BLOCK 1149 LOT 5 C12-59 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 RT 88 PERMIT NO. 99-1796

5/4/99

CONSTRUCTION PERMIT APPLICATION

Fed. Ex.

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

I. IDENTIFICATION

1. Propsed Work Site at: Fashion Bug - Laurel Square Plaza 1930 Rt. 88
2. Name of Owner in Fee: Charming Shoppes Tel. (215) 724-1724
   Address 450 Winks Lane (street) Bensalem (municipality) PA 19020 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Alto Sign Inc. Tel. (215) 724-1724
   Address 6510 Upland Street
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 23-1607693 FAX: (215) 724-9088
5. Architect or Engineer Mikael Kane Tel. (215) 245-9100
   Address 450 Winks Lane Bensalem PA 19020
6. Responsible Person in Charge of Work Robert Liberatore
   Tel. (215) 724-1724 FAX (215) 724-9088

SIGN

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 37992	185 -	
2. Electrical		35 -	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$	4 -	
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other		30 -	
13. TOTAL	$	254 -	

NO FEE REQUIRED

5-20-99 DATE

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure 16 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 _____

(office use only) APPROVED BY

CANCELLED

MUNICIPAL FEE: 254.00

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	5000				5-20-99	FB			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration		Rec'd Layout 5/12/99							
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	100				5-26-99	TO	6/14/99		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWC	5/18/99		5/18/99	JL			
TOTAL COSTS	5100								

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
2. Use Group: Retail
3. Change in Use Group, Indicate Former:

LDS BR 10502198

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.

(X Check if contractor.

Agent Name Robert Liberatore - Alto Sign Inc.

Address 6510 Upland Street
Philadelphia PA 19142

Telephone (215) 724-1724

Signature Robert Liberatore

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. _____				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 1149 Lot 5

Work Site Location Fashion Bug - Laurel Square S/C
1930 RT 88 Bricktown, NJ

Owner in Fee Charming Shoppes.

Address 450 Winks Lane
Bensalem PA 19020

Tel. (215) ~~724-1789~~ 245-9100

Contractor Alto Sign Inc.

Address 6510 Upland St.
Philadelphia PA 19142

Tel. (215) 724-1724

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. 23-1607693

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 $ 5700 -

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

0010
1796**

BLOCK 1149 # 0.00
LOT 5 # 0.00
BUILDING 185.00
ELETRIC* 35.00
D.C.A. 4.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 254.00
CHECK 254.00
CHANGE 0.00
05/26/99 NO. 5 00366005 13:38

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/26/99
Control #
Permit # 99-1796

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 FASHION BUG
SIGNS
Owner in Fee CHARMING SHOPPES
Address 450 WINKS LANE
BENSALEM, PA 19020-
Telephone (215)724-1724

Contractor ALTO SIGNS INC
Address 6510 UPLAND ST
PHILADELPHIA, PA 19142-
Telephone (215)724-1724
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1607693

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGNS

PAYMENTS (Office Use Only)

Building	185
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	30
Total	224
Check No.	37992
Cash	
Collected By	LRT

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 $ 5,100

R. Curcuzza/LOT
Construction Official

05/26/99
Date

U.C.C. P170 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-26-99
Date Issued
Control #
Permit # 99-1796

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 Fashion Bug Laurel Square Shopping Center
1930 Rt 88 Brick town NJ
Owner in Fee Charming Shoppes
Address 450 Winks Lane
Bensalem, PA 19020
Tele. (215) 245-9100
Contractor Alto Sign Inc.
Address 6510 Upland St.
Philadelphia PA 19142
Tele. (215) 724-7724
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1607693 or Social Security No.

Anchored Pen Sketch Supplied

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-20-99	KP
[ ] Footing		
[✓] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present X Proposed
Constr. Class Present X Proposed
No. of Stories 1
Height of Structure 16' 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. $ 5000
2. Alteration $
3. Total (1+2) $ 5000

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.

Robert Liberatore
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 set of channel letters as follows: 3'x10'5" JR. ms = 31.25 sq ft.
4'x31'9" Fashion Bug = 127 Sq. ft
3'x8'9" PLUS 26.25 Sq. ft
Total 184.5 sq ft.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[X] Sign 184.5 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

FILL OUT

Date Received 5-26-99
Date Issued
Control #
Permit # 99-1796

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 Fashion Bug - Laurel Plaza, Bricktown, NJ
1930 Rt 88
Owner in Fee/Occupant Charming Shoppes
Address 450 Winks Lane
Bensalem, PA 19020
Tele. (215) 245-9100
Contractor Alto Sign Inc.
Address 6170 Upland St
Philadelphia PA 19149
Tele. (215) 724-1724 Fax (215) 724-9088
Lic. No.
Federal Emp. No. 23-6007693

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-26-99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6/4/99
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~ Sign S 2871 MW / G 1499 MW				
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] 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	5.5	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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5-26-99
Date Issued
Control #
Permit # 99-1796

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 Fashion Bug - Laurel Plaza, Bricktown, NJ
1930 Rt 88
Owner in Fee/Occupant Charming Shoppes
Address 450 Winks Lane
Bensalem, PA 19020
Tele. (215) 245-9100
Contractor Alto Sign Inc.
Address 6170 Upland St.
Philadelphia PA 19142
Tele. (215) 724-1724 Fax (215) 724-9088
Lic. No.
Federal Emp. No. 23-1607693

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8-26-99
Approved by:

INSPECTIONS

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

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

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

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

[ ] 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	5.5	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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: May 14, 1999 No. 1999-0705

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

Property Address: 1930 Route 88

Owner: Charming Shoppes Phone: 215-724-1724

Applicant: Robert Liberatore Phone: 800-435-2252

Existing Use: Fashion Bug Store

Proposed Use: Same

Proposed Construction: three wall signs;
1.)"Jr. Ms.", 36" x 10'5", 31.25 sq. ft.
2.)"Fashion Bug" 48" x 31.9", 127 sq. ft.
3.)"Plus" 36" x 8'9", 26.25 sq. ft.

Conditions:
Total sign area may not exceed 15% of total facade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis 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 P. Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1149 LOT 5

PROPERTY ADDRESS 1930 Rt. 88

NAME OF OWNER Charming Shoppes OWNER'S PHONE (215) 724-1724

NAME OF APPLICANT ALTO SIGN INC. - Robert Liberatore

APPLICANT'S COMPLETE ADDRESS 6510 UPLAND ST. Phila. PA. 19142

APPLICANT'S PHONE NUMBER (800) 435-2252 APPLICANT'S BUSINESS NAME ALTO SIGN INC

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) CLOTHING
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION SIGN FASHION BUG JR-MS PLUS

All Dimensions _____ W _____ L _____ 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

36"H ← JR. MS 31.25 sq ft

48"H ← FASHION BUG 127 sq ft

36"H. ← PLUS 26.25 sq ft

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 _____

Reviewed by Zoning Officer Date 5-12-99

☐ Approved ☒ Rejected

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1149 LOT 5

PROPERTY ADDRESS 1930 Rt. 88

NAME OF OWNER CHARMING SHOPPES OWNER'S PHONE ( )

NAME OF APPLICANT ALTO SIGN INC.

APPLICANT'S COMPLETE ADDRESS 6510 UPLAND ST. Phila., PA. 19142

APPLICANT'S PHONE NUMBER (800) 435-2252 APPLICANT'S BUSINESS NAME ALTO SIGN INC.

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) CLOTHING
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION SIGN FASHION BUG JR-MS PLUS

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

36"H ← JR. MS 31.25 ~~sq ft~~

48"H ← FASHION BUG 127 sq ft

36"H ← PLUS 26.25 sq ft

- ☐ 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 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 Robert Silverstein Date 5-5-99

Original Signature

Reviewed by Zoning Officer Date 5-14-99 ☑ Approved ☐ Rejected

RI2 5-14

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1149 LOT 5

PROPERTY ADDRESS 1930 Rt. 88

NAME OF OWNER CHARMING SHOPPES OWNER'S PHONE (215) 245-9100

NAME OF APPLICANT ALTO SIGN INC.

APPLICANT'S COMPLETE ADDRESS 6510 UPLAND ST. Phila., PA. 19142

APPLICANT'S PHONE NUMBER (800) 435-2252 APPLICANT'S BUSINESS NAME ALTO SIGN INC

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) _____
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☑ Commercial (please describe) CLOTHING
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION SIGN FASHION BUG JR-MS PLUS

All Dimensions _____ W _____ L _____ 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

36"H ← JR. MS 31.25 sq ft

48"H ← FASHION BUG 127 sq ft

36"H. ← PLUS 26.25 sq ft

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 Robert Silverstein Date 5-5-99

Reviewed by Zoning Officer Date _____ ☐ Approved ☐ Rejected

5/12/99 Per Joe Auriazza - accept fax for zoning

TEL. (215) 724-1724 FAX (215) 724-9088

ALTO SIGN INCORPORATED

ROBERT LIBERATORE
1-800-435-2252

6510 UPLAND STREET
PHILADELPHIA, PA 19142

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign
APPLICANT ANS Sign Inc. Robert L. Ingmire PHONE NUMBER 215-724-1724
APPLICANT ADDRESS 1610 Walnut Street CITY & STATE Philadelphia, Pa
PERMIT # C12-59 NAME OF BUSINESS Fashion Bug

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 5-31-94
Estimated Required Fee $ N/A
Required Deposit on Estimate $ N/A 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 5-31-94

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: 5-18-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Fash. on Bug-Sign

APPLICANT A to Sign Inc. CITY & STATE Phila. Pa

☒ 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:

$ 0 NV

Frederick R. Millman, CTA, Tax Assessor

5-20-99
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 CAL DATE 5-20-99

Date

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

Fashion Bug - Laurel Center - Brick, NJ
Charming Shoppes
450 Wilks Lane
Bensalem, PA 19020

Monica Woodward
215-245-9100

Lisa,
Info - up in the front basket

Thank You!
Rosemary

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Inspections
Joseph Curlazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 5-5-99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1149 Lot: 5

I, Robert Liberatore (name) of 6510 Upland St. Phila, PA 19142 (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,

Robert Liberatore
applicant's signature

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: 5/8/99 By:

Rejected Date: By:

Remarks: No other Site Work

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curlazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 5-5-99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1149 Lot: 5

I, Robert Liberatore (name) of 6510 Upland St. Phila, PA 19142 (address)

request to be exempted from the plot plan requirements 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,

Robert Liberatore
applicant's signature

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 Date: _____ By: _____

Rejected Date: _____ By: _____

Remarks: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

DATE: 5-12-99

Alto Sign Co.
Robert Liberatore
6510 Upland St.
Philadelphia, PA 19142

RE: Block 1149 Lot 5
1930 Rt. 88

Zoning Permit Application

Your application for a zoning permit is incomplete. In order to process your application, we need the following:

_____ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

✓ A zoning permit application, completely filled out and signed by the applicant. No facsimile copies can be accepted.

_____ Description of proposed construction must include height and other dimensions of proposed structure or addition, if fence include height and type of fence, if deck include height and whether it is attached or detached.

Upon receipt of the required information we will be able to process your application.

5/14/99 - Resubmitted

Sincerely,

SK

Sean P. Kinnevy
Zoning Officer

OC 5/14/99 SK

c: Joseph C. Scarpelli, Mayor
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Code Official

31'-9"

48"

FASHION BUG

10'-5"

36"

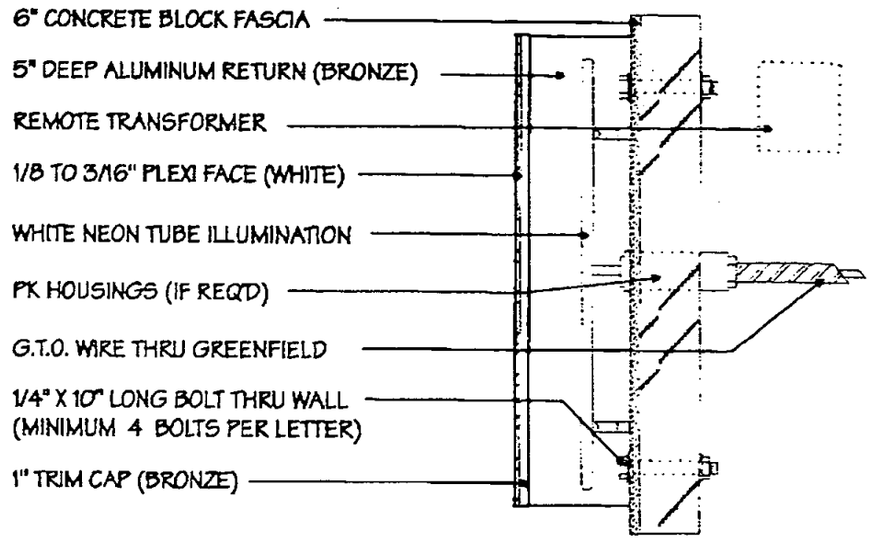
JR·MS

8'-9"

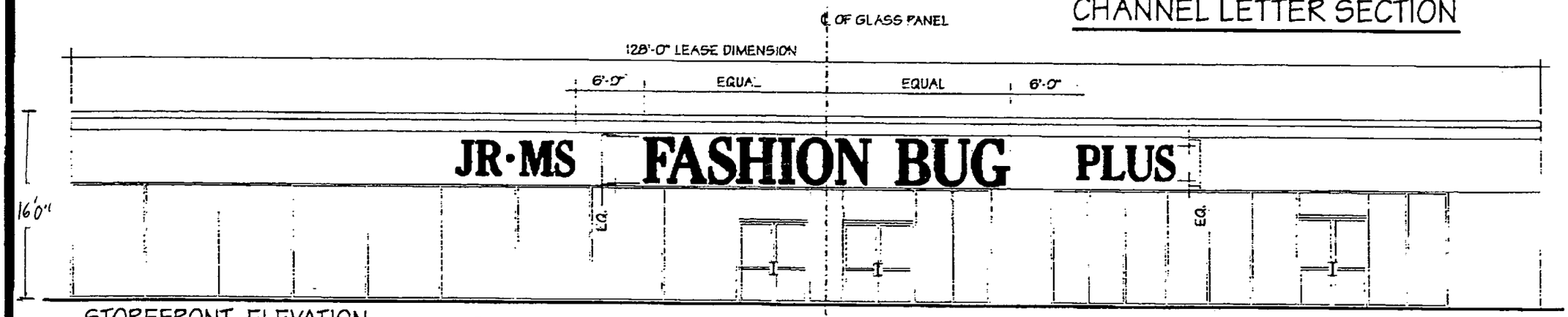
36"

PLUS

SIGN ELEVATIONS N. T. S.



CHANNEL LETTER SECTION



STOREFRONT ELEVATION 3/32" = 1'-0"

ALTO SIGN INCORPORATED

PHONE: (215) 724 - 1724 FAX: (215) 724 - 9088

DOCUMENT IS ONLY CONCEPTUAL UNTIL SIGNED AND DATED BY PROJECT MANAGER OR CUSTOMER.

FASHION BUG
LAUREL SQUARE
BRICKTOWN , N. J.

4-20-99

DATE
4 - 19 - 99

S. D.
#1