BLOCK 1149 LOT 5 QUALIFICATION CODE VIOLATION ADDRESS (SITE) 1930 Route 88 PERMIT NO. B-11630

CONSTRUCTION PERMIT APPLICATION

FASHION BUG NEW RAINBOW SHOPS

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rte. 88
2. Name of Owner in Fee: BRIXMOR PROPERTY GROUP
   Tel. 646/344-8682 e-mail
   Address 420 Lexington Ave. (street) New York (municipality) NY 10170 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: DC SIGNS & AWNINGS Tel. 973/350-0400
   Address 110 Riverside Ave. Newark, NJ 07104 e-mail
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 200-067-844 FAX:
5. Architect or Engineer Contact
   Address e-mail
   Tel. FAX:
6. Responsible Person in Charge once Work has Begun Danny Castillo
   Tel. 973/350-0400 X101 FAX:

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	75 ✓ 2100 ✓	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
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
- ☒ 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	2,050 –			2/12/13	3/15/13				
☒ Electrical	200 –	FEB 20 2013			3-12-13	MS			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Emg Exempt			3/14/13				
TOTAL COST	2,250 –								

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-restricte*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: RETAIL STORE
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

VIOLATION

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/03/2013
Control Number C-13-001208
Permit Number 13-1630
Permit Issue Date 04/16/2013
Certificate Number 13-1630

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 Rainbow Shops 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:

Contractor DCI SIGNS & AWNINGS

Address 110 Riverside Drive NEWARK NJ 07104-

Telephone: (973) 350-0400 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3818133

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/03/2013 U.C.C. F260 (rev. 08/05)

1149

K.

Rainbow Shop

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 4/16/13

Date Issued Permit # 13.1630

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 Qualification Code

Work Site Location 1930 Rte 88
Bridgetown, NJ

Owner in Fee: BRIXMOR PROPERTY GROUP

Tel. 646/344-8682 e-mail

Address 420 Lexington Ave. New York NY 10170

Contractor: (street) DCI SIGNS & AWNINGS (municipality) Tel. 973/350-0400

Address 110 Riverside Ave. e-mail
Newark, NJ 07104 (zip code)

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

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

Federal Emp. ID No. 200-067-844 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/2/13	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 4/2/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 08/02/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	*5/6/13		8-1-13	G.P.
~~Barrier-Free~~	6/12/13			

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. $ 2,250 —
2. Rehabilitation $
3. Total (1+ 2) $ 2,250 — 0

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: Alberto Gaitan

Print name here: ALBERTO GAITAN

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL (1) SET OF ILLUMINATED SIGN CHANNEL LETTERS AND (1) SET OF NON ILLUMINATED SIGN PANELS

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [X] Sign 129 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 $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued 4/16/13
Control # C-13-001208
Permit # 13.1630

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Former Fashion Bug - New Rainbow Shop Brick Township, NJ
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC, PO BOX 4900 SCOTTSDALE NJ 85261
Telephone:

Contractor: DCI SIGNS & AWNINGS
Address: 110 Riverside Drive NEWARK NJ 07104-
Telephone: (973) 350-0400
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3818133

Is hereby granted permission to perform the following work:

- ☑ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
SIGN INSTALLATION

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 $2,450

Daniel F. Newman Jr. — Construction Official
4/15/13 — Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$200
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$279 +50 / 329
Check No.	3508
Cash	$0
Credit	$0
Collected By	

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.

XX01 SERV.001
#1630
BUILDING $75.00
ELECTRIC $200.00
DCA $4.00
$279.00

☐ 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:

☑ 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".

☑ A complete copy of released plans must be kept on the job site.

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 03/02/2013
Date Issued 04/16/2013
Control # C-13-001208
Permit # 13-1630

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 Qualification Code

Work Site Location: 1930 ROUTE 88 Rainbow Shops Brick Township, NJ

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Address PO BOX 4900 SCOTTSDALE NJ 85261

Email

Tel.

Contractor: Robert Totaro

Address 228 Clinton Avenue Clifton NJ 07011

Email

Tel. (973) 365-1510 Fax. (973) 350-0401

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 200 067 844

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by:		
Electric Plans Approved		
Date: by:		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: by:		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: 5-7-13		
Approved by: JT		

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			5615	DJ
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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Recepticles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
4	12	KW Elec. Sign/Outline Light	$200

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$200

U.C.C F120 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

DCI SIGNS & AWNINGS
110 Riverside Ave., Newark, NJ 07104
Phone: (973) 350-0400 Fax: (973) 350-0401

ILLUMINATED AWNINGS
CHANNEL LETTERS
LIGHT BOXES
PYLON SIGNS
ARCHITECTURAL
INSTALLATIONS
ERECTING
SERVICE & MAINTENANCE
BILLBOARD BANNERS

March 28th, 2013

APR 0 1 2013

BRICK TOWNSHIP
401 Chambersbridge Road
Brick, NJ 08723
Attn: Mr. Michael Vecchio/Buildings Department

Re: RAINBOW #1861
1930 Route 88
Bricktown, NJ

Dear Mr. Vecchio,

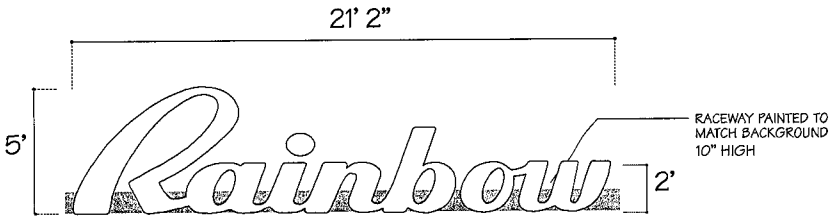
Enclosed please find a set of engineer sign shop drawings as requested. Please review and process accordingly.

Call me, if you have any questions and/or need further information.

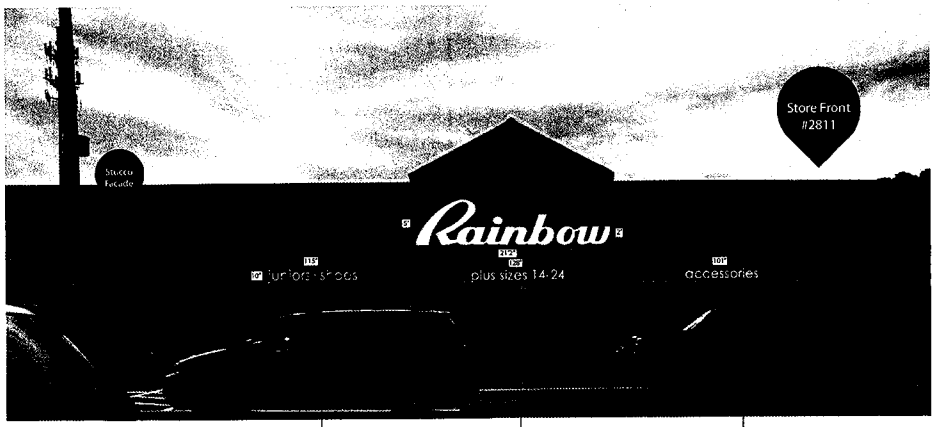
We thank you in advance for your prompt attention to the above matter.

Regards,

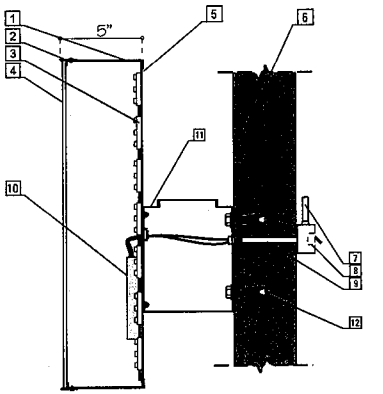
Alberto Gaitan
Project Manager
[973]350-0400 x103
agaitan@dcisigns.com



Manufacture and install a set of exterior illuminated channel letters painted to match customer logo colors.



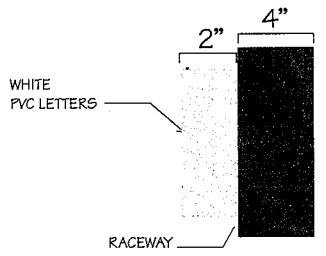
Manufacture and install three sets of 2" Thick White PVC letters, 10" high Non-illuminated letters mounted on to raceways



FACE LIT CHANNEL LETTERS ON CONTINUOUS RACEWAY W/ LED ILLUMINATION

SPECIFICATIONS:
1. .040" ALUMINUM SIDE RETURNS.
2. FACE RETAINER. 1" WHITE TRIM CAP
3. 001R/WHITE LED MODULES
4. 3/16" WHITE ACRYLIC LETTER FACE.
5. .063" ALUMINUM LETTER BACK.
6. BRICK FACADE
7. PRIMARY FEED (BY OTHERS) NOTE A
8. DISCONNECT SWITCH IN PRIMARY
9. SECONDARY LEADS IN SEALTITE FLEXIBLE CONDUIT
10. MJ-1240 POWER SUPPLY
11. GROUNDED CONTINUOUS RACEWAY.
12. EXPANSION BOLTS
13.

NOTES:
A. ELECTRICAL PRIMARY, SUPPLIED BY OTHERS. _____20 AMP/120 VOLT CIRCUIT REQUIRED.



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 07 2013

Mr.SIGN
THE SIGNTIFIC GROUP
1920 Atlantic Avenue
Brooklyn, New York, 11233
Tel: 718-797-1112

Rainbow Store # 2811 — Client
Address
Mr. Sign — Designer
Date prepared
Scale
001
Project ID — Drawing #

I have carefully reviewed and hereby accept the drawing(s) as shown. I realize that any changes to these designs made before or after production may alter the contract price. All changes must be in writing and approved by both parties prior to production.

Signature & Date

The custom artwork depicted herein is for representational purposes only and may not exactly match the colors of the materials proposed for usage.

Date	Revision Description	Designer

Notes

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 07 2013

DCI SIGNS & AWNINGS
110 Riverside Ave., Newark, NJ 07104
Phone: (973) 350-0400 Fax: (973) 350-0401

ILLUMINATED AWNINGS
CHANNEL LETTERS
LIGHT BOXES
PYLON SIGNS
ARCHITECTURAL
INSTALLATIONS
ERECTING
SERVICE & MAINTENANCE
BILLBOARD BANNERS

February 15th, 2013

Township of Brick
401 Chambersbridge Road
Bricktown, NJ 08723
Attn: Department of Community Development & and Use

Re: RAINBOW #1861
Laurel Square Shopping Center
1930 Route 88
Bricktown, NJ

Dear Sir/Madam,

Enclosed please find copies of zoning, building, construction and electrical applications along with the necessary back up paperwork for review and approval.

Please review entire package and process accordingly. Call me, if you have any questions and/or need further information.

We thank you in advance for your prompt attention to the above matter.

Regards,

Alberto Gaitan
Project Manager
[973]350-0400 x103
agaitan@dcisigns.com

ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
David MacGregor Co.
492 Franklin Avenue
Nutley NJ 07110

CONTACT NAME: Celeste Santos
PHONE (A/C, No, Ext): (973) 661-4600 FAX (A/C, No): (973) 667-5942
E-MAIL ADDRESS: CelesteS@ins4u.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Northfield Insurance Co.	27987
INSURER B: National Union Fire Ins. Co. of	19445
INSURER C: Harleysville Ins. Co. of NJ	42900
INSURER D: Continental Indemnity Company	28258
INSURER E:	
INSURER F:	

INSURED
DCI Signs and Awnings Inc
110-124 Riverside Avenue
Newark NJ 07104

COVERAGES CERTIFICATE NUMBER: Certs for 2012-2013 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			WS148757	7/26/2012	7/26/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
C	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			BA00000092024N	8/15/2012	8/15/2013	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			BE013180398	12/20/2012	12/20/2014	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		46-861839-01-01	11/17/2012	11/17/2013	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverages are subject to Terms, Conditions and Exclusions on the policies.

CERTIFICATE HOLDER
Township of Brick
401 Chambersbrige Road
Brick, NJ 08723

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Joseph David/SR

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 4/16/13
Application Number: ZA-13-00150
Application Date: 03/07/2013
Project Number:
Permit Number: ZP-13-00241
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square - Unit 14
Brick Township, NJ 08724

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

Owner: **CENTRO NP LAUREL SQ OWNER LLC**
Address: **PO BOX 4900**
SCOTTSDALE, NJ 85261

Applicant: **Danny Castillo; DCI Signs & Awnings**
Address: **110 Riverside Avenue**
Newark, NJ 07104

Application Approved Date: 03/07/2013

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

Use is: Retail Store -"Rainbow" store (former "Fashion Bug" store).
Nonconforming Use is:

Work Description:
Sign - Wall sign, channel letters, 5' x 21'2", "Rainbow".

The total sign area may not exceed 15% of the total facade area.

Upon review it was determined that the Development Application:

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

Sean Kinnevy, Zoning Officer — 03/07/2013 Date

Michael P. Fowler, Township Planner — 3/8/13 **Date**

RECEIVING CLERK _____
DATE REC'D 3-7-13

ZONING PERMIT APPLICATION

PERMIT # ZP-13.0024
DATE ISSUED 4/16/13

BLOCK: 1149 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 Route 88

IDENTIFICATION: was fashion bug now RAINBOW

1. NAME OF OWNER IN FEE: BRIXMOR PROPERTY GROUP
COMPLETE ADDRESS: 420 LEXINGTON AVE. NEW YORK, NY 10170
PHONE # 646/344-8682 EMAIL:

2. NAME OF APPLICANT: DCI SIGNS & AWNINGS
APPLICANT ADDRESS: 110 Riverside Ave. Newark, NJ 07104
PHONE # 973/350-0400 EMAIL:

3. RESPONSIBLE PERSON FOR WORK: Danny Castillo
PHONE# 973/350-0400 X101 FAX#

4. SIGNATURE OF APPLICANT: Alberto Gaitan ALBERTO GAITAN

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL:
EXISTING USE: RETAIL STORE
PROPOSED USE RETAIL STORE

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

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

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE —

HEIGHT: — (*APPLICABLE)

OTHER REMOVE OLD (FASHION BUG) SIGN / INSTALL NEW (RAINBOW) SIGN

DESCRIPTION: INSTALL NEW ILLUMINATED SET OF SIGN CHANNEL LETTERS

ZONING REVIEW:
DATE REVIEWED: 3/7/13 DATE DENIED: — DATE APPROVED: 3/7/13 INTLS: JG

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
MAR 7 2013

ZONING REVIEW:

DATE REVIEWED: 3-6-13 DATE DENIED: — DATE APPROVED: 3-6-13 INTLS:

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-13-00150
Application Date: 03/07/2013
Project Number:
Permit Number:
Fee: $50

Zoning Permit

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Qualifier:
Zone: **B-3**

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Address: **PO BOX 4900**
SCOTTSDALE, NJ 85261

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  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 03/07/2013 Date

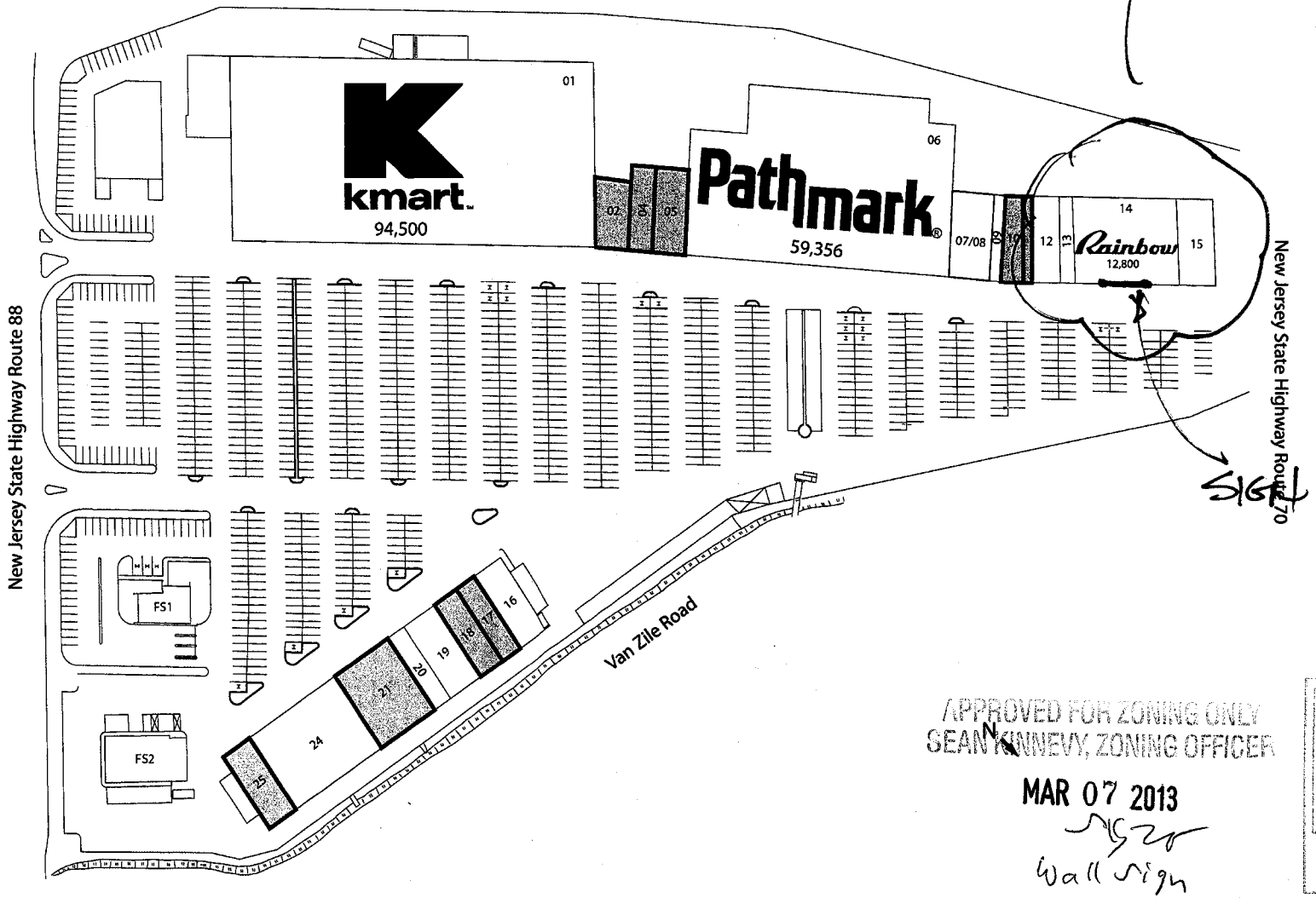
Michael P. Fowler, Township Planner — 3/7/13 **Date**

Laurel Square

1930 Route 88, Brick, NJ - 08724 (40.07388661, -74.11828728)
GLA: 246,235
Major Tenants: Rainbow, Pathmark, Kmart, Brick Fitness

STORE LOCATION

BRIXMOR™

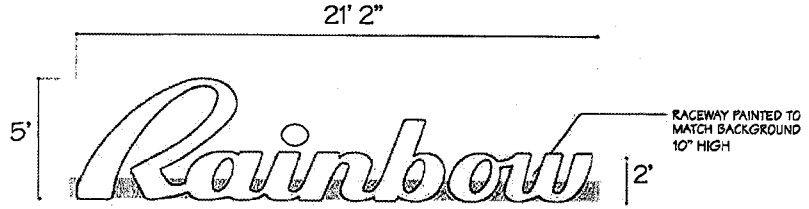


Unit	Retailer	Sq. Ft.
01	**Kmart**	**94,500**
02	**Available**	**3,450**
04	**Available**	**3,000**
05	**Available**	**4,000**
06	**Pathmark**	**53,156**
07/08	Nick Catone's Mixed Martial Arts Academy	5,200
09	Nail Salon	1,514
10	**Available**	**2,240**
11	**Available**	**1,300**
12	Photo Center	3,500
13	Odyssey Hair Salon	1,600
14	**Rainbow**	**12,800**
15	Payless ShoeSource	4,500
16	Leslie's Swimming Pool Supplie	4,000
17	**Available**	**2,700**
18	**Available**	**3,300**
19	Cash Converters	4,600
20	Image Sun Tanning	2,400
21	**Available**	**8,000**
24	**Brick Fitness**	**13,000**
25	**Available**	**4,000**
EX6	Pathmark	3,200
EXP6	Pathmark	3,000
FS1	The Provident Bank	2,275
FS2	Fins, A Tropicali Restaurant	5,000

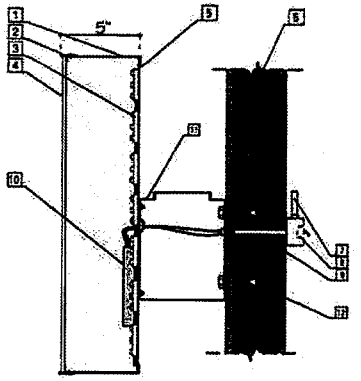
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
MAR 07 2013
Wall sign

RECEIVED
MAR 7 2013
Zoning

Craig Sherby (610) 834-7287 craig.sherby@brixmor.com North (610) 825-7100 Brixmor.com



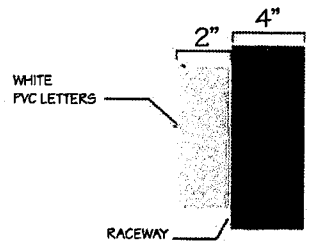
Manufacture and install a set of exterior illuminated channel letters painted to match customer logo colors.



FACE LIT CHANNEL LETTERS ON CONTINUOUS RACEWAY W/ LED ILLUMINATION

SPECIFICATIONS:
1. .040" ALUMINUM SIDE RETURNS.
2. FACE RETAINER, 1" WHITE TRIM CAP
3. OOIR/WHITE LED MODULES
4. 3/16" WHITE ACRYLIC LETTER FACE
5. .063" ALUMINUM LETTER BACK.
6. BRICK FACADE
7. PRIMARY FEED (BY OTHERS) NOTE A
8. DISCONNECT SWITCH IN PRIMARY
9. SECONDARY LEADS IN SEALTITE FLEXIBLE CONDUIT
10. MJ-1240 POWER SUPPLY
11. GROUNDED CONTINUOUS RACEWAY.
12. EXPANSION BOLTS
13.

NOTES:
A. ELECTRICAL PRIMARY, SUPPLIED BY OTHERS. ____20 AMP/120 VOLT CIRCUIT REQUIRED.



Manufacture and install three sets of 2" Thick White PVC letters, 10" high Non-illuminated letters mounted on to raceways

Approved as noted to coincide with BPG sign criteria, Exhibit D of lease.

Date: 11 · 6 · 12

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 07 2013

MrSIGN
THE SIGNTIFIC GROUP
1920 Atlantic Avenue
Brooklyn, New York, 11233
Tel: 718-797-1112

Rainbow Store # 2811 — Client
Address
Mr. Sign — Designer
Date prepared
Scale 001
Project ID — Drawing #

I have carefully reviewed and hereby accept the drawing(s) as shown. I realize that any changes to these designs made before or after production may alter the contract price. All changes must be in writing and approved by both parties prior to production.

Signature & Date

The custom artwork depicted herein is for representational purposes only and may not exactly match the colors of the materials proposed for usage.

Date	Revision Description	Designer

Notes

DCI SIGNS & AWNINGS
110 Riverside Ave., Newark, NJ 07104
Phone: (973) 350-0400 Fax: (973) 350-0401

ILLUMINATED AWNINGS
CHANNEL LETTERS
LIGHT BOXES
PYLON SIGNS
ARCHITECTURAL
INSTALLATIONS
ERECTING
SERVICE & MAINTENANCE
BILLBOARD BANNERS

April 15th, 2013

TOWNSHIP OF BRICK
401 Chambersbridge Road
Brick, NJ 08723
Attn: Buildings Department [732]262-1027

Re: RAINBOW #1861
Laurel Square Shopping Center
1930 Route 88
Bricktown, NJ

Dear Madam/Sir,

Enclosed please find a check for $329.00 to cove payment of the sign & electrical permit fees. Also, find a self addressed & stamped envelope for you to mail me back copies of the permits.

Please call if you have any questions and/or need further information.

We thank you in advance for your prompt attention to the above matter.

Regards,

Alberto Gaitan
Project Manager
[973]350-0400 x103
agaitan@dcisigns.com

13-1630

NOTICE AND ORDER OF PENALTY

Permit/Control #: C-13-001208
Date Issued: 4/1/2013
Violation #: V-13-00114

IDENTIFICATION

Work Site Location: 1930 ROUTE 88 Former Fashion Bug - New Rainbow Shop Brick Township, NJ
Block: 1149 Lot: 5 Qualification Code:
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
Owner Address: PO BOX 4900 SCOTTSDALE NJ 85261
Agent/Contractor: DCI SIGNS & AWNINGS
Address: 110 Riverside Drive NEWARK NJ 07104-

To: [X] Owner [ ] Other:
[X] Agent/Contractor

ACTION

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **[ ] Notice of Violation and Order to Terminate, [ ] Notice of Unsafe Structure, [ ] Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

Following an investigation, it is found that you have failed to get the required permit for the following work: the permit application failed plan review on March 12, 2013 and the sign has been installed without the issuance of the permit.

[✓] On 4/1/2013, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you **[ ] made a false or misleading written statement, or omitted required required information in an application or request for approval; or [X] failed to obtain a construction permit; or [ ] failed to request required inspections; or [ ] allowed occupancy prior to receiving a certificate of occupancy.**

[ ] On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order.**

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $2,000.00 for each violation for a total penalty of $2,000.00.

Further, take *NOTICE* that for each [X] week [ ] day that any of the said violations remain outstanding after 4/15/2013 an additional penalty of $2,000.00 per [X] week [ ] day shall result

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY: _____ Construction Official Date: 4-2-13

U.C.C. F212 equiv (rev. 4/2003)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 1930 ROUTE 88 Former Fashion Bug - New Rainbow Shop Brick Township, NJ
Block: 1149
Lot: 5
Owner: CENTRO NP LAUREL SQ OWNER LLC
Owner Address: PO BOX 4900 SCOTTSDALE NJ 85261
Telephone:
Agent: DCI SIGNS & AWNINGS
Agent Address: 110 Riverside Drive NEWARK NJ 07104-
Telephone: (973) 350-0400

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 4/1/2013
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: the permit application failed plan review on March 12, 2013 and the sign has been installed without the issuance of the permit.

Certified Mail Number: 7011 3500 0000 3697 0392

Enforcement Details

Inspection Date: 4/1/2013
Notice Date: 4/1/2013
Compliance Date: 4/15/2013
Compliance Inspection Date:
Compliance Summary: The owner or the owner's agent must obtain the proper permit. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due: $2,000.00
Total Paid: $0.00
Total Owed: $2,000.00

Date Printed: 4/1/2013

INVESTIGATION REPORT

DATE: 3/29/13 INVESTIGATION #: A

BLOCK: 1149 LOT: 5 SUB-DIVISION:

STREET & NO.: 1930 Rt. 88 Rainbow Shops

OWNER'S NAME: Laurel Square

NATURE OF THE COMPLAINT:

Sign permit rejected - Sign is up?

DATE OF INVESTIGATION: 4/1/13- INSPECTOR: JW-

CONDITION FOUND: Sign is up-

C-13-001208 Failed plan Review 3/13/13

INITIAL ACTION TAKEN:

FOLLOW-UP/ DATE: 4/1/13 ACTION TAKEN: V-13-00714 issued to Owner and Contractor as record C-13-001208

FOLLOW-UP/ DATE: ~~04/05/13~~ ACTION TAKEN: [redacted]

FOLLOW-UP/ DATE: ACTION TAKEN:

RESOLUTION/ DATE: OUTCOME:

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

FAX CORRESPONDENCE

DATE: 8/27/13

TO FAX #: 610-941-9338 ~~610-825-9338~~

PAGES TO FOLLOW: 2

ATTENTION: Sabrina Di Giuseppe

FROM: Betty.

MESSAGE: See attached violation notice requested by. Bruce Nobile.

311 ACCESS BRICK TOWNSHIP

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.

(X) Check if contractor.

Agent Name DCI SIGNS & AWNINGS

Address 110 Riverside Ave.
Newark, NJ 07104

Telephone 973/350-0400

Signature _____ ALBERTO GAITAN

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