BLOCK 1149 LOT 5-5.01-6 QUALIFICATION CODE C2-6 ADDRESS (SITE) 1930 STATE RT. 88 LAUREL SQUARE SC PERMIT NO. 98-3673

RECEIVED SEP 28 1998 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

mail-in

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

I. IDENTIFICATION

Leslie's Pool Supplies

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 10036 municipality zip code
3. Ownership in Fee: Public XX 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. (615) 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 2Pg			
13. TOTAL	$ 105.-		

10-5-98

NO FEE REQUIRED APPROVED BY MA 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

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	Fay			
3. ☒ Addition SIGN	3500.00	WP							
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWC	10/9/98		10/9/98				
TOTAL COSTS	$ 3500.00								

OPTIONAL (for office use only)

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 - CONSULT FEE SCHEDULE

LDS BR 10516360

10/19/98 - called - ret

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.

(Y 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 # 98-3673

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:
SIDE WALL 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~~ 2nd	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 10/01/98
Control # C2-6
Permit # 98-3673

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. NJ Bldrs. Reg. No.
Federal Emp. No. 11-2745673

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

SIGN WALL SIGN

Per Zoning Permit
4' x 25'½'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/1998	EG
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

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

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

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 - 1653

Block 1149 Lot 5, 5.01, 6 Zone B-3, H.D.

Property Address: 1930 Route 88, Laurel Square

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 front 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

APPLICANT'S PHONE NUMBER (516) 924-3014 APPLICANT'S 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 ☐ 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 th 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 ☐ Reject

COMMERCIAL

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

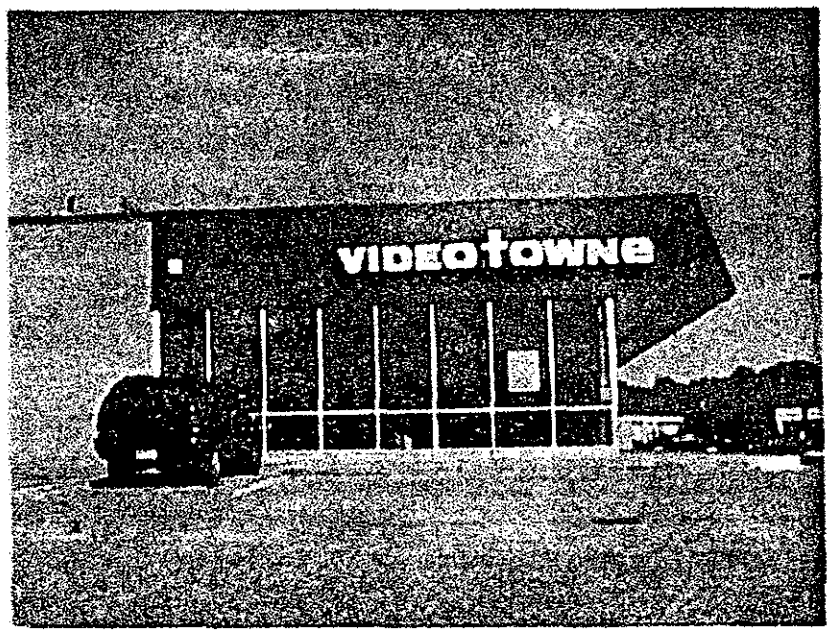
Message: Plz. call me @ 732-262-1028 Re: Leslies Pool Supplies 1930 Rt 88 - Laurel Square I have question on the dimensions on the Zoning permit application. There was nothing filled out for this.

thanks

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

VACANT STORE

OLD SIGNS TO BE REMOVED . . .



SIDE

FRONT

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

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

MEMO

Sept. 24, 1998

Dear Lisa:

Thank you for your help in preparing the enclosed applications. It is a great savings in time and expense not to have to travel down to submit the applications in person.

Should you need to call this office with any questions, please do so collect.

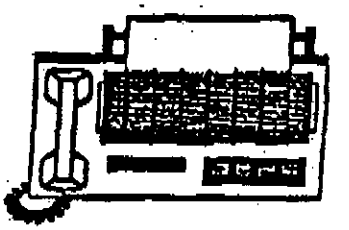
Thank you again.

Scott Macomber

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

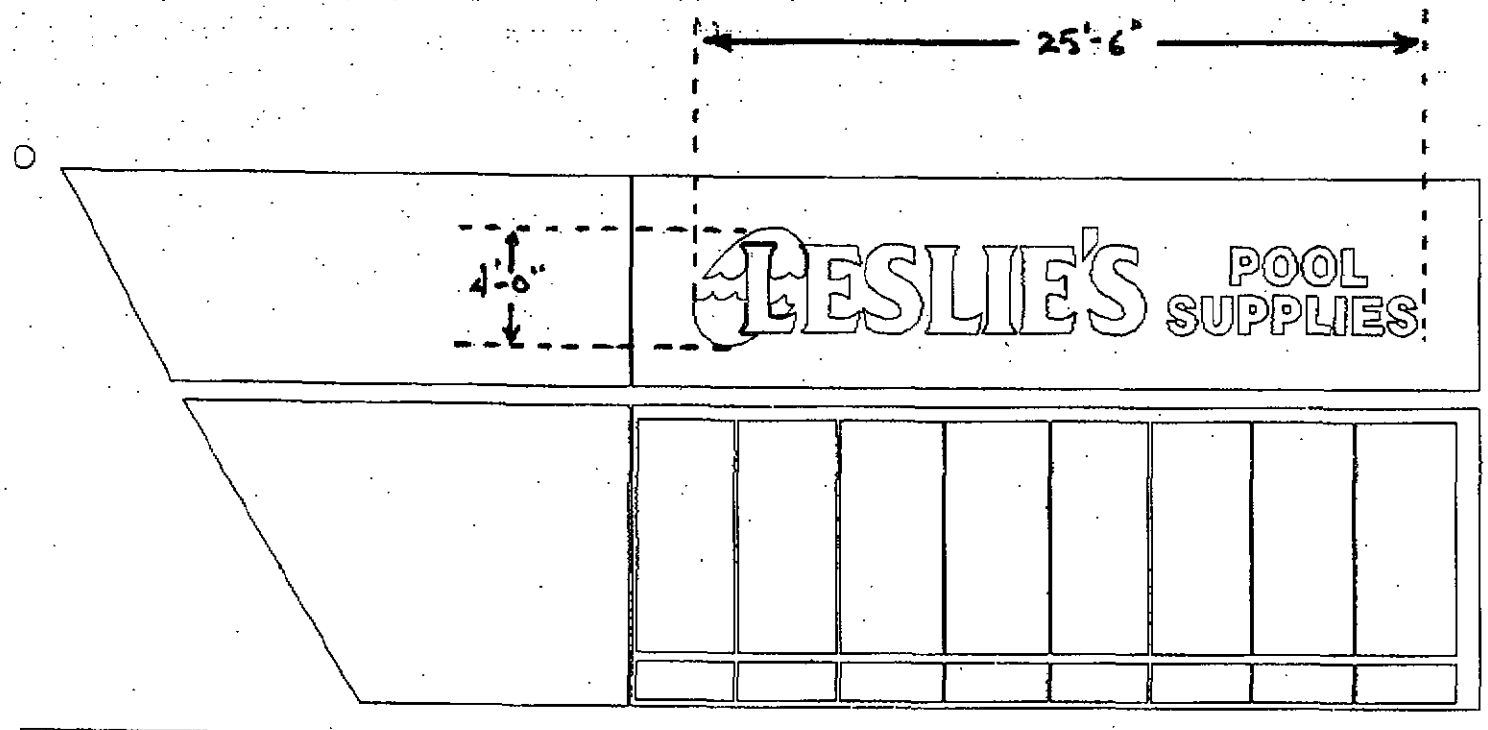
FAX TRANSMITTAL

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



ATTN: ALLISON

SIGN DIMENSIONS
AS REQUESTED . . .



SIDE

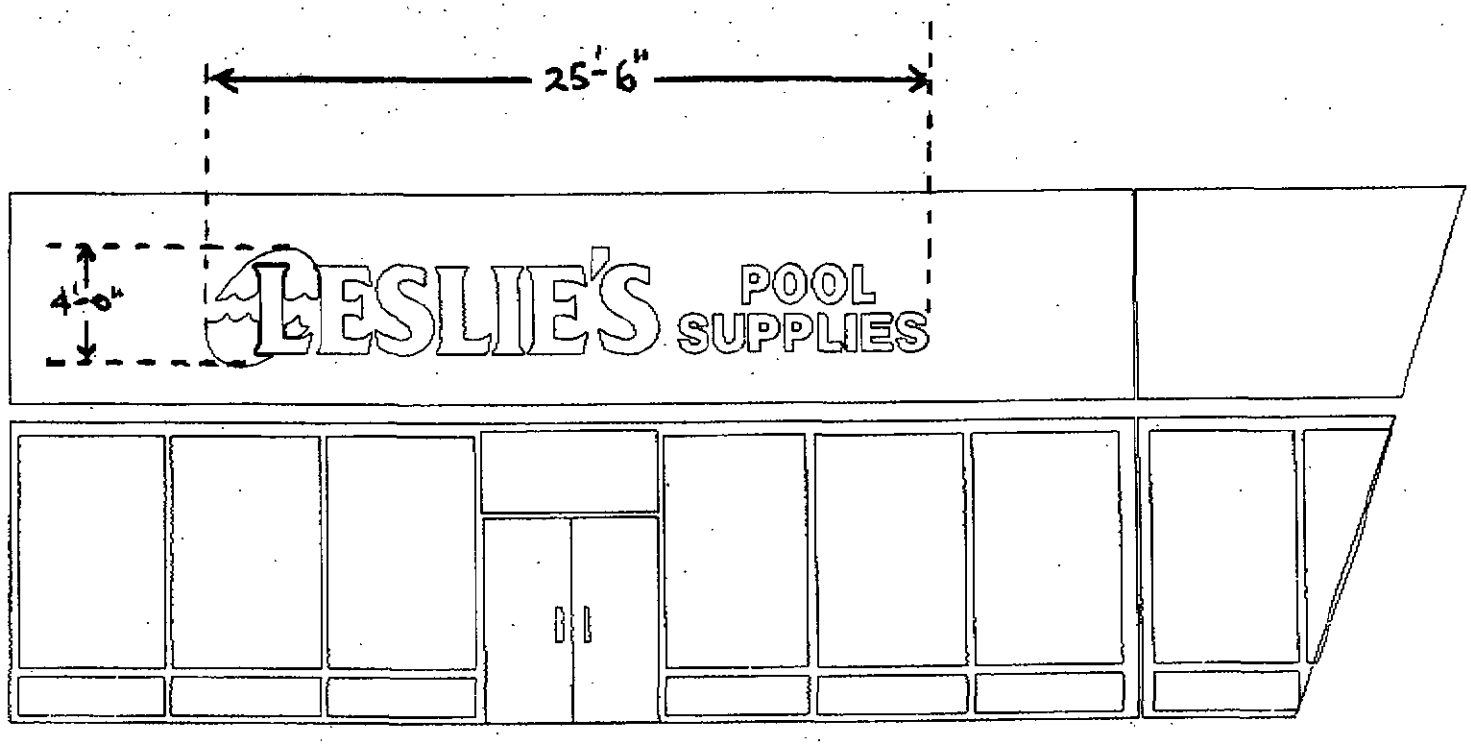
48" LOGO
36" LESLIE'S
16" POOL SUPPLIES

4' x 25'-6" = 102 ☐ TOTAL

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

LAUREL SQ
9-30-98

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



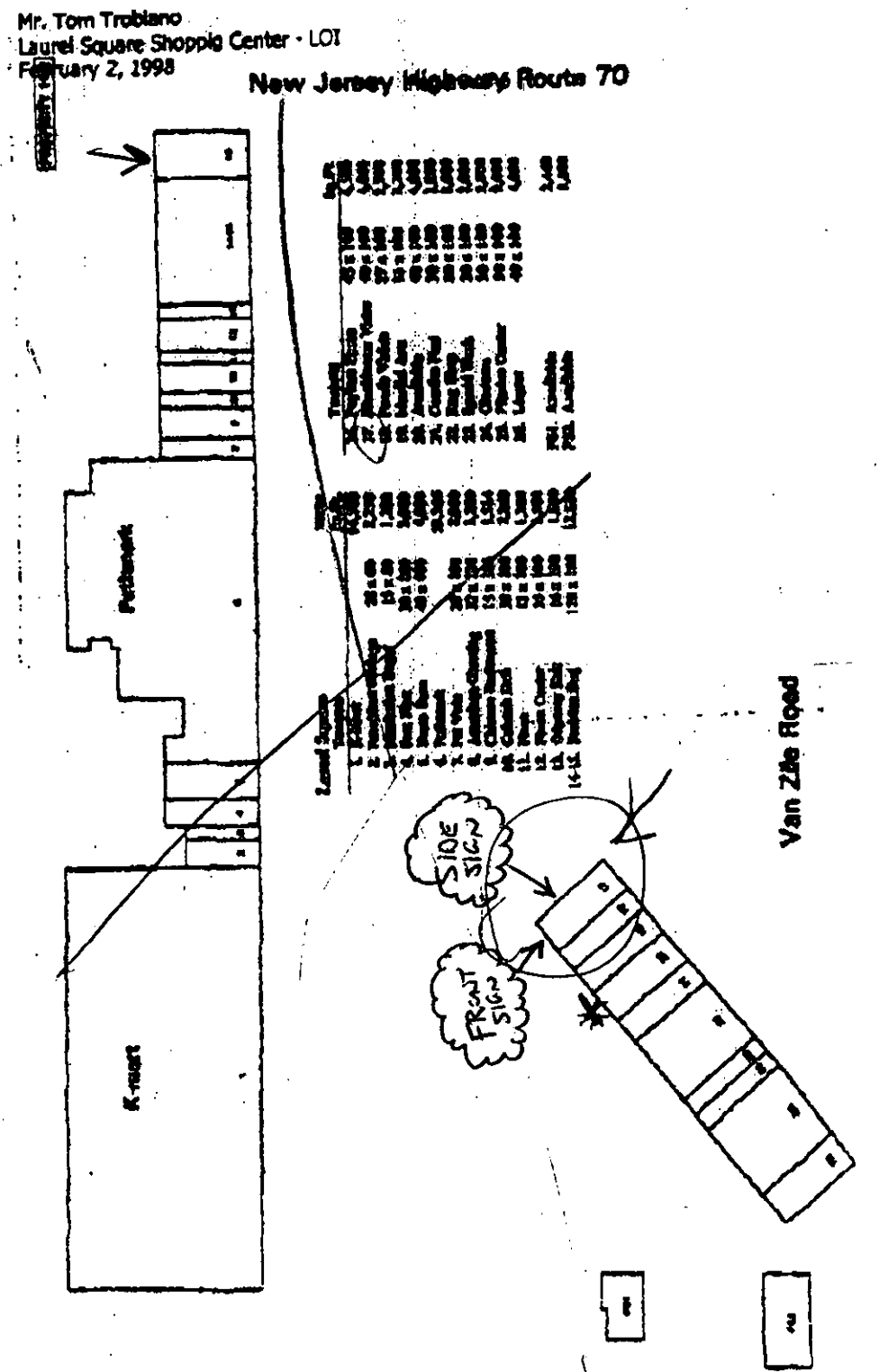
FRONT

4' x 25'-6" = 102 ☐ TOTAL

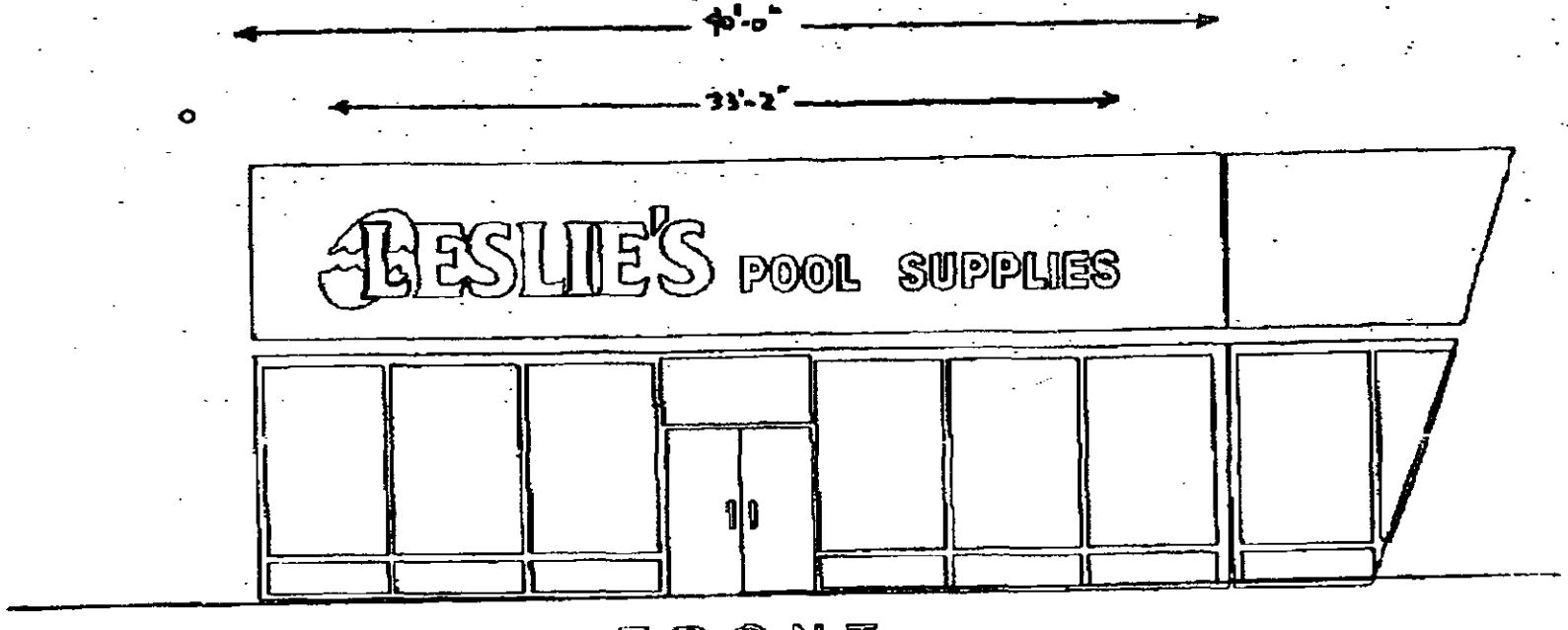
LAUREL SQUARE
9-30-98

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

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


Mr. Tom Trobiano
Laurel Square Shopping Center - LOT
February 2, 1998
New Jersey Highway Route 70
Van Zile Road
SIDE SIGN
FRONT SIGN
New Jersey State Highway Route 88

ATTN: MICHAEL



FRONT

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

CODE ALLOWS 15%
HEIGHT(17) X LENGTH(40') = 102 ϕ
THIS SIGN 102 ϕ

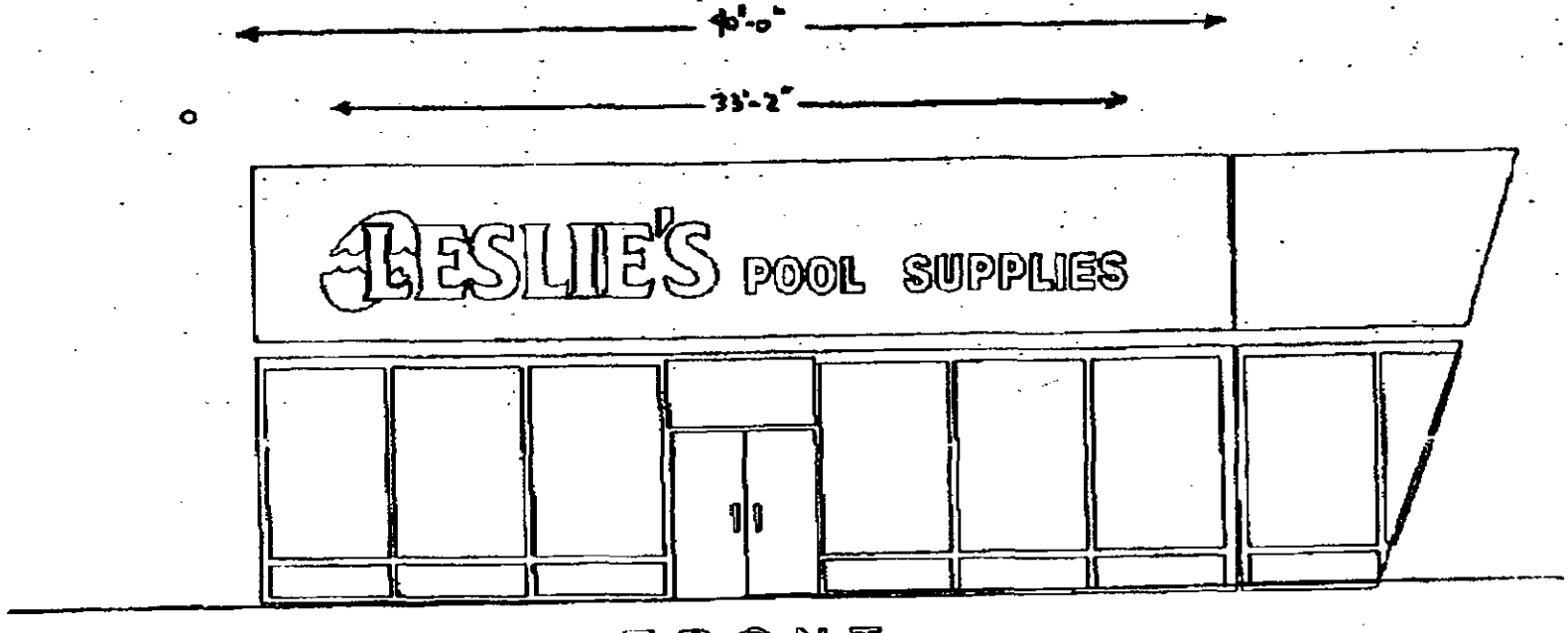
OK
x Miguel Chu

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

ATTN: MICHAEL



FRONT

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

CODE ALLOWS 15%
HEIGHT(17') X LENGTH(40') = 102 ¢
THIS SIGN 102 ¢

O.K. Miguel Chu

NATIONAL IMAGE SIGNS AND GRAPHICS, INC.

BRICK, NJ
REVISED 7-27-98

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

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 .

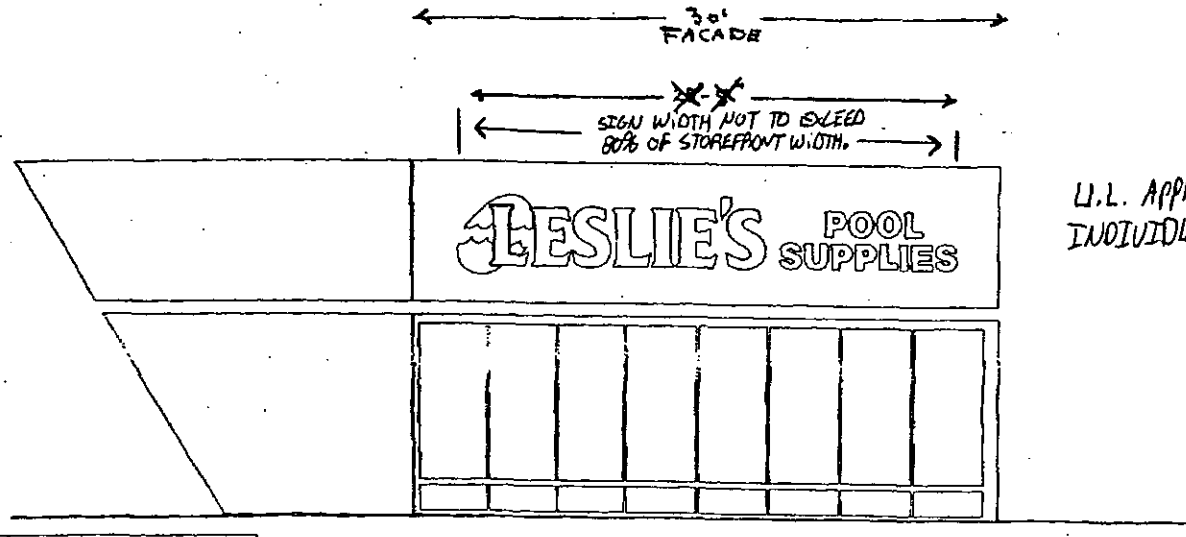
All signage shall be consistent with the general design of the Shopping Center in appropriate proportion to the size of the lessee storefront.

SIGNED: NEW PLAN REALTY TRUST

Kevin Farrell

COPY TO: Mr. Chuck Doud

COMMENCED



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.

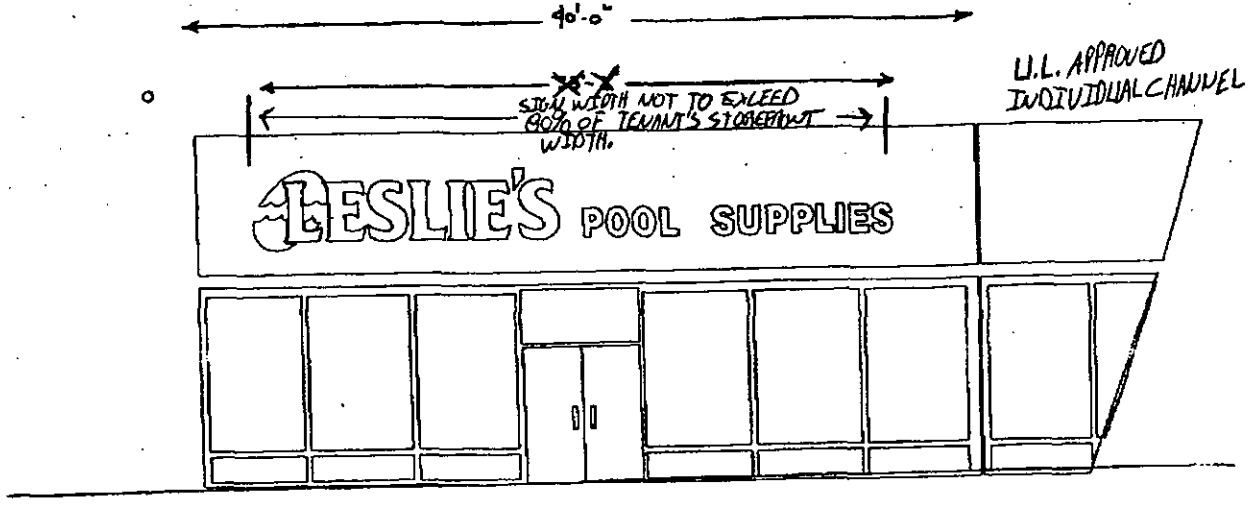
NEW PLAN REALTY TRUST

DATE: 7-29-98 | BY: KHF

NATIONAL IMAGE SIGNS
AND GRAPHICS, INC.

BRICK, NJ
7-27-98
#02

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



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: 7-19-98 BY: KMF

NATIONAL IMAGE SIGNS AND GRAPHICS, INC.

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

BRICK, NJ
REVISED 7-27-98
#01

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:

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5-5 01-6 SITE ADDRESS 1930 Rt 88
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Sign

APPLICANT New Plan Realty Trust PHONE NUMBER 212-869-3000
APPLICANT ADDRESS 1120 Ave of The Americas CITY & STATE New York, NY
PERMIT # C2-501 NAME OF BUSINESS Leslie's Pool Supplies

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 $ 0 Date 10-15-98

Estimated Required Fee $ 0

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 [signature] DATE 10/15/98

Carol A. Wolfe
Affordable Housing Administrator

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
1930 State Route 88 Bricktown, NJ

OWNER IN FEE: ADDRESS:

BUILDING INSPECTION

Contractor Nat'l Image Sign & Graphics Inc.
Address 1532 Rocky Pt Rd Phone (516) 924-3014
Town Mid Island, State NY Zip 11953
LIC # _____ FEDERAL EMP. NO.(or SSN#) 11-2745673

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ 3500.00 (New Sign)
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 Side Wall Sign to Code
102 SQ FT FRONT SIGN

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		
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

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-Engineered
	Dry Sprinkler Heads		CO_2 Suppr
	TOTAL		Halon Supp
			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) _____