called 3/4/94 SB

BLOCK 701 LOT 7,8,15,16 ADDRESS (SITE) RT 70 & CHAMBERSBRIDGE RD. PERMIT NO. 417-94

RECEIVED
MAR 7 1994
DIV. OF INSPECTION

mail

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICKTOWN MALL (CALDOR S/C) - FASHION BUG STORE
2. Name of Owner in Fee: VORNADO, INC. Tel. (201) 587-1000
   Address 174 PASSAIC ST. (street) GARFIELD (municipality) NJ 07026 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: ALTO SIGN INC. Tel. (215) 724-1724
   Address 6510 UPLAND ST. PHILA PA 19142
   License No OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 23-1607693 Social Security No. ____
5. Architect or Engineer MIKAEL KADE Tel. (215) 245-9100
   Address 450 WINKS LANE BENSALEM PA 19020
6. Responsible Person In Charge of Work ROBERT LIBRATORE Tel. (215) 724-1724

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other SIGN		180.00	
6. Subtotal	$		
7. Less 20% for State Plan Review		5 —	
8. Subtotal	$		
9. DCA Training Fee		6 —	
10. Subtotal	$		
11. Cert. of Occupancy		20 —	
12. Other			
13. TOTAL	$	216 —	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 15'3" 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 ____	

SIGN

II. PROPOSED WORK

		Est. Cost
1	✓ Minor Work (single trade)	7000
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	
	TOTAL COSTS	7000

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
			3/22/94	R			
Guy	3/8/94	EVA		Rao			

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:
3. Change in Use Group, Indicate Former:

LDS BR 10210129

20K

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 Alto Sign, Inc. / Robert Liberatore

Address 6510 Upland St.
Phila PA 19142

Telephone (215) 724-1720

Signature Robert Liberatore Date 3-4-94

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
☐ 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 Zone	SC	3/7/94	Wall Sign					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

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.		

CONSTRUCTION PERMIT

Date Issued 3-30-94
Control #
Permit # 417-94

IDENTIFICATION Block 701 Lot 7-8-15-16

Work Site Location Rt. 70 & Chambersbridge Rd. Contractor Atta Sign, Inc.

Address

Owner in Fee Verona Ho, Inc

Address 1711 Passaic St. Tele. ( ) ~~0002~~

Garfield, NJ Lic. No. or Bldrs. Reg. No. ~~417~~ Exp. Date

Tele. ( ) Federal Emp. No. ~~701~~

or Social Security No. ~~17.8.15.16~~

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER Sign

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)		
Building	~~PLANS~~	~~105.00~~
Plumbing	PLAN RVW	5.00
Electrical	D.C.A.	6.00
Fire Protection	C / O	20.00
Other	TOTAL	26.00
Other	CHECK	26.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.	03/30/94 NO. 5 0025A005	11:28
Other		
Total		
Check No.		
Cash		
Collected By:		

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 $ 7000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 701 , Lot 7, 8, 15, 16

DATE: 3/8/94

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ —0—.

Preliminary Frederick R. Millman

Frederick R. Millman, CTA

3-6-94
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____

Frederick R. Millman, CTA

_____
Date

☒ EXEMPT _____

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: Volando Inc DATE: 3/8/94

ADDRESS: 174 Hudson St Englewood NJ 07631

PROPERTY LOCATION: Rice Town Hall 10-30 E Palisade Ave

ACCOUNT NO: _____ BLOCK 701 LOT 7, 8, 15, 16

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required	$500.00	Date	
Down Payment		Date	
Balance		Date	
Pd. in Full		Date	

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee : -0- Date: 3/8/94

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ 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.

Carol Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

ALTO

ALTO SIGN INCORPORATED

6510 UPLAND ST. • PHILA., PA. 19142 • TEL. (215) 724-1724/3856 • FAX. (215) 724-9088

DATE: 3-21-94

FACSIMILE TRANSMISSION COVER SHEET

FROM: Robert Libertore

TO: Ray Korkowski

OF: Township of Brick

COMMENTS AND/OR SUBJECT: Re: Fashion Bug, Brickstown Plaza

Dear Mr. Korkowski,

The following sketch is a detail of the Fashion Bug signage for Brickstown Plaza. Please let me know if this is suitable for the approval of the permit.

If you have any questions please give me a call at 1-800-435-2252

Thank You!

Robert Libertore

PAGE 1 OF 2

call could be completed

Fashion Bug
Lighting

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

609-920
2835

Office of
Division of Inspections

CHECK LIST

Re: Block Rt 7 701 Lot 78-15-16

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	
Zoning	
Engineering	
Building	N/C Construction Detail
Plumbing	
Electric	
Fire	

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/30/94
Control #
Permit # 4/7 - 94

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

Block 701 Lot 7.8 15 16

Work Site Location FASHION BUG · BELLTOWN MALL
RT 70 & CHAMBERSBRIDGE RD.

Owner in Fee VOLPANDO INC.

Address 174 PASSAIC ST. GARFIELD NJ. 07026

Tele. (201) 587-1000

Contractor ALTO SIGN INC

Address 6510 VOLANO ST.
PHILA PA 19142

Tele (215) 724-1724

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23 1607693 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	3/30/94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date.

Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present ✓ Proposed
Constr. Class Present ✓ Proposed
No. of Stories 1
Height of Structure 15'3" 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 $ 7000
3. Total (1+2) $ 7000

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.

Robert Silverlove
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL SIGNS READING
FASHION BUG, FASHION BUG PLUS,
STEFANO MAN.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[✓] Miscellaneous
  [ ] Fence Height
  [✓] Sign 185 Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE $

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

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # APR 19 94 0 U 2 8 8 6

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

Block 701 Lot 7.9
Work Site Location FASHION BUG
666 CHAMBERS ROAD
Owner in Fee FASHION BUG
Address 450 WILKS LANE BENSALEM PA 19020
Tele. (908) 202 1988
Contractor BISSET ELECTRIC
Address 185 MILL ST
WEST CREEK N.J. 08092
Tele. (609) 296 6572
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed FASHION BUG
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as STORE Utility Co. JCPL
Est. Cost of Elec. Work $ 25000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
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.

BISSET ELECTRIC CERTIFICATE OF LICENSE ELECTRICAL CONTRACTOR 93

Signature—Contractor Seal

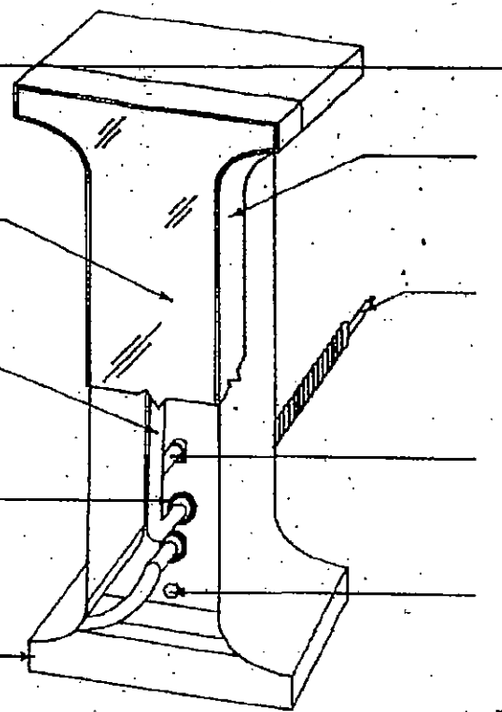
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
365		Fixtures (1)	
46		Receptacles (2) 4 22	
4		Switches (3)	
		Total 1 + 2 + 3	100
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer 1-5/2 4w 1-2 1/4w	
2	Kw	A/C Unit	108
		Burglar Alarms	
		Intercoms Panels	
1	DUCT	Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	2 Kw	Water Heater(s)	7
	Kw	Central heat: oil, gas or elec.	
1	7.5 Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
2 ~~3~~	100 Amp	Motor Control Center/Sub Panels	66
~~3~~ 1		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
1	25 Kw/A	Transformers	25
	Kw	Generators	
1	400 Amp	Service Entrance 30	75
4		Other EXITS	

Administrative Surcharge		$ _____
Paid [✓] Check # 148	Minimum Fee	$ _____
RAF	DCA Training Fee	$ _____
Collected by: _____	TOTAL FEE	$ 431.00

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy



3 / 16" PLEXI FACES

NEON TUBE ILLUMINATION
(SIZE OF TUBE VARIES)

PK HOUSINGS IF REQUIRED BY CODE

.063 ALUMINUM RETURNS

1" TRIM CAP MOLDING

GTO WIRE THRU FLEXIBLE CONDUIT
TO REMOTE TRANSFORMER

NEON TUBE SUPPORT

1 / 4" BOLT THRU WALL

NEON COLOR:	RED
TRIM CAP COLOR:	BRONZE
PLEXI FACE COLOR:	#2283 RED
CHANNEL LTR COLOR:	BRONZE

Channel Letter Section

3/22/94
RL

WALL & PYLON SIGNS
INTERIOR & EXTERIOR
PLEXIGLAS & LEXAN
FLEXIBLE FACES
CHANNEL LTRS

• SURVEYS & PERMITS
• FREE ESTIMATES
• CUSTOM DESIGN
• CORPORATE
• INSTALLATION

• TIME & TEMP. UNITS
• CONSTRUCTION
• MAINTENANCE
• WOOD SPECIALTIES
• MESSAGE CENTERS

ALTO SIGN INC.
6510 UPLAND ST. PHILADELPHIA, PA 19142
(215) 724-1724 FAX (215) 724-9088

CLIENT	Fashion Bug	DESIGNER	
ADDRESS	Bensalem Plaza Rt 70 & Churchville Rd.	SCALE	
		CATEGORY	
SALES EXEC.		DATE	REVISIONS
DRAW. NO.			
DATE