BLOCK 701 LOT 79 ADDRESS (SITE) _____ PERMIT NO. 333-94

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: RT 70 & Chambers Bridge Rd Buck Town Ctr
2. Name of Owner in Fee: Fashion Tel. (215) 638 6988
   Address RT 70 & Chambers Bridge Rd Buck Town
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Advance Const Sun Tel. (412) 821 8280
   Address 2209 Babcock Blvd Pittsburgh PA 15237
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer M. Karl Kaiser Tel. (215) 638 6918
   Address 450 Winks Lane Bensalem PA
6. Responsible Person In Charge of Work Dick Bolyard Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 38		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 38		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 67		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. 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. ☐ Asbestos Abatement	
10. ☑ Demolition Foraltor	
TOTAL COSTS	500

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: Fashion Bug
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10210130

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 Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

Date Issued 3/16/94
Control #
Permit # 333-94

IDENTIFICATION Block 701 Lot 79

Work Site Location Rt 70 (Ramkus Bridge) Contractor Advanced Const.

Address

Owner in Fee Marlton Bus Ctr.

Address Tele. ( )

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

Tele. ( ) Federal Emp. No. BLOCK 0.00

or Social Security No. 79± # 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Interior Demo

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 $ 5000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	38 7 # BUILDING	38.00
Plumbing	PLAN RVW	5.00
Electrical	D.C.A.	4.00
Fire Protection	S/I/O	20.00
Other	TOTAL	67.00
Other	CHECK	67.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.		
Other		
Total	03/16/94 NO. 5 0012A005	10:14
Check No.	# 126	
Cash		
Collected By:		

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/16/94
Date Issued
Control #
Permit # 333-94

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

Block 201 Lot 79 [illegible]
Work Site Location RT 202 [illegible]
Owner in Fee [illegible]
Address
Tele. ( )
Contractor Advance Const [illegible]
Address 2209 Babcock Blvd
Pitts. [illegible] PA 15237
Tele (412) 821 [illegible]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] 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				

Dates (Month/Day) apply to the Failure, Failure, Approval and Initial columns.

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Total Bldg. Area/All Floors 14,000 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) $ ______

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]
Signature [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[ ] Roofing	
[ ] Siding	
[ ] Other ______	
[✓] Demolition For Alteration	
[ ] Miscellaneous	
[ ] Fence ______ Height	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Elevator	
[ ] Asbestos Abatement	
[ ] Other ______	

Administrative Surcharge $ ______
Paid [ ] Check # ______ Minimum Fee $ ______
Collected by: ______ TOTAL FEE $ ______

U.C.C. Form F-110A
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION DEPARTMENT

FASHION BUG

CHARMING SHOPPES, INC
450 WINKS LANE
BENSALEM, PA. 19020

Mr. Ray Korkowski
Brick Township Municipal
Division of Inspections
401 Chamberbridge Road
Brick Township, N.J. 08723

Via Fax
(908) 920-4850

Bl 701
Lt 5,6,7,8

RE: Fashion Bug of Brickktown, N.J. Store #291

Dear Mr. Korkowski:

We will be forwarding the necessary sealed architectural drawings per your request for the temporary wall at the Fashion Bug in the Caldor Shopping Center.

Please accept this letter as evidence of our intentions to meet your requirements. Per your conversation with Dirk Bolyard at the jobsite, we understand that we can occupy the newly constructed portion of this jobsite.

Sincerely,

Blase J. Iaconelli

Blase J. Iaconelli
Project Manager
Construction Department

Electrical
Energy
Fire
Building
Plumbing
Zoning
Plan Review

By
Date
Class
BRICK TOWNSHIP

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building 5/10/94

Fire

Energy

Electrical

SECTION #1

NOTE:

NO.	REVISION DESCRIPTION	BY
	REVISED STORE LAYOUT AND STOREFRONT	
	REVISED FLOOR AREAS	
	REVISED WATER ROOM AREA, ADDED DOOR #11A	

WM. INDICATE TEMPORARY BARRICADE AREA J.F.

CONTRACTOR AND SUBCONTRACTORS TO VISIT THE JOB SITE AND FAMILIARIZE THEMSELVES WITH ALL EXISTING CONDITIONS AND DIMENSIONS AS FIELD BEFORE WORK IS STARTED.

SEAL

CHARMING SHOPPES

CHARMING SHOPPE

STORE DESIGN DE

450 WINKS LANE, BENSALEM

Site Plan Review

Zoning

Plumbing

Building

Fire

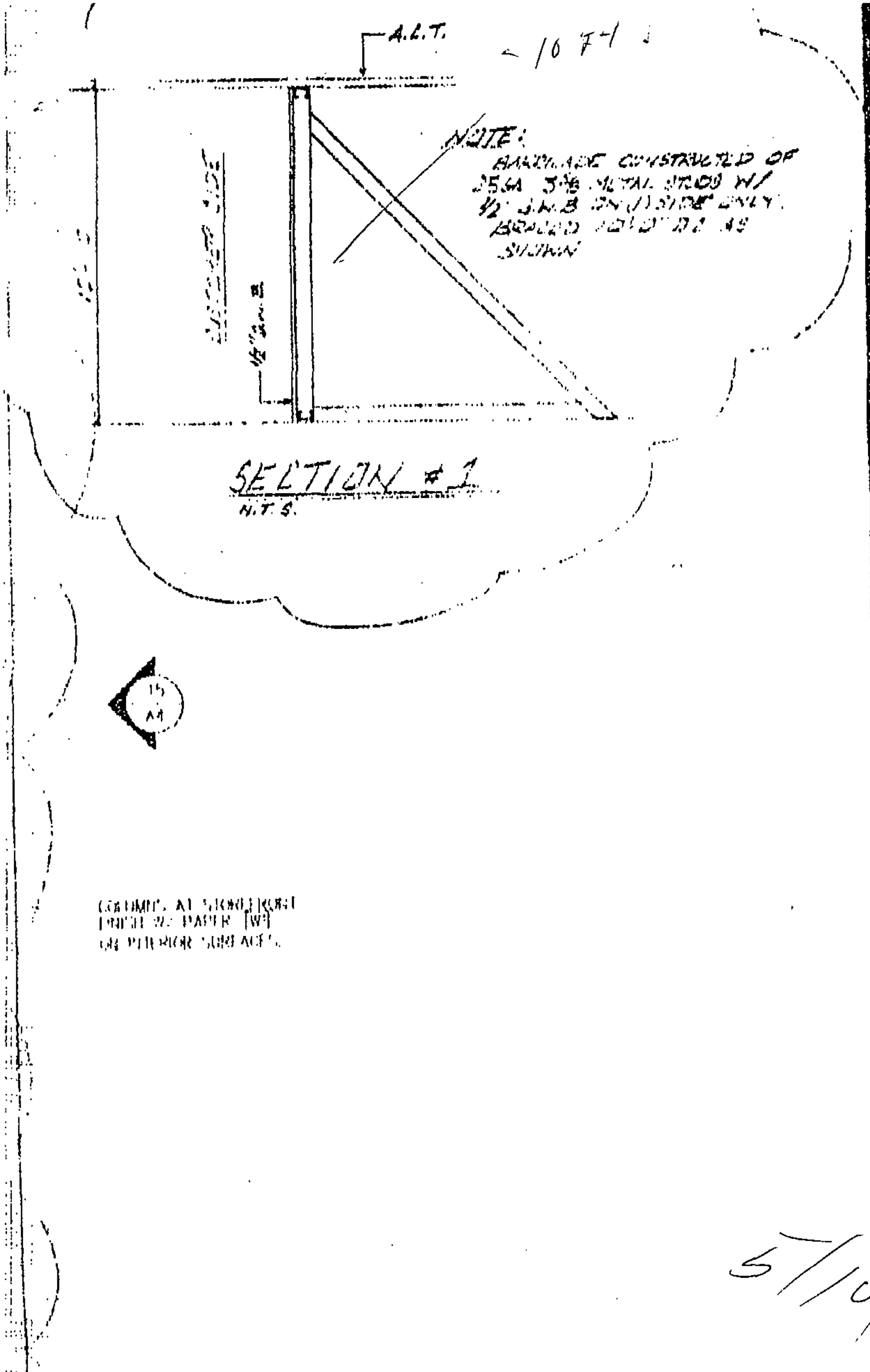
Energy

Electrical

BRICK TOWN

Class

5/10/94



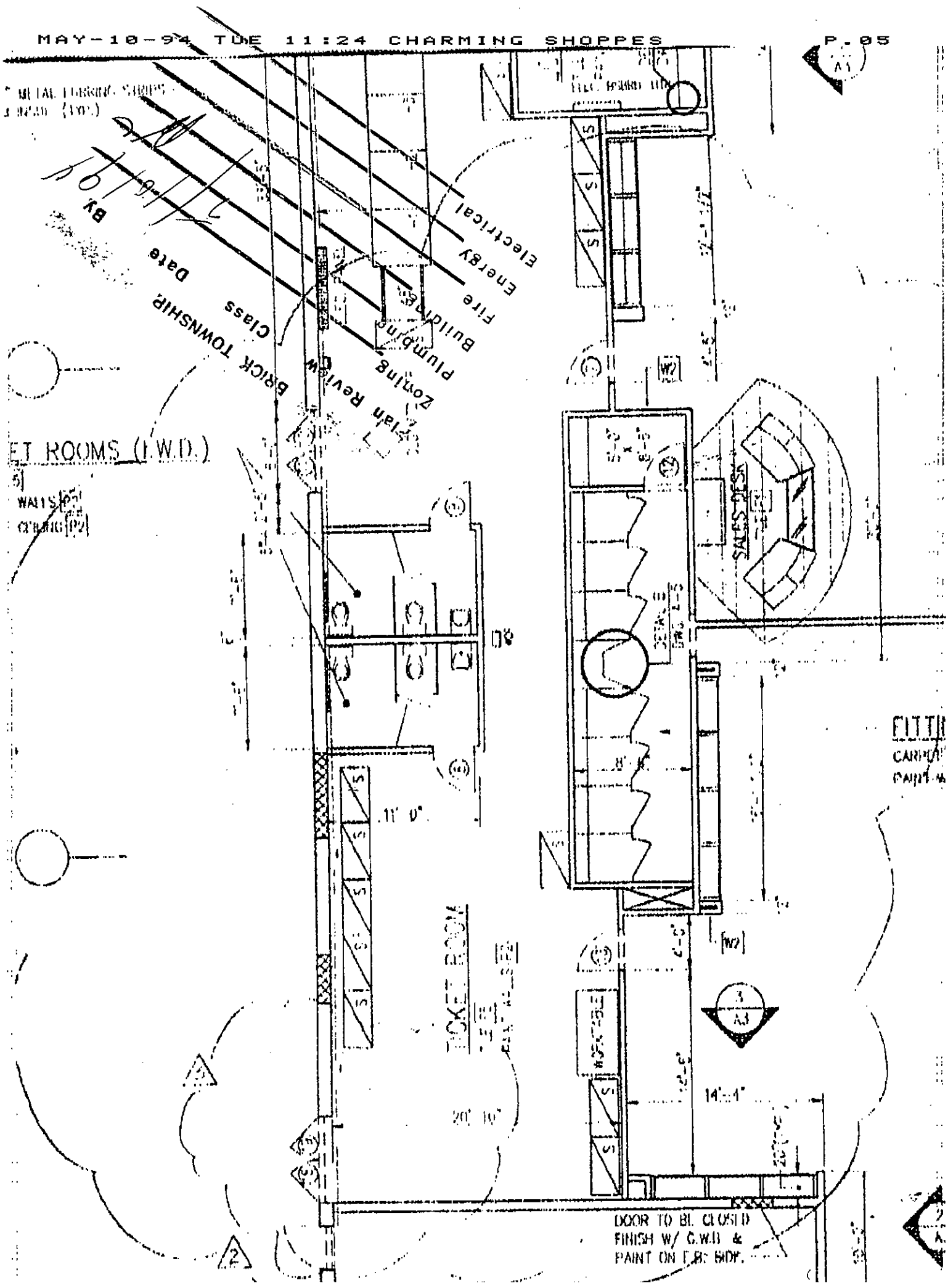
NO.	DATE	REVISION DESCRIPTION	BY
1	2/28/94	REVISED STORE LAYOUT AND STOREFRONT	J.F.
2	3/16/94	ENLARGED TOILET ROOMS	J.F.
3	4/13/94	REVISED TOILET ROOM LAYOUT ADDED DOORS #3&13	J.F.
4	5/9/94	INDICATE TEMPORARY BARRICADE REQ'D	J.F.

SEAL

JOB NO. 0281

DATE 01/07/94

SCALE 1/8"=1'-0"


ET ROOMS (F.W.D.)
WALLS
CEILING
SALES DESK
TICKET BOOM
DOOR TO BE CLOSED
FINISH W/ G.W.B. &
PAINT ON BOTH SIDES
11' 0"
20' 10"
14'-1"
By
Date
Class
BRICK TOWNSHIP
Plan Review
Zoning
Plumbing
Building
Fire
Energy
Electrical