C16-178

BLOCK 701 LOT 7-8-15-16 QUALIFICATION CODE ______ ADDRESS (SITE) Rt 70 & Chambersbridge Road PERMIT NO. 99-3719

MAIL in 8/14/99

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: Fashion Bug - Caldor Shopping Center
2. Name of Owner in Fee: Vornado Properties Tel. (201) 587-1000
   Address Vornado Pro 174 Passaic St. Garfield NJ (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: A to Z Sign Inc. Tel. (215) 724-1724
   Address 6510 Upland St. Philadelphia PA 19142
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 23 1607693 FAX: (215) 724-9088
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work Robert Liberatore
   Tel. (215) 724-1724 FAX (215) 724-9088

SIGN

MAIL 8/16/99 given to MM by Sean

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 139		
2.	Electrical	35		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	3		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 207		

NO FEE REQUIRED

APPROVED BY K DATE 8/23/99

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure 19'6" 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 ______ no ______
11. Max. Live Load ______
12. Max. Occupancy Load ______

COMMERCIAL

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work	4000								
2. ☐ New Building		CWS	8/14/99		8-26-99	FM			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	100				8 25 99	TO	10/25/99		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ENG	8/18/93		8/18/93				
TOTAL COSTS	4100								

OPTIONAL (for office use only)

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

IMPORTANT - MANDATORY FEE - COMMERCIAL

LDS BR 10109968

U.C.C. F100.1 (rev. 3/98)

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 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 Alto Sign Inc. - Robert Liberatore

Address 650 Upland St.
Philadelphia PA 19142

Telephone (215) 724-1724

Signature Robert Liberatore

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ 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.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
3719**
09/29/99 NO. 5 0020A005 09:51
BLOCK 701 # 0.00
LOT 7 # 0.00
BUILDING 139.00
ELETRIC* 35.00
D.C.A. 3.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 207.00
CHECK 207.00
CHANGE 0.00

Date Issued 09/29/99
Control #
Permit # 99-3719

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location RT 70 FASHION HUB
SIGN

Owner in Fee VORNADO PROPERTIES
Address 1/4 PASSAIC ST
RUTHERFORD, NJ -
Telephone (201)587-1000

Contractor ALTO SIGNS INC
Address 6510 UPLAND ST
PHILADELPHIA, PA 19142-
Telephone (215)724-1774
Lic. No. or Regis. Reg. No.
Federal Emp. No. 23-1660695

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL SIGNS

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 $ 4,100

Construction Official

09/27/99
Date

PAYMENTS (Office Use Only)

Building	139
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other 2PER	30
Total	207
Check No.	98896
Cash	
Collected By	H

B.C.C. #1/8 (rev. 3/95)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

DATE RECEIVED 08/16/99
DATE ISSUED 9/29/99
CONTROL # C16-178
PERMIT # 99-3719

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

BLOCK 701 LOT 7 QUAL
WORK SITE LOCATION RT 70 FASHION BUG SIGN
OWNER IN FEE VORNADO PROPERTIES
ADDRESS 174 PASSAIC ST
GARFIELD, NJ
TELE.(201)587-1000
CONTRACTOR ALTO SIGNS INC
ADDRESS 6510 UPLAND ST
PHILADELPHIA, PA 19142-
TELE.(215)724-1724 FAX ( )
LIC. NO. OR BLDRS. REG. NO.
FEDERAL EMP. NO. 23-1607693

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

INSTALL SIGNS

COMMERCIAL

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW	DATE	INITIAL
[ ] NO PLANS REQ.		
[X] ALL	9-26-99	
[ ] FOOTING		
[ ] FOUNDATION		
[ ] FRAME		
[ ] OTHER		

JOINT PLAN REVIEW REQUIRED:
[ ] ELECT [ ] PLUMB [ ] FIRE
SUBCODE APPROVAL [ ] ELEV
[ ] CO [ ] CCO [ ] CA
DATE: 11-1-99
APPROVED BY:

INSPECTIONS TYPE	DATES (MONTH/DAY) FAILURE	FAILURE	APPROVAL	INITIAL
FOOTING				
FOUNDATION				
SLAB				
FRAME				
BARRIERFREE				
INSULATION				
FINISHES				
ENERGY				
MECHANICAL				
TCO				
OTHER				
FINAL			11-1-99	
BARRIERFREE				

B. BUILDING CHARACTERISTICS

USE GROUP PRESENT U PROPOSED U
CONSTR. CLASS PRESENT PROPOSED
NO. OF STORIES 0
HEIGHT OF STRUCTURE 0 FT.
AREA LARGEST FLOOR 0 SQ. FT.
NEW BLDG. AREA/ALL FLOORS 0 SQ. FT.
VOLUME OF NEW STRUCTURE 0 CU. FT.
TOTAL LAND AREA DISTURBED 0 SQ. FT.

EST. COST OF BLDG. WORK:
1. NEW BLDG. $ 0
2. ALTERATION $ 4,000
3. TOTAL (1+2) $ 4,000

INDUSTRIALIZED BUILDING:
[ ] STATE APPROVED
[ ] HUD

TYPE OF WORK

		FEE (OFFICE USE ONLY)
[ ] NEW BUILDING		$ 0
[ ] ADDITION		0
[X] ALTERATION		0
[ ] ROOFING		0
[ ] SIDING		0
[ ] FENCE 0	HEIGHT (EXCEEDS 6')	0
[X] SIGN 139	SQ. FT.	139
[ ] POOL		0
[ ] ASBESTOS ABATEMENT SUBCHAPTER 8		0
[ ] LEAD HAZ. ABATEMENT NJAC 5:17		0
[ ] OTHER		0
[ ] OTHER		0
[ ] DEMOLITION		0

	ADMINISTRATIVE SURCHARGE	$ 0
PAID [ ] CHECK #	MINIMUM FEE	$ 0
COLLECTED BY:	TOTAL FEE	$ 139
	DCA TRAINING FEE	$ 3

U.C.C. F110 (REV. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

DATE RECEIVED 08/16/99
DATE ISSUED 9/29/99
CONTROL # C16-178
PERMIT # 99-3719

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

BLOCK 701 LOT 7 QUAL
WORK SITE LOCATION RT 70 FASHION BUG SIGN
OWNER IN FEE VORNADO PROPERTIES
ADDRESS 174 PASSAIC ST
GARFIELD, NJ -
TELE.(800)880-2677 FAX ( )
CONTRACTOR GREG ELECTRIC
ADDRESS 547 ASHLAND RIDGE RD
HOCKESSIN, DE 19707-
TELE.(800)880-2677
LIC. NO. OR BLDRS. REG. NO. 12235
FEDERAL EMP. NO. 21-0480113

B. ELECTRICAL CHARACTERISTICS

USE GROUP - PRESENT U PROPOSED U
[ ] POLE/PAD # [ ] TEMPORARY [ ] OTHER
BUILDING OCCUPIED AS UTILITY CO.
ESTIMATED COST OF ELECTRICAL WORK $ 100

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW
[X] NO PLANS REQUIRED
JOINT PLAN REVIEW REQUIRED:
[ ] BLDG [ ] PLUMB
[ ] FIRE [ ] ELEVATOR
[ ] ELECT PLANS APPROVED
DATE: 8 25 99
APPROVED BY:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
DATE: 10-29-99
APPROVED BY:

INSPECTIONS TYPE	DATES (MONTH/DAY) FAILURE	FAILURE APPROVAL	INITIAL
ROUGH			
TEMP SERV			
CONST SERV			
TCO			
OTHER X visible sign		10-29-99	
SERVICE			
FINAL			

TEMP. CUT-IN-CARD DATE ISSUED
FINAL CUT-IN-CARD DATE ISSUED

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 AND PERFORM THE WORK LISTED ON THIS APPLICATION.

APPLICANT'S SIGNATURE/CONTRACTOR'S SEAL AND SIGNATURE
[ ] LICENSED ELECTRICAL CONTRACTOR [ ] EXEMPT APPLICANT

COMMERCIAL

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (OFFICE USE ONLY)
0		LIGHTING FIXTURES	
0		RECEPTACLES	
0		SWITCHES	
0		DETECTORS	
0		LIGHT POLES	
0		MOTORS-FRACT HP	
0		EMERGENCY & EXIT LIGHTS	
0		COMMUNICATIONS POINTS	
0		ALARM DEVICES/F.A.C. PANEL	
1		TOTAL NUMBERS	35
0		POOL PERMIT/WITH UW LIGHTS	0
0		STORABLE POOL/SPA/HOT TUB	0
0	0	KW ELECT RANGE/RECEPTACLE	0
0	0	KW OVEN/SURFACE UNIT	0
0	0	KW ELECT WATER HEATER	0
0	0	KW ELECT DRYER/RECEPTACLE	0
0	0	KW DISHWASHER	0
0	0	HP GARBAGE DISPOSAL	0
0	0	KW CENTRAL A/C UNIT	0
0	0	HP/KW SPACE HEATER/AIR HANDLER	0
0	0	BASEBOARD HEAT	0
0	0	HP MOTORS 1/+ HP	0
0	0	KW TRANSFORMER/GENERATOR	0
0	0	AMP SERVICE	0
0	0	AMP SUBPANELS	0
0	0	AMP MOTOR CONTROL CENTER	0
1	0	KW ELECT SIGN/OUTLINE LIGHT	0
		OTHER	0
		OTHER	0

Comply with Art 600 NEC

ADMINISTRATIVE SURCHARGE $ 0
MINIMUM FEE $ 0
TOTAL FEE $ 35
DCA TRAINING FEE $ 0

PAID [ ] CHECK #
COLLECTED BY:

U.C.C. F120 (REV. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: August 16, 1999 No. 1999-1367

Block 701 Lot 7 Zone: B-3, H.D.

Property Address: Route 70 & Chambers Bridge Road

Owner: Vornado Properties Phone:

Applicant: Robert Liberatore Phone: 215-724-1724

Existing Use: Retail Unit

Proposed Use: Same

Proposed Construction: Wall Signs: "Fashion Bug", 42" x 28'4", 99.2 sq. ft., "Jr. Ms.", 30" x 8'7", 21.5 sq. ft., "Plus", 30" x 7'3", 18.3 sq. ft.

Conditions:
The sign area may not exceed 15% of total facade area.
The sign may not exceed above the roof line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis 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.

Sean P. Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 701 LOT 7-8-15-16

PROPERTY ADDRESS (number and street) Fashion Bug - Calbor Shopping Center Rt 70 & Chambersbridge Road

NAME OF PROPERTY OWNER Vornado Properties

PERSONAL NAME OF APPLICANT Robert Liberatore

BUSINESS NAME OF APPLICANT Alto Sign Inc.

MAILING ADDRESS OF APPLICANT 6510 Upland St. Philadelphia, PA 19142

TELEPHONE NUMBER OF APPLICANT 215-724-7724

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

X Commercial(please describe) Retail-women's clothing

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

X Commercial(please describe) Same

PROPOSED CONSTRUCTION Install signs reading JR.MS (21.5 sq.ft), Fashion Bug (99.2 square feet) Plus (18.3 square feet) = 139 square feet

___All dimensions: _____Width 60' Length 19'6" Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

✓ All information completed above

___Two (2) copies of the property survey map containing:

___All existing and proposed structures

___All dimensions of the lot and structures

___All setbacks from the structures to the property lines

___All adjacent streets and waterways

COMMERCIAL

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Robert Liberatore Date_____

Reviewed by Zoning Officer Date 8/16 XApproved ()Rejected

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7-8-15.16 SITE ADDRESS Rt 70 & Chambers Br. Rd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign

APPLICANT AITO Sign PHONE NUMBER 215-724-1724
APPLICANT ADDRESS 6510 Upland St CITY & STATE Philadelphia, Pa
PERMIT # C11-178 NAME OF BUSINESS Foster's 15 45

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 8.23.99

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 _____
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 8-23-99

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5.18.99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701 LOT 7.8.15.16 SITE ADDRESS RT 70 E Chambersbridge Sign

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Fashion Bug

APPLICANT A to Sign CITY & STATE Philadelphia, PA

☒ 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:

$ N/C

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

5/20/99

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***

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date 8.16.99

Municipal Engineer
401 Chambers Bridge Rd.
Brick, NJ 08723

Fashion Bug

RE: Sign

Block 701 Lot 7

COMMERCIAL

I, _____ of _____
(name) (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, Part B.
The property, (circle one), is/is not located in a flood zone.

Respectfully Submitted,

_____
(applicant's signature)

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires mining permit.

OFFICE USE ONLY

Approved X Date 8/18/99 By _____

Rejected Date _____ By _____

Remarks _____

28'-4"

42"

FASHION BUG

8'-7"

30"

JR·MS

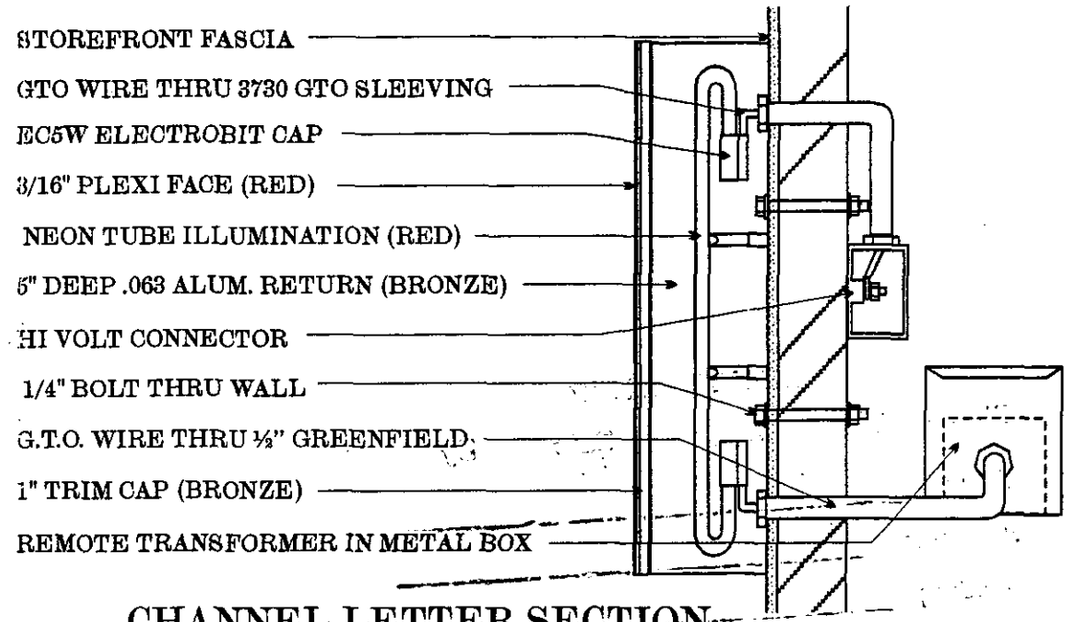
7'-3"

30"

PLUS

SIGN ELEVATIONS

SCALE : N. T. S.



CHANNEL LETTER SECTION

60'-0" NEW LEASE DIMENSION

EQ. 8'-7" 6'-0" 28'-4" 6'-0" 7'-3" EQ.

STOREFRONT ELEVATION

SCALE : 1/8" = 1'-0"

SQUARE FOOTAGE

FASHION BUG	3'6" x 28'4" =	99.2
JR.MS	2'6" x 8'7"	21.5
PLUS	2'6" x 7'3"	18.3
Total Square Footage =		139

CHANNEL LETTER SIGN

11' FROM GROUND TO BOTTOM OF SIGN.

DRAWN BY K.F	S.D. #1
DATE 8-13-99	REV. #1
APPROVED FOR CONSTRUCTION BY	
DATE APPROVED	

FASHION BUG (#391)
BRICKTOWN MALL
BRICKTOWN, N.J.

ALTO SIGN INCORPORATED
PHONE: (215) 724-1724 FAX: (215) 724-9328
WWW.ALTOSIGN.COM KEVALTO@AOL.COM

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	wall signs	8/16/99	JL
Plumbing			
Building		8-26-99	KH
Fire			
Energy			
Electrical			

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

LIC. EXPIRATION DATE:

FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled A.C or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $

Signature:

Owner ○ Contractor ○

SUBCODE APPROVAL:

PLANS: Required ○ Approved ○

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:

ADDRESS:

PHONE:

LIC #: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ○ Gas ○ Oil ○ Electric ○ Solar

Heating Sys: ○ New ○ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:

Combustable Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ○ Contractor ○

SUBCODE APPROVAL:

PLANS: Required ○ Approved ○

Approved by:

Date:

Site Location: Fashion Bug - Cullor Shopping Center Date Rec'd:
Block: 7 Lot: 7-8-15-16 Date Issued:
Owner id Fee: Charming Shoppes Inc Control #:
Address: 450 Winks Lane Bensalem, PA 19020 Permit #:
State: PA Zip: 19020 Phone: (215) 633-4872
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: Alta Sign Inc.
ADDRESS: 6510 Upland St.
Philadelphia PA 19142
PHONE: 215-724-1724
LIC #:
C. EXPIRATION DATE:
FEDERAL EMPL #: (or S.S. #): 23-1607693

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install Signs reading

JR. MS FASHION BUG PLUS

As per attached drawings.

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Other:
- o Fence: Height (6' or More)
- X Sign: Sq. Ft. 138.83
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: X Proposed:
CONSTR. CLASS Present: X Proposed:
No. of Stories: 1
Height of Structure: 19'6"
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: Robert Liberatore

Estimated Cost of Building Work: $4000
New Building (1): $
Alteration (2): $
TOTAL (1+2): $ $4000
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

CONTRACTOR: Greg ELECTRIC
ADDRESS: 547 Ashland Ridge Rd
Hockessin DE 19707
PHONE: 800 880 AMPS
LIC #: 12235 EXP. DATE:
FEDERAL EMPL #: (or S.S. #):
210480113

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Encl. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		K
KW Oven / Surface Unit		K
KW Elec. Water Heater		K
KW Elec. Dryer / Receptacle		K
KW Dishwasher		K
HP Garbage Disposal		H
KW Central A/C Unit		K
HP/KW Space Heater/Air Handler		HP/K
KW Baseboard Heat		K
HP Motors 1/+ HP		H
KW Transformer/Generator		K
AMP Service		AM
AMP Subpanels		AM
AMP Motor Control Center		AM
AMP Elec. Sign/Outline Light		K
Other SIGNS	1	
Other		
Other		
Other		

COMMERCIAL

Estimated Cost of Electrical Work: $ $700
Signature (print name):
Estimated Cost of Electrical Work: $ $700
Signature (print name):
Owner o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL: