BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Route 88 PERMIT NO. 12-2577

CONSTRUCTION PERMIT APPLICATION

C12-002764

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Route 88 Brick NJ 08724
2. Name of Owner in Fee: Brixmor
   Tel. (212) 849-3000 e-mail erin.desalle@brixmor.com
   Address 420 Lexington Ave (street) New York (municipality) NY 10170 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: [redacted] Spirit Halloween Tel. (732) 573-5476
   Address 6826 Back Horse Pike e-mail _____
   Egg Harbor Twp NJ
   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. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Amber Scott
   Tel. (732) 573-5476 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 210.-		
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	1.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 211.-		

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		CR	7/26/12	8/3/12			8/30/12		
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			8/1/12	ECC			
TOTAL COST									

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

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/3/2013
Control Number C-12-002764
Permit Number 12-2577
Permit Issue Date 9/11/2012
Certificate Number 12-2577

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 AZ 85261

Telephone:

Contractor Spirit Holloween

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: (609) 289-2191 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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

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: 8/3/2013

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

9/4/12

9-11-12

CONSTRUCTION PERMIT

Date Issued 12-2577
Control # C-12-002764
Permit #

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

Contractor: Spirit Holloween
Address: 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTTSDALE AZ 85261

Telephone: 6092891191
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Telephone:

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN INSTALLATION

PAYMENTS (Office Use Only)

Building	$210
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$211
Check No.	52264
Cash	$0
Credit	$0
Collected By	

150
261.

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 $10

Construction Official [signature] Date 8/31/12

U.C.C. F170
equiv (rev 8/03)

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.

#2577
BUILDING $210.00
DCA $1.00
CHECK $211.00

- [x] 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.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: 9-11-12
Application Number: ZA-12-00805
Application Date: 07/30/2012
Project Number:
Permit Number: 12-00842
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Larel Square, Building B, Unit 21 (24)
Brick Township, NJ 08724

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

Owner: **Brixmar**
Address: **420 Lexington Avenue**
New York, NY 10170

Applicant: **Amber Scott; Spirit Halloween**
Address: **6820 Black Horse Pike**
Egg Harbor, NJ 08234

Application Approved Date: 07/30/2012

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

Use is: Retail Store -"Spirit Halloween" store.
Nonconforming Use is:

Work Description:
Sign - Wall sign, 6' x 35', "Spirit Halloween".

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

The unit number must be displayed on the front and back doors.

ZA-12-00804 approved on July 30, 2012.

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 Kinney, Zoning Officer — 07/30/2012 Date

Michael P. Fowler, Township Planner — 7/31/12 Date

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9-11-12
Control # 12-2577

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 Qualification Code

Work Site Location 1930 Route 88
Brick NJ 08724

Owner in Fee: Brixmor

Tel. (212) 869-3000 e-mail erin.descalle@brixmor.com

Address 420 Lexington Ave (street) New York (municipality) NY 10170 (zip code)

Contractor: Self Tel. (732) 573-5476

Address 6826 Black Horse Pike e-mail
Egg Harbor Township NJ

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

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

Federal Emp. ID No. 75-3052377 FAX: ( )

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: Amber Scott

Print name here: Amber Scott

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sign

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	8/24/12	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 *	10/24	12	8-1-13	G.P.
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ 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. $
2. Rehabilitation $
3. Total (1+ 2) $ 10

* which one? Self

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

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

8/3/12 emailed MP

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

Subcode Official Review

Date: Friday, August 03, 2012

To: PO BOX 4900 SCOTTSDALE, AZ 85261

RE: Building Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-12-002764
Last Submit Date: Wednesday, August 01, 2012

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Engineer Design required. Be sure to include:
1) local geographic design criteria
2) Fastening schedule
3) Indicate what facade is constructed of

Sincerely,

Michael Vecchio, Subcode Official

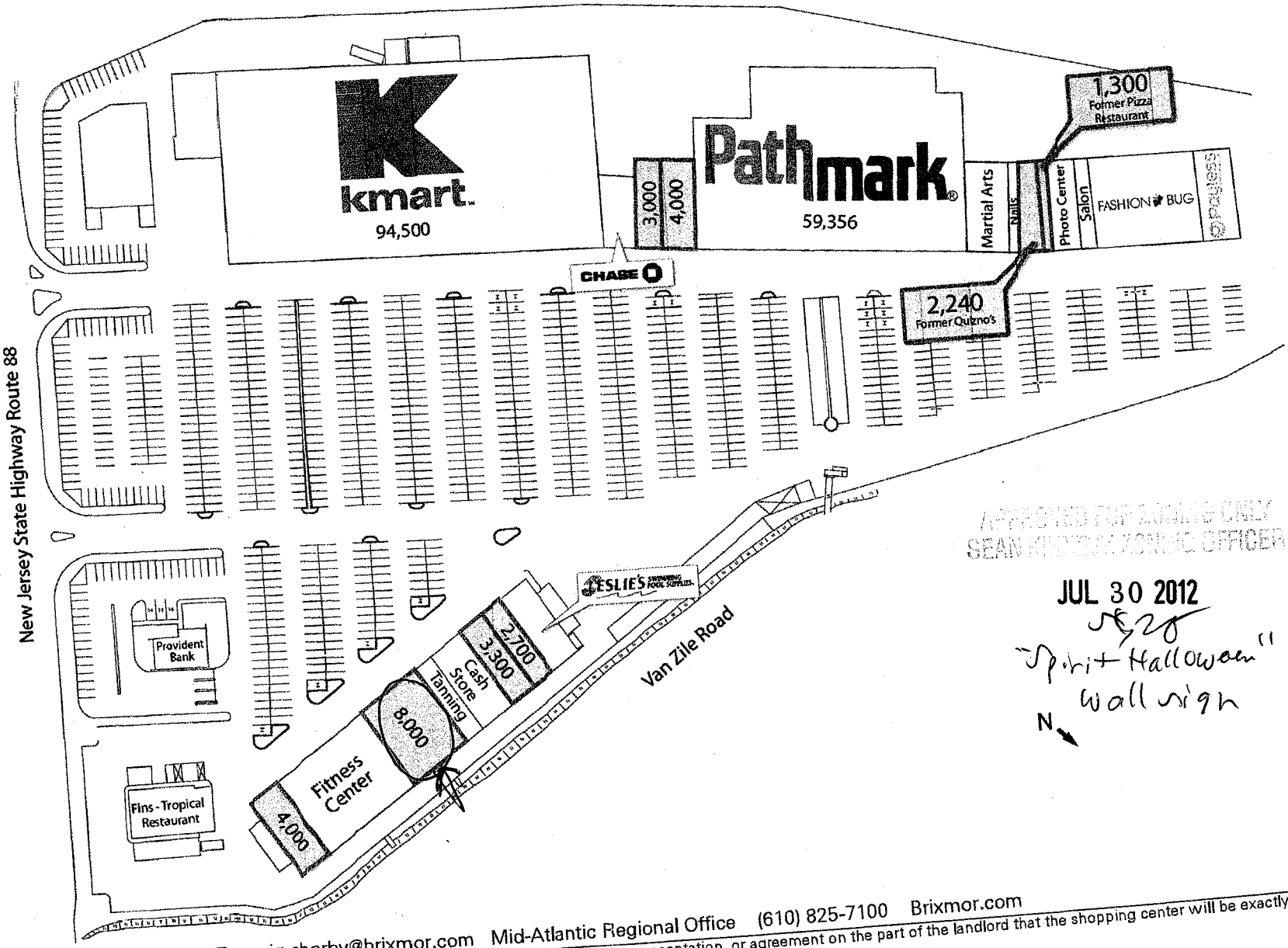
CC:

8/29/12 - Resubmit - Ltr

BRIXMOR

Laurell Square Brick, NJ

GLA: 246,235
Major Tenants: Fashion Bug, Pathmark, Kmart, Brick Fitness



APPROVED FOR PLANNING BOARD
SEAN [illegible] ZONING OFFICER

JUL 30 2012

"Spirit Halloween"
wall sign

Craig Sherby (610) 834-7287 craig.sherby@brixmor.com Mid-Atlantic Regional Office (610) 825-7100 Brixmor.com

01/09/20

Note: This site plan indicates the general layout of the shopping center and is not a warranty, representation, or agreement on the part of the landlord that the shopping center will be exactly as depicted

3HTECH SIGNS

:d a solution, sign with us.

JOB SPECIFICATIONS

Material : ½" thick Rigid Plastic

Size : 6' x 35'

Mounting : FLUSH

Color : BLACK

Letter Color : orange & Yellow

Illumination : NONE

Project : Spirit Halloween

Designer : JWT

APPROVED FOR PERMIT ONLY
SEAN KENNEDY ZONING OFFICER

JUL 30 2012

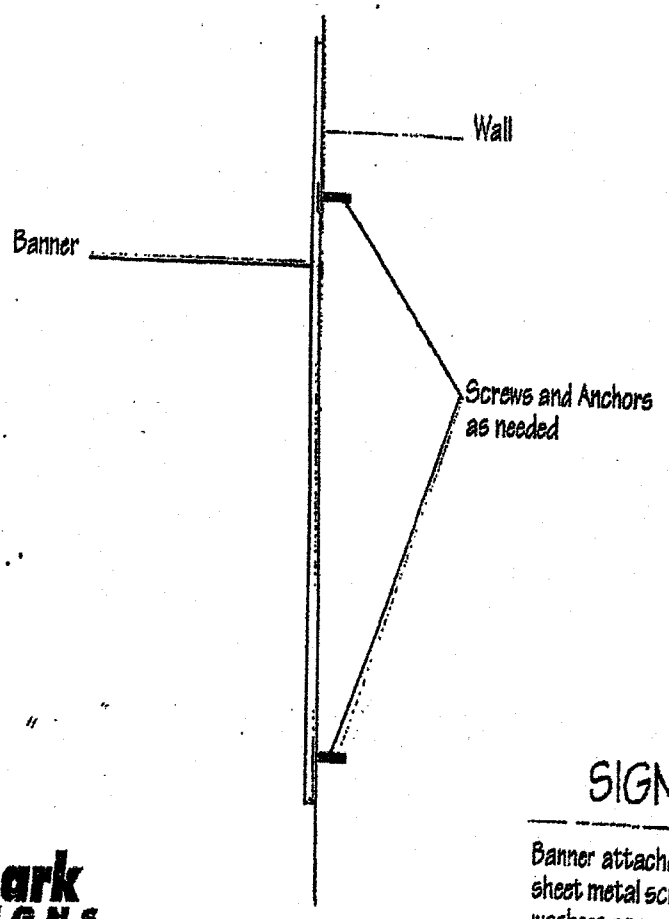

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 30 2012
SPIRIT
HALLOWEEN

Store Set Up Guide

Section:	Procedure Number:	Subject:	Page:
STORE SET UP	SSU-107	Signage and Clings	7 of 9

designproof

Halloween Superstores



SIGN SPECS

Banner attached to fasia with sheet metal screws thru fender washers as needed. Plastic anchors are utilized to secure sheet metal screws into fasia.

1" sheet metal screws / 1" Anchors

baymark SIGNS
528 Fremont Blvd. Fremont CA. 94536
Ph. 510.623.1300 Fx. 510.623.1326
www.baymark.com
Cont. Lic.# 704609

1930 Route 88
made out of concrete

RECEIVING CLERK CR
DATE REC'D 7-26-12

ZONING PERMIT APPLICATION

PERMIT # 12-00842
DATE ISSUED 9-11-12

BLOCK: 1049 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 Route 88 Brick NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Brixmor
COMPLETE ADDRESS: 480 Lexington ave 7th Floor
New York NY 10170
PHONE # 212-869-3000 EMAIL: erin.desalle@brixmor.com

2. NAME OF APPLICANT: Amber Scott (Spirit Halloween)
APPLICANT ADDRESS: 6820 Black Horse Pike
Egg Harbor NJ
PHONE # 732-573-5476 EMAIL: Same

3. RESPONSIBLE PERSON FOR WORK: Amber Scott
PHONE# 732-573-5476 FAX# —

4. SIGNATURE OF APPLICANT: A Scott

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 70.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Rag shop
PROPOSED USE Halloween Store

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

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

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

HEIGHT: ___ (*APPLICABLE)

OTHER ___

DESCRIPTION: 6'x35' Sign for Halloween Store

ZONING REVIEW:
DATE REVIEWED: 7-30-12 DATE DENIED: — DATE APPROVED: 7-30-12 INTLS: NJ

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUL 30 2012

ZONING REVIEW:

DATE REVIEWED: 7-30-12 DATE DENIED: — DATE APPROVED: 7-30-12 INTLS: MGR

DATE:	COMMENTS:	INITIALS:

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	
☒ Zoning Officer	JTC	7/30/12							ZA-12-0005
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				