

ADDRESS (SITE) Brick Blvd - Cedar Bridge PERMIT NO.

NOV 25 1998



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Brick Blvd. + Cedar Bridge Ave.
2. Name of Owner in Fee: Wawa Inc. Tel. (610) 358-6861
- Address 260 Baltimore Pk Wawa Pa 19063
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: Berlin Neon Signs Tel. (609) 767-0525
- Address 326 Old White Horse Pk. Waterford NJ 08080
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Employee No. 222044464 FAX: (609) 767-2130
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work Tim Manna
- Tel. (609) 767-0525 FAX (609) 767-2130

V. FEE SUMMARY (for office use only)

1. Building
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
10. Subtotal
11. Cert. of Occupancy
12. Other *2PA & PP*
13. TOTAL

VI. BUILDING/SITE CHARACTERISTICS

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 _____ psf
12. Max. Occupancy Load _____ psf

II. PROPOSED WORK

1. ☐ Minor Work
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

TOTAL COSTS	2500.00
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OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission, Dates Approval Rejection	Re- view
<i>HL</i>			<i>12/4/88</i>		<i>3/1/89</i>	
			<i>8399</i>	<i>Wm</i>		
<i>GWC</i>	<i>12/2/89</i>		<i>12/2/89</i>	<i>HL</i>		

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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) **BD**
4. ☐ Two-Family (R-4) **CABE**
5. ☐ One-Family (R-3) **BD**
6. ☐ One-Family (R-4) **CABE**

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:  *commercial*
2. Use Group: *m* 
3. Change in Use Group, Indicate Former:

UCC F100-1 (rev. 3/96)

LDS BR 10100395

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 Signs - Tim Manna
Address 326 Old White Horse Pike
Waterford NJ 08089
Telephone (609) 267-0525
Signature Tim 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 _____
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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 01/06/99
Control #
Permit # 99-0021

IDENTIFICATION Block 470.01 Lot 16

Qual

Work Site Location 595 BRICK BLVD WANA STORE SIGNS

Contractor BERLIN MEON SIGNS

Owner in fee WANA INC

Address 326 OLD WHITE HORSE PK
WATERFORD, NJ 08089

Address 260 BALTIMORE PIKE
WANA, PA 19063

Telephone (609)767-0525
Lic. No. or Bids. Reg. No.
Federal Emp. No. 22-2044464

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
3 SIGNS
FREESTANDING, FASCIA AND DIRECTIONALS

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 \$ 2,500

Construction Official *William J. J. J.*

01/06/99
Date

PAYMENTS (Office Use Only)	
Building	192
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Total	192
Check No.	15149
Cash	
Collected By	AJP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATE

Update Issued 02/09/99
Control # 99-0021+A
Permit # 01/06/99

IDENTIFICATION Block 470.01 Lot 16 Qual

Work Site Location 595 BRICK BLVD HANA STORE
ELECTRICAL FOR SIGNS
Owner in Fee HANA INC
Address 260 BALTIKORE PIKE
HANA, PA 19063-
Telephone (610)358-6861
Contractor CARL PURSELL, INC
Address 1735 CHERRY LANDING RD
BLACKWOOD, NJ 08012-
Telephone (603)221-1001
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2317298

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
ELECTRICAL FOR SIGNS

Estimated Cost of Work \$ 500

A. L. Williams
Construction Official

02/09/99
Date

U.C.C. F190 (rev. 3/95)

PAYMENTS (Office Use Only)
Building 0
Electrical 35
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 0
Cert. of Occupancy 0
Total 35
Check No. 3155
Cash
Collected By CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/25/98
Date Issued 11/16/99
Control # 1030-16
Permit # 99.0021

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

Block 470.01 Lot 16 Qual
Work Site Location 593 BRICK BLVD WANA STORE SIGNS

Owner in Fee WANA INC

Address 260 BALTIMORE PIKE

WANA, PA 19063

Tele. (610)358-6861

Contractor BERLIN NEON SIGNS

Address 326 OLD WHITE HORSE PK

HAERFORD, NJ 08089

Tele. (609)767-0525 Fax (609)767-2139

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2044464

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

No Plans Req. 12/15/98

All

Footing

Foundation

Frame

Other

Joint Plan Review Required:

Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

CO [] CCD [] CA

Date:

Approved By:

INSPECTIONS

Type Failure Failure Approval Initial

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

ICD

Other

Final

Barrierfree

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence

[X] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

Other

[] Demolition

FEE (Office Use Only)

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Use Group Present Proposed U

Constr. Class Present Proposed U

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 \$ 2,500

3. Total (1+2) \$ 2,500

Industrialized Building:

[] State Approved

[] HUD

Paid [] Check #

Collected by:

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

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 11/25/98
Date Issued 11/16/99
Control # C30-16
Permit #

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

Block 470.01 Lot 16
Work Site Location 595 BRICK BLVD HABA STORE

SIGNS

Owner in Fee HABA INC

Address 260 BALTIMORE PIKE

HABA, PA 19063-

Tele. (610) 358-6861

Contractor BERLIN NEON SIGNS

Address 326 OLD WHITE HORSE PK

HAERFORD, NJ 08089-

Tele. (609) 767-0525 Fax (609) 767-2130

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-2044464

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

81 No Plans Req. 12/1/98

[] All

[] Footing

[] Foundation

[] Frame

[] Other

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 ft.

Area Largest Floor 0 sq. ft.

Few 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 \$ 2,500

3. Total (1+2) \$ 2,500

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

3 SIGNS

FREESTANDING, FAS-TA AND DIRECTIONALS

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence

[X] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

[] Denolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge

Minor Fee

TOTAL FEE

OCA Training Fee

U.C.C. F110 (rev. 5/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/25/98
Date Issued 1/16/99
Control # C30-16
Permit #

99-0021

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

Block 470.01 Lot 16 Qual
Work Site Location 595 BRICK BLVD MAMA STORE
SIGNS

Owner in fee MAMA INC
Address 260 BALTIMORE PIKE
MAMA, PA 19063-

Tele. (610) 358-6861

Contractor BERLIN NEON SIGNS

Address 326 OLD WHITE HORSE PK
MATERFORD, NJ 08089-

Tele. (609) 767-0525 Fax (609) 767-2130

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2044464

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

No Plans Req. 12/1/98

All

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

ICU

Other

Final

Barrierfree

Approved By: [Signature]

Date: 3-1-04

Approved By: [Signature]

Date: 3-1-04

Approved By: [Signature]

Date: 3-1-04

Approved By: [Signature]

Date: 3-1-04

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

3 SIGNS

FREESTANDING, FASCIA AND DIRECTIONALS

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence

[X] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

[] Demolition

FEE (Office Use Only)

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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/29/99
Date Issued 01/01/54
Control #
Permit # 99-0021+A

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 470.01 Lot 16 Qual

Work Site Location 595 BRICK BLVD WANA STORE

ELECTRICAL FOR SIGNS

Owner In Fee WANA INC

Address 260 BALTIMORE PIKE

WANA, PA 19063-

Tele: (603) 227-1001 Fax ()

Contractor CARL PUSELL INC

Address 1735 CHENS LANDING RD

BLACKHOB, NJ 08012-

Tele: (603) 227-1001

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2317298

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed 0

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 2/2

Approved By: A.A.

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

NO.	SIZE	ITEM
0		Lighting Fixtures
0		Receptacles
0		Switches
0		Detectors
0		Light Poles
0		Motors-Fract HP
0		Emergency & Exit Lights
0		Communications Points
0		Alarm Devices/P.A.C. Panel
0		TOTAL HOURS
0		Pool Permit/With WH Lights
0		Storable Pool/Spa/Hot Tub
0		KW Elect Range/Receptacle
0		KW Oven/Surface Unit
0		KW Elect Water Heater
0		KW Elect Dryer/Receptacle
0		KW Dishwasher
0		HP Garbage Disposal
0		KW Central A/C Unit
0		HP/KW Space Heater/Air Handler
0		Baseboard Heat
0		HP Motors 1/+ HP
0		KW Transformer/Generator
0		AMP Service
0		AMP Subpanels
0		AMP Motor Control Center
0		KW Elect Sign/Outline Light
0		Other
0		Other

2/5
3/5

Paid [] Check #
Collected by: Administrative Surcharge \$ 0
Minimum Fee \$ 8
TOTAL FEE \$ 35
BCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/29/99
Date Issued 01/01/54
Control #
Permit # 99-0021+A

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

Block 470.01 Lot 16 Qual

Work Site Location 595 BRICK BLVD WANA STORE

ELECTRICAL FOR SIGNS

Owner in Fee WANA INC

Address 260 BALTIMORE PIKE

WANA, PA 19063-

Tele: (603) 227-1001 Fax ()

Contractor CARL PURSELL, INC.

Address 1735 CHEMS LANDING RD

BLACKWOOD, NJ 08012-

Tele: (603) 227-1001

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-2317298

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed 0

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date 2/2/99

Approved By

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

D. TECHNICAL SITE DATA

NO. SIZE

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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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/29/99
Date Issued 01/01/54
Control #
Permit # 99-0021+A

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

D. TECHNICAL SITE DATA

NO. SIZE

FEE (Office Use Only)

Block 470.01 Lot 16 Qual
Work Site Location 595 BRICK BLVD WANA STORE
ELECTRICAL FOR SIGNS

Owner in Fee WANA INC

Address 260 BALTIMORE PIKE

WANA, PA 19063-

Tele: (603) 227-1001 Fax ()

Contractor CAEL PURSELL INC

Address 1735 CHENS LANDING RD

BLACKWOOD, NJ 08012-

Tele: (603) 227-1001

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2317298

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 2/2/99

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type Failure Failure Approval Initial

Rough

Temp Serv

Const 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.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

Paid [] Check #
Collected by:

Administrative Surcharge \$ 0
Minimum Fee \$ 8
TOTAL FEE \$ 35
DCA Training Fee \$ 0

ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 47001 Lot 10

Work Site Location 1011 Paul Ave

Owner in Fee Occupant Liberty Inc

Address 3100 Highway 101

City Highway 101

State PA

Zip 15003

Contractor 1730 Woodward Rd

Address Excluded 1730 Woodward Rd

City Excluded 1730 Woodward Rd

State PA

Zip 15003

Telephone (412) 337-1001

Fax (412) 337-1001

Federal Emp. No. 222 317 298

Use Group Present

Proposed 1

Building Occupied as 1

Utility Co. 1

Est. Cost of Elec. Work \$ 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

Other 1

B. TECHNICAL SITE DATA

QTY. SIZE ITEMS

112 Lighting Fixtures

73 Receptacles

3 Switches

1 Detectors

1 Light Poles

1 Motors—Fract. HP

1 Emergency & Exit Lights

1 Communications Points

1 Alarm Devices/F.A.C. Panel

1 TOTAL NUMBERS

1 Pool Permit/With UV Lights

1 Storable Pod/Spa/Hot Tub

1 KW Elec. Ranges/Receptacle

1 KW Over/Surface Unit

1 KW Elec. Water Heater

1 KW Elec. Dryer/Receptacle

1 KW Dishwasher

1 HP Garbage Disposal

1 KW Central A/C Unit

1 HP/KW Space Heater/Air Handler

1 KW Baseboard Heat

1 HP Motors V-HP

1 KW Transformer/Generator

1 AMP Service

1 AMP Subpanels

1 AMP Motor Control Center

1 KW Elec. Sign/Outline Light

1

1

1

1

1

1

1

1

1

1

1

1

Date Received
Date Issued
Control # 203 16-1 update
Permit # 08-3763 TH

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: November 30, 1998 1998 - 1923

Block 470.01 Lot 16 Zone B-2

Property Address: 595 Brick Blvd.

Owner: WaWa Inc. (Phone): (610) 358-6861

Applicant: Tim Manna: Berlin Neon (Phone): (609) 767-0525

Existing Use: WaWa Food Market

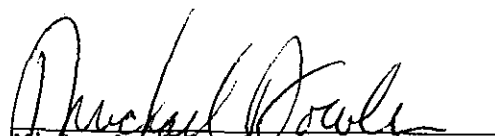
Proposed Use: Same

Proposed Construction (if any): Three types of identification signs:

(1) 6'x8' ground sign, 16' pole (2) 32"x10'6' facia sign and 11'6"x34"
facia sign; (3) 30"x38" directional signs on 36" poles.

Conditions: All signs to be as shown on the approved site plan.

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 Kinney
Zoning Officer

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

BLOCK 470.01 LOT 16
PROPERTY ADDRESS Brick Blvd. x Cedar Bridge Ave. 595 Brick Blvd.
NAME OF OWNER Wawa, Inc. OWNER'S PHONE (610) 358-6861
NAME OF APPLICANT Tim Manna / Berlin Neon Signs
APPLICANT'S COMPLETE ADDRESS 3240 Old White Horse Pike Waterford NJ 08095
APPLICANT'S PHONE NUMBER (609) 767-0525 APPLICANT'S BUSINESS NAME Berlin Neon Signs

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) _____
☐ Other (please describe) ~~Food Market~~ Food Market

PROPOSED CONSTRUCTION

All Dimensions _____ W _____ L _____ Ht _____
Deck or Garage ☐ Attached ☐ Detached
Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above ① free standing - 6' ^L - 8' ^W - 16 H.
☐ Two (2) accurate Survey / Plot Plans containing:
 ☐ all existing and proposed structures ② fascia - 32" H x 10'6" AND 11'6"
 ☐ all dimensions of lot and structures ③ Directionals 30" ^L x 38" ^W x 36" H
 ☐ 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 Tim Manna Date 11-25-98

Reviewed by Zoning Officer _____ Date 11/30/98 ☒ Approved ☐ Rejected

TO

FROM

Nicole

BERLIN NEON SIGN CO.

304 Old White Horse Pike
Waterford Works, NJ 08089
(609) 767-0525

SUBJECT

Wawa Food Mkt

FOLD HERE

DATE

1-4-99

Please find check for \$224.00 to
cover the cost of permit to install
the signs at: Buick Blvd. + Cedar Bridge
Wawa Store

Please forward the permit to our office
at your earliest convenience.

Thank you +
Happy New Year!

SIGNED

Teri Manna

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1100 LOT 11 SITE ADDRESS 1100 11th St
TYPE OF SITE Residential // Commercial TYPE OF BUSINESS _____
APPLICANT John Doe PHONE NUMBER 111-1111
APPLICANT ADDRESS 1100 11th St CITY & STATE 11111
PERMIT # 11111 NAME OF BUSINESS 11111

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 \$ 1111 Date 11-11-11
Estimated Required Fee \$ 1111
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 _____

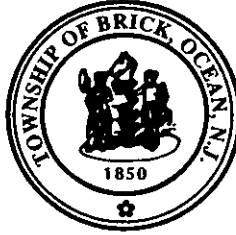
I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY _____ DATE _____

Carol A. Wolfe
Affordable Housing Administrator

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-3-13

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 4700 LOT 1L SITE ADDRESS 5150 Chambers Bridge Rd

TYPE OF SITE Commercial TYPE OF BUSINESS Warehouse - Storage
(Residential/Commercial)

APPLICANT Frederick R. Millman CITY & STATE New Jersey

☒ 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

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo - President
Martin J. Anton
Helen Fayad
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance

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

Date: 12/25/98

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

RE:

Block: 470.01

Lot: 6

I, Tim Manna

(name)

of 595 Brick Blvd.

(address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is /is not located in a flood zone.

Respectfully yours,

applicant's signature

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: 12/2/98

By: [Signature]

Rejected Date: _____

By: _____

Remarks: Must Conform to Setback Plan &

COMMERCIAL

BRICK BOULEVARD

(COUNTY ROUTE 549)

CONCRETE DRIVE

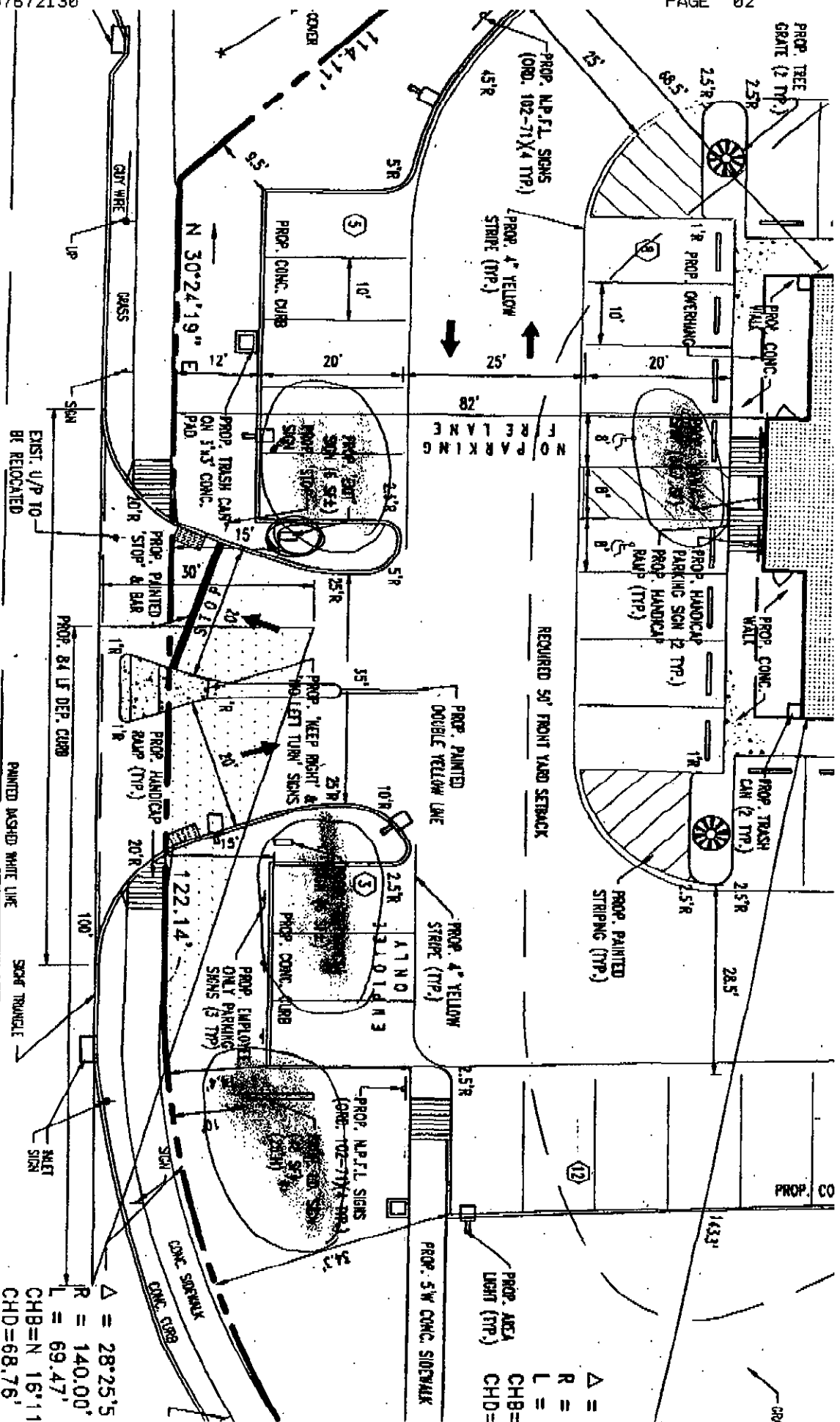
PAINTED SOLID YELLOW LINE

PAINTED DASHED WHITE LINE

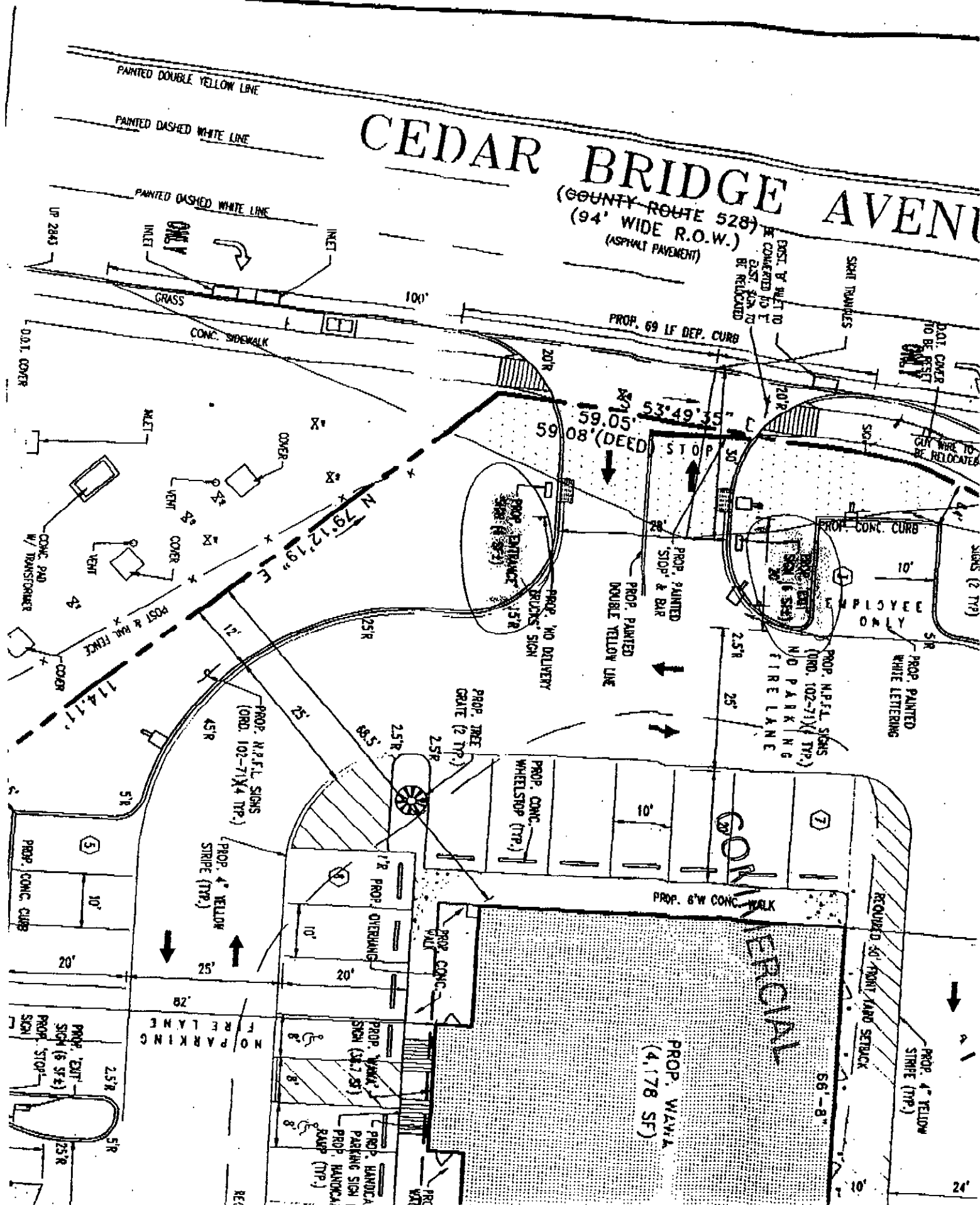
PAINTED DASHED WHITE LINE

SIDE TRIANGLE

$\Delta = 28.25'S$
 $R = 140.00'$
 $L = 69.47'$
 $CHB = N 16.11$
 $CHD = 68.76'$

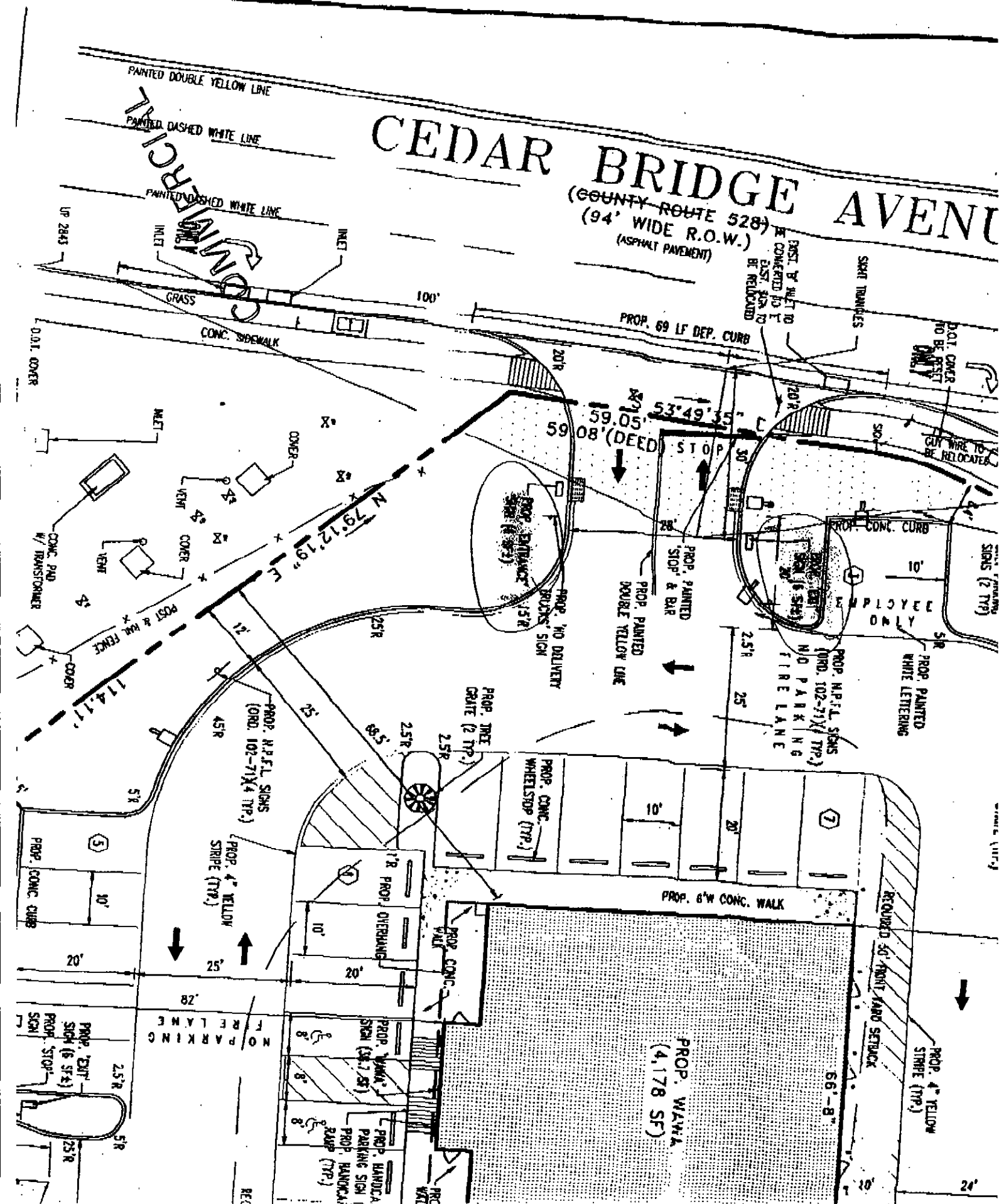


$\Delta =$
 $R =$
 $L =$
 $CHB =$
 $CHD =$



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	Signs	11/30/98	RC
Plumbing			
Building			
Fire			
Energy			
Electrical			



BRICK TOWNSHIP

Plan Review Class Date By

Zoning Signs 11/30/98 JS

Plumbing _____

Building _____

Fire _____

Energy _____

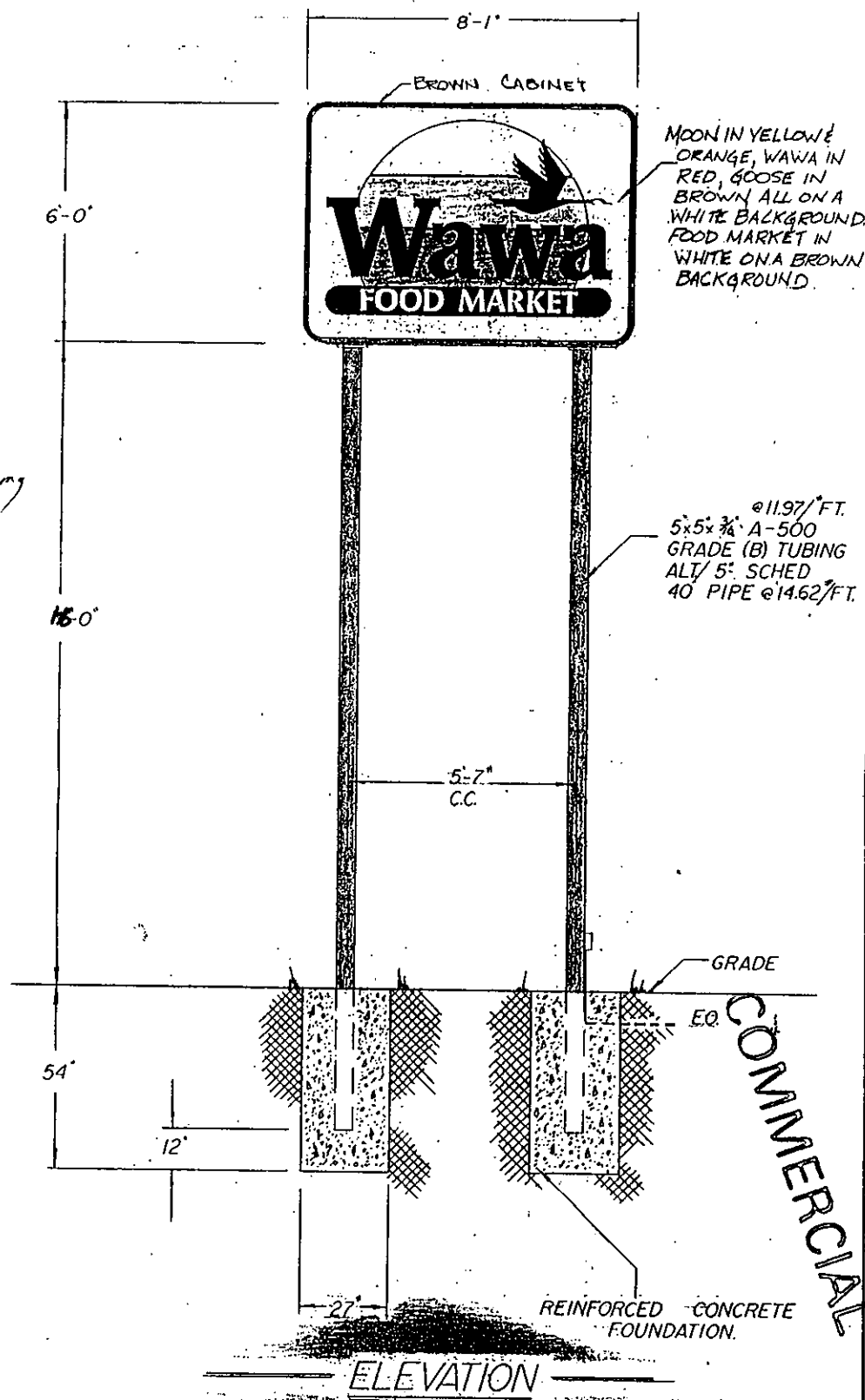
Electrical _____

11/23/94

THE SIGN,
Pole SUPPORTS &
FOUNDATION HAVE
BEEN DETERMINED
USING FORMULAS
TAKEN FROM THE
"SOUTH FLORIDA
BUILDING CODE" AND
15K A MIN. OF
30 LBS. PER SQ. FT.
WIND LOAD.

C.P. Brunette
DIRECTOR/Engineering

REVISIONS			NO.	CHANGE	DATE
			1	Change Size to Brown	11/94
DUALITE, INC. - WILLIAMSBURG, OHIO					
PREPARED FOR INSTALLATION USE ONLY					
MODEL "WAWA" 6'x8' RAD CORNER TWIN POLE 16" A/G					
SCALE 3/4" = 1'-0"					
DATE APR-9-1986					
SHEET NO. 4					
DRAWN BY M. MECHAN					
DRAWING NO. 3532					



MOON IN YELLOW &
ORANGE, WAWA IN
RED, GOOSE IN
BROWN ALL ON A
WHITE BACKGROUND.
FOOD MARKET IN
WHITE ON A BROWN
BACKGROUND.

5x5 3/4" A-500
GRADE (B) TUBING
ALT/ 5" SCHED
40 PIPE @ 14.62'/FT.

NOTE!

ALL INSTALLATION DETAILS
ARE SUGGESTED ONLY.
ALL LOCAL CODES AND
SOIL CONDITIONS MUST
BE CHECKED BEFORE
INSTALLATION.

AMPS. 86
WATTS 960
V.O.C. 1000
FACE TRIM
SIGN WT.
U.L. LABEL ST.B



BRICK TOWNSHIP

Plan Review _____ Class _____ Date 11/30/98 By MC

Zoning Single _____

Plumbing _____

Building _____

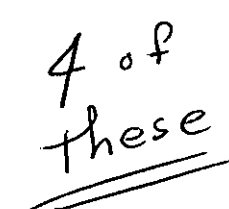
Fire _____

Energy _____

Electrical _____

[Handwritten signature]

CONFIDENTIAL



AMPS: 1.35
WATTS: 160
V.O.C. 500
FACE TRIM: CYBERMATION
U.L. LABEL: ST'D.

BRICK TOWNSHIP

BY NC

Date 11/30/98

Class

Plan Review

Sigs

Zoning

Plumbing

Building

Fire

Energy

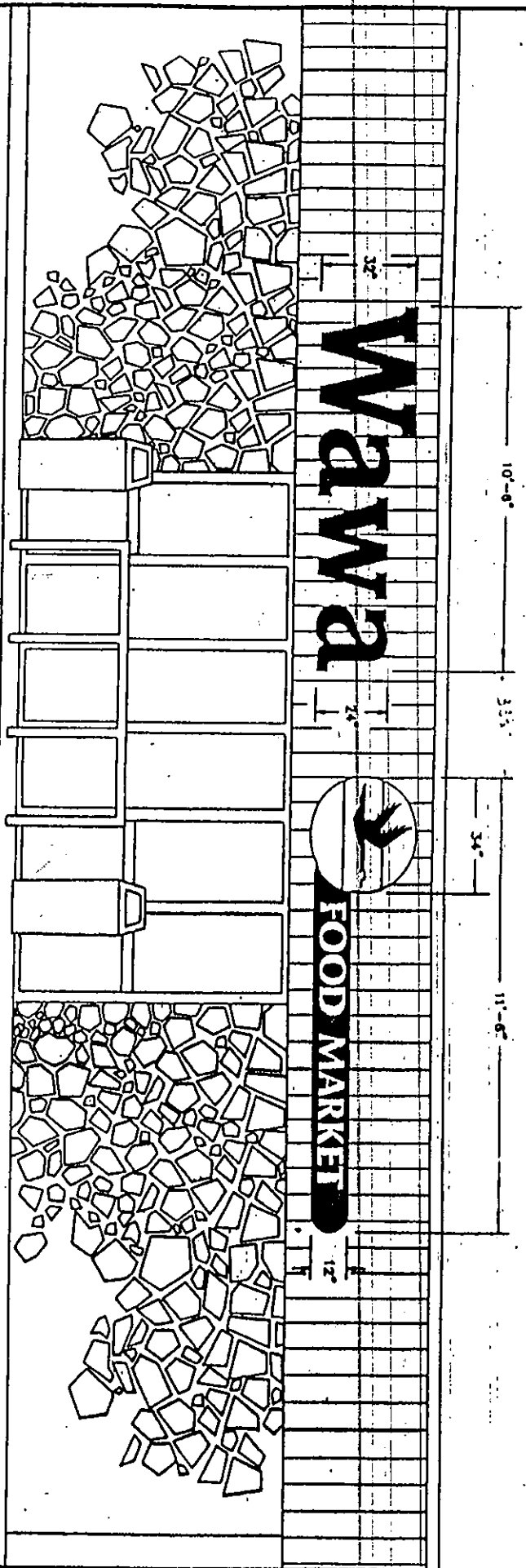
Electrical

COMMERCIAL

NOTE
ALL INSTALLATION DETAILS
ARE SUBMITTED ON
ALL SIGNS MUST BE
INSTALLED IN ACCORDANCE
WITH NATIONAL, STATE AND
LOCAL ELECTRICAL AND
BUILDING CODES. UNLESS
SPECIFICALLY CONTRACTED
FOR, DUALITE SHALL HAVE
NO RESPONSIBILITY FOR
INSTALLATION UNLESS FOR
OTHER THAN THEIR
INTENDED PURPOSES ARE
AT THE SOLE RISK
OF THE BUYER/USER.

ELEVATION
SCALE 3/8"=1'-0"

REVISIONS		DATE	
NO	DATE	DESCRIPTION	BY
1		PREPARED FOR	INSTALLATION USE ONLY
2		MODELS WAWA NEON CHANNEL LTR. & FACIA SIGN	
3		SCALE	AS NOTED
4		DATE	2-19-90
5		SHEET NO.	2
6		TOLERANCE	N/A
7		DRAWN BY	REL
8		DRAWING NO.	3530



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning	Signs	11/30/98	RC
Plumbing			
Building			
Fire			
Energy			
Electrical			

W. J. ...

RECEIVED

COUNTER FORM

PLEASE PRINT

JAN 29 1999

h

Update
~~45-3763~~

Update 99-0021+A

TOWNSHIP OF BRICK OF INSPECTION

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

Site Location:	595 BRICK BLVD	Date Rec'd.:	
Block:	470.01	Lot:	16
Owner in Fee:	WAWA INC	Control #:	
Address:	260 BALTIMORE PK WAWA, PA 19063	Permit #:	
State:	PA	Zip:	19063
Phone:	(610) 358 6861	SS #:	
Provide only if Applicant is owner			

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ 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:	Estimated Cost of Building Work:
PLANS: Required ☐ Approved ☐	New Building (1): \$
Approved by:	Alteration (2): \$
Date:	TOTAL (1+2): \$
CONTRACTOR AFFIX SEAL:	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

UPDATE

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR: <u>CARL R PURSELL</u>	CONTRACTOR:
ADDRESS: <u>RD 41 1739 CHEWS LANDING</u>	ADDRESS:
<u>RD BLACKWOOD NJ</u>	
PHONE: <u>609 227 1001</u>	PHONE:
LIC. #: <u>6146</u> EXP. DATE: <u>6-99</u>	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): <u>222-317-298</u>	FEDERAL EMPL. #: (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
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	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light <u>1.0</u> KW	Heat Detectors
Other	Total
Other <u>SIGNS</u> <u>3</u>	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$ <u>500.-</u>	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
CONTRACTOR AFFIX SEAL:	Other
	Other
	Estimated Cost of Fire Protection Work: \$
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

Carl R Purcell

PLEASE PRINT

TOWNSHIP OF BRICK

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

Site Location: <u>Brick Blvd + Cedar Bridge</u>	Date Rec'd: <u>11-25-78</u>
Block: <u>470.01</u> Lot: <u>16</u>	Date Issued:
Owner in Fee: <u>Wawa INC</u>	Control #:
Address: <u>260 Baltimore Pl</u> <u>Wawa, Pa.</u>	Permit #:
State: <u>Pa</u> Zip: <u>19063</u> Phone: <u>(610) 358-6861</u>	
SS #:	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: <u>Berlin Neon Signs</u>
ADDRESS:	ADDRESS: <u>326 Old White Horse Pl.</u> <u>Waterford NJ 08089</u>
PHONE:	PHONE: <u>609-767-0525</u>
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): <u>22 2044464</u>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ 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 _____ Greasetrapp _____ 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	<u>Sign - 1 free standing</u> <u>6' x 8 Twin pole</u> <u>See attached print.</u> <u>Sign - 1 fascia sign</u> <u>See attached print.</u> <u>Signs - 4 directional s</u> <u>See attached print</u>
Estimated Cost of Plumbing Work: \$	TYPE OF WORK
Signature:	☐ New Building ☐ Addition ☐ Fence: Height (6' or More) ☒ Alteration ☒ Sign: <u>192</u> Sq. Ft. ☐ Roofing ☐ Pool (In Ground) ☐ Siding ☐ Pool (Above Ground) ☐ Other: ☐ Asbestos Abatement ☐ Other: ☐ Demolition
Owner ☐ Contractor ☐	BUILDING CHARACTERISTICS
SUBCODE APPROVAL:	USE GROUP Present: Proposed:
PLANS: Required ☐ Approved ☐	CONSTR. CLASS Present: Proposed:
Approved by:	No. of Stories:
Date:	Height of Structure:
CONTRACTOR AFFIX SEAL:	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature: <u>Jim Manna</u>
	Estimated Cost of Building Work:
	New Building (1): \$
	Alteration (2): \$
	TOTAL (1+2): \$
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE			FIRE PROTECTION SUBCODE		
CONTRACTOR:			CONTRACTOR:		
ADDRESS:			ADDRESS:		
PHONE:			PHONE:		
LIC. #:		EXP. DATE:	LIC. #:		EXP. DATE:
FEDERAL EMPL. # (or S.S. #):			FEDERAL EMPL. # (or S.S. #):		
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE			
ITEMS					
Lighting Fixtures					
Receptacles					
Switches					
Detectors					
Light Poles					
Motors - Fract. HP			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Emergency & Exit Lights			Heating Sys: ☐ New ☐ Existing		
Communications Points			Location of Furnace / Boiler		
Alarm Devices/E.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision		
KW Elec. Range / Receptacle		KW	Local Alarm Supervision		
KW Oven / Surface Unit		KW	Central Supervision		
KW Elec. Water Heater		KW	Proprietary Supervision		
KW Elec. Dryer / Receptacle		KW			
KW Dishwasher		KW	Flammable Liquid Storage Tanks Capacity: Fuel:		
HP Garbage Disposal		HP	Combustible Liquid Storage Tanks Capacity: Fuel:		
KW Central A/C Unit		KW	L.G.P. Storage Tanks Capacity: Fuel:		
HP/KW Space Heater/Air Handler		HP/KW			
KW Baseboard Heat		KW	DESCRIPTION		
HP Motors 1/+ HP		HP	NUMBER		
KW Transformer/Generator		KW	Wet Sprinkler Heads		
AMP Service		AMP	Dry Sprinkler Heads		
AMP Subpanels		AMP	Total		
AMP Motor Control Center		AMP	Smoke Detectors		
AMP Elec. Sign/Outline Light		KW	Heat Detectors		
Other			Total		
Other			Strand Pipes		
Other			Kitchen Hood Exhaust Systems		
Other					
Estimated Cost of Electrical Work: \$			Pre-Engineered Systems		
Signature (print name):			Co2 Suppression		
Estimated Cost of Electrical Work: \$			Halon Suppression		
Signature (print name):			Foam Suppression		
Owner ☐ Contractor ☐			Dry Chemical		
SUBCODE APPROVAL:			Wet Chemical		
PLANS: Required ☐ Approved ☐					
Approved by:			Gas or Oil Fired Appliance		
Date:			Other		
CONTRACTOR AFFIX SEAL:			Other		
			Estimated Cost of Fire Protection Work: \$		
			Signature:		
			Owner ☐ Contractor ☐		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		