BLOCK 672 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 51 Chambersbridge Rd PERMIT NO. 07-2296

CONSTRUCTION PERMIT APPLICATION

NO7-003310

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

Called 7/24/07

I. IDENTIFICATION

1. Proposed Work Site at: 51 Chambersbridge Rd
2. Name of Owner in Fee: Don Thompson Dev Corp Tel. (2/6) 755 5864
   Address 3300 Enterprise Parkway Beachwood Ohio 44122
   street municipality zip code
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Garden State Light Tel. 732 363 7645
   Address 4880 Rte 9 S, Howell NJ 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222199471 FAX: 732 363 7646
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Joseph E Ervin, Jr.
   Tel. 732-363 7645 FAX: 732 363 7655

SIGN

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40		
2. Electrical	40		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 4		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 2%	3		
13. TOTAL	$ 117		

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	

COMPLETE

II. PROPOSED WORK

OPTIONAL (for office use only)

	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	3000.-				7-11-07	[illegible]	10-4-07		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical					7-17-07	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8			7/4/07	Not Eng					
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3000.-								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

4. No. of dwelling units:	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 Garden State Sign Co

Address 4880 Rte 9S
Howell NJ 07731

Telephone (732) 363 9645

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IMPORTANT
A.H.B.T. - EXEMPT

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 7/27/07
Permit # 07-2296

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

Block 672 Lot 8 Qualification Code

Work Site Location FORTUNOFF BACKYARD STORE, 51 CHAMBERSBRIDGE RD BRICK NJ

Owner in Fee: DON THOMPSON DEVELOPERS DIVERSIFIED

Tel. (216) 755 5864 e-mail

Address 3300 ENTERPRISE PRKWY, BEACHWOOD OHIO 44122
street municipality zip code

Contractor: Greg ELECTRIC Tel. (215) 651/477

Address 547 ASHland Ridge Rd Hockessin DE 19707 e-mail

Contractor License No. 12235 Exp. Date 04/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No [redacted] FAX: (302) 2394521

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	20AMP	KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 7/27/07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other given 4/4/08 PP				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

4/4/08 SEE ATTACHED REPORT
MAILED TO EC + FORTUM.
BG

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/27/07
Permit # 07-2296

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERSBRIDGE RD, FORTUNOFF BACKYARD STORE
BRICK NJ

Owner in Fee: DON THOMPSON DEVELOPERS DIVERSIFED

Tel. (216) 755 5864 e-mail

Address 3300 ENTERPRISE PRKWY, BEACHWOOD OHIO 44122
street municipality zip code

Contractor: GARDEN STATE SIGN CO Tel. (732) 363 7645

Address 4880 RTE 9 S, HOWELL NJ 07731 e-mail gsscosales@cs.com

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 222199471 FAX: (732) 363 7655

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 ONE SINGLE FACE LIT SIGN AS PER ALTO SIGN INC SKETCH DATED 02/02/2007. 4'X10'. USE TO REMAIN THE SAME.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required		
[ ] All	7-11-07	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-4-07
Approved by: KM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/4/07	KM
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 40 Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 140.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3,000.00
2. Rehabilitation $
3. Total (1+ 2) $ 3,000.00

ALTO SIGN INCORPORATED
Serving the retail industry since 1957
PHONE: (215) 724 - 1724
FAX: (215) 724 - 9088
WWW.ALTOSIGN.COM
ALTO@ALTOSIGN.COM

288 FEET

10'- 0"

4'- 0"

fortunoff
BACKYARD STORE

SIGN ELEVATION SCALE: ½"= 1'

4'- 0" X 10'- 0" SIGN CABINET. WHITE LEXAN FACE W/ RED & BLACK VINYL GRAPHICS APPLIED. BLACK SIGN CABINET AND RETAINER.

SIGN SUPERIMPOSED ON PHOTOGRAPHY SCALE: N.T.S.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 09 2007

FORTUNOFF'S
CHAMBERS BRIDGE ROAD
BRICK , N. J.

REVISIONS
REV. # 1 DATE: 02-08-07 BY: KRD
REV. # 2 DATE: 02-16-07 BY: KRD
REV. # 3 DATE: 05-31-07 BY: DM

SALESMAN: JM
DRAWN BY: KF
DWG. DATE: 02-02-2007
S.D. # 5
OPT. # 1

CONSTRUCTION PERMIT

Date Issued 07/27/2007
Control # C-07-003310
Permit # 07-2296

IDENTIFICATION Block: 672 Lot: 8 Qualifier
Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ
Owner in Fee: DON THOMPSON DEV
3300 ENTERPRISE PARKWAY BEACHWOOD OH 44122
Telephone: (216) 755-5864

Contractor: GARDEN STATE SIGN CO
Address: 4880 HWY 9 HOWELL NJ 07731-
Telephone: 908/363-7645
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2199471

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:
SIGN INSTALLATION COMMERCIAL FORTUNOFF BACKYARD STORE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,100

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$30
Total	$114
Check No.	007236
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7-27-17
Permit # (7-22-17

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERSBRIDGE RD, FORTUNOFF BACKYARD STORE BRICK NJ

Owner in Fee: DON THOMPSON DEVELOPERS DIVERSIFED

Tel. (216) 755 5864 e-mail

Address 3300 ENTERPRISE PRKWY. BEACHWOOD OHIO 44122
(street / municipality / zip code)

Contractor: GARDEN STATE SIGN CO Tel. (732) 363 7645

Address 4880 RTE 9 S, HOWELL NJ 07731 e-mail gsscosales@cs.com

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 222199471 FAX: (732) 363 7655

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 7-11-07 — [illegible]
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 3,000.00
2. Rehabilitation $
3. Total (1+ 2) $ 3,000.00

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 ONE SINGLE FACE LIT SIGN AS PER ALTO SIGN INC SKETCH DATED 02/02/2007. 4'X10'. USE TO REMAIN THE SAME.

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [X] Sign 40 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

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

Block 972 Lot 3 Qualification Code ____

Work Site Location 51 CHAMBERSBRIDGE RD. FORTUNOFF BACKYARD STORE BRICK NJ

Owner in Fee: DDR THOMPSON DEVELOPERS DIVERSIFIED

Tel. (216) 755 5944 e-mail ____

Address 3300 ENTERPRISE PKWY, BEACHWOOD OHIO 44122
street municipality zip code

Contractor: GARDEN STATE SIGN CO Tel. (732) 363 7645

Address 4900 RTE 9 S, HOWELL NJ 07731 e-mail gsscosales@gcs.com

Contractor License No. or Builder Registration No. ____ Exp. Date ____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____

Federal Emp. ID No. 222199471 FAX: (732) 363 7655

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 ONE SINGLE FACE LIT SIGN AS PER ALLEN SIGN INC SKETCH DATED 02/02/2007. 4'X19'. USE TO REMAIN THE SAME.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	1/10/07	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [X] Sign 44 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [ ] Demolition

FEE (Office Use Only)
$ ____

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 3,000.00
2. Rehabilitation $ ____
3. Total (1+ 2) $ 3,000.00

U.C.C. F110
(rev. 01/06)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 672 Lot 8 Qualification Code

Work Site Location FORTUNOFF BACKYARD STORE, 51 CHAMBERSBRIDGE RD

BRICK NJ

Owner in Fee: DON THOMPSON DEVELOPERS DIVERSIFIED

Tel. (216) 755 5864 e-mail

Address 3300 ENTERPRISE PRKWY, BEACHWOOD OHIO 44122
street municipality zip code

Contractor: Grey Electric Tel. (215) 651 1477

Address 547 Ashland Bldg Rd Hockess. DE 19707 e-mail

Contractor License No. 12235 Exp. Date 04/04

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No [redacted] FAX: (302) 239 7521

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	70AMP	KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 7/7/05

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 672 Lot 8 Qualification Code

Work Site Location FORTUNOFF BACKYARD STORE, 51 CHAMBERSBRIDGE RD
BRICK NJ

Owner in Fee: DON THOMPSON DEVELOPERS DIVERSIFIED

Tel. (216) 255 5864 e-mail

Address 3300 ENTERPRISE PKWY, BEACHWOOD OHIO 44122
street municipality zip code

Contractor: [illegible] Electric Tel. (2[illegible]) [illegible]

Address [illegible] e-mail

Contractor License No. 12[illegible] Exp. Date 04/[illegible]

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. [illegible] FAX: ([illegible]) [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
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		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	[illegible]	KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 7/12

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Township of Brick
Zoning Permit

Approved: Monday, July 09, 2007 **Number:** 852

Block 672 **Lot** 8 **Zone:** B-3, Highway Dev.

Property Address: 51 Chambers Bridge Road

Applicant: Jospeh E. Ervin; Garden State Sign Company

Property Owner: Don Thompson, Developers Diversified

Existing Use: Fortunoff Backyard Store.

Proposed Use: Fortunoff Backyard Store.

Proposed Construction: Wall sign, 4' x 10', "Fortunoff Backyard Store".

Conditions:
The total sign area may not exceed 15% of the total façade area.
An additional zoning permit is required for any additional sign or banner.

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.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUL 9 2007

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 672 LOT 8 QUALIFIER

PROPERTY ADDRESS 51 CHAMBERS BRIDGE ROAD, BRICK NJ

PERSONAL NAME OF APPLICANT JOSEPH E. ERVIN, PRESIDENT

BUSINESS NAME OF APPLICANT GARDEN STATE SIGN CO

MAILING ADDRESS OF APPLICANT 4880 RTE 9 SOUTH, HOWELL NJ 07731

PROPERTY OWNER'S FULL NAME DON THOMPSON, DVELOPERS DIVERSIFIED

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) RETAIL (Fortunoff Backyard store)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) RETAIL (Fortunoff Back Yard Store)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) 4'X10' SINGLE FACE LIT SIGN AS PER ALTO SIGN DRAWING

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan 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 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 6/12/2007

Reviewed by Zoning Office JC Date 7/9/07 (X) Approved ( ) Denied

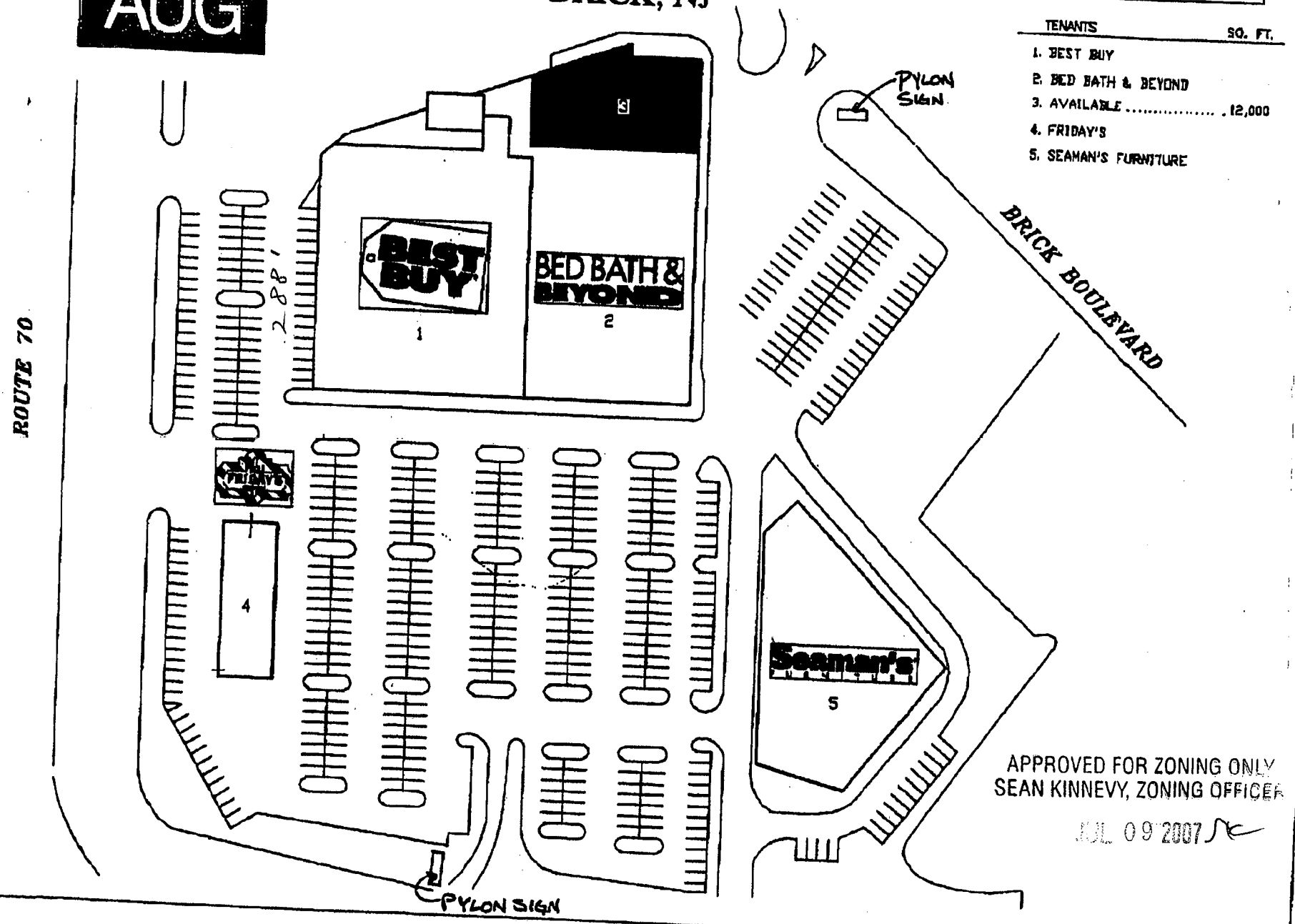
6/27/07

RS REAL ESTATE AUG

BRICK CENTER PLAZA
51 CHAMBERS BRIDGE RD
BRICK, NJ

COLOR KEY
AVAILABLE SPACE
LEASE PENDING

TENANTS	SQ. FT.
1. BEST BUY	
2. BED BATH & BEYOND	
3. AVAILABLE	12,000
4. FRIDAY'S	
5. SEAMAN'S FURNITURE	



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 09 2007

RS REAL ESTATE AUG

BRICK CENTER PLAZA
51 CHAMBERS BRIDGE RD
BRICK, NJ

COLOR KEY
AVAILABLE SPACE
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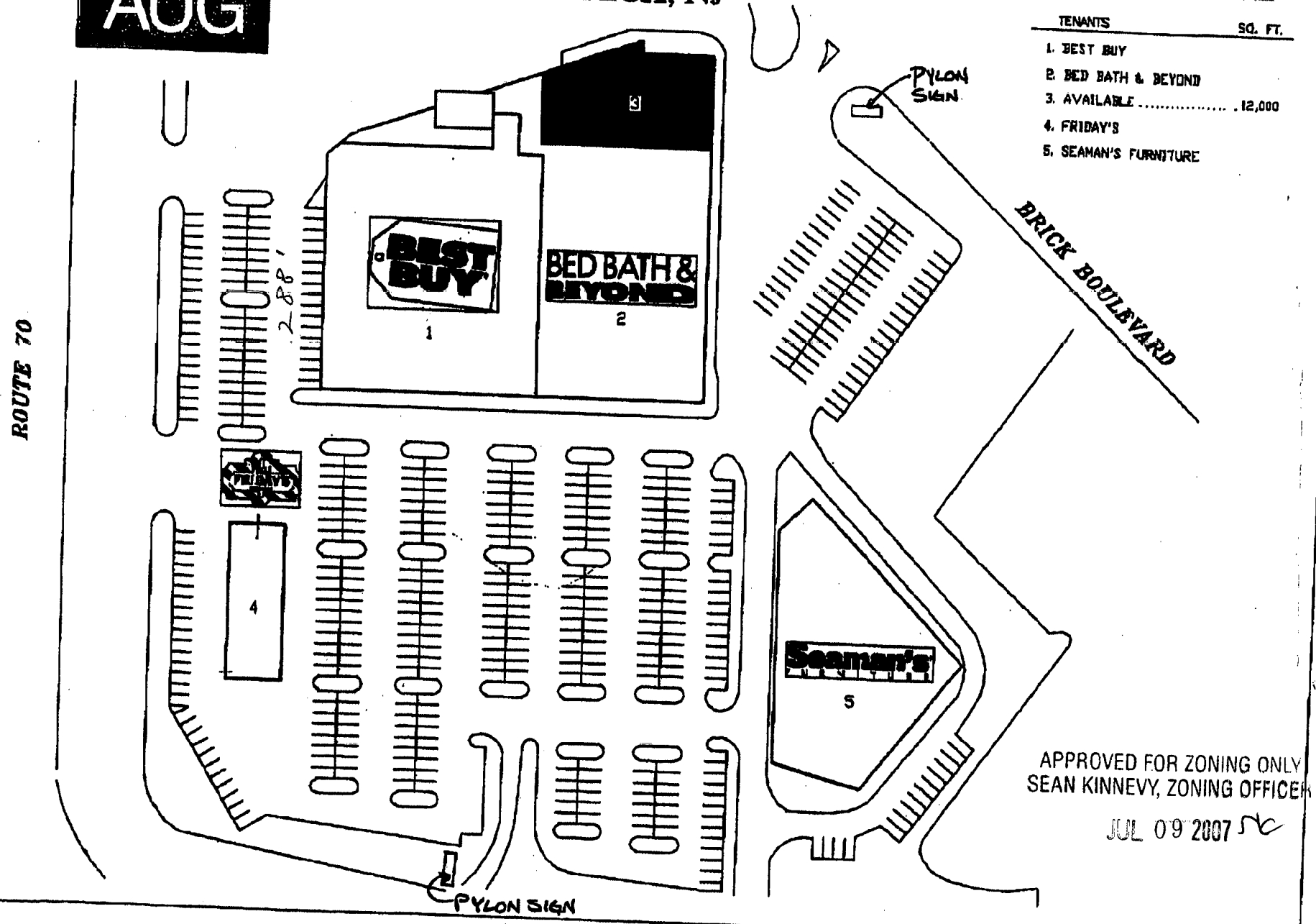

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 09 2007

TOWNSHIP OF BRICK

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

Department of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: _____

PLOT PLAN EXEMPT FORM

Block: 612 Lot: 8

Property Address: 51 Chambersbridge Rd

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the 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.

FOR OFFICE USE ONLY

Approved on: 7/11/07 Signed: [signature]

Rejected on: _____ Signed: _____

Comments: Eng N/A

COMMERCIAL

LETTER OF TRANSMITTAL

Garden State Sign Company

SAME LOCATION
SINCE 1951

STREET ADDRESS
4880 U.S. ROUTE 9, HOWELL, NJ 07731-9998

MAILING ADDRESS
P.O. BOX 953, LAKEWOOD, NJ 08701-0953

Date: 6/12/2007

To: LISA ROSE TAVALAICCIO, ZONING PERMIT CLERK
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK NJ 08723

Project: FORTUNOFF BACKYARD STORE, 51 CHAMBERSBRIDGE ROAD, BLOCK 672, LOT 8,
NEW SINGLE FACE LIT SIGN TO BE INSTALLED BETWEEN BED BATH & BEYOND AND BEST BUY

We are enclosing herewith 2 copies each of the following:

CLTO SIGN INC DRAWING, AND 1 ZONING APPLICATION

Details of

These are:

X	Permits	X	For approval
	Proposals		For final approval
	Contracts		For your files
	Drawings		For your use
	Other		As requested

Remarks: PLEASE CALL WITH ANY QUESTIONS. MANY THANKS FOR YOUR HELP WITH THIS PROJECT.

Sincerely,

Ervin Advertising Co. Inc.
T/A Garden State Sign Company

Ann Ervin, Sect'y

ALTO SIGN INCORPORATED
Serving the retail industry since 1957
PHONE: (215) 724 - 1724
FAX: (215) 724 - 9088
WWW.ALTOSIGN.COM
ALTO@ALTOSIGN.COM

288 FEET

10'- 0"

4'- 0"

fortunoff
BACKYARD STORE

SIGN ELEVATION SCALE: ½"= 1'

4'- 0" X 10'- 0" SIGN CABINET. WHITE LEXAN FACE W/ RED & BLACK VINYL GRAPHICS APPLIED. BLACK SIGN CABINET AND RETAINER.

SIGN SUPERIMPOSED ON PHOTOGRAPH SCALE: N.T.S.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 09 2007

FORTUNOFF'S
CHAMBERS BRIDGE ROAD
BRICK , N. J.

REVISIONS
REV. # 1 DATE: 02-09-07 BY: KRD
REV. # 2 DATE: 04-16-07 BY: KRD
REV. # 3 DATE: 05-31-07 BY: DM

SALESMAN JM
DRAWN BY KF
DWG. DATE 02-02-2007
S.D. # 5
OPT. # 1