BLOCK 1149 LOT 5 QUALIFICATION CODE ____ ADDRESS (SITE) 1930 State Hwy 88 & 70 PERMIT NO. 99-4065

C14-14

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1930 State Hwy 88 & 70, Brick Twp NJ
2. Name of Owner in Fee: New Plan Realty Trust Tel. ( ) ____
   Address N.Y., N.Y. (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Berlin Neon Sign Tel. ( ) ____
   Address 326 Old White Horse Pike
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-2044464 FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ~~22-2044464~~ Kathy MANNA
   Tel. (856) 767-0525 FAX (856) 767-2130

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35		
2. Electrical	35		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other	30		
13. TOTAL	$ 100		

NO FEE REQUIRED

APPROVED BY ____ DATE 10-19-99

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 ____

COMMERCIAL

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					10-21-99	FM			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					102099	MM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Enc	10/18/99		10/18/99	JL			
TOTAL COSTS									

Received 10/14/99

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

4.81 - MANDATORY FEE COMMITMENT

LDS BR 10502142

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 Berlin Neon Sign Co.

Address 326 Old White Horse Pike

Waterford NJ 08089

Telephone (854) 767-0505

Signature Kathy Manna

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 10/25/99
Control #
Permit # 99-4065

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 WESTERN UNION SIGN
Owner in Fee NEW PLAN REALTY TRUST
Address UNKNOWN
NEW YORK, NY -
Telephone ( ) -

Contractor BERLIN NEON SIGNS
Address 326 OLD WHITE HORSE PK
WATERFORD, NJ 08089-
Telephone (609)767-0525
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2044464

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 1 3X6 SINGLE FACE WESTERN UNION SIGN

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
~~Other~~ ZBA	30
Total	100 ~~70~~
Check No.	15571
Cash	
Collected By	AJP

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 $ 900

Construction Official

10/25/99
Date

U.C.C. F170 (rev. 3/93)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10-25-99
Date Issued
Control #
Permit # 99-4065

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 K-Mart #3050 1930 State HWY 88 & 70
Bricktown, NJ 08724

Owner in Fee/Occupant (SAME)

Address

Tele. ( )

Contractor Fred R. Morgan & Sons, Inc.

Address 185 Route 73, South
Voorhees, NJ 08043

Tele. (609) 767-0980 Fax (609) 767-3726

Lic. No. #6010

Federal Emp. No. 22-1982474

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 10 20 99

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Jack R. Hamm

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

0260

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	3x6'	KW Elec. Sign/Outline Light	
		.....	
		.....	

10/28/99

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
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/14/99
Date Issued 10/25/99
Control # C14-14
Permit # 99-40605

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 WESTERN UNION SIGN
Owner in Fee NEW PLAN REALTY TRUST
Address UNKNOWN
NEW YORK, NY -
Tele.( ) -
Contractor BERLIN NEON SIGNS
Address 326 OLD WHITE HORSE PK
WATERFORD, NJ 08089-
Tele.(609)767-0525 Fax (609)767-2130
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2044464

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/21/99	EG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present U 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 $ 400
3. Total (1+2) $ 400

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

INSTALL 1 3X6 SINGLE FACE WESTERN UNION SIGN

Per zoning

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 18 Sq. Ft.	18
[ ] 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	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/14/99
Date Issued 11/1/99
Control # C14-14
Permit # 17-40605

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 WESTERN UNION SIGN
Owner in Fee NEW PLAN REALTY TRUST
Address UNKNOWN
NEW YORK, NY -
Tele.( ) -
Contractor BERLIN NEON SIGNS
Address 326 OLD WHITE HORSE PK
WATERFORD, NJ 08089-
Tele.(609)767-0525 Fax (609)767-2130
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2044464

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

INSTALL 1 3X6 SINGLE FACE WESTERN UNION SIGN

Per zoning

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/21-99	FG
[ ] 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 U 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 $ 400
3. Total (1+2)$ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

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 18 Sq. Ft.	18
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 17
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: October 15, 1999 **No. 1999-**1642

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

Property Address: 1930 Route 88, Laurel Square

Owner: New Plan Realty

Applicant: Kathy Manna, Berlin Sign **Phone:** 856-767-0525

Existing use: K Mart Store

Proposed use: same

Proposed construction: 3' x 6' wall sign, "Western Union"

Conditions: The total sign area may not exceed the total façade area.

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

Sean Kinney

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

COMMERCIAL

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

RECEIVED
OCT 14 1999
ZONING

BLOCK 1149 LOT 5 K-Mart

PROPERTY ADDRESS (number and street) 1930 State Hwy 88 & 70

NAME OF PROPERTY OWNER New Plan Realty

PERSONAL NAME OF APPLICANT Kathy Manna

BUSINESS NAME OF APPLICANT Berlin Neon Sign

MAILING ADDRESS OF APPLICANT 326 Old White Horse Pike, Waterford NJ 08089

TELEPHONE NUMBER OF APPLICANT 856-767-0525

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓Commercial(please describe) K-Mart - Retail

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓Commercial(please describe) Retail

PROPOSED CONSTRUCTION

Install 1-3'X6' single face Western Union sign

All dimensions: 3 Width 6 Length _____Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

___All information completed above

___Two (2) copies of the property survey map containing:

___All existing and proposed structures

___All dimensions of the lot and structures

___All setbacks from the structures to the property lines

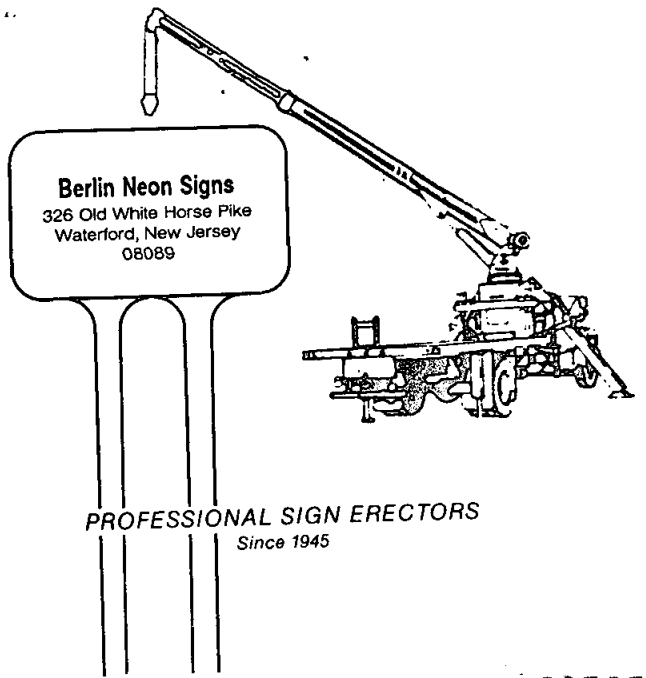
___All adjacent streets and waterways

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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 Kathy Manna Date 9-9-99

Reviewed by Zoning Officer Date 10/15 XApproved ()Rejected



SOUTH JERSEY NJ
PM
21 OCT
1999

33 USA

Twp of Brick
Construction Office
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Lisa Rose

08723-2807 20

TO

Twp of Brick
Construction Office
401 Chambers Bridge Road
Brick, NJ 08723

Att: Lisa Rose

FROM

BERLIN NEON SIGN CO.
304 Old White Horse Pike
Waterford Works, NJ 08089
(609) 767-0525

SUBJECT K - Mart, Western Union Sign

FOLD HERE

DATE 10/21/99

Enclosed is a check in the $100 for cover the construction and electrical permit for the above location. Please forward in the enclosed self addressed and stamped envelope.

Thank you for you help with permit apps.

K. Manna

Kathy Manna

SIGNED

FORM 11203, RAPIDFORMS, INC., THOROFARE, NJ 08086-9499

SPEED-MEMO

TO

Construction Office
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

FROM

BERLIN NEON SIGN CO.
304 Old White Horse Pike
Waterford Works, NJ 08089
(609) 767-0525

SUBJECT K Mart, 1930 Hwy. #88 & 70, Brick Twp., NJ Western Union SIgn

FOLD HERE

DATE 9/20/99

Enclosed is the zoning and construction permit required to install a 3' x 6' SIngle face wall mounted Western Union Sign..per my conversation w/ Shawn Kinnevy.

Electrical permit application will be forwarded under separate cover.

If you have any questions please call.

Thank You

Kathy M. Manna

Spoke to Kathy 9/24/99 explained that we won't process until we receive the electrical leak. She said that she understood & it was fine. MMM

SIGNED

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
http://www.twp.brick.nj.us

Date: 9-9-99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1149 Lot: 5

Property Address: 1930 State Hwy 88 + 70

I, Kathy Manna (name) of Berlin Neon Signs (address) 326 Old White Horse Pike Waterford, NJ. 08089

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

Kathy Manna
Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

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

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

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

OFFICE USE

Approved: 10/18/99 Signed:

Rejected: _____ Signed: _____

Comments _____

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-Wholesale/Mfg
APPLICANT Berlin Neon Signs PHONE NUMBER 856-767-0525
APPLICANT ADDRESS 326 Old White Horse Pk CITY & STATE Hammonton NJ
PERMIT # CM-14 NAME OF BUSINESS K-Mart

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 %

X Commercial is .01 %

Estimated Assessment $ ∞ Date 10-19-99

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 KF DATE 10-19-99

_____
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: 10-18-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 Rt 88 & 70

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Sign K-Mart

APPLICANT Bell Neon Signs CITY & STATE Waterford NJ

☒ 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 Fee

Frederick R. Millman, CTA, Tax Assessor

10/18/99
Date

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

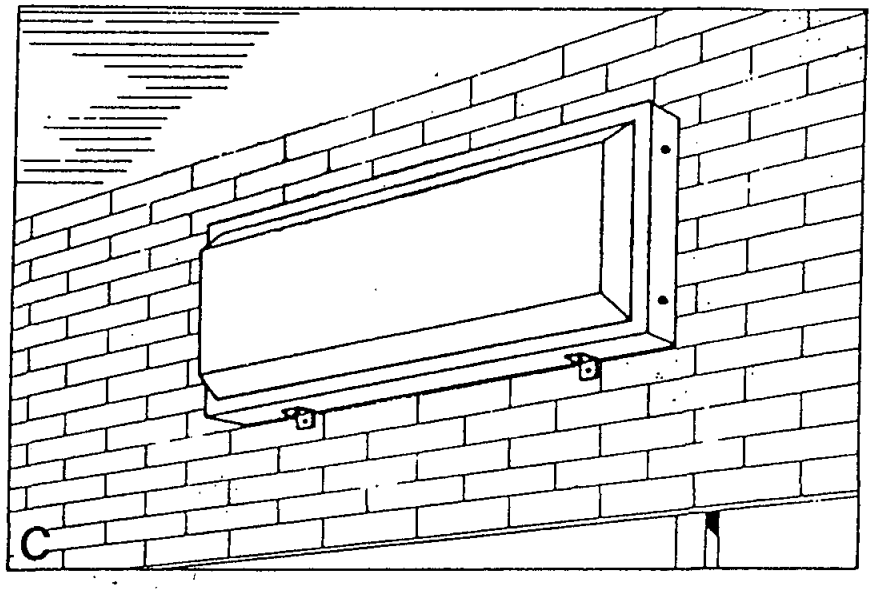
$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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

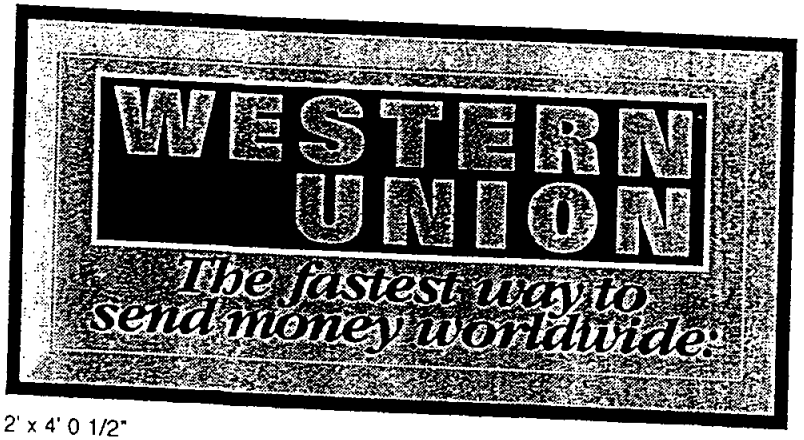
Mounting Detail



Mounting Hardware

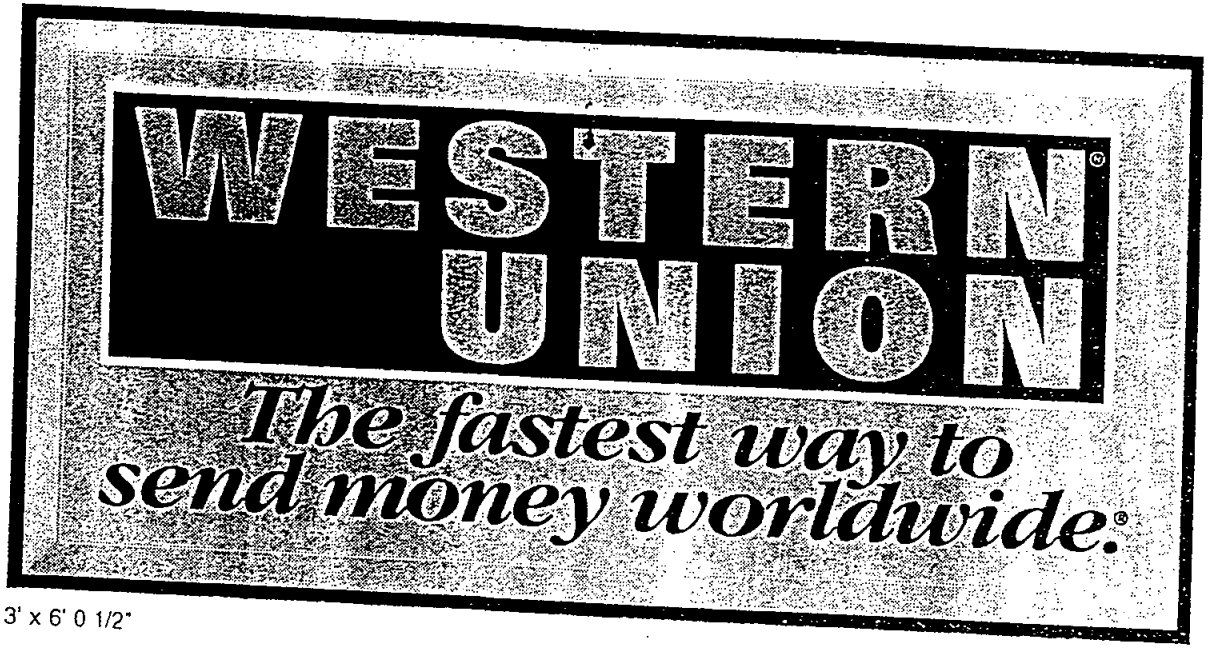
LAG SHIELD

LAG BOLT



2' x 4' 0 1/2"

7



3' x 6' 0 1/2"

WESTERN UNION - *OUTDOOR LAYOUT APPROVAL*

FILE #96-10-105FIRS01-SEF ... OUTDOOR LAYOUTS DATE : 11-18-96© SIZE : 2x4 & 3x6 Outdoor SCALE : 1" = 1' 2 COLORS : BLACK, PANTONE 109 YELLOW + White

Color Specs :
"WESTERN UNION®" is Yellow on a Black bkg. w/ a White outline
"The fastest way to send money worldwide." is Black on Yellow
Overall Yellow bkg. Black Molding

Dualite

Dualite Sales & Service, Inc.

One Dualite Lane • Williamsburg, OH 45176 • (513) 724-7100 • 1-800-543-7271 • FAX (513) 724-9129

Site Location: Date Rec'd:
Block: Lot: Date Issued:
Owner Id Fee: Control #:
Address: Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: Boston Neon Sign
ADDRESS: 326 Old White Horse Pike
Waterford NJ 08089
PHONE: 856-769-0525
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMPL #: (or S.S. #): 22-2044464

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install 1-3'x6' single face Western Union sign per attached spec.

All UL approved.

TYPE OF WORK

- o New Building
- o Addition
- o Alteration
- o Roofing
- o Siding
- o Other:
- o Fence: Height (6' or More)
- ☒ Sign: 18 Sq. Ft.
- o Pool (In Ground)
- o Pool (Above Ground)
- o Asbestos Abatement
- o Demolition
- o Other:

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: Kathy Manna

Estimated Cost of Building Work:
New Building (1): $ 1400
Alteration (2): $
TOTAL (1+2): $ 1400
SUBCODE APPROVAL:
PLANS: Required o Approved o

Approved by:

Date:

ELECTRICAL

CONTRACTOR:
ADDRESS:
PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION ITEMS	QTY	SIZE
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices / F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/ UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL: