BLOCK 852 LOT 4.01 C25-401 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-0308

CONSTRUCTION PERMIT APPLICATION

NJ Uniform Construction Code

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

I. IDENTIFICATION

1. Propsed Work Site at: 856 Rt 70, Brick NJ 08723
2. Name of Owner in Fee: H&R Block / Wenator Group Inc Tel. (212) 553-2199
   Address 233 Broadway N.Y. 10279.
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ✓ JERSEY SIGNS INC Tel. (732) 206-1044
   Address 390. 19TH AVE BRICK, N.J. 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222-875-876 FAX: (_____) SAME
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work JERSEY SIGNS INC.
   Tel. (732) 206-1044 FAX (732) 206-1044

Well sign
(electric to be updated

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 57.-		
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	30.-		
13.	TOTAL	$ 90.-		

APPROVED BY _____ DATE 2-22-99

NO FEE REQUIRED

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	$3938	CW	1-22-99		2-9-99	FI	3/2/99		
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		EWG	2/4/99		2/4/99				
	TOTAL COSTS									

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

IMPORTANT - STATUTORY FEE

LDS BR 10202078

UCC-F100-1 (rev. 3/98)

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 JERSEY SIGNS INC Laura P. Matamoros

Address 390-19TH AVE BRICK, N.J. 08724

Telephone (732) 206-1044

Signature Laura P. Matamoros

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 02/10/99
Control #
Permit # 99-0308

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 852 Lot 4.01 Qual

Work Site Location 856 RT 70 H&R BLOCK
WALL SIGN
Owner in Fee H&R BLOCK/ VENATOR GROUP INC
Address 233 BROADWAY
NEW YORK, NY 10279-
Telephone (212)553-2199

Contractor JERSEY SIGNS INC.
Address 390 19TH AVE
BRICK,, NJ 08724-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2875876

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:
WALL SIGN- CHANNEL LETTERS

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 $ 3,938

Construction Official

02/10/99
Date

PAYMENTS (Office Use Only)

Building	57
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	
Total	60
Check No.	2313
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 01/22/99
Date Issued 2/10/99
Control # C25-401
Permit # 99-0308

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

Block 852 Lot 4.01 Qual
Work Site Location 856 RT 70 H&R BLOCK
WALL SIGN
Owner in Fee H&R BLOCK/ VENATOR GROUP INC
Address 233 BROADWAY
NEW YORK, NY 10279-
Tele.(212)553-2199
Contractor JERSEY SIGNS INC.
Address 390 19TH AVE
BRICK,, NJ 08724-
Tele.(___)_____ Fax (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2875876

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

WALL SIGN- CHANNEL LETTERS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-9-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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			3-2-99	
BarrierFree				

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 57 Sq. Ft.	57
[ ] 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 $ 3,938
3. Total (1+2)$ 3,938

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 57
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 3, 1999 1999- 0075

Block 852 Lot 4.01 Zone B-3

Property Address: 856 Route 70

Owner: Venator Group Retail Inc. (Phone): 212-553-2199

Applicant: Louis Montanaro (Phone): 206-1044

Existing Use: Commercial - Office

Proposed Use: Commercial - Office

Proposed Construction (if any): 18'8"x36" wall sign - Channel letters " H & R Block"

Conditions: The sign must not exceed 15% of the facade area.

The letters must not extend above the roof line.

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

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 852 LOT 4.01

PROPERTY ADDRESS 856 RT 70 08723

NAME OF OWNER VENATOR GROUP RETAIL INC OWNER'S PHONE (212) 553-2199

NAME OF APPLICANT Louis P. Montanaro Louis Montanaro

APPLICANT'S COMPLETE ADDRESS 390-19TH AVE BRICK, N.J. 08724

APPLICANT'S PHONE NUMBER (732) 206-7044 APPLICANT'S BUSINESS NAME JERSEY SIGN INC.

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☑ Commercial (please describe) TO REMOVE NUTRA SYSTEM SIGN AND REPLACE

☐ Other (please describe) WITH H&R BLOCK - CHANNEL TO CHANNEL LETTERS

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☑ Commercial (please describe) _____

☐ Other (please describe) _____

PROPOSED CONSTRUCTION WALL SIGN CHANNEL LETTERS

All Dimensions 2' W 18'8" L 36" Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

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

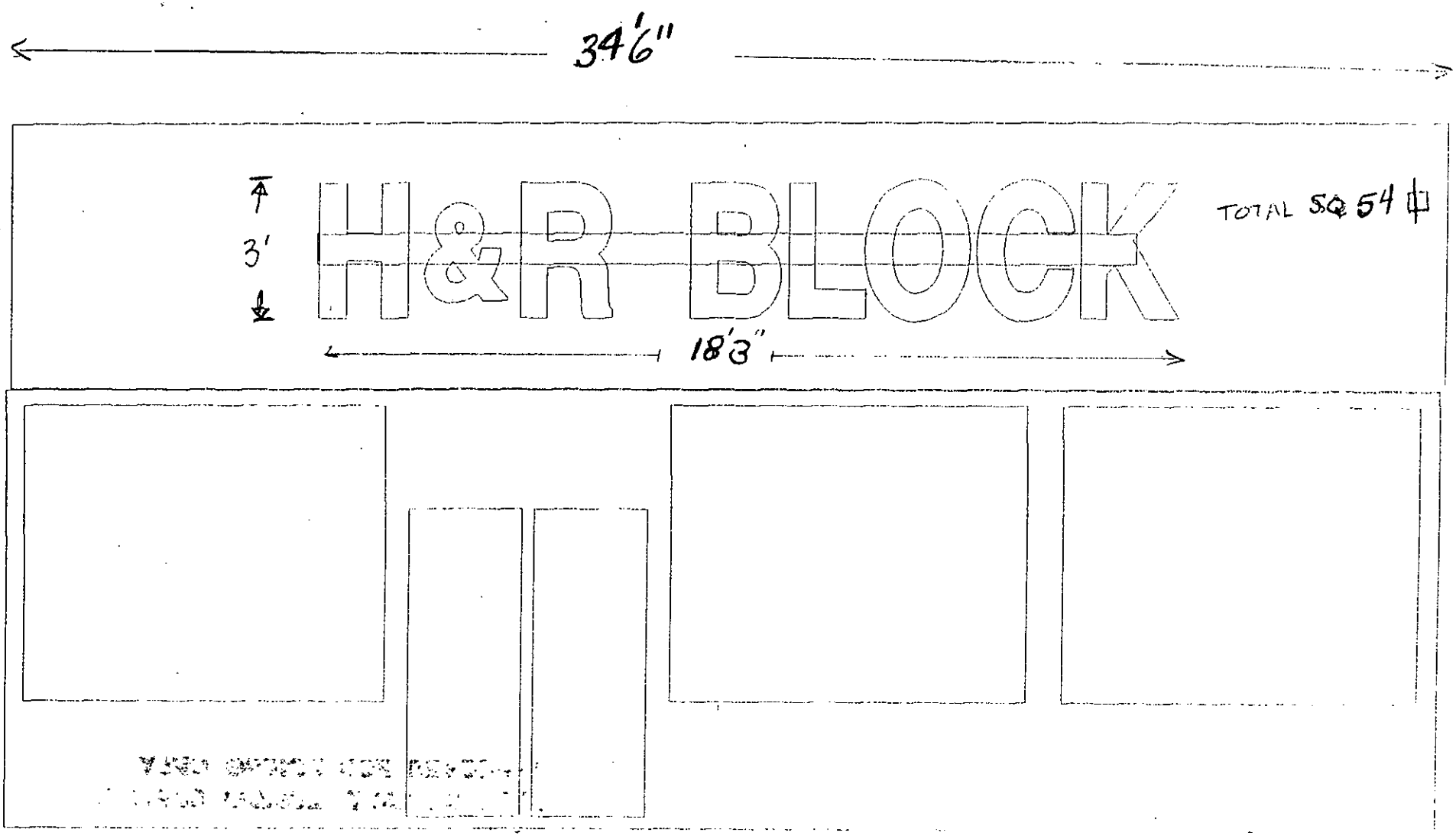
- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ 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 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 Louis P. Montanaro (Jersey Signs) Date 1/22/99

Reviewed by Zoning Officer Date 2/3/99 ☒ Approved ☐ Rejected



JERSEY SIGNS INC.
(732) 206-1044
856-RT 70
Block 852 - Lot 4.01

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE February 3 1999
Sean Kinney - wall sign

TOWNSHIP OF BRICK

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

Department of Administration & Finan

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 12/29/98

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

RE: Block: 852 Lot: 4A

I, JERSEY SIGNS INC (name) of 390-19TH AVE BRICK (address)
856 RT 70 BRICK

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,

Louis P. Mastrangelo
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: 2/4/99 By: [signature]

Rejected Date: _____ By: _____

Remarks: _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 352 LOT 401 SITE ADDRESS 306 Main St
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS

APPLICANT PHONE NUMBER
APPLICANT ADDRESS CITY & STATE
PERMIT # C25 401 NAME OF BUSINESS

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 $ 1040 Date 2-15-19

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

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY _____ DATE _____

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: 2-4-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 852 LOT 4.01 SITE ADDRESS 856 RT 70

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS H&R Block Sign

APPLICANT Inc. Sign CITY & STATE Brick, 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:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

TAKE DOWN

SIMPLE LAYOUT DIAGRAM FOR INDIVIDUAL MOUNTED CHANNEL

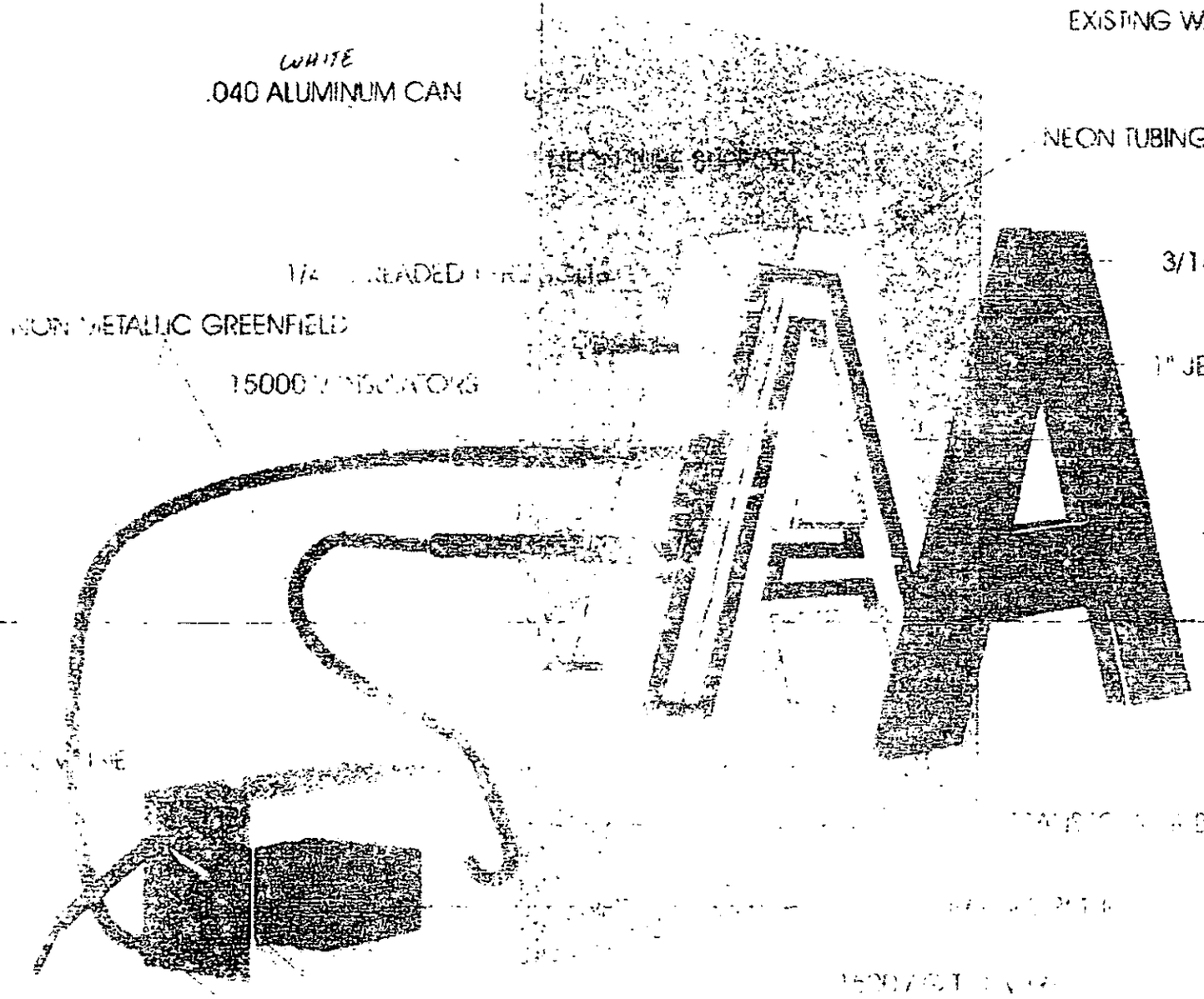
EXISTING WALL ALUMINUM OVER PLYWOOD

WHITE
.040 ALUMINUM CAN

NEON TUBING 15mm SNOW WHITE

3/16" PLEXY FACE WHITE

1" JEWELITE TRIM WHITE



BX CONNECTOR

ALL PARTS ARE U.L. LISTED
U.L. APPROVED

SIGN MAKERS
INCORPORATED

BRICK TOWNSHIP

Plan Review Class Date By

Zoning wall sign 2/3/99 JC

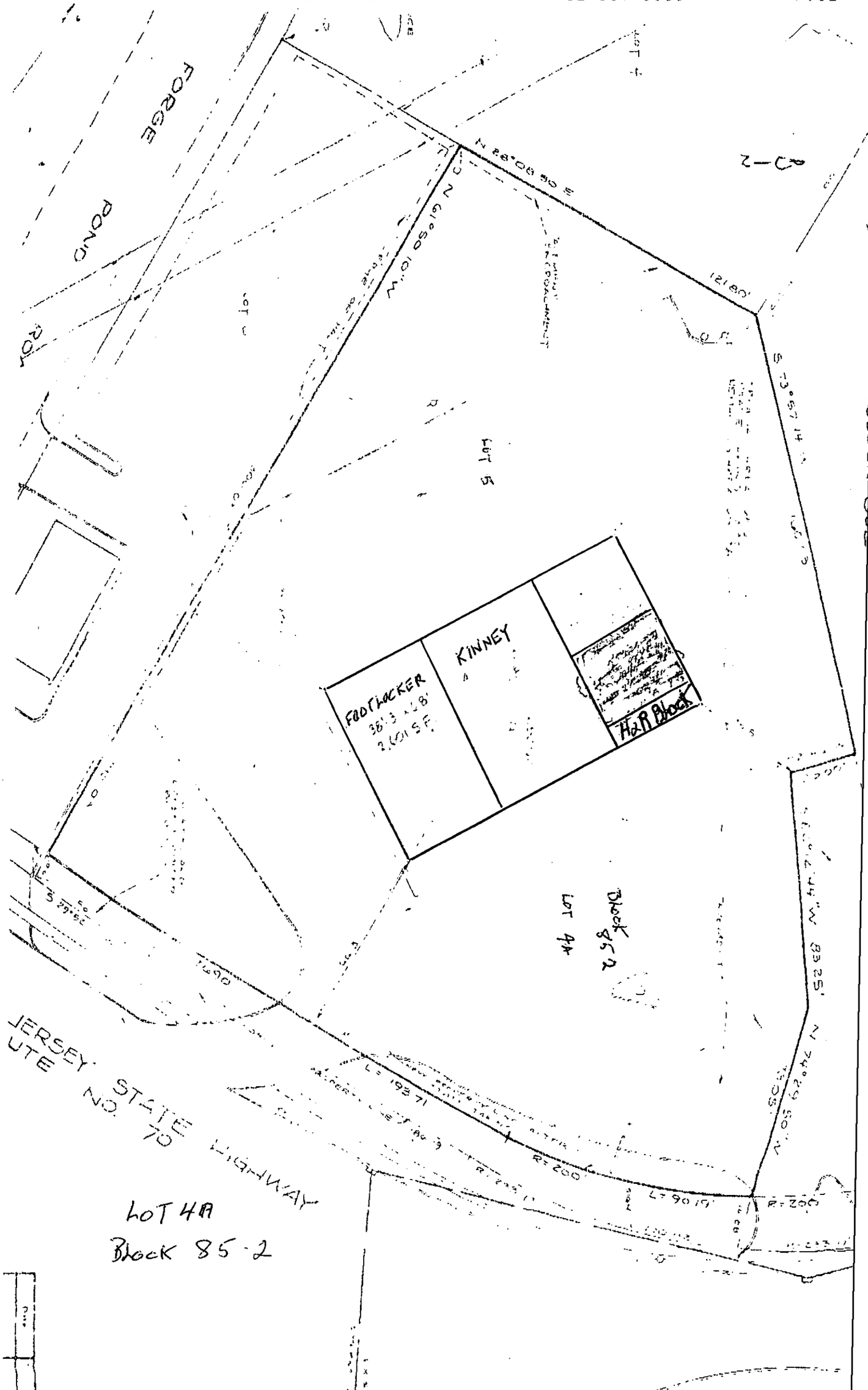
Plumbing

Building

Fire

Energy

Electrical


FOOTLOCKER
KINNEY
H&R Block
LOT 5
Block 85.2
LOT 4A
JERSEY STATE
UTE
NO. 70
LIGHWAY
LOT 4A
Block 85-2

BRICK TOWNSHIP

Class 8

Date 2/5/99

BY SK

Plan Review wall sign

Zoning

Plumbing

Building

Fire

Energy

Electrical

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Vanguard Group Retail Inc.
233 Broadway NY. 10279.

Site Location: 856 RT 70 Brick, N.J. Date Rec'd.:
Block: 852 Lot: 4A, 4.01 Date Issued:
Owner in Fee: H&R Block Control #:
Address: 1700 MADISON AVE LAKEWOOD, N.J. Permit #:
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: JERSEY SIGNS INC
ADDRESS: 390-19TH AVE BRICK, N.J.
PHONE: (732) 206-1044
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 222-875-876

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: JERSEY SIGNS INC
ADDRESS: 390-19TH AVE BRICK, N.J.
PHONE: (732) 206-1044
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 222-875-876

TECHNICAL SITE DATA

DESCRIPTION OF WORK: TO TAKE DOWN EXISTING NUTRA SYSTEMS SIGN. AND REPLACE WITH H&R BLOCK SIGN. NEW SIGN CHANNEL LETTERS WALL MOUNTED. SEE DRAWING.

REPLACING CHANNEL LETTERS WITH CHANNEL LETTERS.

ELECTRIC TO BE UP DATED.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: 57 Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

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: Louis P. Montanaro

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $ 6
TOTAL (1+2): $ 3,938.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.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 ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐