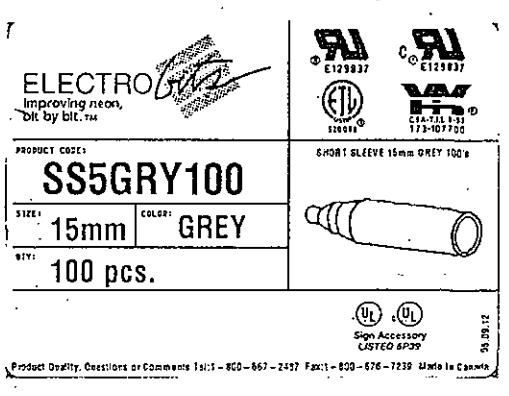
PROPOSED OUTBACK STEAKHOUSE

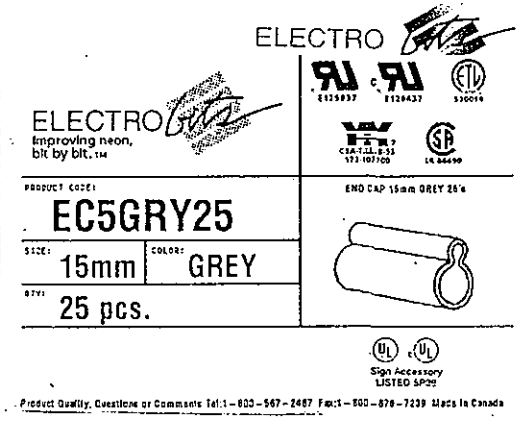
Apple Sign & Awning, Inc.
1640 Land O' Lakes Blvd.
Lutz, Florida 33549
813-948-2220 Fax 813-948-2403

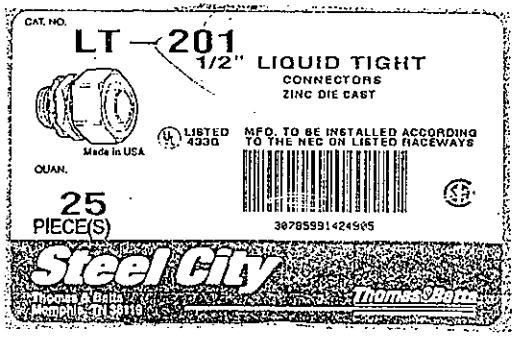


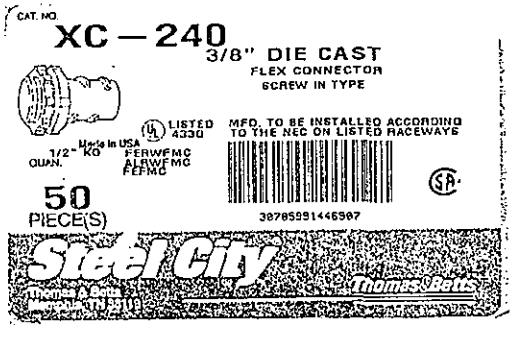












U.L. LISTED PRODUCTS & MATERIALS

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