

JAN 28 1990
BULIDING
Applicant Comple
I. IDENTIFICAT



IDENTIFICATION

- V. FEE SUMMARY (for office use only)**

VI. BUILDING/SITE CHARACTERISTICS

- | |
|---|
| <div style="border: 1px solid black; padding: 2px;"> (office use only) </div> |
|---|

Est. Cost

- TOTAL COSTS

2692.

OPTIONAL (for office use only)

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

3. Change in Use Group,
Indicate Former:

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 _____

Address _____

Telephone (____) _____

Signature _____ Date _____

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	
☐ 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 Protection									
☐ Utility Dig No.									
☒ Other Zoning	SK	1/29/90	SIGN						
☐									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

☐ X. CERTIFICATES ISSUED (office use only) ☐ Temporary Certificate of Occupancy ☐ Temporary Certificate of Occupancy ☐ Continued Certificate of Occupancy ☐ Certificate of Occupancy ☐ Certificate of Approval	No. _____ No. _____ No. _____ No. _____ No. _____	DATE EXPIRED _____ _____ _____ _____
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CONSTRUCTION PERMIT

Date Issued 2-1-90
Control #
Permit # 70-90

IDENTIFICATION Block 670 Lot 25
Work Site Location Old Hooper & Brick Blvd Contractor Baby Son Sign Co.
Address _____
Owner in Fee IMPACT ZONE
Address Kennedy Mall
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date 0002
Federal Emp. No. _____
or Social Security No. 0000

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☒ OTHER Sign
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

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 \$ 2600.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

PAYMENTS (Office Use Only)	670 #	
Building	LOT	0.00
Plumbing	25 #	
Electrical	SIGNS	48.00
Fire Protection	PLAN RWV	5.00
Other	C / O	20.00
Other	TOTAL	73.00
DCA Training Fee	CHECK	73.00
Cert. of Occ.	CHANGE	0.00
Other	01/31/90 NO. 5 0018A005	15.51
Total		
Check No.		
Cash		
Collected By:		



Date Received
Date Issued 2-1-90
Control #
Permit # 70-90

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

Block 670 lot 35
Work Site Location KEENEY MALL SPAC

Owner in Fee THE IMPACT 2000
Address STATE

Tele. () 303-507-5100
Contractor BOB'S SIGN CO.
Address 235 ALPINE BLVD. P.O.

Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 222903792 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ All	<u>1-1-90</u>	<u>CK</u>	Footings		
☐ No Plans Req.			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date:			Final		
Approved By:					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ <u>2600</u>
Area—Largest Floor			Sq. Ft.
Total Bldg. Area/All Floors			Sq. Ft.
Volume of Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

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

SIGN
AND DETAIL SHEETS

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☐ Demolition	
☐ Miscellaneous	
☐ Fence	Height
☒ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

(Office Use Only)

	FEE
Paid ☒ Check # <u>283</u>	
Collected by: <u>PAID</u>	
Administrative Surcharge	\$
Minimum Fee	\$
TOTAL FEE	\$ <u>73.00</u>



Date Received
Date Issued 2-1-90
Control #
Permit # 7a-90

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

Block _____
Work Site Location ACADEMY MILITARY PARK

Owner in Fee ACADEMY MILITARY PARK
Address _____

Tele. () _____
Contractor BARB & SON SIGN CO.
Address 239 CALVERT RD.

Tele. () _____
Lic. No. of Bldrs. Reg. No. _____
Federal Emp. No. 222909792 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☐ No. Plans Req.			Type:					
☒ All	<u>2/1/90</u>	<u>AK</u>	Footings					
☐ 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:			Other					
Approved By:			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) \$ 2600

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
SIGN
175 PER SPECS

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
- ☒ Fence _____ Height _____
- ☒ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other _____

(Office Use Only)

FEE

Paid ☒ Check # 283 Administrative Surcharge \$ _____
Collected by: PAID Minimum Fee \$ _____
TOTAL FEE \$ 73.00

IMPACT ZONE

SURF & SKATE

9" ANGLE 10" PACK
7" ANGLE 10" PACK
10" ANGLE 10" PACK

6215

BOX
10" ANGLE 10" PACK
10" ANGLE 10" PACK
LETTERS
SCREENED
TO MATCH

12' BOX
BLUE/NEVILS
LETTERING
ON WHITE

BOX

18"

12'