BLOCK 1149 LOT 5-5.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 RT. 88 SUITE 2/3 PERMIT NO. 09-1389

CONSTRUCTION PERMIT APPLICATION 09.001830

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 RT. 88 SUITE 2 & 3
2. Name of Owner in Fee: JP MORGAN CHASE (Washington Mutual)
   Tel. (____) _____ e-mail _____
   Address 575 WASHINGTON BLVD (street) JERSEY CITY (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: NW SIGN INDUSTRIES Tel. (856) 802-1677
   Address 360 CRIDER AVE. MOORESTOWN NJ 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. 20-3579368 FAX: (856) 802-0412
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun BILL JACKSON
   Tel. (856) 802-1677 FAX: (856) 802-0412

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 43 40V		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 10		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 2P	30		
13. TOTAL	$ 123		

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 ____

COMMERCIAL

IIa. PROPOSED WORK

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

Sign

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	6000.-	TMS	5/29/09		6/10/09	KA			
☐ Electrical	200.-				6-9-9	AS			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	6/8/09		6/8/01	MCB	N/A		
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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

D. Construction Classification:

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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 NW SIGN INDUSTRIES

Address 360 CRIDER AVE.

MOORESTOWN NJ

Telephone (856) 802-1677

Signature _____

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

IMPORTANT
A.H.B.T. - EXEMPT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/24/2009
Control Number C-09-001830
Permit Number 09-1389
Permit Issue Date 06/12/2009
Certificate Number 09-1389

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: JP MORGAN CHASE

Owner Address: 575 WASHINGTON BLVD JERSEY CITY NJ

Telephone:

Contractor NW SIGN INDUSTRIES

Address 360 CRIDER AVE MOORESTOWN NJ 08057-

Telephone: (609) 802-1677 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-1736638

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION REMOVE AND REPLACE EXISTING SIGNAGE <COMMERCIAL>

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: 12/24/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 6/12/09
Control # C-09-001830
Permit # 09-1389

*IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Brick Township, NJ

Owner in Fee: JP MORGAN CHASE
575 WASHINGTON BLVD JERSEY CITY NJ

Telephone:

Contractor: NW SIGN INDUSTRIES
Address: 360 CRIDER AVE MOORESTOWN NJ 08057-

Telephone: (609) 802-1677
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-1736638

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 REMOVE AND REPLACE EXISTING SIGNAGE <COMMERCIAL>

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 $6,200

Construction Official

Date 6-10-09

PAYMENTS (Office Use Only)

Building	$43
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$30
Total	$123
Check No.	
Cash	$0
Credit	$0
Collected By	

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.

06/12/09 12:16PM 00155881588
XM1 SERV.001

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.

BUILDING $43.00
ELECTRIC $40.00
DCA $10.00
[illegible] $30.00
CHECK $123.00

- [ ] 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-1389

Date Issued
Permit # 6/12/09

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 RT. 88 SUITE 243 BRICK NJ

Owner in Fee: JP MORGAN CHASE

Tel. ( ) e-mail

Address 575 WASHINGTON BLVD (street) JERSEY CITY (municipality) NJ (zip code)

Contractor: NW SIGN INDUSTRIES Tel. (856) 802-1677

Address 360 CRIDER AVE. MOORESTOWN NJ e-mail

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

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

Federal Emp. ID No. 20-3579368 FAX: (856) 802-0412

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	6/10/09	KA

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/17/09
Approved by: KA

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			12-16-09	SK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class 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.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 4,000.-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

CONFIDENTIAL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE & REPLACE EXISTING SIGNAGE

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 43 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.

09-1389
6/12/09

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
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
Work Site Location 1930 RT. 88 SUITE 243
BRICK NY
Owner in Fee/Occupant JP MORGAN CHASE
Address 575 WASHINGTON BLVD
JERSEY CITY NY
Tele. ( )
Contractor RIDDELL ELECTRIC
Address 506 WESLEY AVE
PITMAN NJ 08071
Tele. (856) 589-6401 Fax ( )
Lic. No. 12356B
Federal Emp. No. 20-8488808

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
[X] No Plans Required 6-9-09
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-16-9
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-16-09	DD

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		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
		.....
		.....

FEE (Office Use Only)

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/96)

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

CHASE

WaMuREBRANDING

CONVERSION PROGRAM

March 31, 2009

1930 Route 88 STE 2 & 3
Brick, NJ 08724-3153

PID # W5058
BRICK

Revision Notes

1. chg chl ltrs to 30"; delete second tenant pylon	2/20/09 mg
2. Updated sign code / sched sign# 7 & 8.	03/10/09 LV
3.Added Eng Spec.	03/31/09 jaR

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 02 2009

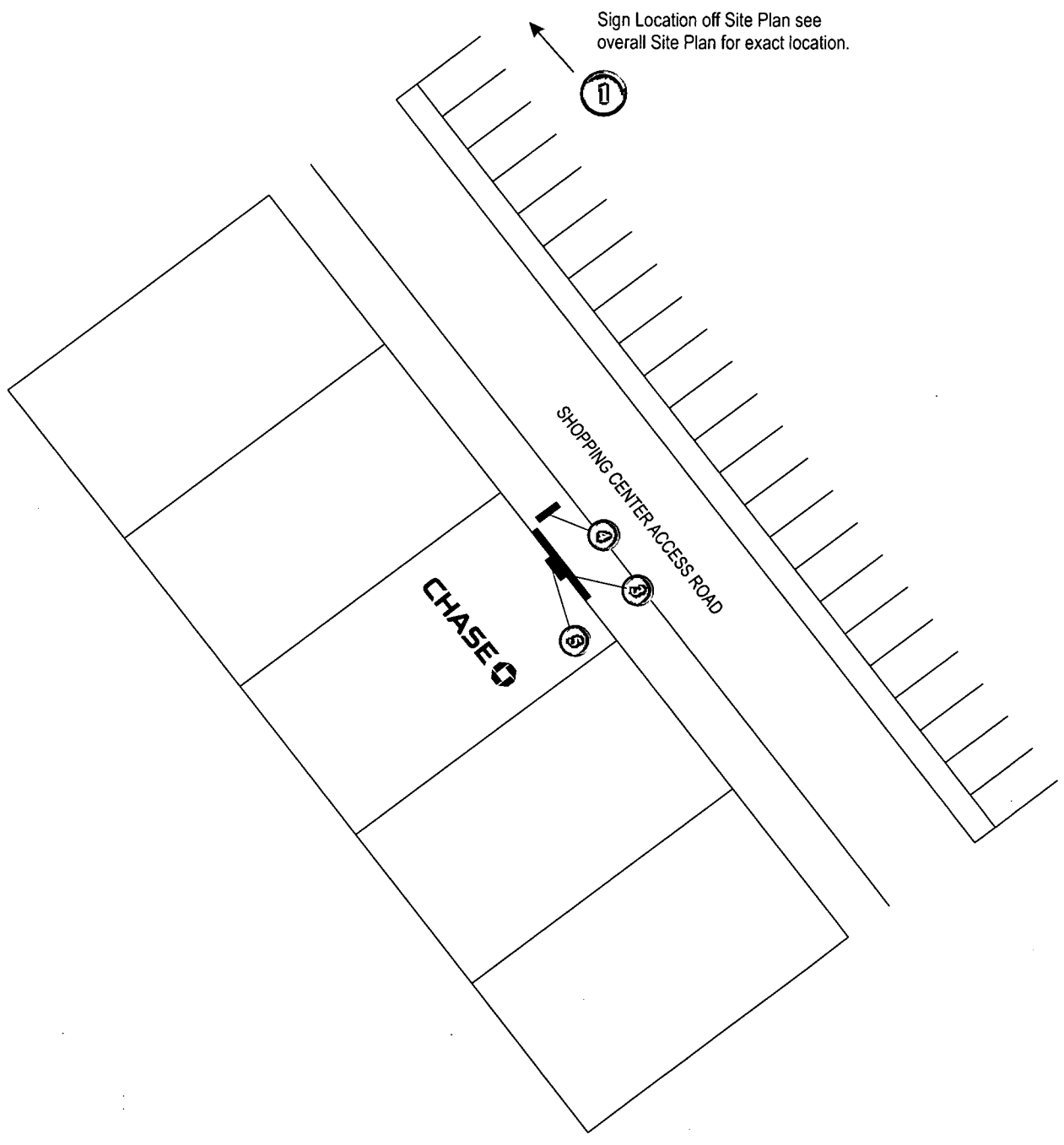
CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412 www.nwsignindustries.com

FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 • TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 • NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 • TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY

SIGN LEGEND & LOCATION PLAN

NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY



N

SIGN SCHEDULE

Proposed Sign Inventory

Site #	#	Sign Code	Description
W 5058	1	DBC	Deleted by Customer
W 5058	1A	DBC	Deleted by Customer
W 5058	2	DBC	Deleted by Customer
W 5058	3	LIF-R-BLK-30	Channel Letters
W 5058	4	RF-3	Replacement Face
W 5058	4a	RF-3	Replacement Face
W 5058	5	REMOVE	Remove
W 5058	6	REMOVE-RESTORE	Remove and Restore
W 5058	7	SUR-TTW-U	ATM Surround
W 5058	8	SUR-TTW-U	ATM Surround
W 5058	9	REFURB	Refurbish

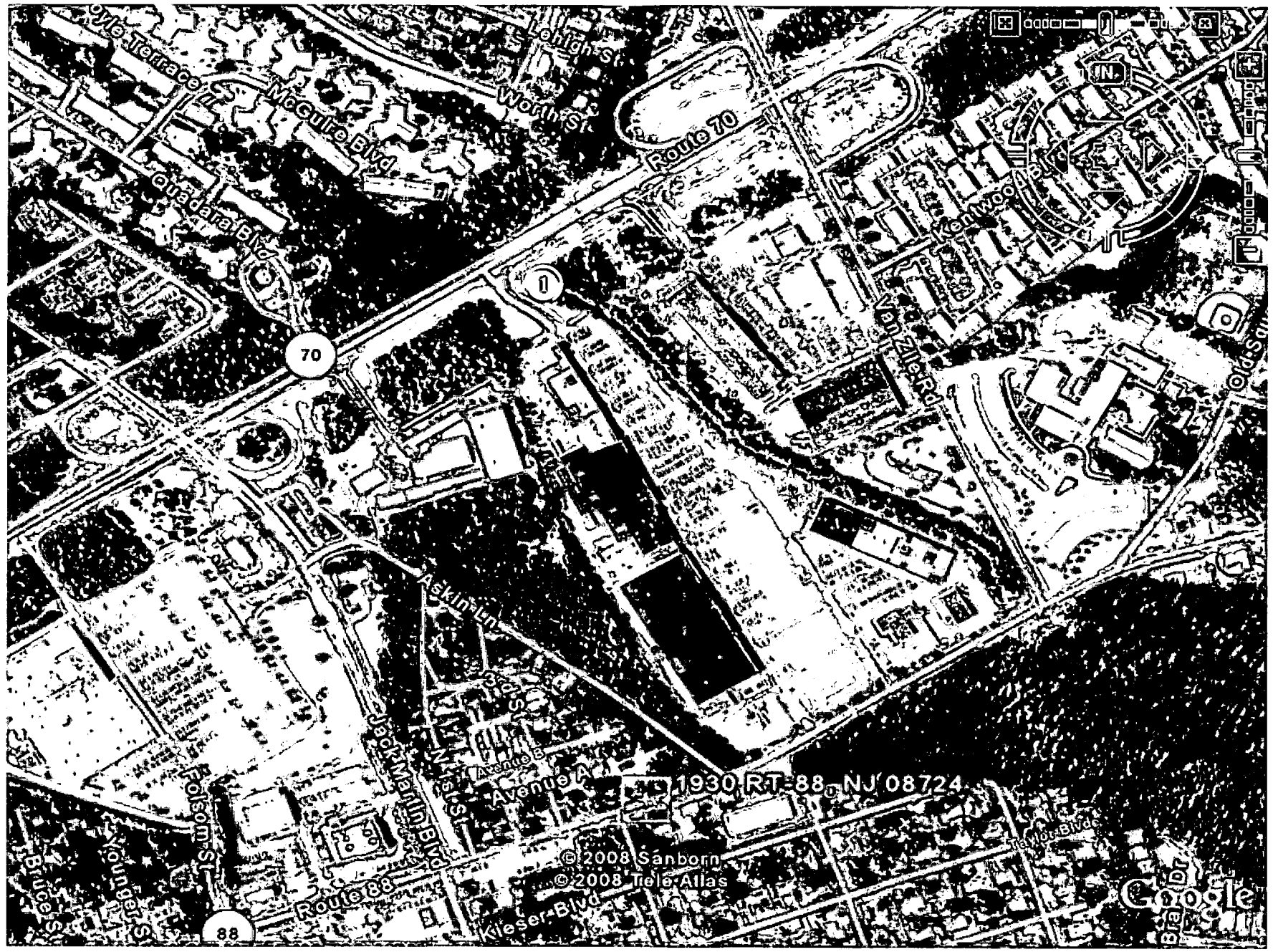
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 02 2009

CLIENT NAME	ADDRESS	SITE	TOTAL NUMBER OF PAGES	SALES REP	DESIGNER	DATE	PAGE NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	11	House	JKP	11/25/08	2

CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY

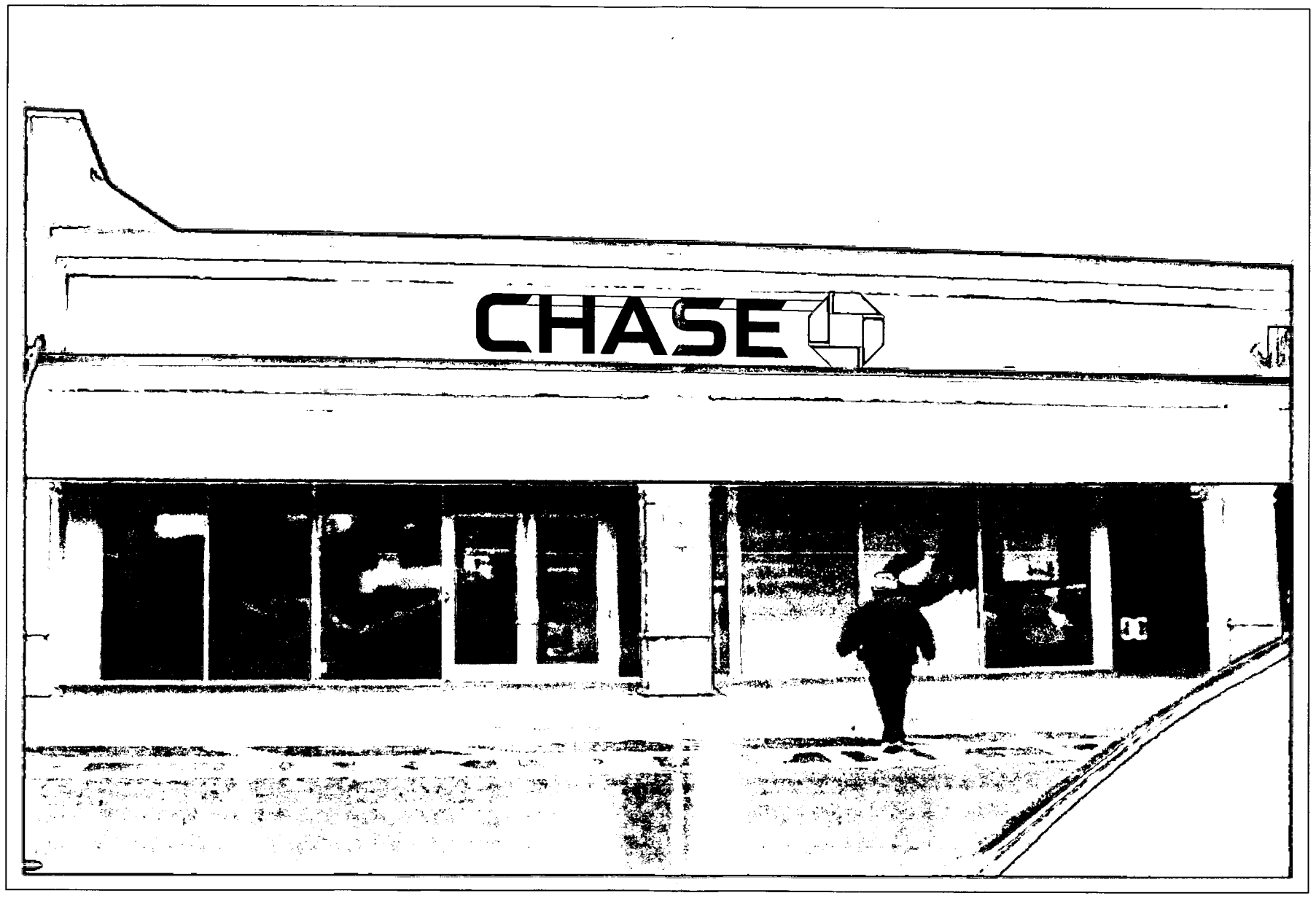


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 02 2009

CLIENT NAME	ADDRESS	SITE	PAGE NUMBER	DRAWING NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	3	08-1813-3

CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744



MAIN ELEVATION - LIF-R-BLK-30
Scale: NTS

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 02 2009

CLIENT NAME	ADDRESS	SITE	PAGE NUMBER	DRAWING NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	4	08-1813-3

CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY

(1) (1A) **Deleted by Customer- DBC**

NOTE LANDLORD REQUIRMENT

(2) **Deleted by Customer- DBC**

EXISTING ELEVATION

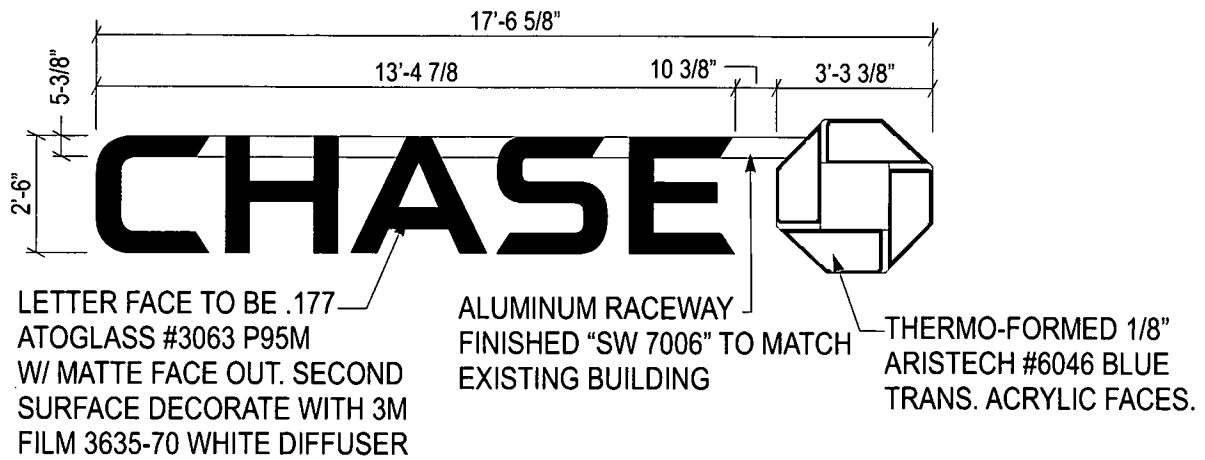
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 02 2009

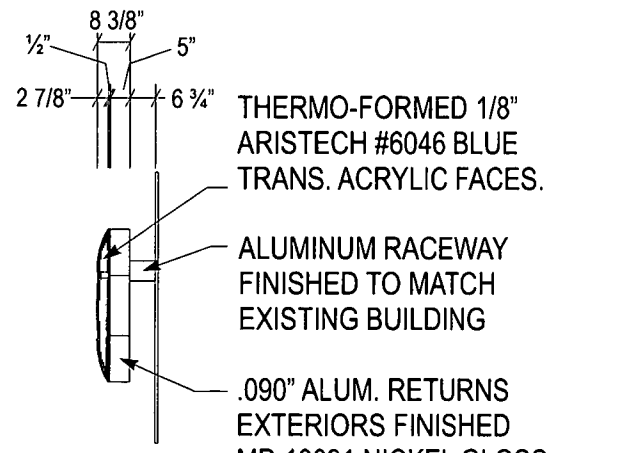
CLIENT NAME	ADDRESS	SITE	PAGE NUMBER	DRAWING NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	5	08-1813-3

CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

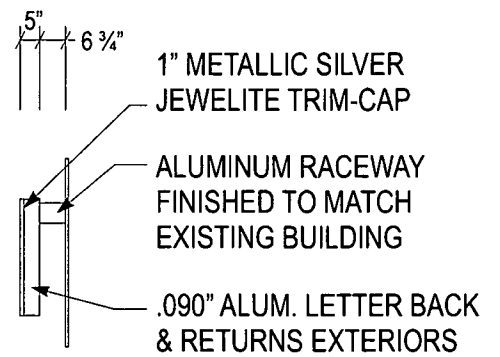
NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY



3 CHANNEL LETTERS- LIF-R-BLK-30
SCALE: ¼" = 1' 0"



OCTAGON - SIDE VIEW
SCALE: ¼" = 1' 0"



LETTER - SIDE VIEW
SCALE: ¼" = 1' 0"

MAIN ELEVATION - LIF-WBO-30
Scale: NTS

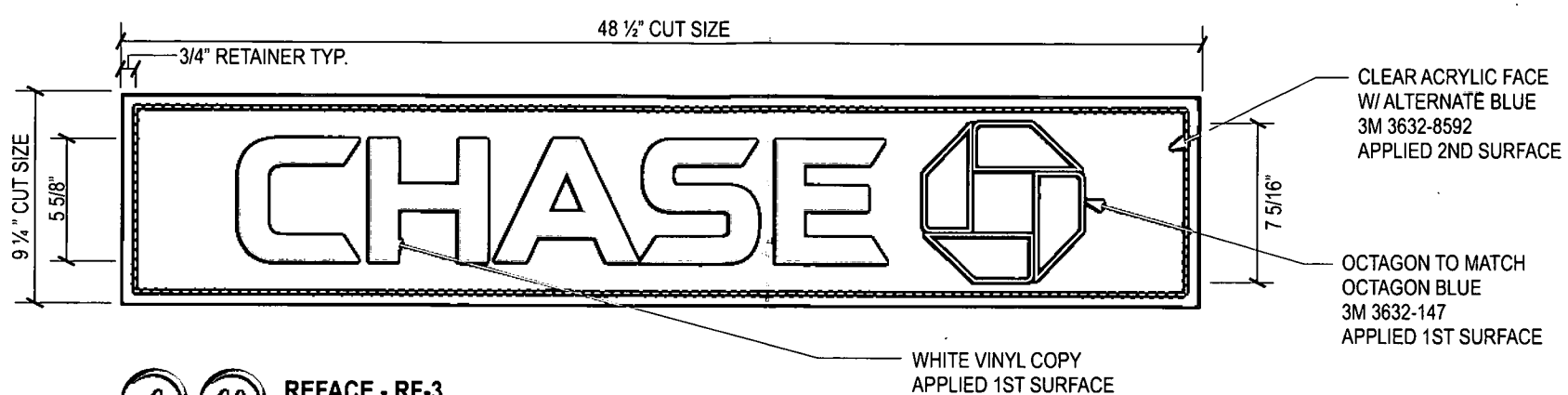
6 **RESTORATION - REMOVE-RESTORE**
SCALE: NTS

APPROVED FOR ZONING ON
SEAN KINNEVY, ZONING OFFICER
JUN 02 2009

CLIENT NAME	ADDRESS	SITE	PAGE NUMBER	DRAWING NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	6	08-1813-3

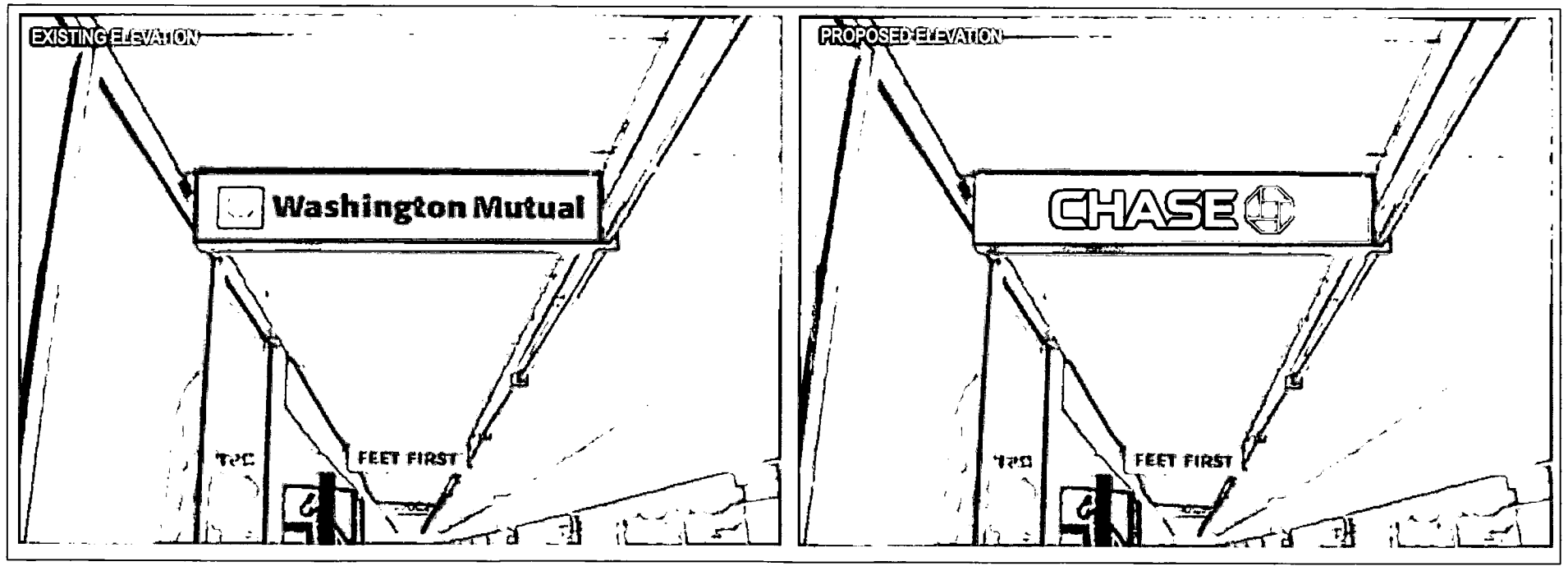
CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY



4 4A **REFACE - RF-3**
SCALE: 1 ½"= 1'-0"

9 **Refurbish - REFURB- repaint entire sign Chase blue**
SCALE: NTS



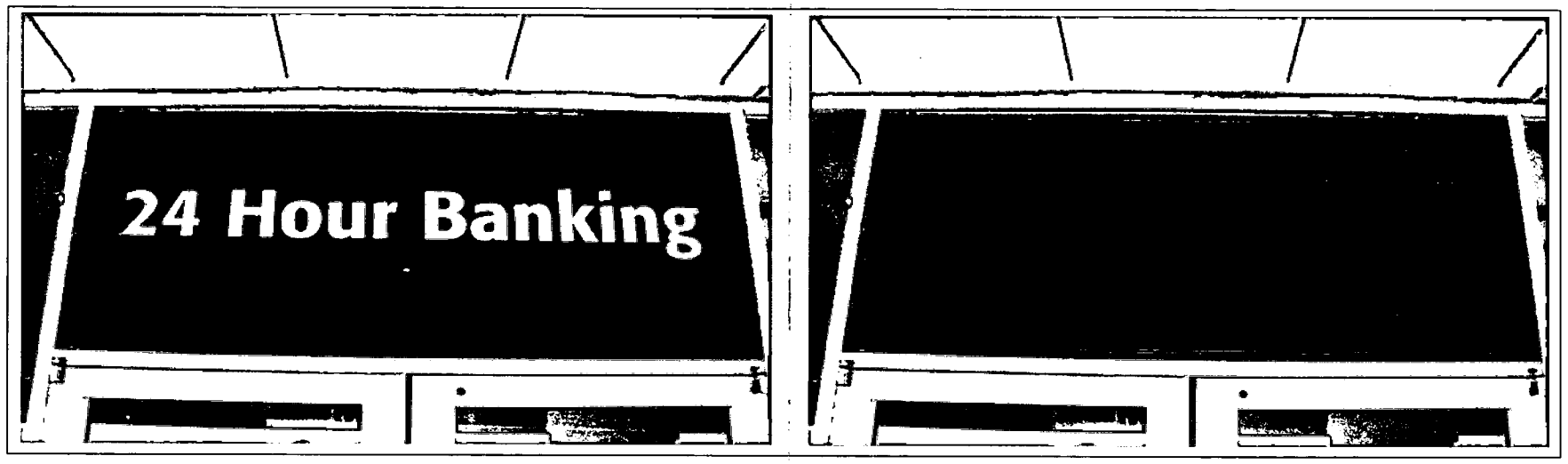
UNDER CANOPY DETAIL
Scale: NTS

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 02 2009

CLIENT NAME	ADDRESS	SITE	PAGE NUMBER	DRAWING NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	7	08-1813-3

CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

NW SIGN INDUSTRIES
IDENTIFY WITH QUALITY



5 REMOVE EXISTING SIGN - REMOVE
SCALE: NTS

*NOTE: NW TO REMOVE EXISTING SIGN IN WINDOW ABOVE DOORS.
REMOVE ONLY.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 02 2009

CLIENT NAME	ADDRESS	SITE	PAGE NUMBER	DRAWING NUMBER
CHASE	1930 Route 88 STE 2 & 3	W5058	8	08-1813-3

CORPORATE OFFICE: 360 CRIDER AVENUE MOORESTOWN, NJ 08057 P - 856.802.1677 F - 856.802.0412
FLORIDA 2416 SAND LAKE ROAD ORLANDO, FL 32809 - TEXAS SERVICE CENTER 460 SOUTH BELTLINE ROAD SUITE 422 IRVING, TX 75060 - NORTH CAROLINA 120 CASCADE DRIVE CONCORD, NC 28027 - TEXAS 7303 BURLESON ROAD, SUITE 706 AUSTIN, TX 78744

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

09-1389
6/12/09

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
Work Site Location 1930 RT. 88 SUITE 203
BRICK NJ
Owner in Fee/Occupant JP MORGAN CHASE
Address 575 WASHINGTON BLVD
JERSEY CITY NJ
Tele. ( )
Contractor RIDDELL ELECTRIC
Address 506 WESLEY AVE
PITMAN NJ 08071
Tele. (856) 589-6401 Fax ( )
Lic. No. 12356B
Federal Emp. No. 20-8488808

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
[X] No Plans Required — 6-9-09 — [illegible]
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

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

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

RIDDELL ELECTRIC LLC — STATE OF NEW JERSEY — ELECTRICAL CONTRACTOR — 12356B

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/96)

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

09-1389
6/12/09

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 1124 Lot 5
Work Site Location 1920 RT. RR SUITE 2&3
BRICK NJ
Owner in Fee/Occupant JP MORGAN CHASE
Address [illegible]
[illegible] CITY NJ
Tele. ( )
Contractor RIDDELL ELECTRIC
Address 506 WESLEY AVE
PITMAN NJ 08071
Tele. (856) 589-6401 Fax ( )
Lic. No. 12356B
Federal Emp. No. 20-2448808

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
[X] No Plans Required — 6-9-09 — [illegible]
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

RIDDELL ELECTRIC LLC — STATE OF NEW JERSEY — LICENSED ELECTRICAL CONTRACTOR — 12356B

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/96)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 09-1389

Date Issued
Permit # 6/12/09

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 1230 RT. 440 SIDE SIGN 3
BACK #4

Owner in Fee: JP MORGAN CHASE

Tel. (_____) _____ e-mail _____

Address 575 WASHINGTON BLVD (street) JERSEY CITY (municipality) NJ (zip code)

Contractor: NW SIGN INDUSTRIES Tel. (856) 302-1677

Address 810 CRUISER AVE. MOORESTOWN NJ e-mail _____

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

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

Federal Emp. ID No. 20-3579318 FAX: (856) 802-0416

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other	6/12/09	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 6,200.-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE & REPLACE EXISTING SIGNAGE

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 43 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.

BUILDING 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 _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

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

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $_____
2. Rehabilitation $_____
3. Total (1+ 2) $_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 $ _____

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

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: _____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 1149 Lot: 5 & 5.01

Property Address: 1930 RT. 88 SUITE 2 & 3

I, NW SIGN INDUSTRIES (name) of 360 CRIDER AVE. MOORESTOWN NJ (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS

Township of Brick
Zoning Permit

Approved:	Tuesday, June 02, 2009	**Number:**	2009-406
Block	1149	**Lot**	5 & 5.01
Zone:	B-3, Highway Dev.		

Property Address:	1930 Route 88; Laurel Square Shopping Center
Applicant:	Bill Jackson; NW Sign Industries
Property Owner:	Super Intermediate Company, LLC
Existing Use:	Washington Mutual Bank; Suites 2 &3.
Proposed Use:	Chase Bank; Suites 2&3.
Proposed Construction:	Remove and replace existing signage for new bank name.
Conditions:	Same sizes and locations. An additional zoning permit is required for any additional sign or banner.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy, Zoning Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
JUN 1 2009

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1149 LOT 5.4 5.01 QUALIFIER

PROPERTY ADDRESS 1930 RT. 88 SUITE 2 & 3

PERSONAL NAME OF APPLICANT BILL JACKSON

BUSINESS NAME OF APPLICANT NW SIGN INDUSTRIES

MAILING ADDRESS OF APPLICANT 310 CRIDER AVE. MOORESTOWN NJ 08057

PROPERTY OWNER'S FULL NAME SUPER INTERMEDIATE CO LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) BANKING

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) BANKING

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) REMOVE & REPLACE EXISTING SIGNAGE

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 5.29.09

Reviewed by Zoning Office _____ Date 6/2/9 (X) Approved ( ) Denied

March 2003