BLOCK 701 LOT 7 C17.18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-4625

RECEIVED
NOV 17 1999
DIV. C ION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: BRICK TOWNE CENTER RT 70 BRICK N.J.
2. Name of Owner in Fee: KOHL'S DEPT STORES Tel. ( ) _____
   Address N56 W17000 RIDGEWD DR. MENOMONEE FALLS, WISC. 5305
   (street) (municipality) (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: CO-SIGN Tel. (732) 899-9646
   Address 2140 ROUTE 88 SUITE G-200 BRICK N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223360111 FAX: (732) 892-3737
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work KEVIN CONHEENEY
   Tel. (732) 899-9646 FAX (732) 892-3737

SIGN

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 194		
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			
12. Other	30		
13. TOTAL	$ 225		

CK # 11084.

NO FEE REQUIRED

APPROVED BY _____ DATE 12/6/99

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	
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	

II. PROPOSED WORK

	Est. Cost	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
1. ☒ Minor Work	1200				12-13-99	FM			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GMC	11/29/99		11/29/99	JS			
TOTAL COSTS									

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:

PLAN REVIEW FEE 0 PERMIT FEE 0

LDS BR 10109973

U.C.C. F100-1 (rev 3/96)

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 CO-SIGN

Address 2140 ROUTE 88 SUITE G-200
BRICK N.J. 08724

Telephone (732) 899-9646

Signature _____

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

Date Issued 12/17/99
Control #
Permit # 99-4625

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701 Lot 7 Qual

Work Site Location 644 RT 70 NEW KOHLS SIGN
Owner in Fee KOHL'S DEPT STORES
Address N56 W17000 RIDGEWOOD DR MENOMONEE FALLS, WI -
Telephone ( ) -

Contractor CO-SIGN
Address 2140 ROUTE 88 SUITE 6-200 BRICK, NJ 08723-
Telephone (732)899-9646
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3360111

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALLATION OF ONE SET OF 5' CHANNEL LETTERS, INSTALLATION OF NEW FACES IN EXISTING PYLON SIGNS AT ABOVE LOCATION, 2 SIGNS DOUBLE FACED.

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

J. Curragh / cs
Construction Official

12/17/99
Date

PAYMENTS (Office Use Only)

Building	194
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other 2 PER	30
Total	225 ~~195~~
Check No.	11084
Cash	
Collected By	CS

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/17/99
Date Issued 12/1/99
Control # C17-18
Permit # 99-4625

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 644 RT 70 NEW KOHLS SIGN
Owner in Fee KOHL;S DEPT STORES
Address N56 W17000 RIDGEWOOD DR
MENOMONEE FALLS, WI -
Tele.( ) -
Contractor CO-SIGN
Address 2140 ROUTE 88 SUITE 6-200
BRICK, NJ 08723-
Tele.(732)899-9646 Fax (732)892-3737
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3360111

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 12-13-99 FM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
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 $ 1,200
3. Total (1+2) $ 1,200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

INSTALLATION OF ONE SET OF 5' CHANNEL LETTERS, INSTALLATION OF NEW FACES IN EXISTING PYLON SIGNS AT ABOVE LOCATION, 2 SIGNS DOUBLE FACED.

Wiring To Be Done By Elect. Contractor on site

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 194	Sq. Ft.	194
[ ] 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	$ 194
	DCA Training Fee	$ 1

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: November 22, 1999 **No. 1999-**1781

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

Property Address: Route 70 & Chambers Bridge Road

Owner: Route 70 & Chambers Bridge Road

Applicant: Kevin Conheeney **Phone:** 899-9646

Existing use: Shopping Center

Proposed use: Same

Proposed Construction: 5' x 38'9" channel letter wall sign, "Kohls"
Replace "Caldor" faces with "Kohl's" in ground sign frame.

Conditions: The total wall sign area may not exceed 15% of total façade area.

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

RECEIVED
NOV 19 1999
ZONING

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

BLOCK 701 LOT 7

PROPERTY ADDRESS (number and street) Rt 70 & Chambers Br Rd

NAME OF PROPERTY OWNER VORNADO REALTY TRUST

PERSONAL NAME OF APPLICANT KEVIN CONNEENEY

BUSINESS NAME OF APPLICANT CO. SIGN

MAILING ADDRESS OF APPLICANT 2140 ROUTE 88 SUITE G-200

TELEPHONE NUMBER OF APPLICANT 732. 899-9646

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓ Commercial(please describe) OLD CALDOR DEPT STORE

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓ Commercial(please describe) KOHL'S DEPT STORE

PROPOSED CONSTRUCTION SIGNAGE
REFACE EXISTING PYLON SIGNS KOHL'S LOGO.
NEW CHANNEL LETTERS 193 3/4 SQ FT. sq feet FT

___All dimensions: 12" Width 38'9" Length 5'0" 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 _____ Date 11/15/99

Reviewed by Zoning Officer Date 11/22 (X)Approved ()Rejected

Vornado Realty Trust
Park 80 West, Plaza II
Saddle Brook, NJ 07663

Telephone Number (201) 587-1000
Fax Number (201) 587-0600/0681

Vornado
REALTY TRUST

Via Facsimile

September 23, 1999

Ms. Natalie Martin
Kohl's
N56 W17000 Ridgewood Drive
Menomonee Falls, WI 53051

Re: Kohl's Department Stores
Bricktown, NJ

Dear Ms. Martin:

This correspondence will confirm approval of signage replacement as corrected to be installed on the pylon sign for the above mentioned tenant and location. Tenant is responsible for obtaining any and all municipal applications, approvals, permits, licenses, etc.

Additionally, kindly submit a copy of all-governmental applications, approvals and permits for our records.

Sincerely yours,

VORNADO REALTY TRUST

Eduardo R. Aranias

COMMERCIAL

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

Date: 11-17-99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 701 Lot: 7 8 15

Property Address: Rt 70 - Kohls dept store

COMMERCIAL

I, _____ of _____.
(name) (address)

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 11/29/99 Signed: _____

Rejected: _____ Signed: _____

Comments: Per Site Plan

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701 LOT 7 SITE ADDRESS Old Shore Rd.
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS

APPLICANT C.D. Sign PHONE NUMBER 830-9646
APPLICANT ADDRESS 240 Rte 35 Suite 12W CITY & STATE Brick NJ
PERMIT # C17-15 NAME OF BUSINESS Kohl's / Sign

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 %

✗ Commercial is .01 %

Estimated Assessment $ 0 Date 12.6.99

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 12.6.99

Carol A. Wolfe
Affordable Housing Administrator

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

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 12-6-99

JURISDICTION Bldg
(City, County, Township, etc.)

BUILDING LOCATION Kohls Dpt store.
(Street address)

BUILDING DESCRIPTION Sign

REVIEWED BY FM

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Need Fastner INFO That Attatch Sign To Building	
	Resubmit to Bldg 12-10-99 Sign Co. Called 899-9646 8502 330	

06/93

KOHL'S

ILDING LETTER INSTALLATION DRAWING

E FOLLOWING INFORMATION IS A STEP BY STEP PROCEDURE FOR
TALLING KOHL'S LETTERS. PLEASE FOLLOW THIS PROCEDURE AT
L TIMES. A COPY OF THIS DRAWING, THE CONSTRUCTION DETAIL
AWING OF THE LETTERS MANUFACTURED BY FEDERAL SIGN, AND A
PY OF THE BUILDING ELEVATION DRAWING MUST BE ON SITE WITH
RSONNEL DOING INSTALLATION WORK. PLEASE HAVE COPIES OF
L DRAWINGS ON SITE WHEN DOING INSTALLATION OF LETTERS.

WHEN LETTERS ARE DELIVERED TO YOUR SHOP TEST LIGHT ALL
TTERS USING 6'-0" - 8'-0" WIRE WHIPS THAT ARE ON BACKS OF
TTERS. THE METHOD WE USE TO CRATE THE LETTERS ALLOW YOU
TEST LIGHT THEM WITHOUT ENTIRELY UNCRATING THE LETTERS.

CONTACT FEDERAL SIGN 1-800-231-1417 IMMEDIATELY IF YOU
SPECT ANY INTERNAL OR HIDDEN DAMAGE TO THE LETTERS THAT
ULD OF OCCURRED DURING SHIPPING.

TO BEGIN INSTALLING THE LETTERS DETERMINE WHAT TYPE OF
LL YOU WILL BE MOUNTING TO. CONCRETE BLOCK, MASONRY,
Y-WIT, ETC... THIS WILL DETERMINE WHAT TYPE OF MOUNTING
RDWARE YOU WILL NEED TO USE. WALL ANCHORS, THROUGH
LTS, SLEEVED, ETC...

LAYOUT YOUR MOUNTING HOLES AND ELECTRICAL LEAD HOLES USING THE
NNING DIMENSIONS SHOWN ON THE FEDERAL SIGN CONSTRUCTION DETAIL
AWING. FASTENING HOLES AND ELECTRICAL FEEDS ARE IN HORIZONTAL
ES WITH ALL MEASUREMENTS FROM LEFT TO RIGHT. BEFORE DRILLING THE
ECTRICAL LEAD HOLE FOR THE APOSTROPHE MAKE SURE THAT THE HOLE FOR
E APOSTROPHE IS BELOW THE ROOF LINE. IF NOT DO NOT DRILL ELECTRICAL
AD HOLE FOR APOSTROPHE. FOR INSTALLATIONS WHERE THE ELECTRICAL
LD HOLE FOR THE APOSTROPHE IS AT OR ABOVE THE ROOF LINE, RUN THE
ECTRICAL LEADS OUT THE BACK OF THE APOSTROPHE TO THE LETTER "L"
D PUT LEADS THROUGH WALL WITH THE LEADS FOR THE LETTER "L".

ONCE HOLES ARE SET-UP AND DRILLED MOUNT THE WALL CLIPS
NT WITH LETTERS. MAKE SURE ORIENTATION OF CLIPS IS CORRECT,
S WILL BE IMPORTANT WHEN DOING YOUR FINAL ADJUSTMENTS TO
E LETTERS ONCE THEY ARE ON THE WALL. SEE FEDERAL SIGN
NSTRUCTION DETAIL DRAWING SHOWING PROPER ORIENTATION OF
E CLIPS.

BEFORE PUTTING LETTERS ON THE WALL DETERMINE WHAT THE
CAL CODE ALLOWS FOR THE TYPE OF CONDUIT YOU CAN USE TO
ACE WIRES THROUGH THE WALL. CONNECT CONDUIT TO NIPPLE
ONNECTOR PROVIDED ON LETTER BACK, PUT WIRE WHIPS IN
ONDUIT AND PREPARE LETTERS TO LIFT INTO PLACE. FEDERAL SIGN
OVIDES LIFT RINGS ON EACH LETTER.

LIFT LETTERS INTO PLACE AND PUT ELECTRICAL LEADS THROUGH
ALL. DO NOT COMPLETELY TIGHTEN NUTS AND BOLTS ON CLIPS, A
NAL ADJUSTMENT MUST BE MADE. COMPLETELY SEAL ELECTRICAL
EAD HOLES WITH CLEAR SILICONE CAULK.

—IMPORTANT ADJUSTMENT NOTE— MAKE SURE ALL LETTERS
E SPACED FROM THE WALL AS FOLLOWS:

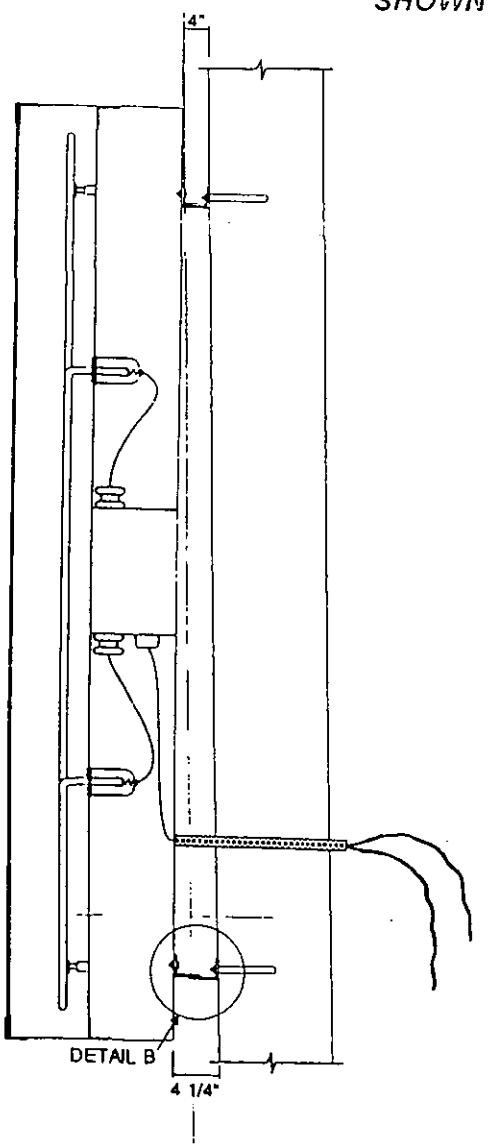
TOPS OF LETTERS SPACED 4" FROM WALL
BOTTOMS OF LETTERS SPACED 4-1/4" FROM WALL

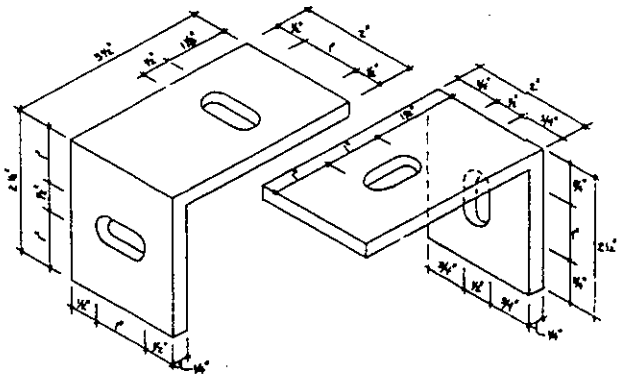
IS IS DONE SO THAT THE WATER WILL RUN OFF TOWARDS THE BACK
F THE LETTER INSTEAD OF RUNNING TOWARD THE FRONTS AND
VDER THE RETAINER PUSHING DIRT DOWN ON THE INSIDE OF THE
TTER FACES.

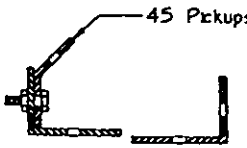
ONCE ALL LETTERS ARE IN PLACE AND ADJUSTED TEST LIGHT THE
TTERS. TAKE PHOTOGRAPHS OF THE COMPLETED INSTALLATION,
D GET THE JOB SITE SUPERVISOR TO SIGN THE INSTALLATION
MPLETED TICKET.

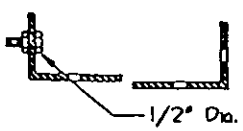
THE ON-SITE ELECTRICIAN FOR KOHL'S WILL DO THE FINAL
ECTRICAL CONNECTION TO THE LETTERS WHICH WILL INCLUDE
OUNTING A BOX ON THE INSIDE OF THE WALL AT EACH ELECTRICAL
EAD. PIPING FROM BOX TO BOX AND PULLING WIRES, AND
ONNECTING TO CIRCUIT RUN TO LOCATION OF WALL LETTERS.

LETTERS
AS
SHOWN



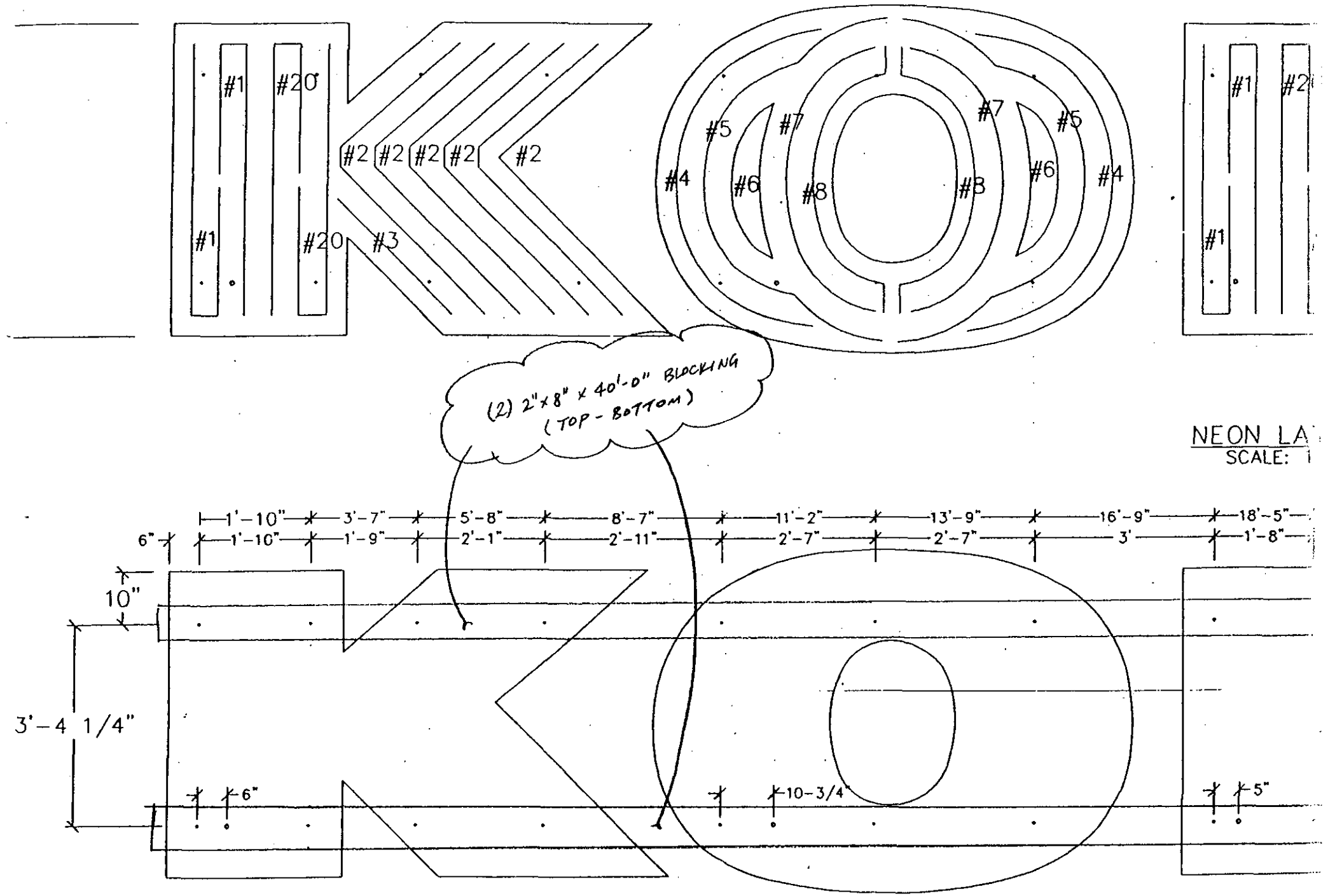




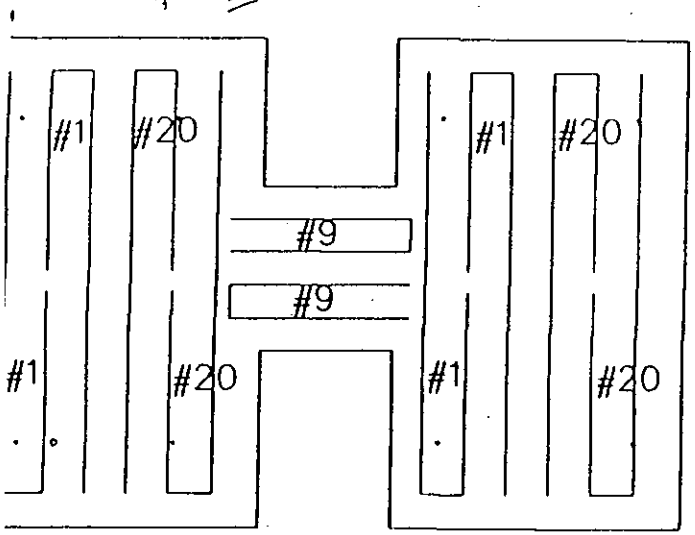


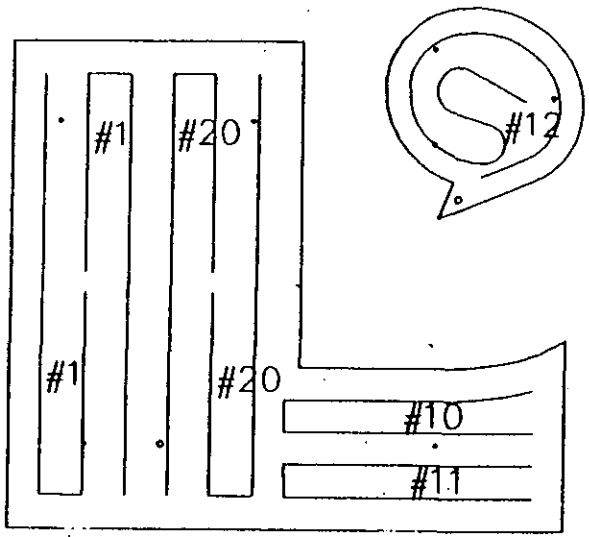
DETAIL B

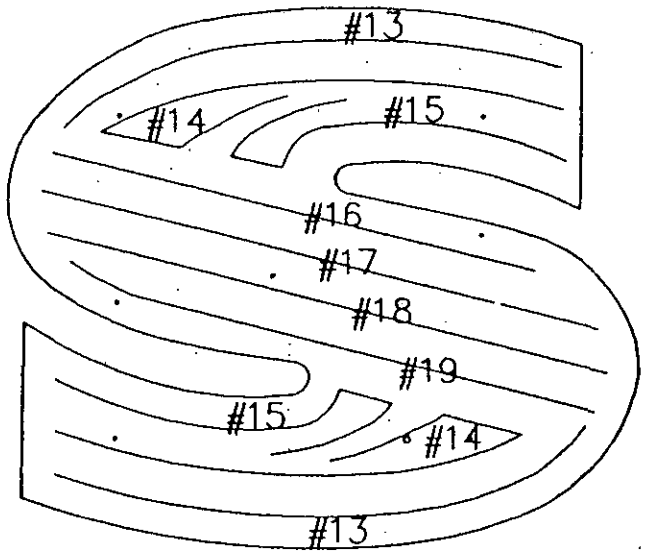
DRYVIT SUPPORT



38'-8 3/16"

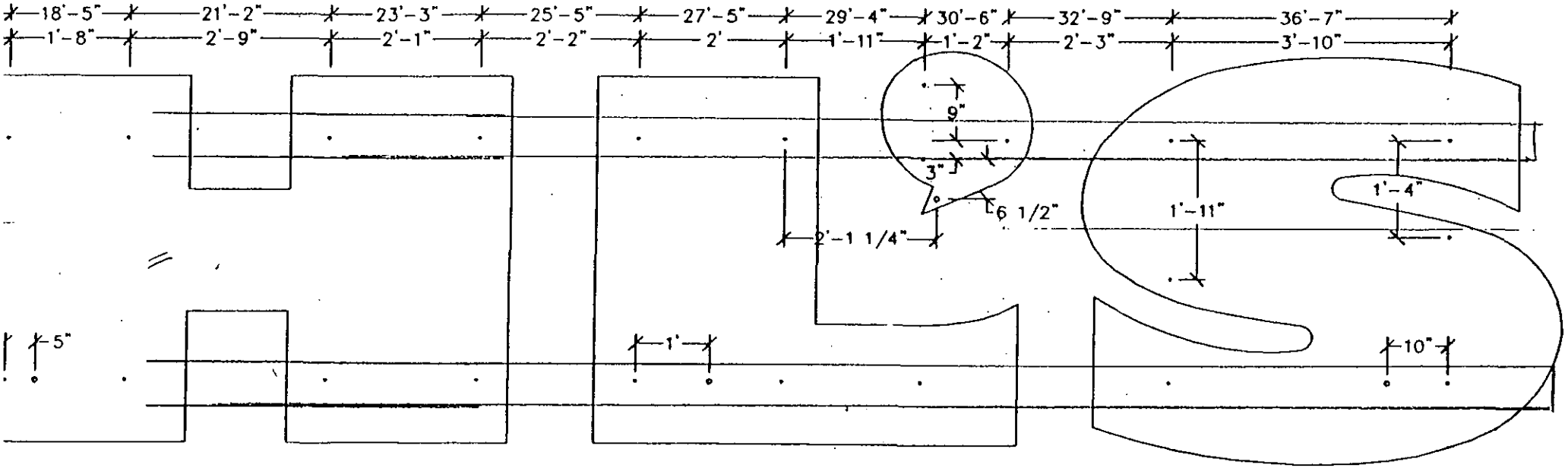






5'-0" ILLUM. "KOHL'S" LETTERS

EON LAYOUTS
SCALE: 1/2" = 1'



FRANK Bldng Dept
BRICK

from Co-sign
899-9646

BOSTLEMAN
Developers • Construction Managers
1545 Timberwolf Drive – P.O. Box 982
Holland, OH 43528-0982
(419) 724-7000 (419) 724-7070

KOHL'S
N88 W17000 Ridgewood Drive
Menomonee Falls, WI 53051
(414) 703-1995 (414) 703-7101

(914) 935-3300 Port Chester, NY Office
(914) 935-6877 Port Chester, NY Fax

FIELD INSTRUCTION 28

TO: All Construction Managers

FROM: Kevin Skotynsky

DATE: October 21, 1999

ATTN:

RE: Kohl's Department Stores

FAX:

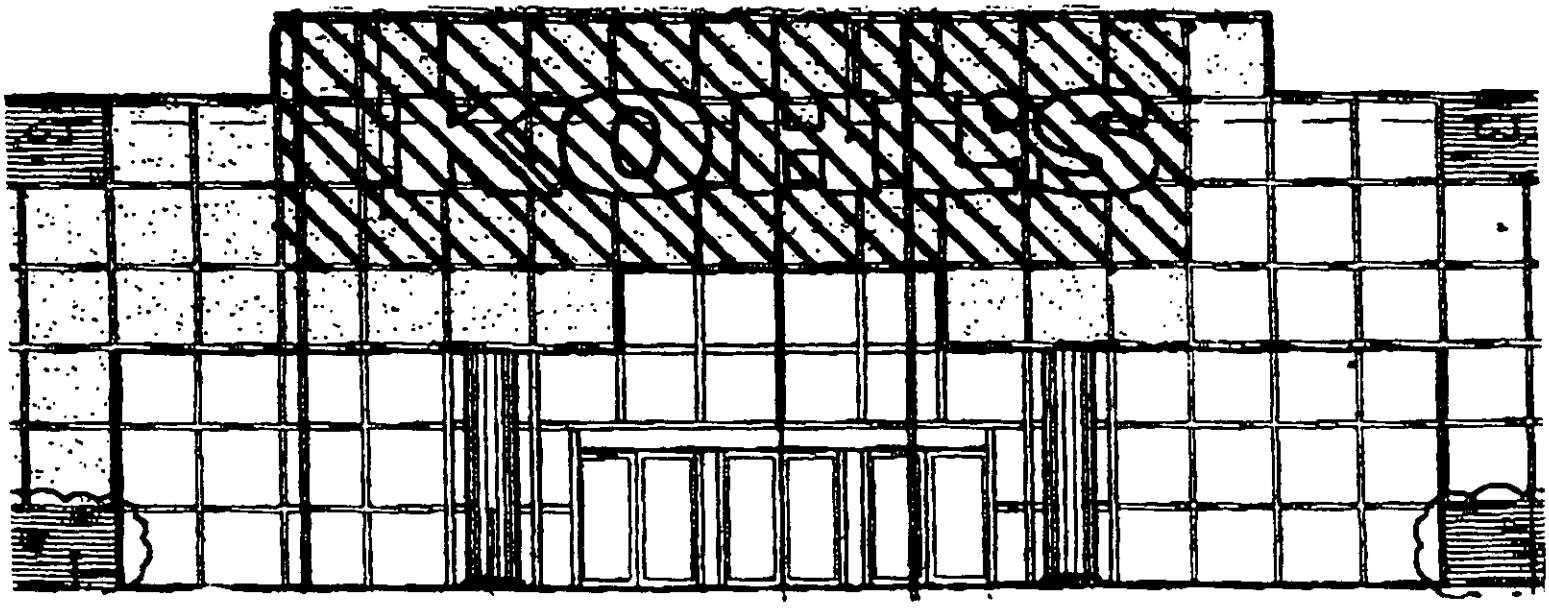
Exterior Signs

RECEIVED
DEC 10 1999
DIV. C[illegible]TION

1 Page

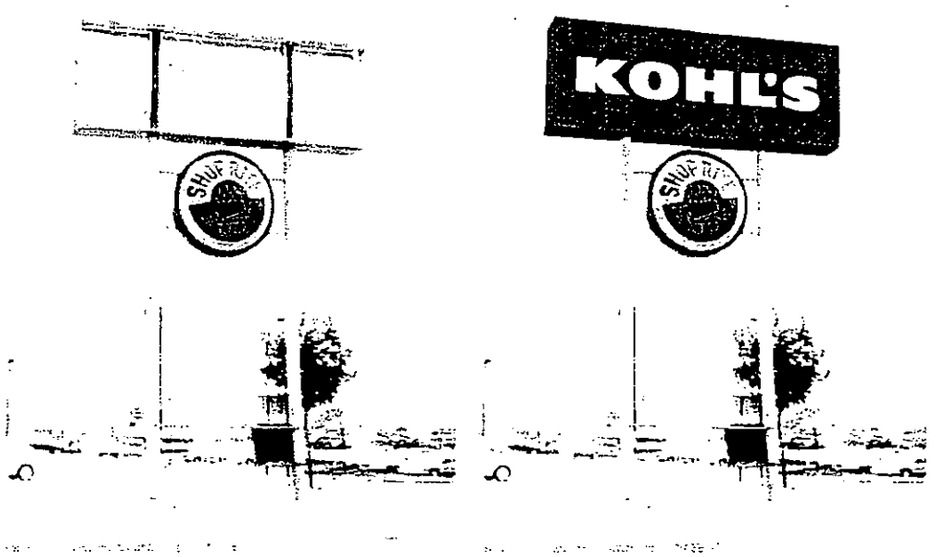
Typical for all stores with EIFS on metal stud curtain wall. Furnish and install 5/8" fire rated plywood on the exterior face of metal stud curtain wall at area from high soffit to parapet and from end to end as shown on sketch. Should drawing A4 show exterior signage in other areas of facade not typical to attached sketch incorporate 5/8" plywood or 18 gauge sheet metal bolted into the studs every 4' and screwed into all other studs (vertical spacing of screws/bolts no more than 8"). 18 gauge sheet metal to be used when local code and/or local governing authorities do not allow fire rated plywood.

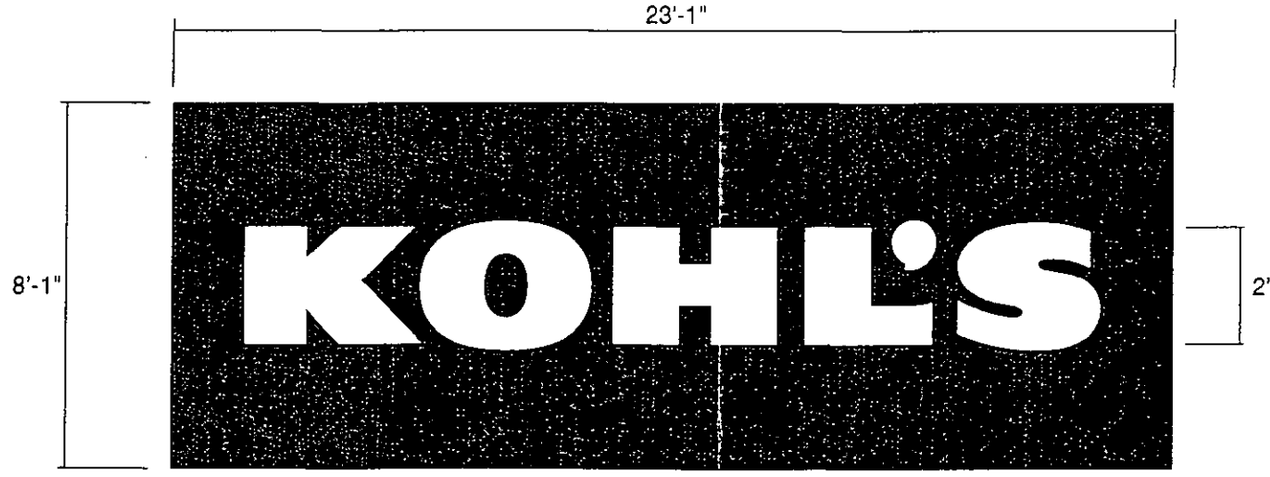
RESUBMIT DATE 12/10/99



Copy To: MK, MA, BE, FM'S, KFR'S, Bostleman, Federal Sign

Signed By: Kevin Skotynsky





ADD NOTE TO DRWG
* Complete Reland + Backbt wiring as needed

RETROFIT EXTRUSIONS WITH PANAFLEX FACES & NEW RETAINERS
3630-49 BURGUNDY VINYL OVER WHITE PANAFLEX, BLACK OUTLINE
AROUND COPY. REPAINT CABINET & RETAINERS BLACK.
(2- D/F SIGNS) RELAMP BOTH SIGNS.

1/4'=1'-0"

JOB# 22-11987-00

CUSTOMER APPROVAL 7/9/99

FEDERAL SIGN
Division Federal Signal Corporation

Customer	KOHL'S
Address	664 ROUTE 70
City/State	BRICKTOWN, N.J.
Sales	SCHWALBACH
Designer	T.Z.
Date	JUL 1, 99
Sketch#	52575

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
, New Jersey 08723
732-262-1027

Site Location: BRICKTOWNE CENTER RT 70 Date Rec'd.:
Block: 70.1 Lot: 7.8.15 Date Issued:
Owner in Fee: VORNADO REALTY TRUST Control #:
Address: PARK 80 WEST PLAZA II Permit #:
SADDLE BROOK, N.J.

State: NJ Zip: 07663 Phone: (201) 587-1000
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

NTRACTOR:
DRESS:
ONE:
#:
EXPIRATION DATE:
DERAL 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 AC or Refrig. Unit
___	Sewer Connection
___	Septic (Disposal System) Closure
___	Water Service Connection
___	Gas Service Connection
___	Active Solar System
___	Vent Through Roof
___	Other

imated Cost of Plumbing Work: $
nature:

ner ☐ Contractor ☐
CODE APPROVAL:
NS: Required ☐ Approved ☐
roved by:
:
NTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: CO-SIGN
ADDRESS: 2140 ROUTE 88 SUITE 6200
BRICK NJ.
PHONE: 732-899-9646
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 223360111

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF ONE (1) SET OF 5' CHANNEL LETTERS (193.75 SQ FT)
INSTALLATION OF NEW FACES IN EXISTING PYLON SIGNS AT ABOVE LOCATION - TWO (2) SIGNS DOUBLE FACED.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: Sq. Ft. 193.75
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: 1200.-
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date: