called 4-15-94

BLOCK 702.02 LOT 14 called 5/2/94 MD ADDRESS (SITE) 7-11 PERMIT NO. 1761-94

RECEIVED
APR 8 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 101 CHAMBERSBRIDGE Rt 70 Rd.
2. Name of Owner in Fee: SOUTHLAND CORP, 7/11 STORE Tel. (____) ____
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: ALLIANCE SIGN Tel. (____) 201-340-3434
   Address 183 LANZA AVE., GARFIELD N.J. 07026
5. License No OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No 222-238-3990 Social Security No. ____
6. Architect or Engineer ____ Tel. (____) ____
   Address ____
7. Responsible Person In Charge of Work DENNIS TONER Tel. (____) 201-340-3434

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	300.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[illegible]	4/8/94		4/14/94	[illegible]			
Ray	4/11/94	ENA		[illegible]			

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: 7/11 STORE
3. Change in Use Group, Indicate Former:

201C

LDS BR 10314520

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 New Jersey 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 DENNIS TONER

Address 183 LANZA AVE, GARFIELD N.J. 07026

Telephone ( ) 201-340-3434

Signature Dennis Toner Date _____

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	JK	4/8/94	Wall St. 94						
☐ AH Exempt									
☐									

IMPORTANT
EXEMPT - B.T.

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

ORIGINAL ILLEGIBLE

CONSTRUCTION PERMIT

Date Issued 7/8/94
Control #
Permit # 1761-94

IDENTIFICATION Block 702.02 Lot [illegible]

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( )

Contractor [illegible]

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. **0007**

or Social Security No. 1761*#

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

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 $ 300.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

	BLOCK	0.00
	702.02 #	
Building	LOT	0.00
Plumbing	14 #	
Electrical	SIGNS	10.00
Fire Protection	PLAN RVW	5.00
Other [illegible]	C / O	20.00
Other [illegible]	TOTAL	35.00
DCA Training Fee	CHECK	35.00
Cert. of Occ. 20	CHANGE	0.00
Other	07/08/94 NO. 5 0007A005	09:27
Total 35		
Check No. #[illegible]		
Cash		
Collected By: [illegible]		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/8/94
Date Issued
Control #
Permit # 1761-164-94

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

Block _____ Lot _____
Work Site Location 101 Chambersbridge Rd.
Owner in Fee SOUTHLAND CORP, 711 STORE
Address _____
Tele. (____) _____
Contractor ALLIANCE SIGN
Address 183 LANZA AVE, GARFIELD NJ 07026
Tele. (____) 201-340-3434
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 222-238-3990 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[✓] All 4/14/94 JDJ
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date. _____
Approved By: _____

INSPECTIONS — Dates (Month/Day)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height 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.

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature Jerry Toner

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 - S/F SIGN 10.25 ft ON RIGHTWALL
+ ELECTRIC

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other _____
[ ] Demolition
[ ] Miscellaneous
[ ] Fence _____ Height
[1] Sign 10.25 Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other _____

(Office Use Only)
FEE
$ _____

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

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

☑ EXEMPT 7/12/93

☐ PRELIMINARY _____

☐ TEMPORARY _____

☑ FINAL 7/12/93

CERTIFICATE OF COMPLIANCE

NAME: [illegible] Co. DATE: 7/12/93

ADDRESS: 101 Alhambra Circle

[illegible] 33 0[illegible]

PROPERTY LOCATION: [illegible]

ACCOUNT NO: _____ BLOCK 211.02 LOT 14

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate

No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☒ Residential is .005%

☐ Commercial is .01%

Estimated Fee : None Date: 4/12/93

Down Payment : _____ Date: _____

Final Fee : None Date: 7/12/93

(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ 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.

Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 70262, Lot 14

DATE: 4/8/94

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ -0-

Preliminary Frederick R Millman
Frederick R. Millman, CTA

4-11-94
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

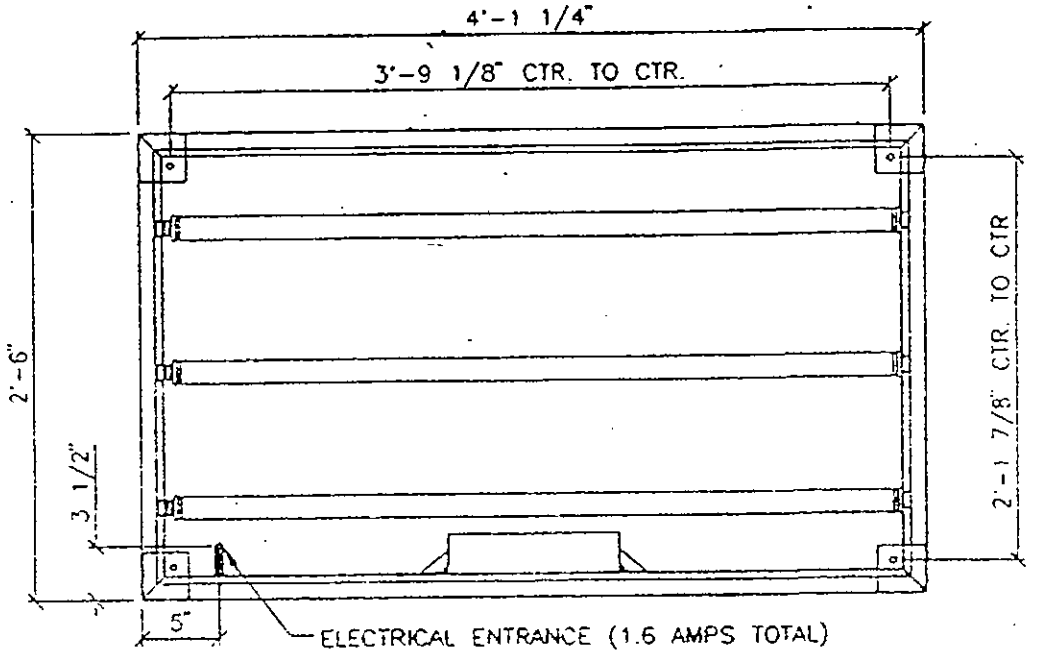
The final equalized added assessment for construction at the above site is $ _____.

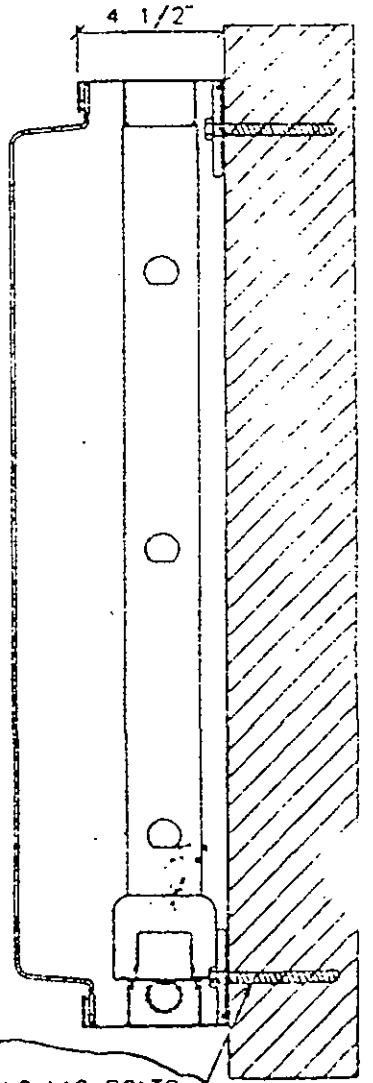
Final _____
Frederick R. Millman, CTA

_____
Date

OK 4/14/99 LL

EXTERIOR - 1ST PRIORITY





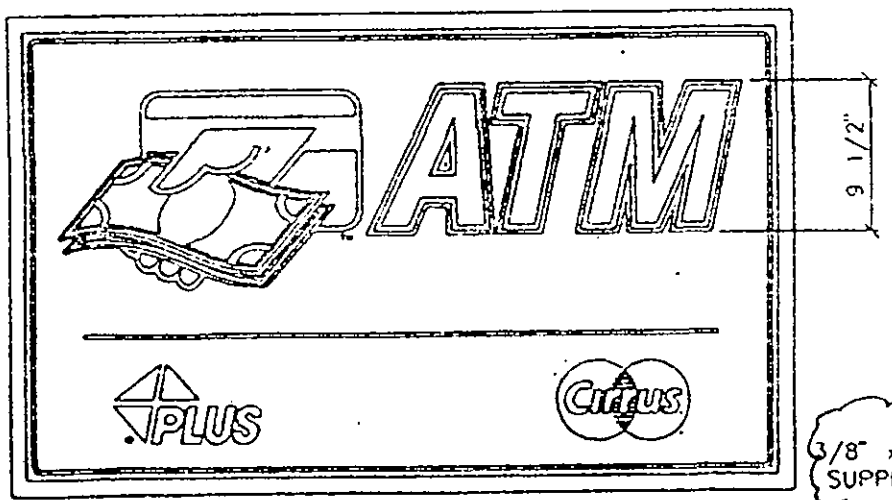
SIGN SPECIFICATIONS:

SIGN SIZE:
AREA ... 10.25 SQ. FT.
ACTUAL SIZE ... 2'-6" x 4'-1 1/4"
APPROXIMATE WEIGHT ... 65.0 lbs

ELECTRICAL:
AMPS ... 1.6 TOTAL
CIRCUITS ... (1) 20
VOLTS ... 120

COLORS:
"ATM" COPY ... BLACK #L880
CIRRUS ... RIGHT CIRCLE BLUE - PMS #3005
LEFT CIRCLE BLUE - PMS #287
COPY - WHITE 3LS-3124
PLUS ... BLUE - PMS #294

MONEY GRAPHICS
HAND LAYOUT ... BLACK #L880
MONEY ... GREEN - PMS #347
CABINET & RETAINERS ... GLOSS BLACK - GRIP GARD #228



NOTE: DRAWING NOT TO SCALE

ZIMMERMAN SIGN CO. | 2'-6" x 4'-1 1/4" S/F SIGN | SOUTHLAND | 08-06-93