BLOCK 1149 LOT 5,5.01 86 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 ~~Laurel Sq~~ Route 88 PERMIT NO. 15-2403

CONSTRUCTION PERMIT APPLICATION

C-15-003221

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 LAUREL SQUARE BRICK NJ Unit 8 ~~ROUTE 88~~
2. Name of Owner in Fee: BRIXMOR LAUREL SQUARE OWNER, LLC
   Tel. 610-834-7288 e-mail Kelly.Bristow@brixmor.com
   Address One FAYETTE St, Suite 150 Conshohocken PA 19428
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Signarama of Toms River Tel. 732-914-1150
   Address 1333 RT 9 Toms River e-mail sales@signarama-tomsriver.com
   License No. OR, if new home, Builder Reg. No. ~~45-5281148~~ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 45-5281148 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____ ✓
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Signarama - WARREN
   Tel. 732-914-1150 FAX: 732-914-1152

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	150 ✓	
2. Electrical		100 ✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☑ ~~Minor Work~~ sign
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					07/17/15	KEH			
☐ Electrical				7/14/15		TG	7/14/15		TG
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			7/13/15	ECC			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/5/2017
Control Number C-15-003221
Permit Number 15-2403
Permit Issue Date 7/23/2015
Certificate Number 15-2403

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: PO BOX 4900 SCOTTSDALE NJ 85261

Telephone: (610) 834-7288

Contractor SIGNARAMA

Address 1333 Route 9 Toms River NJ 08755

Telephone: (732) 914-1150 Fax: (732) 914-1152

License Number or Builders Registration Number: Federal Emp. Number: 22-3359939

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - THE SCONE SHOPPE

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ *Partial or limited time period (years); see file*

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David G. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/5/2017

U.C.C. F260 (rev. 08/05)

The Scone Shoppe

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7-22-15
Permit # 15-2403

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

Block 1149 Lot 5.15.0186 Qualification Code

Work Site Location 1930 LAUREL SQUARE BRICK NJ
1930 Route 88

Owner in Fee: BRIXMOR LAUREL SQUARE OWNER, LLC

Tel. (610) 834-7288 e-mail kelly.bristow@brixmor.com

Address One FAYETTE St, Suite 150 Conshohocken PA 19428
street municipality zip code

Contractor: Signarama of Toms River Tel. (732) 914-1150

Address 1333 RT 9 Toms River NJ 08755 e-mail sales@signaramatomsriver

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 45-5281148 FAX: (732) 914-1152

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.

Sign here: W Segall

Print name here: WARREN SEGALL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of Exterior channel letter sign on raceway - Illuminated

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	07/17/15	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 07/17/15
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 08/25/17
Approved by: KEH

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 8/7/15 JM			08/25/17 KEH	
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [✓] Sign 14.5 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 1600.
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

over

DATE/TIME/PROOF

Current Date: 6/5/2015
Current Time: 3:12:52 PM

DESIGN#1

JOB/PROJECT

Company: Scone Shoppe
Comments:

1930 Route 88, Brick, NJ 08724

CUSTOME

Name:
Phone:
Fax:
E-mail:

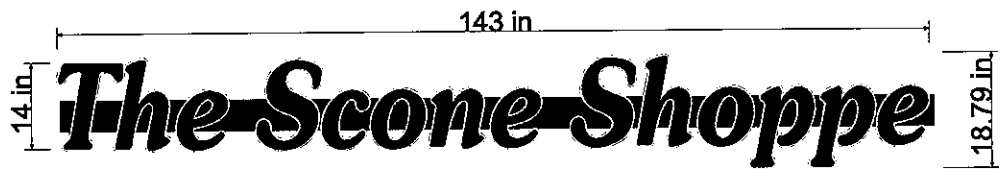
File Name: Channel Letters.fs

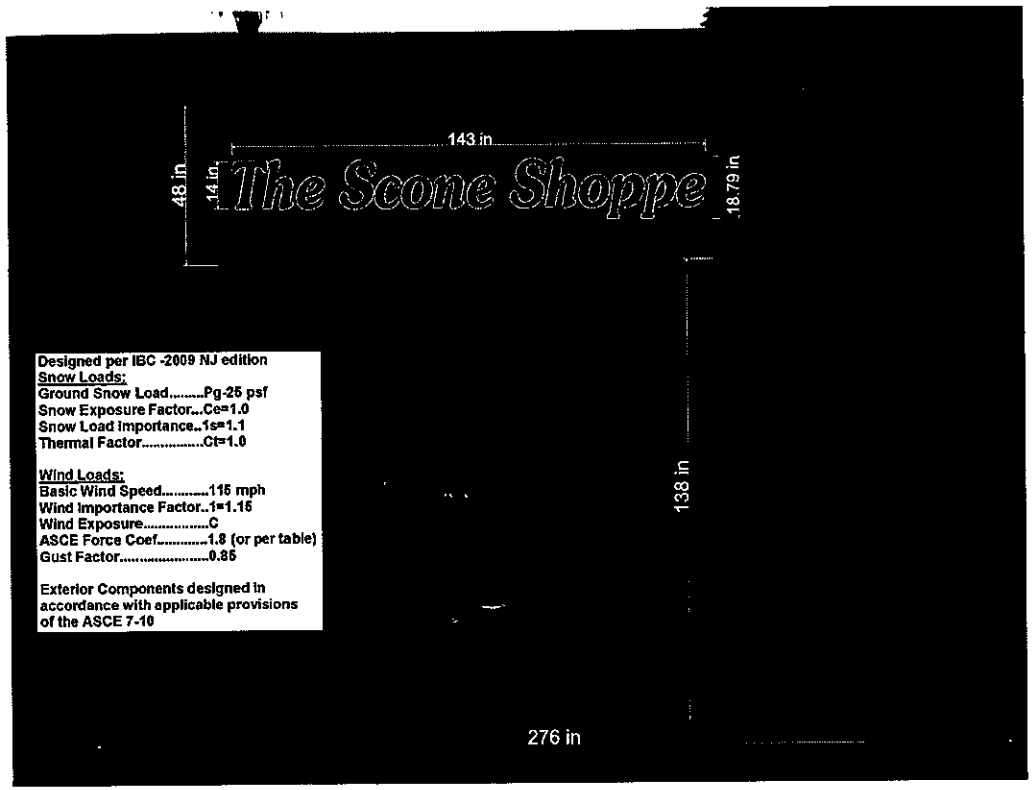
Directory Name: \\Sardesignpc-hp\K\Jobs\Scone Shoppe

FASTENER APPLICATION GUIDE

WALL CONSTRUCTION						
HARDWARE	DIAM.	Row Spacing	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 1/2" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	48" O.C.	YES	YES	ONLY WITH BACKER	YES
EXPANSION ANCHOR	3/8"	48" O.C.	YES*	NO	NO	NO
LAG BOLT	3/8"	40" O.C.	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	36" O.C.	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 1/2" PLYWOOD BACKER	YES
PIN MOUNT	3/8"	36" O.C.	YES WITH A (2-1/2" Emb.)	YES w/ Nuts & Washers	YES w/ 3/4" PLYWOOD BACKER - Nuts&Washers	NO

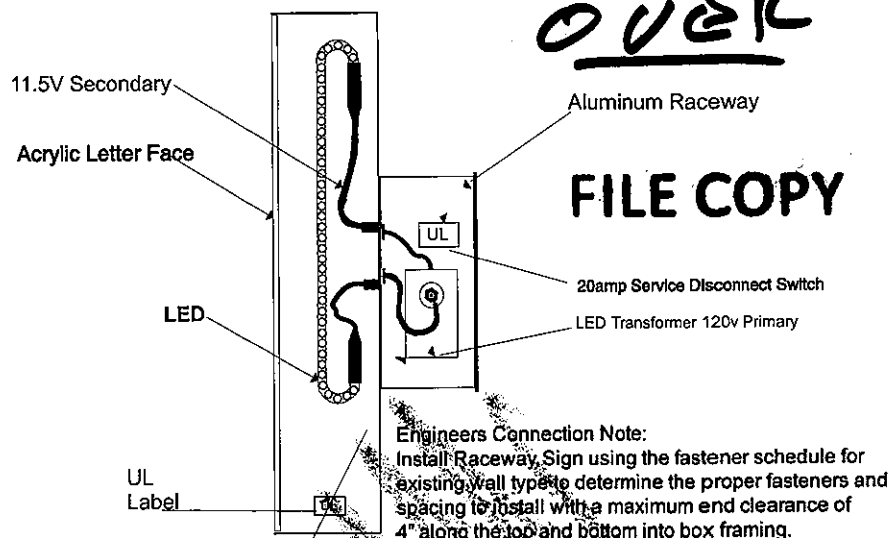
1.) Each 'Row' shall have two fasteners, top and bottom of raceway - 6" end clearance unless otherwise noted
2.) Expansion anchors require a minimum 3-1/2" embedment
3.) Pin mounts into masonry shall embed a min. of 2"-1/2" w/Structural Epoxy Adhesive
4.) Thru-Bolts/Rods: Acceptable to Install Into L2x2x3/16" Stl. Angle spanning Two(2) wall studs per/Bolt or Rod
5.) Powers Double Lag-Shield into a 1-3/4" Solid Masonry Emb. @ 48" O.C. Top and Bottom





LED CHANNEL LETTERS ON RACEWAY

OVER



FILE COPY

Engineers Connection Note:
Install Raceway Sign using the fastener schedule for existing wall type to determine the proper fasteners and spacing to install with a maximum end clearance of 4" along the top and bottom into box framing.

Murdoch Engineering
2 Hummingbird Ct.
Howell, NJ 07731
(973)-570-8215

6/10/15
Lee Murdoch, P.E.
Professional Engineer
N.J.P.E. License #48980

Zoning Review Approval
By:
Date: 6-30-15

TO ASSURE SAFETY AND QUALITY OUR PRODUCTS IS UL LISTED

THIS RENDERING IS INTENDED AS A SAMPLE ONLY. COLOR, TEXTURE, MEASUREMENTS, AND ACTUAL APPEARANCE MAY VARY SLIGHTLY FROM COMPLETED WORK AND IS CONSIDERED NORMAL & USUAL.

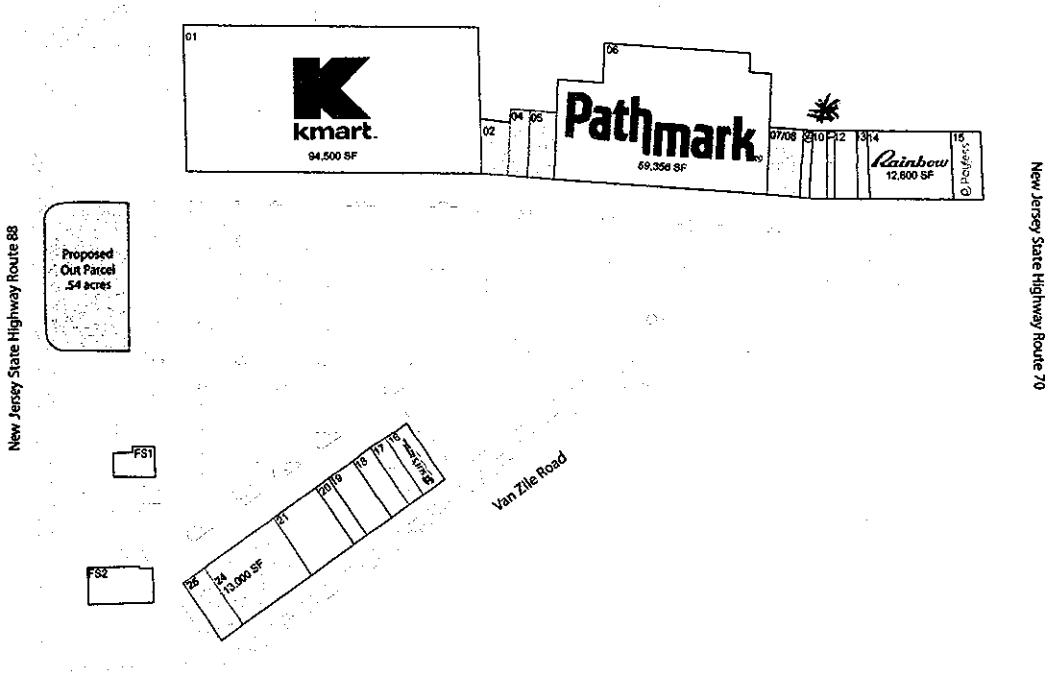
Please check layout (artwork, spelling, dimensions) and fax back with signature. Production cannot begin until written approval is received. Additional charges will be applied for any changes that are needed after approval is received. SIGNARAMA is not responsible for any errors in spelling, layout, or dimensions that have been approved by the customer. The proof is for listed items only. Any changes or deletions by the customer not shown or charged here in will be billed separately. 50% DEPOSIT DUE AT TIME OF ORDER (full amount if under $100), balance due upon time of installation or pick up. I HAVE READ AND AGREE TO ALL TERMS. INITIAL _____

Signarama
The way to grow your business.
1333 Lakewood Rd (Rt.9), Toms River, NJ 08755
Phone: 732-914-1150 Fax: 732-914-1152
Email: sales@signarama-tomsriver.com

I HAVE REVIEWED THE ABOVE SPECIFICATIONS & HEREBY FULLY UNDERSTAND THE CONTENT OF WORK TO BE PERFORMED & APPROVE THIS PROJECT TO BEGIN:

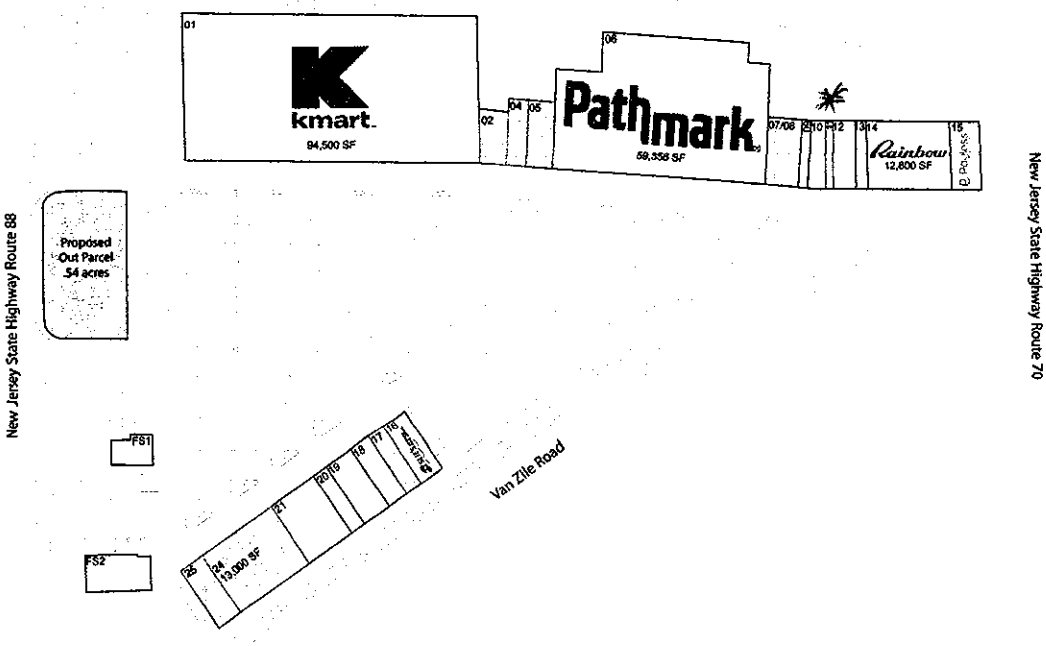
CUSTOMER APPROVAL SIGNED BY : _____
PRINT : _____ DATE: _____
LANDLORD APPROVAL SIGNED BY : _____
PRINT : _____ DATE: _____

Laurel Square



FS1 The Provident Bank	2,275 SF	13 Odyssey Hair Salon	1,600 SF
FS2 Fins, A Tropicali Restaurant	5,000 SF	14 Rainbow	12,800 SF
01 Kmart	94,500 SF	15 Payless ShoeSource	4,500 SF
02 AVAILABLE	3,450 SF	16 Leslie's Swimming Pool Supplies	4,000 SF
04 AVAILABLE	3,000 SF	**17 AVAILABLE**	2,700 SF
05 AVAILABLE	4,000 SF	18 Ballroom Dance Center	3,300 SF
06 Pathmark	59,356 SF	19 Cash Converters	4,600 SF
07/08 AVAILABLE	5,200 SF	20 Image Sun Tanning	2,400 SF
09 Nail Salon	1,514 SF	21 Nick Catone's Mixed Martial Arts	8,000 SF
10 The Scone Shop	2,240 SF	**24 AVAILABLE**	13,000 SF
11 AVAILABLE	1,300 SF	**25 AVAILABLE**	4,000 SF
12 Photo Center	3,500 SF		

Laurel Square



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10 The Scone Shop	2,240 SF	**24 AVAILABLE**	13,000 SF
11 AVAILABLE	1,300 SF	**25 AVAILABLE**	4,000 SF
12 Photo Center	3,500 SF		

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(f)1.ix:

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. 5:23-2.15(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 Warren Segare - Signarama of Toms River

Address 1333 RT 9 Toms River NJ 08755

Telephone 732-914-1150

Signature W Segare

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1149 Lot 5.5.0186 Qualification Code

Work Site Location 1930 Laurel Square Brick NJ
1930 Route 88

Owner in Fee: BRIXMOR LAUREL Square Owner, LLC

Tel. (610) 834-7288 e-mail kelly.Bristow@brixmor.com

Address 1 FAYETTE st. Suite 150, conshohocken PA
street municipality zip code

Contractor: ADVANCED ELECTRIC Tel. (732) 674-5137

Address 89 RIVERWOOD DR. e-mail

Contractor License No. 12366 Exp. Date 3/20/16

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 45-5379565 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONNECT SIGN TO EXISTING electric STORE FRONT SIGN

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	5	KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Change of contractor ~~Tiffe~~

Date Received 7-22-15
Control #
Date Issued
Permit # 15-2403

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

Block 1149 Lot 5.15-01.16 Qualification Code Scan shop

Work Site Location 1930 RT 88 BRICK NJ 08724

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Tel. (610) 824-7288 e-mail

Address PO BOX 4900 SCOTTSDALE NJ 85261

Contractor: AFG Electric LLC Tel. (732) 978 2920
(street, municipality, zip code)

Address 5 MANETTA PL e-mail

LAKEWOOD, NJ 08701

Contractor License No. 34EB16162 Exp. Date 03/2018

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 274430313 FAX: (732) 2765405

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200 -

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the contractor of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Adan F. Granados

Print name here: ADAN F. GRANADOS

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect sign to existing electric.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	5	KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: 7/14 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/16/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/27/17
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	8/7/15 RJC		9-27-17 MM	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

8/7/15 — NO STOPE NAME. COULD NOT LOCATE.

U.C.C. F120 (rev. 11/08) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 7/23/15
Control # C-15-003221
Permit # 15-2403

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE NJ 85261
Telephone: (610) 834-7288

Contractor: SIGNARAMA
Address: 1333 Route 9 Toms River NJ 08755
Telephone: (732) 914-1150
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3359939

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN INSTALLATION - THE SCONE SHOPPE

Note: If constuction 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 $1,800

David J. Newman Jr. — Construction Official
Date 7/20/15

PAYMENTS (Office Use Only)

Building	$150
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$253
Check No.	1258
Cash	$0
Credit	$0
Collected By	

+150 253

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

#2403
BUILDING $150.00
ELEC $100.00
DCA $3.00
ZPA $30.00
$283.00

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

RECEIVING CLERK CR
DATE REC'D 6/24/15

ZONING PERMIT APPLICATION

PERMIT # ZP-15-0891
DATE ISSUED 7/23/15

BLOCK: 1149 LOT: 5.5.0186 QUALIFIER: _____ SITE ADDRESS: 1930 LAUREL SQUARE BRICK NJ 19428

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Brixmor Laurel Square Owner LLC
   COMPLETE ADDRESS: 1 FAYETTE St, Suite 150, Conshohocken PA 19428
   PHONE # 610-836-7288 EMAIL: Kelly.Bristow@brixmor.com

2. NAME OF APPLICANT: Signarama of Toms River
   APPLICANT ADDRESS: 1333 Rt 9 Toms River NJ 08755
   PHONE # 732-914-1150 EMAIL: Sales@signarama-tomsriver.com

3. RESPONSIBLE PERSON FOR WORK: Signarama of Tomsriver
   PHONE# 732-914-1150 FAX# 732-914-1152

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $ _____
TOTAL: $ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: N/A
COMMERCIAL: ✓
EXISTING USE: B
PROPOSED USE: B

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: 18.79"H (*IF APPLICABLE)

OTHER Sign - exterior channel letter sign

DESCRIPTION: Illuminated channel letter sign

ZONING REVIEW:
DATE REVIEWED: 6-30-15 DATE DENIED: _____ DATE APPROVED: 6-30-15 INTLS: CL

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

_____ _____ _____ _____

_____ _____ _____ _____

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 7-22-15
Application Number: ZA-15-00886
Application Date: 06/30/2015
Project Number:
Permit Number: ZP-15-00911
Fee: $50
CK# 1288

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Brick Township, NJ

Block: **1149**
Lot: **5**
Qualifier:
Zone: **B-3**

Owner: **Brixmor Laurel Square Owner LLC**
Address: **1 Fayette St., Suite 150**
Conshohocken, PA 19428

Applicant: **Signarama of Toms River**
Address: **1333 Route 9**
Toms River, NJ 08755

Application Approved Date: 06/30/2015

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Bake Shop (The Scone Shoppe)
Nonconforming Use is:

Work Description:

Sign - Exterior Illuminated Channel Letter Sign "The Scone Shoppe"
19" H x 143" L
18 sq. ft.

The sign area shall not exceed a maximum 15% of the first floor building facade.

Additional Zoning Permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
  ☐ Zoning Board of Adjustment
  ☐ Zoning Officer

Christopher J. Romano, Office of Zoning — 06/30/2015 Date

Michael P. Fowler, Twp. Planner — 7/2/15 **Date**

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Tuesday, July 14, 2015

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Electrical Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-15-003221
Last Submit Date: Monday, July 13, 2015

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Electrical contractors license has expired

Sincerely,

Thomas Olson, Subcode Official

CC:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1149 LOT: 5.01 (86) ADDRESS: 1930 Laurel Square Brick NJ 19628

IDENTIFICATION:

1. WORK SITE ADDRESS: 1930 Laurel Square Brick
2. NAME OF OWNER IN FEE: Brixmor Laurel Square Owner LLC
   ADDRESS: 1 Fayette St, Suite 150, Conshohocken PA 19428 PHONE #: (610) 836-7288 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Signarama of Toms River
   ADDRESS: 1333 RT 9 Toms River NJ 08755 PHONE #: (732) 914-1150 FAX #: (732) 914-1152
4. ARCHITECT OR ENGINEER: Murdoch Engineering
   ADDRESS: 2 Hummingbird Ct Howell NJ 07731 PHONE: # (973) 570-8215
5. RESPONSIBLE PERSON FOR WORK: Signarama of Toms River
   ADDRESS: 1333 RT 9 Toms River
   PHONE #: (732-914-1150) _____ FAX #: (732) 914-1152 E-MAIL: sales@signaramatomsriver.

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL ☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Channel letter sign

LENGTH: 143" WIDTH: _____ HEIGHT: 18.79"

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____