BLOCK 670 LOT 4 ADDRESS(site) 2770 HOOPER AVENUE PERMIT NO 3823-97

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

20K

I. IDENTIFICATION

1. Proposed Work-site at: 35 KENNEDY MALL; BRICK, NJ
2. Name of Owner in Fee: FIDELITY LAND DEV. Tel. (973) 377-5806
   Address 741 SHUNPIKE ROAD CHATHAM, NJ 07928 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SPECTRUM SIGNS INC Tel. (516) 756-1010
   Address 111 CAROLYN BLVD FARMINGDALE, NEW YORK 11735
   License No. OR, if new home, Builder Reg. No. 11067 Exp. Date _____
   Federal Emp. No. 11-239-9153 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work AL KNAPP/SPECTRUM SIGNS Tel. (516) 756-1010

V. FEE SUMMARY (for office use only)

(2) Sign Rmk.

		Update	Update
1. Building	$ 140		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	1		
10. Subtotal	$		
11. Cert. of Occupancy	$ 35		
12. Other ZBA			
13. TOTAL	$ 141		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	17 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		

IMPORTANT
A.H.B.I. - MANDATORY FEE - COMMERCIAL

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. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	$ 1,200.00

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
			11/14/97	GF/RM			
GWC	11/21/97		11/21/97				

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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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

LDS BR 10207555 NO

APPROVED BY _____ DATE 11-24-97

Called 11-17-97 GP left message for Al Knapp

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 us and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other tha single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whol 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 Builder Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasin 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 RESPONSIBILIT 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. 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 or 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 or 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 Jerse 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 Gerard Bartus Date August 22 19

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): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make th 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 Stat county, and local prior approvals have been given, including such certification as the construction official may requir

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Divisic 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 AL KNAPP / SPECTRUM SIGNS INC

Address 111 CANDLUN BLVD.

CANNIAGDALE, NY 11735

Telephone (516) 756-1010

Signature [signature] Date 10-23-97

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	
☐ Zoning Officer									IMPORTANT ATTACH SEPTIC DESIGN
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ NJ Department of Community Affairs									
☐ NJ Department of Transportation									
☐ NJ Department of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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.				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 670 Lot 4

Work Site Location 30 ICEBOATS MALL BRICK NJ

Owner in Fee RIDGEWAY CORP DEVELOPMENT

Address 741 SHUNPIKE ROAD CHATHAM, NJ 07928 Tel. (973) 377-5806

Contractor SPECTRUM SIGNS INC

Address 111 CAROLYN BLVD FARMINGDALE, NY 11735 Tel. (516) 756-1010

Lic. No. or Bldrs. Reg. No. 4967

Fed. Emp. No. 11 239 9153

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[X] OTHER SIGN

DESCRIPTION OF WORK: REMOVE AND INSTALL NEW REPLACEMENT FACE FOR EXISTING 4'-9" x 24'-11" WALL SIGN ON BUILDING INSTALL (2) NEW REPLACEMENT FACES IN EXISTING MARQUEE SIGN 1'-4" x 19'-9"

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 $ 1200.00

J. Quiazza
Construction Official

Date

PAYMENTS (Office Use Only)

Building	140 —
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	141 —
Check No.	
Cash	
Collected by	

UCC/PRO100 (REV3/96)
Professional Printing
(609) 468-7933

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials; sealings of exterior joints; plumbing piping; trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

UCC/PRO170 (REV3/96)
Professional Printing
(609) 468-7933

CONSTRUCTION PERMIT

Date Issued 12-8-97.
Control #
Permit # 3823-97

IDENTIFICATION Block 670 Lot 4

Work Site Location 35 Kennedy Hill
APP Hoover Hwy

Owner in Fee Family Land Dev.
Address 1941 Shunpike Rd.
Chatham, N.Y. 12037

Tele. (518) 392-5916

Contractor Spectrum Signs Inc.
Address 111 Carolyn Blvd
Farmingdale, N.Y. 11735

Tele. ( )

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

Federal Emp. No. 11-234 1153
or Social Security No. _____

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	140 -
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	1 -
Cert. of Occ.	
Other	
Total	141 -
Check No.	
Cash	
Collected By:	Kim

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 $ 1200 -

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

[ ] Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

[ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

[ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

[ ] A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____

Work Site Location 30 ICELAND'S MALL BRICK NJ

Owner in Fee KIDDELL'S CAMP DEVELOPMENT

Address 141 SWAMP PIKE ROAD CHATHAM, NJ 07928

Tel. (973) 377-5806

Contractor SPECTRUM SIGNS INC

Address 111 CAROLYN BLVD FARMINGDALE, NY 11735

Tel. (516) 756-1010

Lic. No. or Bidrs. Reg. No. 11967

Fed. Emp. No. 11 239 9133

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER SIGN

DESCRIPTION OF WORK: REMOVE AND INSTALL NEW REPLACEMENT FACE FOR EXISTING 4'-9" x 24'-11" WALL SIGN ON BUILDING. INSTALL (2) NEW REPLACEMENT FACES IN EXISTING MARQUEE SIGN 4'- x 19'-9"

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 $ 1,200.00

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

UCC/PRO170 (REV3/96)
Professional Printing
(609) 468-7933

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

(609) 468-7933

BLOCK _____ LOT _____ ADDRESS(site) 2770 HOOPER AVENUE PERMIT NO _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 35 KENNEDY MALL; BRICK, NJ
2. Name of Owner in Fee: FIDELITY LAND DEV. Tel. (973) 377-5806
   Address 741 SHUNPIKE ROAD CHATHAM, NJ 07928
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SPECTRUM SIGNS INC Tel. (516) 756-1010
   Address 111 CAROLYN BLVD FARMINGDALE, NEW YORK 11735
   License No. OR, if new home, Builder Reg. No. 11067 Exp. Date _____
   Federal Emp. No. 11-239-9153 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work AL ICHAOF/SPECTRUM SIGNS Tel. (516) 756-1010

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure 17 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

	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	$ 1200.00

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

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

U.C.C. F-100B

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____

Work Site Location 30 KENNEDY MALL
BRIAL, N.J

Owner In Fee FIDELITY LAND DEVELOPMENT

Address 741 SHUMPIKE ROAD
CHATHAM, NEW JERSEY 07928

Tele. (973) 377-5806

Contractor SPECTRUM SIGNS INC

Address 111 CARLYN BOULEVARD
FARMINGDALE NJ 11735

Tele. (516) 756-1010 Fax (516) 756-1890

Lic. No. or Bldrs. Reg. No. 11067

Federal Emp. No. 11 239 9153

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
REMOVE AND INSTALL NEW REPLACEMENT FACE FOR EXISTING 4'-9" x 24'-11" WALL SIGN ON BUILDING.
INSTALL (2) NEW REPLACEMENT FACES IN EXISTING MARQUEE SIGN 1'-4" x 19'-9"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 9.5 Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other SIGN FACES

[ ] Demolition REPLACEMENT only

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 17 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 $ _____
3. Total (1+ 2) $ 1,200.00

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

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

670

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-8-97
Date Issued
Control # 3823-97
Permit #

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

Block _____ Lot 4
Work Site Location 30 KENNEDY MALL
BLUM, NJ
Owner in Fee FIDELITY (AND) DEVELOPMENT
Address 741 SHUMPIKE ROAD
CHATHAM, NEW JERSEY C1926
Tele. (713) 377-5806
Contractor SPECTRUM SIGNS INC
Address 111 CAROLYN BOULEVARD
FARMINGDALE NY 11735
Tele. (516) 756-1010 Fax (516) 756-1890
Lic. No. or Bldrs. Reg. No. 11067
Federal Emp. No. 11 259 9153

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
REMOVE AND INSTALL NEW REPLACEMENT FACE FOR EXISTING 4'-9" x 24'-11" WALL SIGN ON BUILDING.
INSTALL (2) NEW REPLACEMENT FACES ON EXISTING MARQUEE SIGN 1'-4" x 19'-9"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11-14-97	EG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 19.5 Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [X] Other SIGN FACES REPLACEMENT only

[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 17 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 $ _____
3. Total (1+ 2) $ 1,200.00

UCC/PRO-F-110 (REV 3/96)
Professional Printing
(609) 468-7933

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

1070

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-8-97
Date Issued
Control # 3823-97
Permit #

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

Block ______ Lot 4

Work Site Location 50 KENNEDY MALL
[illegible], NJ

Owner in Fee [illegible]

Address [illegible]
[illegible]

Tele. ([illegible]) [illegible]

Contractor SPECTRUM SIGNS INC

Address [illegible] BOULEVARD
[illegible] 11735

Tele. (516) [illegible] Fax (516) [illegible]-1890

Lic. No. or Bldrs. Reg. No. 11061

Federal Emp. No. 11 [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[X] No Plans Required							
[X] All	11-14-97	[illegible]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator			Finishes				
SUBCODE APPROVAL			Energy				
[ ] CO [ ] CCO [ ] CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

Constr. Class Present ______ Proposed ______

No. of Stories 1

Height of Structure 11 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 $ ______
3. Total (1+ 2) $ 1,600.00

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
REMOVE AND INSTALL [illegible]
FACE ON EXISTING 4' [illegible] x 24' 11"
[illegible]
[illegible]
[illegible]

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[X] Sign [illegible] Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other [illegible] [illegible] only
[ ] Demolition

FEE (Office Use Only)

$ ______

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ ______

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

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3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: November 19, 1997 1997 - 2758

Block 670 Lot 4 Zone B-3, G.B.

Property Address: 2770 Hooper Avenue aka 30 Kennedy Mall

Owner: Fidelity Land Management (Phone): ----

Applicant: Al Krapf; Spectrum Signs (Phone): (516) 756-1010

Existing Use: Movie theater (Sony).

Proposed Use: Movie theater (Loew's).

Proposed Construction (if any): Install replacement face for existing 4'9" by 24'11" wall sign and two replacement faces 1'4" by 19'9" each for existing Marquee signs.

Conditions: Signs to be same size and location.

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 11-24-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 2770 Hooper Ave

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Lowe's Theatre (Kennedy mall) - Signs

APPLICANT Fidelity Land Mang. CITY & STATE Farmingdale NY

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

11/25/97
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 2770 Hooper Ave.
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Sign

APPLICANT Colonial Management PHONE NUMBER 973-377-5801
APPLICANT ADDRESS 1-41 Shupp Road CITY & STATE Clifton NJ
PERMIT # NAME OF BUSINESS Lenox Home (Kennedy Mall)

INCLUSIONARY DEVELOPMENT

◊ Affordable
Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

◊ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 0 Date 11-25-97

Estimated Required Fee $ 0

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date $1079200.00
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY KT **DATE** 11-26-97

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

SPECTRUM SIGNS FAX

TO: TOWN OF BRICK	FROM: AL
ATTN: JOE CONIAZZA	PAGES: 6
FAX:	DATE: 11-14-97
PHONE:	RE: LOEW'S THEATER SIGNAGE

THESE ARE COPIES OF WHAT WAS OVER NIGHTED ORIGINALLY ON SEPT 23, 1997

RECEIVED
NOV 14 1997
DIV. OF INSPECTION

Spectrum Signs Inc. • 111 Carolyn Blvd., Farmingdale, NY. 11735
516•756•1010 / Fax 516•756•1890

SPECTRUM SIGNS, INC.
111 Carolyn Blvd.
FARMINGDALE, NEW YORK 11735

(516) 756-1010
FAX (516) 756-1890

Memo

LETTER

To SENT UPS DNIGHT

Date 10-23-97

Subject LOEWS THEATER
2770 HOOPER AVENUE

REPLACEMENT SIGN FACES

PLEASE REVIEW FOR SIGN FACE REPLACEMENT AND CONTACT FOR FEES DUE OR ANY QUESTIONS,

3106 OFFICE
JOE
CORIAZZA
Please fill out zoning application for above. (every line)
1 (908) 262-1030
1030

☐ Please reply ☐ No reply necessary

SIGNED SINCERELY
AL KRAPF

SPECTRUM SIGNS, INC.
111 Carolyn Blvd.
FARMINGDALE, NEW YORK 11735

(516) 756-1010
FAX (516) 756-1890

FOLLOW-UP DATE

_____ 19____

To ZONING OFFICIAL 2770 HOOPER AVE

Date 10-31-97

Subject LOEW'S THEATRE
30 KENNEDY PLAZA
2770 HOOPER AVENUE
REPLACEMENT SIGNAGE

PLEASE ACCEPT THIS SITE PLAN AS ALL I CAN GET, I REQUESTED FROM PROPERTY OWNER.

WE ARE IN A BIT OF A PROBLEM BECAUSE LOEW'S IS ANXIOUS TO INSTALL THIS REPLACEMENT SIGNAGE ASAP NEXT WEEK. CONTACT ME WITH ANY QUESTIONS AND I'LL GET THEM ANSWERED.

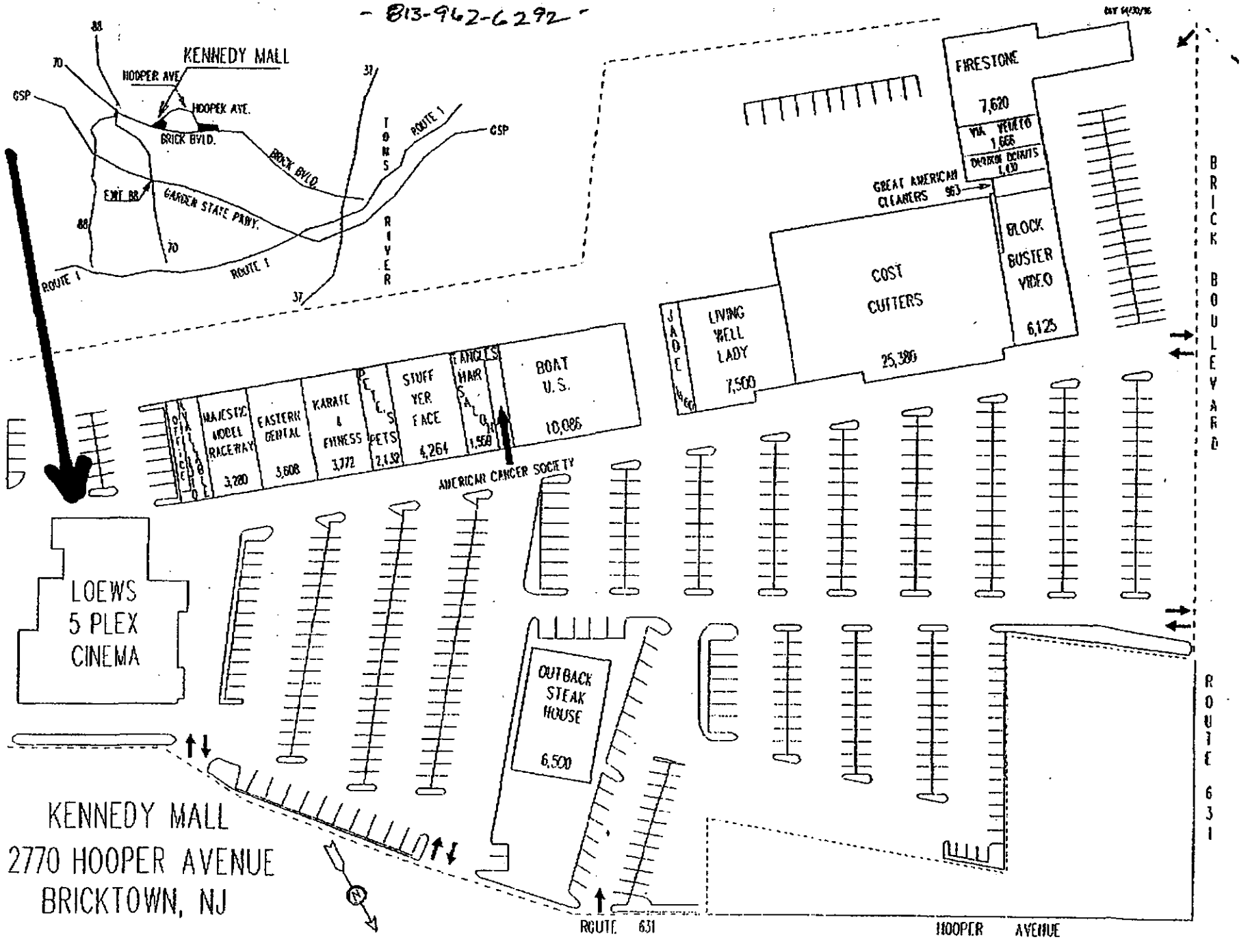
THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY

☐ Please reply ☐ No reply necessary

SIGNED Liz Kinoff

ATTN: MS. JENIFER STEINER
- 813-962-6292 -



SPECTRUM SIGNS, INC.
111 Carolyn Blvd.
FARMINGDALE, NEW YORK 11735

(516) 756-1010
FAX (516) 756-1890

Memo
LETTER

RECEIVED
NOV 6 1997
ENGINEERING

To ZONING OFFICIAL

Date 10-31-97

Subject LOEW'S THEATRE
30 KENNEDY MALL
2770 HOOPER AVENUE
REPLACEMENT SIGNAGE

PLEASE ACCEPT THIS SITE PLAN ITS ALL I CAN GET, I RESEARCHED FROM PROPERTY OWNER.

WE ARE IN A BIT OF A PROBLEM BECAUSE LOEW'S IS ANXIOUS TO INSTALL THIS REPLACEMENT SIGNAGE NEXT WEEK. CONTACT ME WITH ANY QUESTIONS AND FEES DUE.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER

SINCERELY

SIGNED AL KUHAF

☐ Please reply ☐ No reply necessary

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Grant Funded Programs
(908) 262-1083
Fax (908) 262-8954
http://gbshost.com/brick

FACSIMILE CORRESPONDENCE

FAX NO. (908) 920-4850

DATE: 11/21/97 TO FAX NO.: 1-516-756-9826 PAGES TO FOLLOW: 1

TO: AL KRAPF

ATTENTION:

FROM: CAROL A. SMITH, BRICK ZONING

MESSAGE:

Re: SIGN PERMIT – LOEW'S THEATER

SPECTRUM SIGNS, INC.
111 Carolyn Blvd.
FARMINGDALE, NEW YORK 11735

(516) 756-1010

Memo
LETTER

To ALLISON

Date 11-18-97

Subject LOEWS THEATER
KENNEDY MALL
HOOPER AVENUE
SIGN REPLACEMENT

ENCLOSED PLEASE FIND CHECK IN AMOUNT OF $141.00
AS PER YOUR REQUEST.
PLEASE SEND PERMITS TO ME AT SPECTRUM SIGNS.

Sincerely.

SIGNED AL KRAPF

☐ Please reply ☐ No reply necessary

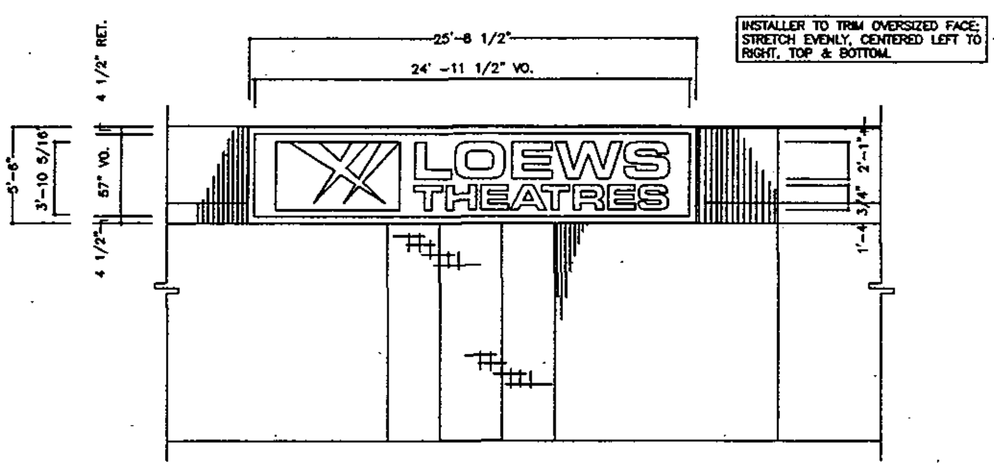
SPECTRUM SIGNS, INC.
111 CAROLYN BLVD.
FARMINGDALE, N.Y. 11735

VENDOR'S NO.	VENDOR'S NAME	CHECK NO.	DATE
	TOWNSHIP OF BRICK	17771	11/17/97

INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
	LOEWS THEATER	$141.00		

PLEASE DETACH BEFORE DEPOSITING

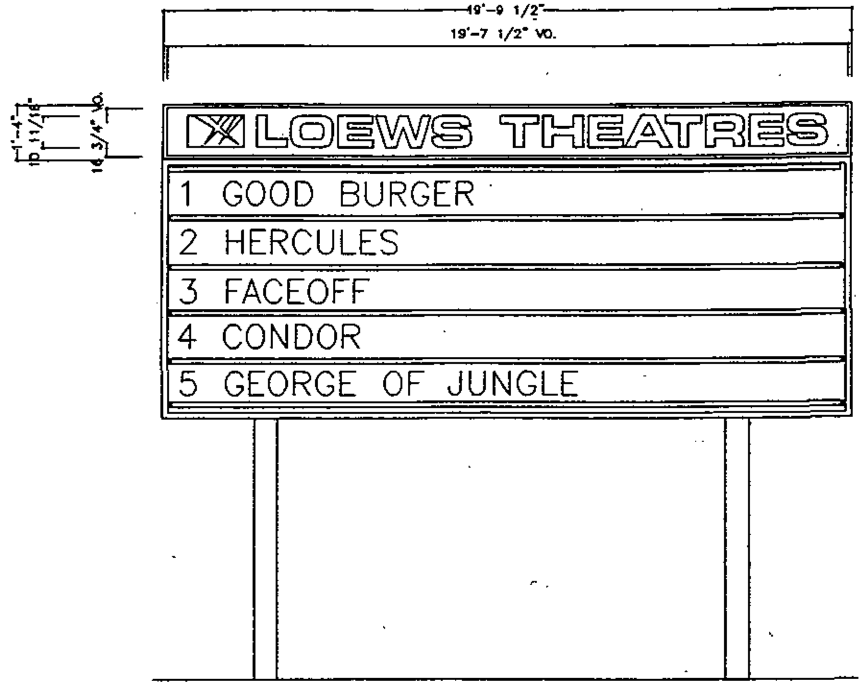
THE ATTACHED CHECK IS IN FULL PAYMENT OF THE ABOVE ACCOUNT



INSTALLER TO TRIM OVERSIZED FACE; STRETCH EVENLY, CENTERED LEFT TO RIGHT, TOP & BOTTOM.

ELEVATION LOC B: REPLACEMENT FACE FOR EXISTING WALL SIGN
SCALE:1/8"=1'-0"

FACE MATERIAL IS TRANSL. FLEXIBLE TYPE...
BKGD. IS RED TO MATCH 3M #230-33
COPY IS WHITE WITH WHITE LOGO
& RED SPOTLIGHTS.



ELEVATION LOC A: WITH REPLACEMENT FACES

FACE REPLACEMENT FOR EXISTING D/F MARQUEE SIGN...
3/16" WHITE POLYCARBONATE FACES
WITH 1ST SURFACE VINYL DECORATION; RED BKGD.
3M #230-33
WHITE COPY WITH WHITE LOGO & RED SPOTLIGHTS.

APPROVED FOR ZONING ONLY
[illegible] ZONING OFFICER
DATE November 19, 1997
Sen Kenney — Sign

DATE	MARK	REVISIONS	DRAWING PROPERTY OF UNIVERSAL SIGN CORP.	
8-27	R1	ADDED VINYL COLOR;	CLIENT LOEWS	
		NOTES FOR REQUIRED	LOCATION 97014 BRICK, NJ.	
		SIZES.	TITLE ELEVATIONS WITH PROPOSED SIGNAGE	
8-29	R2	CHANGED COPY FOR	DRAWING NUMBER 8437 R3	SHEET NUMBER OF
		WALL SIGN	DATE 8-1-97	CHECKED BY
9-25	R3	ADDED SURVEY	SCALE AS NOTED	APPROVED BY
		DIMENSIONS	DRAWN BY JM	COMP. 97014

UNIVERSAL SIGN CORP.
5888 LINEBAUGH AV. V. TAMPA,FL. 33624
(813) 962-6200