BLOCK 1149 LOT 5-5.01-6 QUALIFICATION CODE C2-501 ADDRESS (SITE) 1930 STATE RT. 88 LAUREL SQUARE SC PERMIT NO. 98-3672

RECEIVED SEP 2 8 1998

CONSTRUCTION PERMIT APPLICATION

mail-in

DIVISION OF INSPECTION

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

I. IDENTIFICATION

Leslie's Pool Supplies @ Laural Square SC

1. Propsed Work Site at: 1930 State Route 88
2. Name of Owner in Fee: New Plan Realty Trust Tel. (212) 869-3000
   Address 1120 Ave of the Americas (street) New York, NY (municipality) 10036 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Nat'l Image Sign & Graphics Tel. (516) 924-3014
   Address 1532 Rocky Point Rd Middle Island, NY 11953
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 11-2745673 FAX: (516) 874-6294
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Scott Macomber
   Tel. (516) 924-3014 FAX (516) 874-6294

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 102.-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3.-		
10. Subtotal			
11. Cert. of Occupancy			
12. Other 2nd	$15		
13. TOTAL	$ 120.-		

NO FEE REQUIRED — APPROVED BY — DATE 10/19/98

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. Construction Classification
7. Total Land Area Disturbed sq. ft.
8. Flood Hazard Zone
9. Base Flood Elevation ft.
10. Wetlands yes / no
11. Max. Live Load
12. Max. Occupancy Load

sign

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					10-19-98	FW			
3. ☒ Addition SIGN	$ 3500.00								
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ENG	10/9/98		10/9/98	SL			
TOTAL COSTS	$ 3500.00								

OPTIONAL (for office use only)

10/19/98 - called - ok

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: RETAIL STORE/SIGN
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT - CONFIRMATION FEE - CALL

LDS BR 10516359

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature_____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name SCOTT MACOMBER

Address 1532 ROCKY POINT RD

MIDDLE ISL, NY 11953

Telephone (516) 924-3014

Signature _____

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

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									
☐ 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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/21/98
Control #
Permit # 98-3672

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 LESLIES POOLS
SIGN
Owner in Fee NEW PLAN REALTY TRUST
Address 1120 AVE OF AMERICAS
NEW YORK, NY 10036-
Telephone (212)869-3000

Contractor NATIONAL IMAGE SIGN & GRAPHICS
Address 1532 ROCKY POINT RD
MIDDLE ISLAND, NY 11953-
Telephone (516)924-3014
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-2745673

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:
NEW STORE FRONT SIGN

NOTE: If construction 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 $ 3,500

Construction Official

10/21/98
Date

PAYMENTS (Office Use Only)

Building	102
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
~~Other~~ 120	15
Total 120	~~105~~
Check No.	1049
Cash	
Collected By	AJP

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/01/98
Date Issued 10/21/98
Control # C2-501
Permit # 98-3672

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 Qual
Work Site Location 1930 RT 88 LESLIES POOLS
SIGN
Owner in Fee NEW PLAN REALTY TRUST
Address 1120 AVE OF AMERICAS
NEW YORK, NY 10036-
Tele.(212)869-3000
Contractor NATIONAL IMAGE SIGN & GRAPHICS
Address 1532 ROCKY POINT RD
MIDDLE ISLAND, NY 11953-
Tele.(516)924-3014 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-2745673

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/19/98	KM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,500
3. Total (1+2)$ 3,500

Industrialized Building:
[ ] State Approved
[ ] HUD

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

NEW STORE FRONT SIGN

Per Zoning Permit
4 x 25 1/2'

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 102 Sq. Ft.	102
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 102
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 5, 1998 1998 - 1652

Block 1159 Lot 5, 5.01, 6 Zone B-3, H.D.

Property Address: 1930 Route 88

Owner: New Plan Realty Trust (Phone): (212) 869-3000

Applicant: Scott Macomber (Phone): (516) 924-3014

Existing Use: Retail unit.

Proposed Use: Retail unit.

Proposed Construction (if any): Replace side wall sign, 4' by 25.6'; "Leslie's Pool Supplies".

Conditions: Same size and location.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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
Municipal Planner

Sean Kinnevy
Zoning Officer

Be careful - Fill out Every Line, No Sames !!

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1149 LOT 5-5.01-6

PROPERTY ADDRESS 1930 State Route 88 Bricktown, NJ 08723

NAME OF OWNER New Plan Realty Trust OWNER'S PHONE 212-869-30(

NAME OF APPLICANT Leslie's Pool Supplies / Scott Macomber

APPLICANT'S COMPLETE ADDRESS c/o Nat'l Image 1532 Rocky Point Rd Mid Isl, NY 1

APPLICANT'S PHONE NUMBER (516) 924-3014 APPLICANTS BUSINESS NAME Leslie's PoolMart

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

XX Commercial (please describe) Individual Store Within Laural Sq Shopping Center

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

XX Commercial (please describe) Retail Store (SIGN)

☐ Other (please describe) _____

PROPOSED CONSTRUCTION New Store Front Sign at Existing "As Built" Store (See Attached Detail)

All Dimensions 4 W 25.6 L 17' Ht

Deck or Garage n/a ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

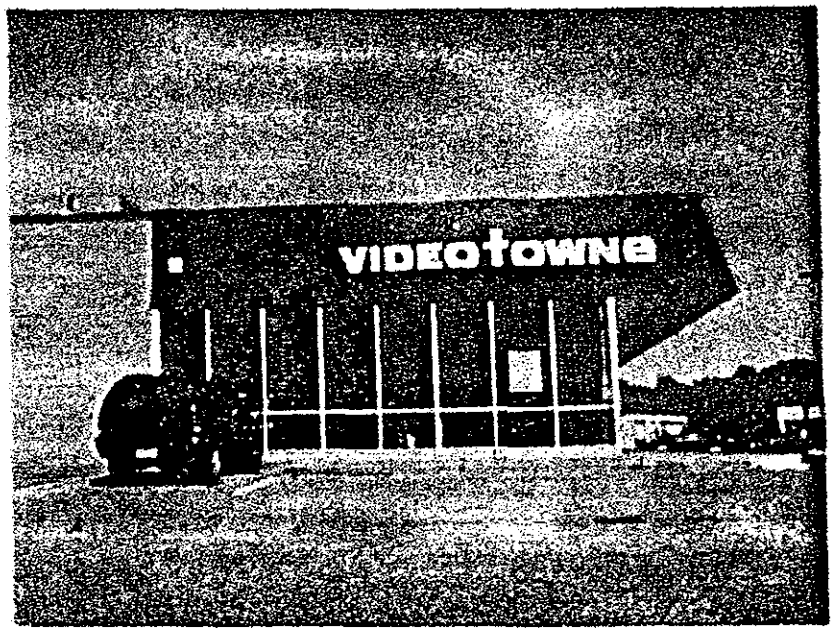
The applicant certifies that all statements and information made and provided as part of this applic true to the best of the applicant's knowledge, information and belief. The applicant further states t applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Regulations.

Signature of Applicant _____ Date 9/24/98

Reviewed by Zoning Officer Date 10/5/98 ☑ Approved ☐ Rejec

COMMERCIAL

VACANT STORE
OLD SIGNS TO BE REMOVED . . .



SIDE

FRONT

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 920-4850

FAX CORRESPONDENCE

732
~~(908)~~ 262-8954

DATE: 9.28.98

To Fax Number: 516-874-6294 Pages to Follow: 2

Attention: Scott Macomber

From: Allison - Brick Bldg dept

Message: Pls. call me @ 732-262-1028 Re: Leslies Pool Supplies 1930 Rt 88 - Laurel Square I have question on the dimensions on the Zoning permit application. There was nothing filled out for this.

thanks

9.29.98 Scott called me back - will be faxing over dimensions to me.

NEW PLAN REALTY TRUST
1120 Avenue of the Americas
NEW YORK, NY 10036
(212)869-3000
FAX (212)869-3989

LETTER OF TRANSMITTAL

DATE July 29, 1998	JOB NO. 102
ATTN: Scott Macomber	
RE: Laurel Square Shopping Center	
Brick, NJ	

TO: National Image Signs and Graphics, Inc.
1532 Rocky Point Road
Middle Island, NY 11953

WE ARE SENDING YOU ☒ ATTACHED ☐ UNDER SEPARATE COVER VIA _____ THE FOLLOWING ITEMS:

☒ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of Letter ☐ Change Order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	7-27-98	01	Signage Submission for Tenant
1	7-27-98	02	**"LESLIE'S POOL SUPPLIES"**
			as submitted by Sign Company for Tenant
			NOTE: Certificate of Insurance shall be forwarded to Landlord's office stating
			"Hold Harmless" New Plan Realty Trust.
			IN NO EVENT SHALL ANIMATED OR
			FLASHING SIGNS BE PERMITTED IN WINDOWS

THESE ARE TRANSMITTED AS CHECKED BELOW:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☒ Approved as Noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS:

Tenant/Contractor shall visit site and inspect area before any installations, should you require field information please contact our field representative Mr. Chuck Doud at (914)623-4950.

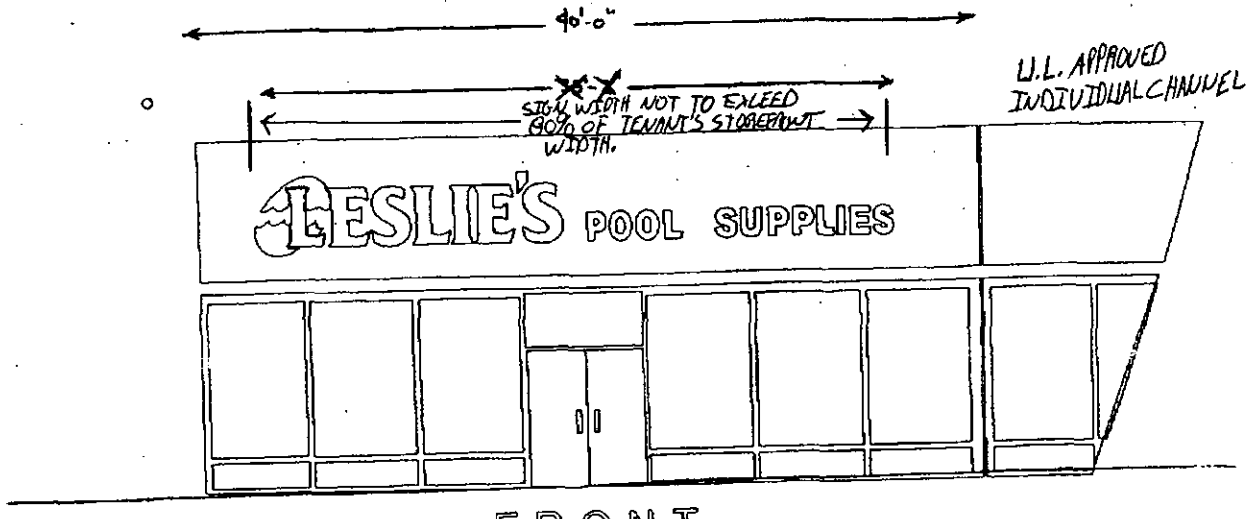
All installations shall be in a workman like manner, waterproof and shall be installed to code of all governing agencies. All electrical work shall be by a licensed electrician, all electrical work is the responsibility of the Tenant/Contractor. Tenant/Contractor shall be responsible for any and all damages which may occur and will be charged for any repairs and/or replacements. Tenant/Contractor shall forward to Landlords a copy of Sign Permit before any installation of signage at the property. Tenant/Contractor shall coordinate and notify Field Representative before any installation. All costs are the responsibility of Tenant/Contractor .

All signage shall be consistent with the general design of the Shopping Center in appropriate proportion to the size of the lessee storefront.

SIGNED: NEW PLAN REALTY TRUST

Kevin Farrell

COPY TO: Mr. Chuck Doud



48" LOGO
36" LESLIE'S
18" POOL SUPPLIES

X APPROVED AS NOTED SEE ATTACHED LETTER OF TRANSMITTAL
APPROVED AS CORRECTED
REVISED AND RESUBMIT
NOT APPROVED

Checking is only for general conformance with the design concept of the project and general compliance with the information given in the contract documents. New Plan Realty trust assumes no responsibility for defects in the drawings or specifications or the buildings, structures or improvements constructed or made in accordance therewith. Any action shown is subject to the requirements of the plans and specifications and compliance with applicable codes. Contractor is responsible for dimensions to be confirmed and correlated at job site, for information that pertains solely to the fabrication processes or to techniques of construction, and coordination of his work with that of other trades and the satisfactory performance of his work.

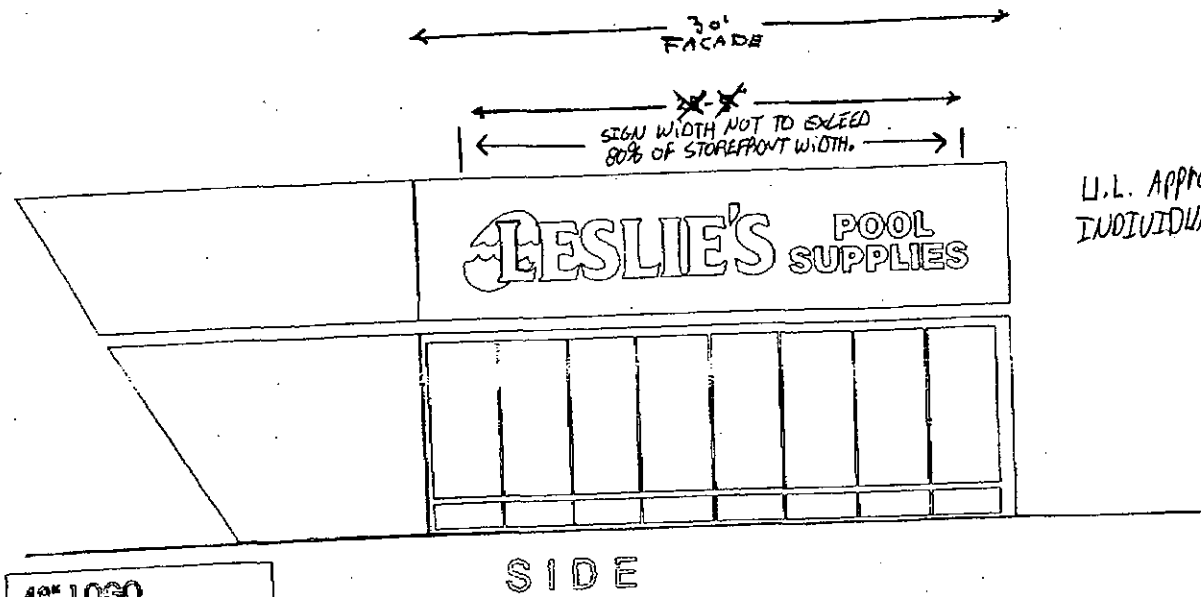
NEW PLAN REALTY TRUST

DATE: 7-24-98 BY: KHF

NATIONAL IMAGE SIGNS AND GRAPHICS, INC.

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014

Brick, NJ
Revised 7-27-98
#01



48" LOGO
36" LESLIE'S
16" POOL SUPPLIES

U.L. APPROVED
INDIVIDUAL CHANNEL LETTERS

X APPROVED AS NOTED — SEE Attached Letter of Transmittal
APPROVED AS CORRECTED
REVISED AND RESUBMIT
NOT APPROVED

Checking is only for general conformance with the design concept of the project and general compliance with the information given in the contract documents. New Plan Realty trust assumes no responsibility for defects in the drawings or specifications or the buildings, structures or improvements constructed or made in accordance therewith. Any action shown is subject to the requirements of the plans and specifications and compliance with applicable codes. Contractor is responsible for dimensions to be confirmed and correlated at job site, for information that pertains solely to the fabrication processes or to techniques of construction, and coordination of his work with that of other trades and the satisfactory performance of his work.

NEW PLAN REALTY TRUST

DATE: 7-29-98 BY: KMF

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

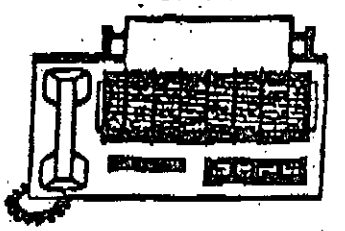
Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014

Brick, NJ
7-27-98
#02

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

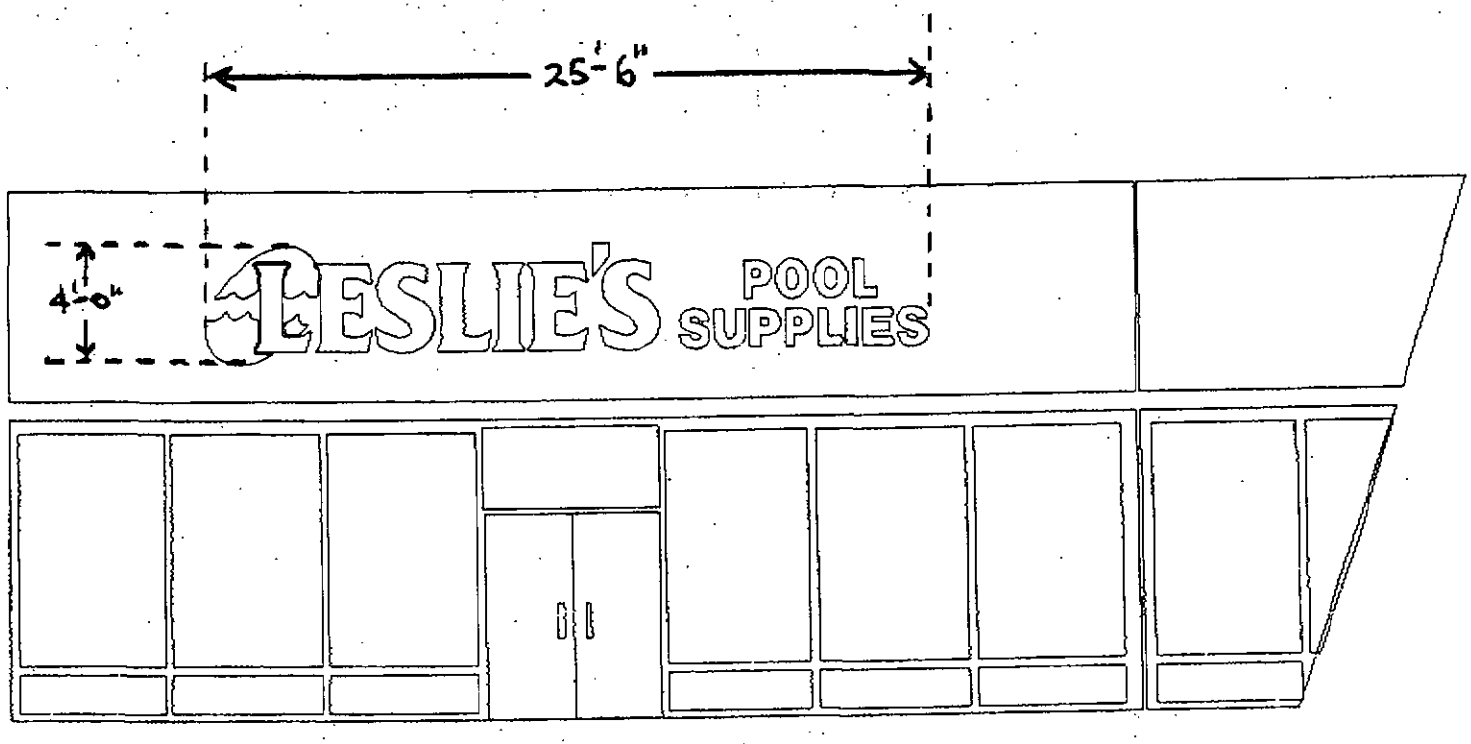
FAX TRANSMITTAL

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014
FAX 516-929-0525



ATTN: ALLISON

SIGN DIMENSIONS
AS REQUESTED . . .



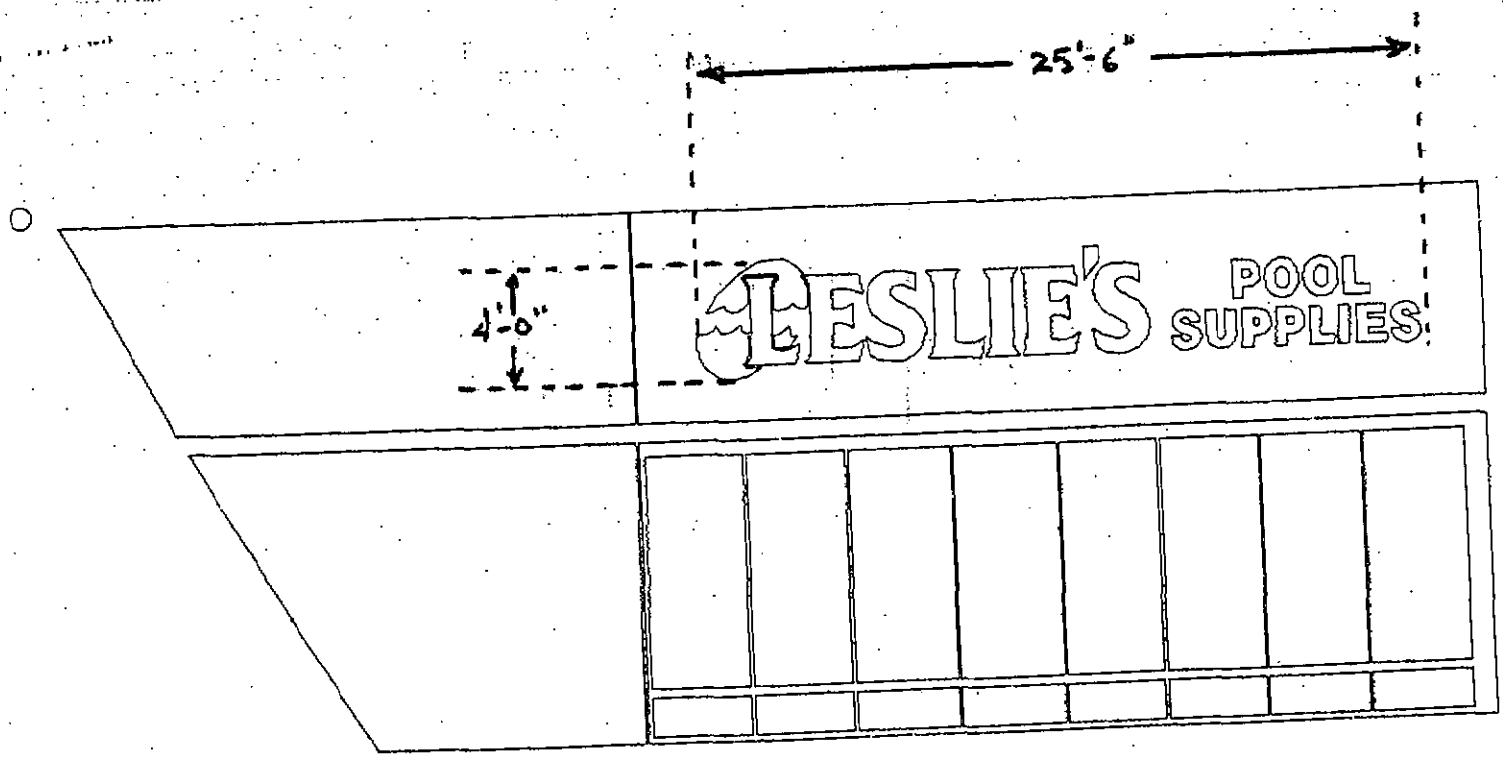
FRONT

4' x 25'-6" = 102 ☐ TOTAL

LAUREL SQUARE
9-30-98

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014



SIDE

48" LOGO
36" LESLIE'S
16" POOL SUPPLIES

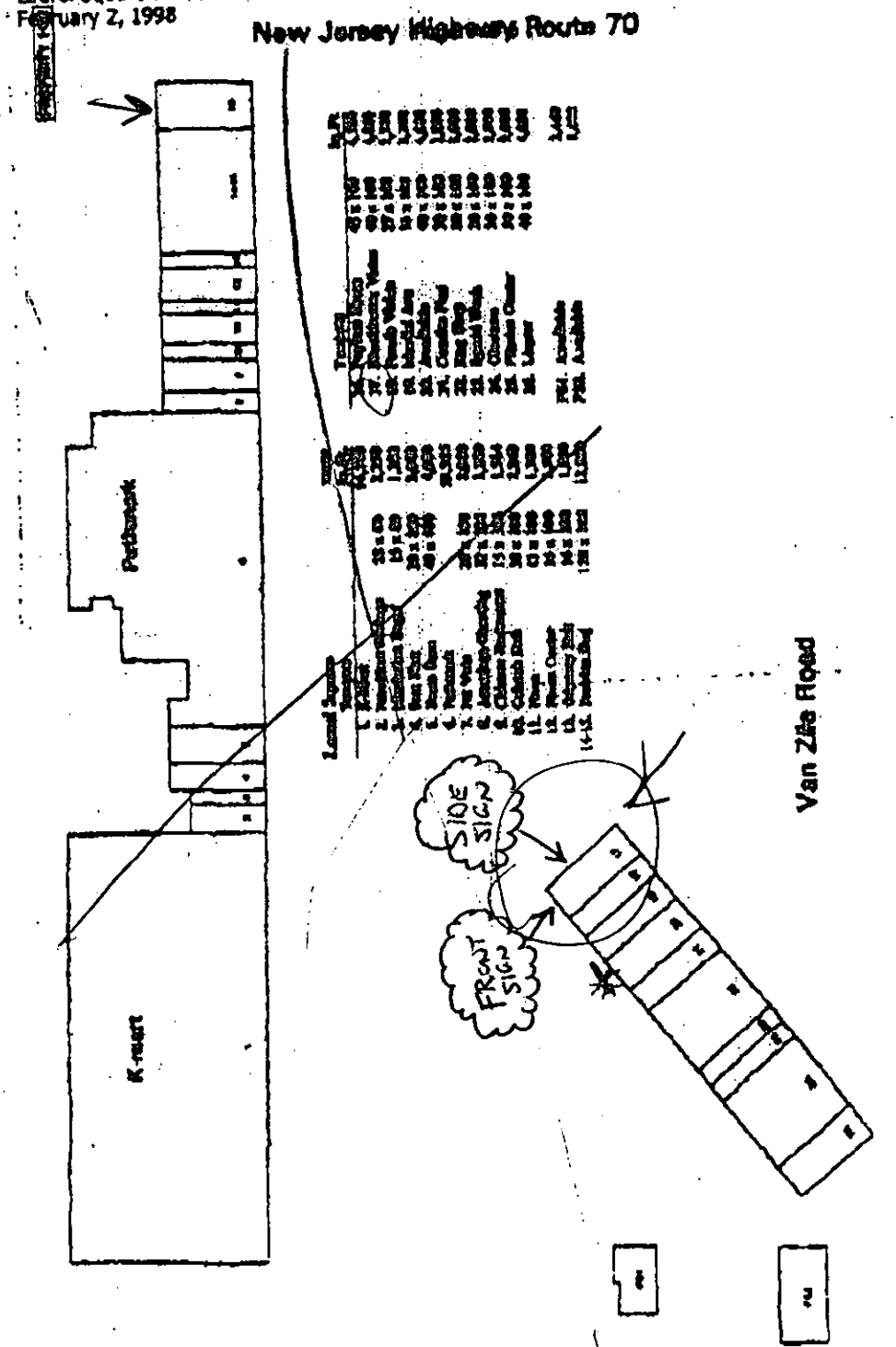
4' x 25'-6" = 102 ϕ TOTAL

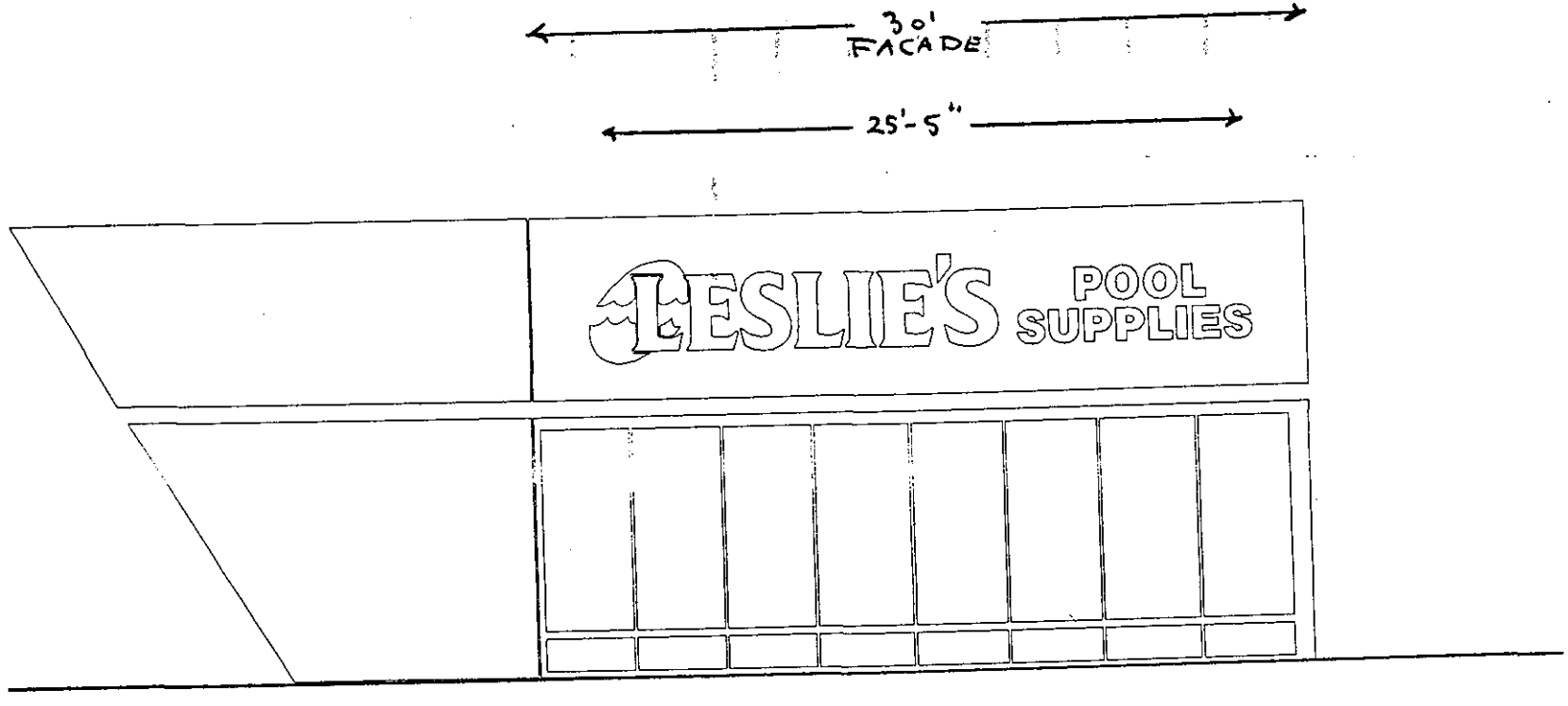
LAUREL SO
9-30-98

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014

Mr. Tom Troiano
Laurel Square Shopping Center - LOI
February 2, 1998





SIDE

48" LOGO
36" LESLIE'S
16" POOL SUPPLIES

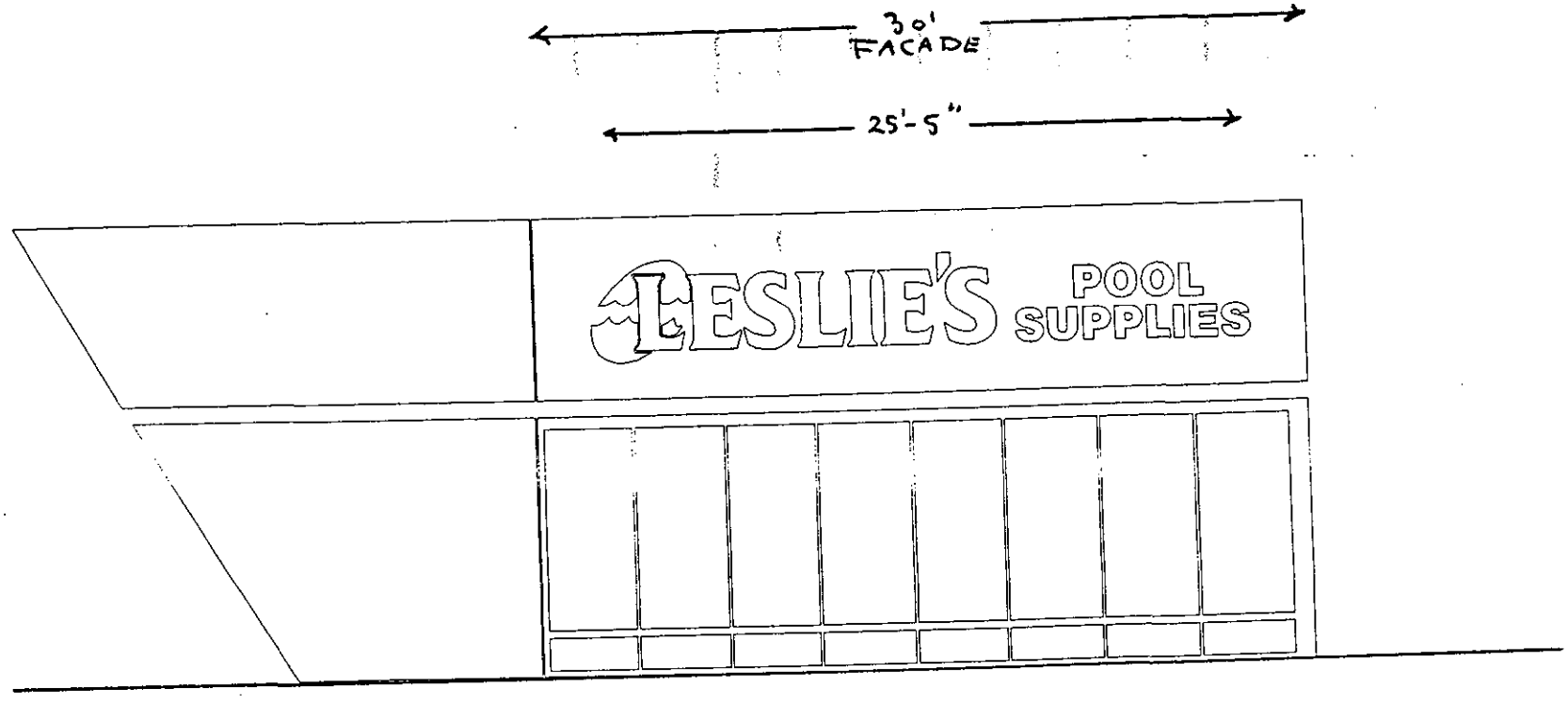
CODE ALLOWS 15%
HEIGHT (17') x LENGTH (100') = 255 ℔

THIS SIGN = 102 ℔

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

BRICK, NJ
7-27-98

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014



SIDE

48" LOGO
36" LESLIE'S
16" POOL SUPPLIES

CODE ALLOWS 15%
HEIGHT (17') x LENGTH (100') = 255 #

THIS SIGN = 102 #

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

BRICK, NJ
7-27-98

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE Sept. 23, 1998

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 1149 Lot 5-5.01-6

Dear Sir:

I, Scott Macomber, Agent for Leslie's Pool Supplies of Nat'l Image Sign & Graphics Inc.
(Name) (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Applicant's Signature 516-924-3014
Phone #

Scott Macomber

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date 10/9/98 BY

Rejected Date BY

REMARKS:

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

Scott Macomber
1532 Rocky Point Road
Middle Island, N.Y. 11953
(516) 924-3014

MEMO

October 19, 1998

Re: LESLIE'S POOL SUPPLIES
SIGN PERMITS C2-501 C2-6

Dear Lisa:

As directed, I am forwarding enclosed check to complete sign permit process for Leslie's Pool Supplies. Please return permits in pre-paid envelope enclosed.

Thank you for all your help.

Scott Macomber

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 11-19 LOT 5-5.01-6 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER 212-561-[illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $_____ Date _____

Estimated Required Fee $_____

Required Deposit on Estimate $_____ Date _____

Check #_____ Receipt #_____

Actual Assessment $_____ Date _____

Actual Required Fee $_____

Minus Deposit of Estimate $_____

Balance Due $_____ Date _____

Check #_____ Receipt #_____

Amount Paid In Full $_____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY _____ DATE _____

_____
Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10-13-'18

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 7.5.01-6 SITE ADDRESS 1950 RT 88
Lot 1, Pool Supplies

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Sign

APPLICANT N...ple... ...ry CITY & STATE Newburgh, NY

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

NO FEE REQUIRED

_____
Frederick R. Millman, CTA, Tax Assessor

APPROVED BY _____ DATE 10/15/18

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

BLOCK 1149 LOT 5-5.01-6 SITE LOCATION Leslie's Pool Supplies @ Laurel Sq SC
OWNER IN FEE: ADDRESS: 1930 State Route 88 Bricktown, NJ

BUILDING INSPECTION

Contractor Nat'l Image Sign & Graphics Inc.
Address 1532 RockyPt Road Phone (516) 924-3014
Town Middle Isl, NY State NY Zip 11953
LIC # _____ FEDERAL EMP. NO.(or SSN#) 11-2745673

ESTIMATED COST OF BUILDING WORK

New Sign

NEW BUILDING (1) $_____ ALTERATION (2) $ 3500.00
ADDITION (3) $_____ TOTAL (1+2+3) $ 3500.00

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft. (102)		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS Erect New Store Front Sign to Code
102 S.F. SIDE WALL

Plan Review:
Date: _____ Approved By: _____

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.
SEAL &
SIGNATURE _____
SCOTT MACOMBER

PLUMBING INSPECTION

Contractor _____
Address _____ Phone (____) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
	Hose Bibb		Other
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		

DESCRIPTION OF WORK

COMMENTS _____

Plan Review:
Date: _____ Approved by: _____

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.
SEAL &
SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor _____
Address _____ Phone (____) _____
Town _____ State _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $_____
Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work

WATER SUPPLY SOURCE
METHOD OF VALVE SUPERVISION
LOCAL ALARM SUPERVISION
CENTRAL SUPERVISION
PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks	☐ Capacity		
Combustible Liquid Storage Tanks	☐ Capacity		
L.P.G. Storage Tanks	☐ Capacity		
L.N.G. Storage Tanks	☐ Capacity		

NO.	ITEM	NO.	ITEM
____	Wet Sprinkler Heads	____	Pre-Engine
____	Dry Sprinkler Heads	____	CO_2 Supp
____	TOTAL	____	Halon Sup
		____	Foam Supp
____	Smoke Detectors	____	Dry Chemi
____	Heat Detectors	____	Wet Chemi
____	TOTAL	____	Gas or Oil
		____	Other ____
____	Stand Pipes	____	
____	Kitchen Hood Exhaust System	____	

DESCRIPTION OF WORK

COMMENTS _____

Plan Review:
Date: _____ Approved by: _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RE
AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM TH
ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) _____