

BLOCK 701 LOT 78, 65, 16 ADDRESS SITE: _____ PERMIT NO 5924



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. IDENTIFICATION
1. Proposed Work-site at: Joyce Leslie BRICKTOWNE Centre Brick, NJ
2. Name of Owner or Fee: VORNADO, INC. Tel: 201, 773-4000
- Address 174 PASSAIC ST. GARFIELD, NJ 07026
3. Ownership or Fee Public ☒ Private ☐
4. Principal Contractor: TJ SIGNS INC. Tel: 516, 968-6800
- Address 1591 FIFTH AVE. BAY SHORE, NY 11706
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 11-2496248 Social Security No. _____
5. Architect or Engineer _____ Tel. (_____) _____
- Address _____
6. Responsible Person In Charge of Work JEFF PETERSEN Tel. 516, 968-6800

II. PROPOSED WORK

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

TOTAL COSTS

Eq. (28)

12,000.00

OPTIONAL (for office use only)

[illegible]

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

I. V. FEE SUMMARY (for office use only)

Update

Update

- | | | | |
|-----|--------------------------------|----|---------------|
| 1. | Building | \$ | |
| 2. | Electrical | | |
| 3. | Plumbing | | |
| 4. | Fire Protection | | |
| 5. | Other <i>Joinery</i> | | <i>107.89</i> |
| 6. | Subtotal | \$ | |
| 7. | Less 20% for State Plan Review | | |
| 8. | Subtotal | \$ | |
| 9. | DCA Training Fee | | |
| 10. | Subtotal | \$ | |
| 11. | Cert. of Occupancy | | |
| 12. | Other | | |
| 13. | TOTAL | \$ | <i>107.89</i> |

VI. BUILDING/SITE CHARACTERISTICS

office use only

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor 576 107 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 _____

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:
MERCHANTILE
2. Use Group:
3. Change in Use Group:
Indicate Former:

APPROVED for Zoning Only
John Kurney, Zoning Officer
Date 11-17-89 JK

LDS BR 10312136

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 TJ SIGNS UNLTD., INC.

Address 1591 FIFTH AVENUE

Bay Shore, NY 11706

Telephone (516) 968-6800

Mark One

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 Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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	No. _____	DATE EXPIRED _____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____



Date Received 12-4-89
Date Issued
Control #
Permit # 5924

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

Block _____ Lot _____
Work Site Location Joyce Leslie
Bricktowne Centre Brick, NJ
Owner in Fee Vornado, Inc.
Address 174 Passaic St.
Garfield, NJ 07026
Tele. (201) 773-4000
Contractor T J Signs Unltd., Inc.
Address 1591 Fifth Avenue
Bay Shore, NY 11706
Tele. (516) 968-6800
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 11-2496248 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Failure Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec.	☐ Plumb.	☐ Fire	Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO	☐ CCO	☐ CA	TCO		
Date:	11/20/91		Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Const. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Alteration \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ _____
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
White - Office Copy Canary - Applicant Copy

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

Joyce Leslie

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (2) sets channel letters reading "Joyce Leslie"; red faces, red neon, aluminum channels

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Other

☐ Demolition

☒ Miscellaneous

☐ Fence

☒ Sign

☐ Pool

☐ Elevator

☐ Asbestos Abatement

☐ Other

(Office Use Only)

FEE

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Paid ☒ Check #	Administrative Surcharge	\$
Collected by: <i>John</i>	Minimum Fee	\$
	TOTAL FEE	\$ 107-



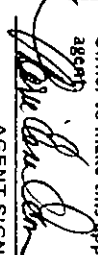
ELECTRICAL SUBCODE TECHNICAL SECTION



PERMIT NO.	_____
DATE ISSUED	_____
REVISION DATE	_____
Block	_____ Lot _____
Subdivision	_____

A. IDENTIFICATION

APPLICANT - <i>Complete unshaded areas only</i>		When changing contractors, notify this office	
Owner	Vornado, Inc.	Contractor	Apex Electrical Contr.
Address	174 Passaic St.	Address	5 Montensano Rd.
	Garfield, NJ 07026		Fairfield, NJ 07006
Tel. (201)	773-4000	Tel. (201)	575-7979
Work Site Address	Joyce Leslie	Lic.No./Bus. Permit	5348A
Bricktown Ctr.	Brick, NJ	Federal Emp. No.	22-2398137

CERTIFICATION IN LIEU OF OATH: <i>(Complete for Minor Work and Small Job Only)</i>	
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.	
	
AGENT SIGNATURE	

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee	Fee
	Switching Outlets	\$ _____		H.V.A.C. Equipment	\$ _____	COLUMN 1 \$ _____
	Lighting Outlets	_____		Switching Devices	_____	COLUMN 2 _____
	Receptacle Outlets	_____		Transformers	_____	SUBTOTAL \$ _____
	Range/Oven	_____		Motors/Generators/Compressors <i>(state no. and size of each)</i>	_____	Minimum Electrical Fee <i>(if applicable)</i> \$ _____
	Dryer, Electric	_____			_____	Total Electrical Fee <i>(Greater of Minimum or Subtotal)</i> \$ _____
	Water Heater, Electric	_____			_____	
	Heating, Electric	_____			_____	
	Switches	_____	2	Other sign hook-up	_____	
	Lighting Fixtures	_____		Other _____	_____	
	Receptacles	_____		Other _____	_____	
	Bonding, Pool/Vault	_____		Other _____	_____	
	Service/Feeders	_____			_____	
COLUMN 1 \$ _____			COLUMN 2 \$ _____			

C. ELECTRICAL CHARACTERISTICS

USE GROUP:	_____	Present	_____	Proposed	_____
Service:	_____	Amps	_____	Phase	_____
	_____	Wire	_____	Volts	_____
				Wiring Method	_____
Total No. of Meters:	_____				
Estimated Cost of Electrical Work:	\$ 100.00				

D. COMMENTS

☐ Partial Releases	☐ Prototype Processing
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1591 Fifth Avenue Bayshore, N.Y. 11706
(516) 968-6800
(516) 968-9083 FAX

November 29, 1989

RECEIVED
DEC 4 1989
DIV. OF INSPECTION

Town of Bricktown
Dept. of Bldgs.
401 Chambers Bridge Rd.
Bricktown, NJ 08723

To Whom It May Concern:

We are currently fabricating signage to be installed in your area. We would greatly appreciate it if you could send us the following UCC permit applications in the enclosed envelope:

- (4) Construction Permit Application Folders
- (4) Construction Permit Applications
- (4) Building Subcode Applications
- (4) Electrical Subcode Applications

Thank you for your time and assistance.

Respectfully,

A handwritten signature in cursive script that reads 'Marie Elena Ocon'.

Marie Elena Ocon
Permit Coordinator

RECEIVED

DEC 4 1989



DIV. OF INSPECTION

1591 Fifth Avenue Bayshore, N.Y. 11706
(516) 968-6800
(516) 968-9083 FAX

November 30, 1989

Town of Bricktown
Building Dept.
Attn: Joanne
401 Chambers Bridge Rd.
Bricktown, NJ 08723

RE: Joyce Leslie

Dear Joanne:

As per our telephone conversation, enclosed please find our check for the sum of \$107.00. This is to cover the required application fees for the sign permit at the above location.

I have enclosed a self addressed, stamped priority mail envelope to return the permits. If there are any questions or problems feel free to contact me.

Thank you for your time and assistance.

Respectfully,

Marie Elena Ocon
Permit Coordinator



RECEIVED

NOV 17 1989

DIV. OF INSPECTION

1591 Fifth Avenue Bayshore, N.Y. 11706
(516) 968-6800
(516) 968-9083 FAX

November 8, 1989

Brick Township
Division of Inspections
401 Chambers Bridge Rd.
Brick, NJ 08723

RE: Joyce Leslie
Bricktowne Centre

To Whom It May Concern:

Enclosed please find the completed permit applications for signage we will be installing at the above location. Kindly review and contact me immediately if there are any questions or problems.

Please inform me of the applicable fees so I may forward a check immediately.

Thank you for your time and assistance.

Respectfully,

A handwritten signature in cursive script, appearing to read 'Marie Elena Ocon'.

Marie Elena Ocon
Permit Coordinator

09/19/1989 15:51 FROM T J SIGNS, INC.

TO

P. 02

BRICKMONT CENTER
North Elevation

(X-1)

APPROVED FOR RECORDING ONLY

John Kennedy, Zoning Officer

Date 11-19-89

(W-1)

- ☐ APPROVED ☐ NOT APPROVED
☒ APPROVED AS CORRECTED
☐ REVISE AND RESUBMIT

Checking is only for conformance with the design concept of project and compliance with the information given in the lease specifications. Tenant is responsible for coordination and compliance with all requirements of construction processes necessary to properly execute work, and approvals from all legal authorities having jurisdiction over this project.

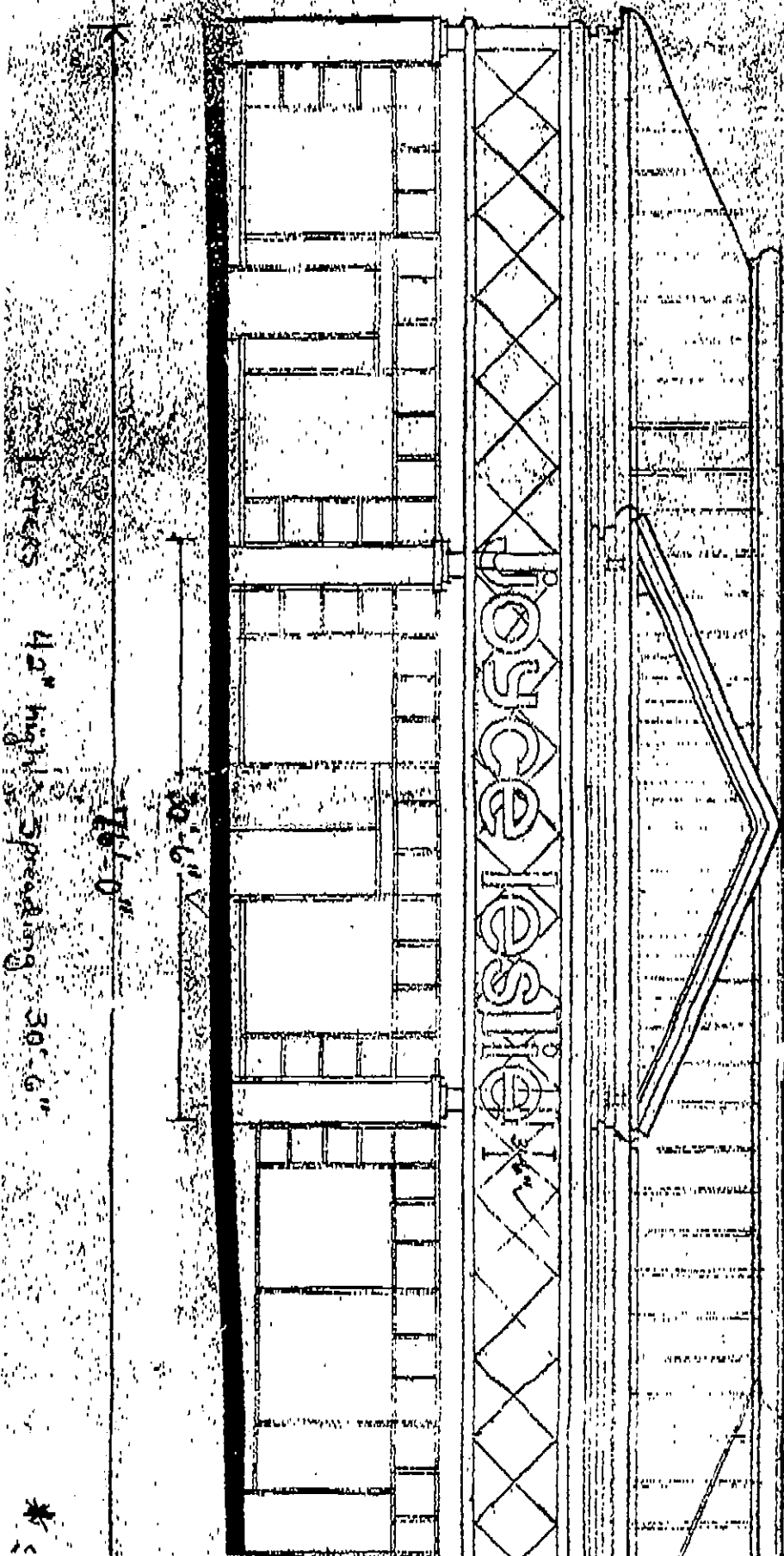
BY

ED. ARNAS

DATE

SEPT 24 1989

VORNADO INC.



☐ APPROVED ☐ NOT APPROVED
☒ APPROVED AS CORRECTED
☐ REVISE AND RESUBMIT

Checking is only for conformance with the design concept of project and compliance with the information given in the lease specifications. Tenant is responsible for coordination and compliance with all requirements of construction processes necessary to properly execute work, and approvals from all legal authorities having jurisdiction over this project.

BY ED ARANAS
 DATE SEP 20 1988

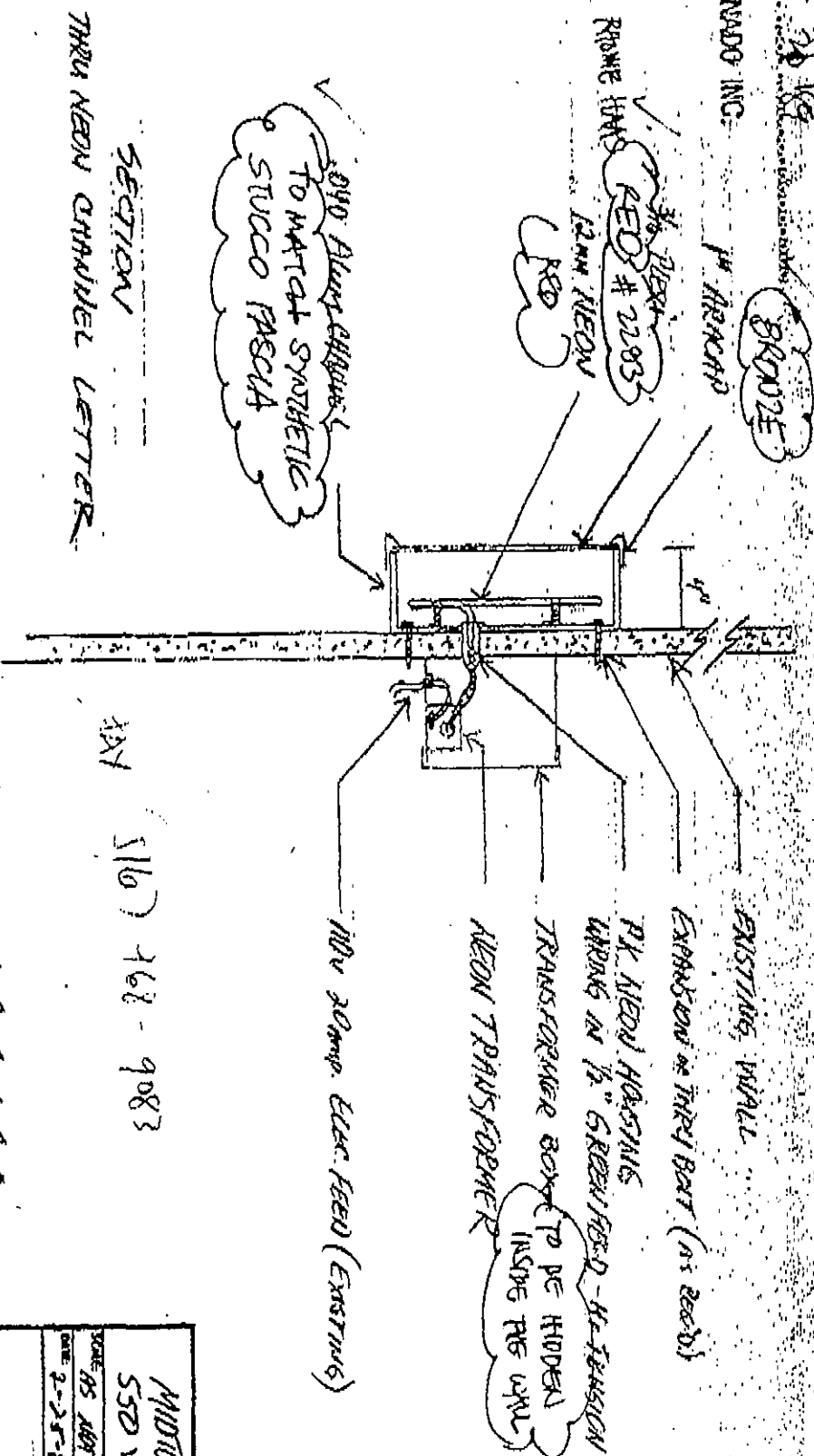
VORWADO INC.

14 HRCAMP

BRADZIE

Joyce Leslie

303-6



SECTION
THRU NEON CHANNEL LETTER

JAN 5167 462-9083
 201C

~~201C 201C 201C 201C~~

MIDTOWN X	
550 W 30	
DATE	2-25-88
201C	201C
201C	201C